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

convenes

MEETING 46

ADVISORY BOARD ON  
RADIATION AND WORKER HEALTH

DAYS ONE AND TWO

*ROCKY FLATS EXCERPTS*

The verbatim transcript of the 46th  
Meeting of the Advisory Board on Radiation and  
Worker Health held at The Westin Westminster,  
Westminster, Colorado on May 2 and 3, 2007.

C O N T E N T S

May 2, 2007

PUBLIC COMMENT 6

May 3, 2007

WELCOME AND OPENING COMMENTS 163  
DR. PAUL ZIEMER, CHAIR  
DR. LEWIS WADE, DESIGNATED FEDERAL OFFICIALROCKY FLATS SEC PETITION 166  
MR. MARK GRIFFON, WORK GROUP CHAIR  
PETITIONERS

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COURT REPORTER'S CERTIFICATE 406

### TRANSCRIPT LEGEND

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-- (sic) denotes an incorrect usage or pronunciation of a word which is transcribed in its original form as reported.

-- (phonetically) indicates a phonetic spelling of the word if no confirmation of the correct spelling is available.

-- "uh-huh" represents an affirmative response, and "uh-uh" represents a negative response.

-- "\*" denotes a spelling based on phonetics, without reference available.

-- (inaudible)/ (unintelligible) signifies speaker failure, usually failure to use a microphone.

**P A R T I C I P A N T S**

(By Group, in Alphabetical Order)

BOARD MEMBERSCHAIR

ZIEMER, Paul L., Ph.D.  
Professor Emeritus  
School of Health Sciences  
Purdue University  
Lafayette, Indiana

EXECUTIVE SECRETARY

WADE, Lewis, Ph.D.  
Senior Science Advisor  
National Institute for Occupational Safety and Health  
Centers for Disease Control and Prevention  
Washington, DC

MEMBERSHIP

BEACH, Josie  
Nuclear Chemical Operator  
Hanford Reservation  
Richland, Washington

1 CLAWSON, Bradley  
2 Senior Operator, Nuclear Fuel Handling  
3 Idaho National Engineering & Environmental Laboratory

GIBSON, Michael H.  
President  
Paper, Allied-Industrial, Chemical, and Energy Union  
Local 5-4200  
Miamisburg, Ohio

GRIFFON, Mark A.  
President  
Creative Pollution Solutions, Inc.  
Salem, New Hampshire

1           LOCKEY, James, M.D.  
2           Professor, Department of Environmental Health  
3           College of Medicine, University of Cincinnati

4           MELIUS, James Malcom, M.D., Ph.D.  
5           Director  
6           New York State Laborers' Health and Safety Trust Fund  
7           Albany, New York

          MUNN, Wanda I.  
          Senior Nuclear Engineer (Retired)  
          Richland, Washington

          PRESLEY, Robert W.  
          Special Projects Engineer  
          BWXT Y12 National Security Complex  
          Clinton, Tennessee

          ROESSLER, Genevieve S., Ph.D.  
          Professor Emeritus  
          University of Florida  
          Elysian, Minnesota

          SCHOFIELD, Phillip  
          Los Alamos Project on Worker Safety  
          Los Alamos, New Mexico



1 Allard's office. Thank you.

2 **DR. ZIEMER:** And...

3 **MR. (UNINTELLIGIBLE):** My name's Greg  
4 (Unintelligible) with Congresswoman Marilyn  
5 Musgrave's office.

6 **DR. ZIEMER:** Thank you. Any others? And we  
7 thank them for being with us tonight, as well.  
8 I'm Paul Ziemer. I serve as Chair of this  
9 Advisory Board and I want to remind you all  
10 that this is an advisory board. We are -- we  
11 are not part of the government. We are  
12 independent individuals that have been  
13 appointed to this task. We are not the ones  
14 that make the decisions on dose reconstruction  
15 compensation. We are advisory for the program.  
16 One of the things we do is we do give advice,  
17 for example, on whether or not there should be  
18 addition to the so-called Special Exposure  
19 Cohort, but we do not make that determination.  
20 We are one of the groups that give advice to  
21 the Secretary of Health and Human Services.  
22 So your input to us helps us in giving advice.  
23 We're not the guys that make all the decisions.  
24 Sometimes we're glad we're not; sometimes we  
25 wish we could, but we do have the opportunity

1 to provide input to the program, particularly  
2 the dose reconstruction program and the Special  
3 Exposure Cohort portion of the program that's  
4 administered through Health and Human Services  
5 by the National Institutes for Occupational  
6 Safety and Health.

7 But the individuals that you see before you  
8 here are individuals who are not connected with  
9 those agencies. We do not work for them.  
10 We've been appointed separately by the  
11 President of the United States to serve in this  
12 capacity.

13 The Board recently established a time limit for  
14 public comments, a ten-minute per person time  
15 limit. Now that's -- that's sort of an upper  
16 limit. It's not a goal to be achieved,  
17 necessarily. I have over 30 individuals who  
18 have indicated that they would like to speak  
19 this evening, so you can do the math. And  
20 although our agenda says that we are meeting  
21 from 5:00 to 6:00, we are quite willing to stay  
22 here much longer, if needed. But if we stay  
23 here, we want you to stay here, too. So we ask  
24 that those who are speaking -- that you be  
25 cognizant that there are others.

1 I'm -- I'm usually not a very nasty guy, but  
2 I'm going to try to be nasty in the sense that  
3 I've asked Lew Wade -- Lew is a Designated  
4 Federal Official. And although the rest of  
5 these are Board members, appointed Board  
6 members, Lew is the Designated Federal  
7 Official. He does work for the government, and  
8 all of these boards are required to have one of  
9 those government guys around. But I have to  
10 put him to work and make him earn his money, so  
11 he's going to help me keep track of the time  
12 tonight. And when Lew nudges me and says ten  
13 minutes are up, I'm going to try to stop you if  
14 you're still talking. I hope I can be somewhat  
15 successful without hurting your feelings, but -  
16 - in fact, if you have 20 minutes worth, we're  
17 willing to give you the other ten at the end of  
18 the line, so you know, you can do half and half  
19 -- if anyone is still around to hear you at  
20 that time.

21 But nonetheless, be cognizant of other  
22 individuals who may wish to address the Board.  
23 In general, we looked at this as -- as it's  
24 called, a comment session, simply for you to  
25 make your comments. Some of you have provided

1 written material for the record. Everything  
2 that -- all of these comments are transcribed  
3 by our court reporter. They will go on our web  
4 site. Everything is -- is open to the public.  
5 This Board does not do anything in private, so  
6 any comments you make will be on the web site  
7 very soon for all the world to see, as well as  
8 your written comments.

9 So I'm just going to go through the list in the  
10 order given. You can come here and use the  
11 mike, and if you need any assistance, let us  
12 know. We do already have handout materials  
13 from some of you. If others have materials for  
14 the Board members, you can make them available  
15 at that time.

16 So we'll begin with Kay Barker, who's a Rocky  
17 Flats claimant. Kay, you can kick us off this  
18 evening with your comments. Welcome.

19 **DR. WADE:** I'll point out that there are chairs  
20 up here, too, if people need to sit. We have  
21 some chairs up here.

22 **DR. ZIEMER:** Additional chairs in the front.  
23 We're -- we're running out of space. I don't  
24 know, the fire marshal's probably cringing  
25 somewhere, but -- and maybe -- maybe NIOSH is,

1           too -- or the OSHA people, but anyway, we're --  
2           we're packed in here, but there is room -- if  
3           you're standing and want to sit, there are  
4           seats back...

5           **MS. BARKER:** Thank you, Dr. Ziemer and members  
6           of the Board. Thank you -- thank you for  
7           allowing me these few minutes to speak. I'd  
8           like to address the one Board member who hates  
9           to hear from the same claimants offering the  
10          same comments Board meeting after Board  
11          meeting. If you would listen and try to  
12          understand what we are saying rather than  
13          shutting us off, we wouldn't have to continue  
14          saying the same things over and over again.  
15          You think we like having to repeat ourselves  
16          all these times? No. But until you accept and  
17          understand we are telling you the truth and  
18          that we have proof, we'll have to continue.  
19          My repeat comment is that there is a conflict  
20          of interest here in allowing NIOSH to go  
21          forward with the dose reconstruction project  
22          per the ORAU OTIB-0058 effective January 8th of  
23          2007 that was released on March 30th, 2007. As  
24          I told you in September of 2006, the NDRP was  
25          written by Roger Falk, co-authored by J. M.

1 Aldridge and Nancy M. Daugherty, all of whom  
2 once worked for Rocky Flats and have a major  
3 conflict of interest on anything that has to do  
4 with Rocky Flats.

5 Approximately 2003 NIOSH developed a COI policy  
6 which stated that no person who worked at the  
7 site would be involved in performing dose  
8 reconstruction or authoring technical documents  
9 used in the dose reconstruction, yet you have  
10 Roger Falk, Jim Aldridge and Nancy Daugherty,  
11 who did just what NIOSH said they wouldn't  
12 allow.

13 I understand that it is NIOSH's policy not to  
14 have health physicists who have testified  
15 against employees in a Workers Compensation  
16 claim participate in site profiles where the  
17 claim originated. Well, I would like to bring  
18 to your attention that Roger Falk was an expert  
19 witness for Rockwell International and  
20 Travelers Insurance against [name redacted]  
21 Worker Compensation claim in 1996, which is  
22 another conflict of interest that NIOSH said it  
23 wouldn't allow.

24 In any science field this would be considered a  
25 conflict of interest. How many of these

1           conflicts do the Rocky Flats claimants have to  
2           accept that are SEC issues that NIOSH said they  
3           would never follow? The NDRP is not only a  
4           conflict of interest, it is not accurate.  
5           NIOSH never had the NDRP independently reviewed  
6           before accepting and using it for dose  
7           reconstruction. Dosimetry records are not  
8           complete nor present for 1997. Now isn't that  
9           the definition of an SEC petition?  
10          The NDRP, under 2.0, Application and  
11          Limitations, states except for the application  
12          of the NDRP ratios as described in section  
13          4.1.6, the methods described in this TIB apply  
14          only to workers at Rocky Flats Plant plutonium  
15          facilities during the period of 1952 to 1970.  
16          There are three important caveats (sic) or  
17          limitations. The final NDRP neutron dose for  
18          1997 may not be accurate. Recorded dosimeter  
19          data was not always complete. The gamma dose  
20          information for 1997 may not be present. The  
21          information on gamma dose was collected only  
22          when applicable to the NDRP effort.  
23          If the original NDRP lists these caveats (sic),  
24          how can NIOSH assume they can use it for dose  
25          reconstruction?

1 I gave each one of you a copy of my late  
2 husband's NDRP showing that he has doses for  
3 two years before he even started working at  
4 Rocky Flats, which in itself makes the NDRP  
5 inaccurate. Not only does his report show the  
6 two years before, but of the 316 incidences, 15  
7 of those exposures were for years he wasn't at  
8 Rocky Flats. How can [name redacted] NDRP be  
9 accurate, or anybody else's as well? I'm still  
10 waiting for an answer as to why my late  
11 husband's - [name redacted] -- NDRP is so  
12 inaccurate.

13 The second area I wish to address tonight is  
14 your allowing NIOSH to have answers for all the  
15 zeroes in the claimant files, claiming they are  
16 applying claimant-friendly dose. In [name  
17 redacted] dose reconstruction NIOSH has listed,  
18 under external dose, 143 dosimeter cycles  
19 recording zeroes for a 30-250 keV photons.  
20 They also listed his missed neutrons as having  
21 163 dosimeter cycles of do-- zeroes, yet NIOSH  
22 feels they can give him accurate, claimant-  
23 friendly dose for these missed cycles when they  
24 don't even know where he was working during a  
25 missed cycle as his work required him to be in

1 the plant all the time and not just sitting at  
2 the desk that was in another location.  
3 Lawrence worked in the hot -- following hot  
4 buildings: 991, 771, 776, 777, 778 and 444.  
5 You don't even know why the cycle was missed.  
6 According to Brian with NIOSH, who stated --  
7 during my final interview before NIOSH rendered  
8 its first decision to DOL in November of 2004 -  
9 - that [name redacted] file seemed to have a  
10 lot of missing data. I would agree with this,  
11 considering he has a total of 306 dosimeter  
12 cycles reporting zeroes.

13 In SC&A's report on the completeness of records  
14 there is a chart on page 4 and 5 of the report  
15 which I've enclosed in the packet you have been  
16 given. As you know, they found that for 1969  
17 and 1970 approximately 36 percent of the  
18 records are missing. However, this is also  
19 noted in the report. From 1977 onward to 1989,  
20 the percentages of missing data are equal to or  
21 greater than the ones for '69 and '70. 1981  
22 has a whopping 63 percent missing. SC&A has  
23 not investigated the reasons for so much  
24 missing data. You cannot reconstruct dose with  
25 reasonable accuracy without reliable data.

1           On Friday, September 1, 2006 I e-mailed Mr.  
2           David Sundin of NIOSH a FOIA request asking for  
3           a search of the logbooks in NIOSH's possession  
4           for a copy of each entry, including badge  
5           destruction, contamination incidents, trip to  
6           lung counter, references to contaminated scrub-  
7           downs and any other entries the logbooks might  
8           show. On that same date at 10:56 a.m. Mr.  
9           Sundin replied, stating we will respond to your  
10          request when we obtain images of the logbooks,  
11          which I am told will be very soon. I am still  
12          waiting for this information and today is May  
13          2nd, 2007. I'm wondering how much longer I'm  
14          going to be waiting for this information.  
15          My third and final comment is that, without  
16          good reason, you accept the credibility of  
17          NIOSH/ORAU, but yet you refuse to accept the  
18          credibility of the very people who worked at  
19          Rocky Flats. They know what they did, where  
20          they worked, what chemicals, toxins, solvents  
21          and metals they worked with or around. I know  
22          all of them would be more than happy to tell  
23          you about some of their frightening experiences  
24          and what it was like to work at Rocky Flats.  
25          Yet you refuse to accept their word, but would

1           rather take the word of somebody who never set  
2           foot on Rocky Flats soil.

3           I hope you will give the Rocky Flats workers  
4           your full attention and be open to what they  
5           have to tell you. I hope you will really  
6           listen and take the witness seriously. If you  
7           do, I believe you will understand why you  
8           should vote in favor of the Rocky Flats SEC  
9           petition.

10          In closing I want to remind you that the NDRP  
11          is a conflict of interest, as well as a  
12          conflict of NIOSH's own rules, which makes it  
13          an SEC petition issue and a positive vote for  
14          the SEC petition. Also you can't reconstruct  
15          dose with reasonable accuracy without reliable  
16          data. This makes it an SEC petition as well.  
17          Thank you.

18          **DR. ZIEMER:** Thank you very much, Kay. Next  
19          we'll hear from Dr. Charles Milne, representing  
20          a claimant. Dr. Milne.

21          **DR. MILNE:** Thank you. I'm glad to be here. I  
22          got my PhD in entomology from Ohio State  
23          University. My master's is in genetics from  
24          the University of Washington in Seattle. I  
25          worked with [Name Redacted], Nobel laureate, and

1 he is now the current head of the Fred  
2 Hutchinson Cancer Institute. I teach biology  
3 at Mountain State University in West Virginia,  
4 so I'm a long way from home. I teach human  
5 genetics and genetics, as well as some other  
6 biology courses, and one of the topics I do  
7 cover is the relationship between cancer and  
8 genetics.

9 I'm the son-in-law of [name redacted], who was  
10 a contract worker at Rocky Flats from 1963 to  
11 1991. He died of male breast cancer in 2005.  
12 His [Identifying Information Redacted] and I  
13 attended his first hearing because he was  
14 denied compensation because of a calculated  
15 probability of causation of 36.36 percent. He  
16 did have exposure to radiation. It was  
17 documented in the few radiation records that  
18 they have, dosimetry readings.

19 There's a number of other known risk factors  
20 for male breast cancer. He didn't have any of  
21 those, but he had exposure to radiation. The  
22 incidence of male breast cancer in the white  
23 American population is eight in a million  
24 males. And if you take the -- I don't know how  
25 many people actually worked at Rocky Flats. If

1 we just assumed 20,000 workers at Rocky Flats,  
2 half of them male and only eight in a million  
3 get male breast cancer, that would be only an  
4 eight percent chance that a male at Rocky Flats  
5 would contract male breast cancer. You'd have  
6 to have 12 Rocky Flats facilities spread across  
7 this country to reach the probability of having  
8 one person die from male breast cancer. That's  
9 how rare breast cancer is.

10 Now I'm a scientist and I've been looking at  
11 the dose reconstruction, the assumptions, the  
12 models, and I -- I'm not an epidemiologist, but  
13 I have the ability to look at these kinds of  
14 things and to study them and to make some  
15 comments.

16 The reason we're here today is because the  
17 government wrongly assumed that there was no  
18 threshold for exposure to radiation. There has  
19 been no proof that there is a threshold. A  
20 threshold would mean there's a level below  
21 which you can be exposed to a certain amount of  
22 radiation and not have a detrimental effect of  
23 some -- of some kind. Government assumed there  
24 was a threshold. There's no proof that there  
25 is a threshold. In fact, a threshold would be

1 very difficult to measure because you'd have to  
2 expose a large number of individuals to  
3 radiation and then follow them to find out what  
4 fraction of them might have contracted cancer.  
5 That experiment would actually be fairly  
6 unethical to run on humans. If we did it on  
7 lab rats, you may be able to get enough rats to  
8 do it and to run it, but it would be  
9 questionable as to whether you could take that  
10 and apply it to humans being exposed to  
11 radiation.

12 But I would argue that actually the U.S.  
13 government's actually done the experiment at  
14 Rocky Flats of taking a large number of  
15 individual humans and exposing them to  
16 radiation. I'm not an epidemiologist. I've  
17 not looked at the known cancer rates among the  
18 U.S. population and among workers at Rocky  
19 Flats. Is it higher than the normal population  
20 or is it the same? I don't know. But if it's  
21 higher, that would indicate that the experiment  
22 has been successful in showing that there  
23 probably isn't a threshold for radiation  
24 exposure.

25 Now I want to address dose reconstruction, the

1 whole process. Missing doses -- the previous  
2 lady addressed missing doses. Apparently they  
3 exist. They exist for [name redacted] exposure  
4 record, and they just assumed -- as far as I  
5 can understand, assumed claimant-favorable  
6 averages that were among individuals at a  
7 facility. But that ignores the fact that  
8 individuals at the facility -- I never worked  
9 at Rocky Flats; I'm a university professor --  
10 but those that worked at the facility did  
11 different jobs and they had different  
12 exposures. That ignores that entire fact and  
13 making assumptions like that is -- is really  
14 unwarranted.

15 Let's look at the models of how we are able to  
16 arrive at -- after dose reconstruction to be  
17 able to say an individual had enough radiation  
18 exposure to say there's at least a 50 percent  
19 probability that it was caused by the -- by the  
20 radiation exposure. To do that you must  
21 develop what's called a -- a dose response  
22 curve, and it's a curve for a cancer that  
23 represents how much dose and the chances are of  
24 causing that cancer in a population of  
25 individuals. And then when you determine how

1 much dose an individual had, if you can do it  
2 accurately, then you just -- you'd use the  
3 curve and determine the probability of -- of  
4 causation from that curve.

5 The dose response curves are arrived at by  
6 looking at a cohort of individuals that  
7 survived the atom bomb blast in Nagasaki and  
8 Hiroshima. And first of all, their doses --  
9 they weren't wearing badges, but their doses  
10 were estimated based on the distance from  
11 ground zero. But again, that's an estimate  
12 based on how far they think they were from  
13 where it hit. That's not that accurate.  
14 They also are -- have a different genetic  
15 makeup than do the U.S. white male population.  
16 I refer to white males because -- not because  
17 I'm one, but because my [identifying  
18 information redacted] was one, and the cancer  
19 rates in different populations -- such as  
20 Japanese-Americans, Filipinos, white Americans  
21 -- are going to be different for different  
22 cancers. And that's not taken into account in  
23 this procedure.

24 The radiation that was received through those  
25 atomic bombs was probably different than the

1 radiation that was received by different  
2 individuals at Rocky Flats, and we're trying to  
3 compare apples and oranges here.  
4 The NCI/CDC working group to revise the 1985  
5 NIH RadioEpidemiological Tables wrote that,  
6 quote, The choice of the transfer model  
7 involves considerable uncertainty.  
8 Transferring information about the Japanese  
9 cohort to American workers involves  
10 considerable uncertainty.  
11 And also it's possible that the workers that  
12 were -- that survived the atomic bomb might be  
13 healthier than the average American that was  
14 exposed and working at Rocky Flats. We're  
15 taking average Americans and those that  
16 survived. They may have been healthier and  
17 that's the reason they actually survived.  
18 After locating this group of individuals that  
19 survived the atom bomb blast, they were  
20 followed for a period and determined basically  
21 the rates of occurrence of various cancers.  
22 The dose response curves that were developed  
23 were for a massive, acute dose of radiation.  
24 My [identifying information redacted], and  
25 other individuals that worked at Rocky Flats,

1 most of them had chronic exposure, low levels  
2 of exposure over a long period of time. We're  
3 trying to compare massive exposure to chronic  
4 exposure. There's no evidence that acute and  
5 chronic exposure to radiation are equivalent,  
6 or that dose response curves for cancers  
7 developed from acute exposure cohorts are  
8 appropriate for chronic radiation exposure.  
9 You need proper dose response curves for  
10 chronic exposure to be able to really calculate  
11 any accurate probability of causation.  
12 Probability of causation calculations are based  
13 on a large number of assumptions. And for a  
14 scientist, the more things you assume, the less  
15 certain your result becomes. And there's a  
16 large number of assumptions in the calculation  
17 of reconstructing the dose -- I don't care if  
18 it is claimant favorable; we're talking about  
19 assumptions here. The calculation for the  
20 probability of causation for a cancer involves  
21 numerous assumptions for dose, and assumptions  
22 in the model which render the calculated PC  
23 value one with great uncertainty.  
24 Also there's a whole principle of anytime you  
25 measure anything in science, it has an error

1           that's associated with it. I don't care if  
2           it's weighing a lab rat, it's going to have a  
3           certain amount of error associated with it.  
4           The more error you have in calculating an end  
5           result, the more error that end result has  
6           associated with it.

7           I took my -- the matrix of exposure, went to  
8           the IREP -- the NCI web site, put it in and  
9           calculated my own probability of causation  
10          based on the values that was provided from the  
11          dose reconstruction. His matrix had over 1,000  
12          input variables, each with an associated error,  
13          and there are numerous internal values. The  
14          probability of causation that was calculated --  
15          36.66 percent in mine, 36.36 -- has a huge  
16          error associated with it. You have to  
17          understand that 36.36 is being used to deny my  
18          [identifying information redacted] claim, and  
19          yet it has a tremendous error. There's no  
20          confidence interval given on this value. Is it  
21          36 percent plus or minus two, or 36 percent  
22          plus or minus 40? That is a serious  
23          shortcoming in the calculations.  
24          There are also -- somehow, I'm not sure how,  
25          but there's uncertainty distributions involved

1           in calculating the probability of causation.  
2           And those are also part of the uncertainty,  
3           assumptions and errors that goes into  
4           calculating probability of causation.  
5           It's -- with -- with the numerous assumptions  
6           made, compounded errors and uncertainties that  
7           are used, the calculated PC value has little  
8           confidence, in my mind, as a scientist. I'm  
9           not trying to disdain those scientists that  
10          came up with the science behind it, but you  
11          have to understand that every value that's  
12          calculated has a certain amount of confidence  
13          associated with it. It just doesn't convey any  
14          confidence to me as a scientist.  
15          I have two quotes to read. I'd like to read  
16          two quotes. One is from the 1985 Oversight  
17          Committee report by the National Academy of  
18          Sciences, National Research Council, 1984.  
19          They held that the ratio called the probability  
20          of causation applies to populations and not  
21          individuals, and cannot be interpreted as a  
22          probability that a given cancer was caused by a  
23          given radiation exposure. You cannot --  
24          according to these individuals that developed  
25          the probability of causation, you can't use it

1 to determine if an individual's cancer was  
2 caused by it.

3 Here's another one. The NCI/CDC working group  
4 to revise the 1985 NIH RadioEpidemiological  
5 Tables wrote that the PC is not intended to  
6 represent the probability that a particular  
7 individual's cancer was caused by his or her  
8 radiation exposure, but rather the fraction of  
9 cases of a particular kind of cancer in a  
10 populations (sic).

11 The PC calculations were never intended to be  
12 used this way. It is scientifically  
13 inappropriate to use the PC calculations to  
14 calculate and to deny the claims of  
15 individuals. I'm addressing this to the whole  
16 approach that NIOSH uses. It's scientifically  
17 invalid. And of course Special Exposure Cohort  
18 -- these apply also. Thank you.

19 **DR. ZIEMER:** Thank you very much. Next we'll  
20 hear from Richard Olds, a claimant. Richard.

21 **MR. OLDS:** Thank you. My name is Richard Olds.  
22 I'm the owner of NIOSH tracking number  
23 [Identifying Information Redacted]. Basically I'm  
24 probably rehashing things that you've already  
25 heard. I started work at Rocky Flats in 1984.

1 I worked as a security guard. I talked with  
2 the Department of Labor and everything else  
3 about the numbers that NIOSH came up with. I  
4 told them I had no argument with that. I said  
5 they had their numbers, where they got them,  
6 what they -- how they used them. They knew  
7 what they were doing. The only part about it  
8 was that it didn't take into effect all of the  
9 other areas of exposure that we dealt with,  
10 that we didn't have dosimetry badges. We were  
11 in offices, we were in hallways. We were in  
12 cafeterias. We were in break rooms that were  
13 right next to contaminated areas. We picked up  
14 background radiation that you people wouldn't  
15 want. We -- the exposures, even to myself, I  
16 wanted to tell somebody about -- I sat in a  
17 hallway as a security guard, with a conveyor  
18 belt running over my head that took  
19 contaminated parts from one building to the  
20 next building. My job was to get off -- get up  
21 off my chair and turn the alarm off, so I --  
22 obviously I was exposed.

23 Another job that I had was sitting in a  
24 hallway, supposedly a cold hallway, which meant  
25 there was no radiation in that area. We didn't

1 wear dosimetry badges. I leaned on a wall for  
2 about three and a half to four years. Then  
3 somebody decided to check the wall and found  
4 out it was low level contamination from the  
5 americium that was behind the wall. So, I get  
6 the cancer.

7 Right now I'm sitting on basically a -- my  
8 claim has been deferred. Eventually it may be  
9 heard. Probably some of that depends on your -  
10 - ladies' and gentlemen's -- decision to  
11 forward their recommendations.

12 The other numbers -- if they're missing data  
13 and the other information that's necessary,  
14 that's not even in their info-- in their data  
15 or other exposures, I can't see how you can use  
16 their information. Thank you, I'm -- take up  
17 your time.

18 **DR. ZIEMER:** And thank you, Richard. Then next  
19 we have Terrie Barrie. Terrie.

20 **MS. BARRIE:** Good evening, Dr. Ziemer and  
21 members of the Board, and thank you once again  
22 for listening to our public comments that we  
23 feel that -- must be -- keep on going.

24 Tomorrow you will be tasked with deciding the  
25 Rocky Flats SEC petition. There are so many

1 issues that need to be addressed -- tenth-hour  
2 discovery of documents, NIOSH is adopting NDRP  
3 without independently verifying that the data  
4 is valid, not accepting affidavits as the truth  
5 from the workers.

6 But I'm going to focus basically on just one  
7 issue tonight, and that issue is I get very  
8 upset and disturbed when I hear that an issue  
9 discussed among the working group is not an SEC  
10 issue but is rather a site profile or TBD  
11 issue. An excellent example of this is the  
12 thorium issue. Now I have a whole lot of  
13 issues going on in here.

14 SC&A's report, as far as I know, says that this  
15 is an SEC issue. The reason for this decision  
16 is that NIOSH stands by using the NUREG-1400 as  
17 the model to reconstruct dose for thorium  
18 workers. NIOSH objected to the status as a SEC  
19 issue, and there was quite a lively debate on  
20 April 19th working group meeting. NIOSH and  
21 some Board members thought that this issue was  
22 resolved and that it would be designated a  
23 technical bulletin issue.

24 I wonder if you realize what it means to have  
25 an item classified as a TBD issue. Once the

1 scientific debate is over and NIOSH and SC&A  
2 come to an agreement, with the Board's  
3 approval, claims will need to be reopened. I'm  
4 aware of two such revisions, the NDRP and the  
5 target organ for the lymphoma procedure. These  
6 revisions were finalized at two separate times,  
7 the NDRP I believe in 2005 and the target organ  
8 for lymphoma this year.

9 Theoretically, a claimant who worked in the  
10 early years who has lymphoma, has had his dose  
11 reconstructed three times already -- once by  
12 submitting the original claim, once again --  
13 once to have the NDRP applied, and lastly to  
14 have the target organ procedure applied.  
15 Hanging out there of course is the concern of  
16 the OMB pass-back memo, the memo that wanted to  
17 control the cost and growth of benefits for  
18 this program. Has any federal official  
19 considered controlling the growth in  
20 administering this program? Do you realize how  
21 many times the claims will need to be reopened  
22 each time NIOSH revises a procedure? For the  
23 high-fired oxide calculations that was agreed  
24 upon, if the thorium issue is ever resolved,  
25 when someone finally realizes the Building 881

1           did have a foundry in it. I have, by the way,  
2           a copy of a DOE document about this.  
3           It sounds to me and a lot of other claimants  
4           now because it -- there's a pretty nice  
5           bureaucratic empire that has been set up.  
6           According to the *Rocky Mountain News* article  
7           last Saturday, approximately \$4 million per  
8           month goes to ORAU to reconstruct dose. Yes,  
9           let's make most of these issues TBD issues that  
10          have nothing to do with the SEC petition.  
11          Let's have prolonged scientific debate on which  
12          methods are the best to use to reconstruct  
13          dose. And yes, let's be very, very thorough.  
14          God forbid one person who worked 250 days at  
15          Rocky Flats is allowed to receive compensation  
16          that may not deserve it.  
17          And while this debate goes on, workers die.  
18          This program was not set up to give job  
19          security to dose reconstructors and the  
20          administrative personnel. It was set up to  
21          compensate the workers. If any document used  
22          in dose reconstruction is in error today, and  
23          there are, then NIOSH cannot reconstruct dose  
24          with reasonable accuracy. That is true now, as  
25          well as when the petition was first filed.

1 Please, vote yes tomorrow to compensate all the  
2 workers who have one of the 22 cancers from the  
3 Rocky Flats facility, and make them an SEC  
4 cohort. Thank you.

5 **DR. ZIEMER:** Thank you very much, Terrie. I'm  
6 hesitating here because I don't want to mess  
7 this name up too much. I think the last name  
8 is Padilla --

9 **UNIDENTIFIED:** Judy Padilla.

10 **UNIDENTIFIED:** Judy Padilla.

11 **DR. ZIEMER:** Okay, you guys know who it -- who  
12 it is, okay. And yes, that -- that -- I got to  
13 work on my -- maybe my Spanish pronunciation,  
14 Padilla -- Padilla. I stand corrected -- it's  
15 P-a-d-i-l-l-a, for the court reporter, who  
16 probably is worse than me in Spanish. No?  
17 Okay. Thank you.

18 **MS. PADILLA:** Hi, I'm Judy Padilla. I worked  
19 out at Rocky Flats for 22 years. I saw this  
20 written on a wall during the demolition of  
21 Building 771, considered the most dangerous  
22 building in America. We walked with the dust  
23 of plutonium, which cannot be shaken away. It  
24 lives deep within us for we've breathed it  
25 every day.

1 I think that I'm one of the fortunate ones. My  
2 cancer was diagnosed early, and so far I'm a  
3 survivor. But with a lot of people, by the  
4 time their cancer is diagnosed, there's nothing  
5 they can do because it's terminal.

6 As a nuclear worker at Rocky Flats Plant, I was  
7 a Cold War veteran. I feel that I sacrificed  
8 my health, even my life -- like the soldiers in  
9 Iraq are doing -- and we got no acknowledgement  
10 from our government, no thank you. We don't  
11 even get the courtesy of a flag on our coffin  
12 when we die.

13 I would like the advisory panel to know my  
14 story. In 1983 I came to Rocky Flats as a  
15 metallurgical operator in Building 707, the  
16 foundry. The first six years I handled  
17 thousands of grams of weapons-grade plutonium  
18 on a daily basis. My specific task was to put  
19 pure plutonium buttons in tantalum crucible and  
20 place the loaded crucible in the melt coil of a  
21 Stokes\* furnace. After the temperature of the  
22 furnace reached the classified degrees, the  
23 molten plutonium metal was poured into a  
24 graphite mold to cool. The plutonium ingot was  
25 then broken out of the classified-shape mold

1 and transferred via a chainveyor into a storage  
2 vault, or to the rolling mill for processing.  
3 These operations were performed in an inert  
4 gas, oxygen-free atmosphere glovebox. Glovebox  
5 work consisted of placing your hands and arms  
6 into lead-lined gloves fixed onto a box so that  
7 you can manipulate the radioactive material  
8 safely. Your face and chest are pressed  
9 against the window inside of the box so that  
10 you can see what you're doing.  
11 Due to the fissile nature of weapons-grade  
12 plutonium, high gamma and neutron exposures  
13 were created. We were expected to turnover  
14 each furnace at least three to four times per  
15 shift, three shifts a day. These were  
16 production days, and we had a tight schedule to  
17 maintain. The interior of the furnaces were  
18 regularly cleaned of splashed metal particles  
19 and oxides with carbon tetrachloride and  
20 perchlorethylene chloride, perc, known  
21 carcinogens.  
22 Two coworkers, [Name Redacted] and [Name  
23 Redacted], died from brain stem tumors. My  
24 foreman, [Name Redacted], had breast cancer --  
25 very rare in men. He has also passed away. My

1 cancer was diagnosed in June, 1998. I had  
2 worked there for 15 years. I had a radical  
3 mastectomy, which is an amputation, of the  
4 right breast and I had aggressive chemotherapy.  
5 I returned to work in eight months, March of  
6 1999.

7 You may wonder why I would go back to work  
8 there if I thought my job had caused this  
9 cancer. Well, [identifying information  
10 redacted] [Name Redacted] and I had three  
11 children in college, so I went back to Rocky  
12 Flats Plant and I stayed there till they  
13 demolished the whole plant in 2005. I received  
14 genetic testing twice for the BACR4 gene, with  
15 negative results. My oncologist, [Name  
16 Redacted], stated that my ductal carcinoma in  
17 situ was most probably linked to my radiation  
18 exposure.

19 It is well known that Rocky Flats Plant records  
20 were notoriously sloppy, and the results of our  
21 dosimetry badge analysis were frequently  
22 returned stamped no data available. The RCT  
23 training manual states, on page 1.08 through  
24 .09 in the biological effects section, and I  
25 quote, cancer is a non-threshold disease.

1 Which means stochastic effects, those in which  
2 the probability of the effects occurring,  
3 increases with dose, without a limit or  
4 threshold. Any dose, therefore, no matter how  
5 small, has a certain probability of causing the  
6 effect. Carcinogenic cancer inheritable  
7 effects are examples of stochastic effects.  
8 Cancer may be shown to exert an almost  
9 universal carcinogenic action, resulting in  
10 tumors in a great variety of organs and  
11 tissues. The main sites of solid tumors are  
12 the breasts in women, thyroid, lung, and some  
13 digestive organs. These tumors have long  
14 latent periods, approximately ten to 30 years,  
15 and occur in larger numbers than leukemia.  
16 Leukemia has a much shorter latent period, and  
17 I close quotes.  
18 But I'm singing to the choir here. You are all  
19 scientists and doctors, so you know these facts  
20 to be true. If -- if not, why would they be  
21 taught to all radiation control technicians as  
22 part of their DOE training?  
23 Realizing these facts to be true, I applied for  
24 the compensation for nuclear workers in August  
25 of 2001. Imagine my surprise when a mere four

1 and a half years later my claim was denied. My  
2 dose reconstruction was determined to be 43.19  
3 percent, 15 years worth of exposure. What kind  
4 of bogus statement is "as likely as not"? How  
5 can there be a 50 percent limit on a non-  
6 threshold disease?

7 I appealed this decision, but was told that  
8 NIOSH has the final say in these matters,  
9 another denial. I have read that dose  
10 reconstruction is an inexact science. It is  
11 also hugely expensive, and NIOSH takes many,  
12 many shortcuts, with only 80-- 88 quali-- semi-  
13 qualified employees. How can this  
14 scientifically-invalid equation stand up to  
15 scientific scrutiny? Ask yourself, is it  
16 really worth it?

17 Put yourself in our shoes for one moment. Is  
18 it worth mere money to be cancer-free or pain-  
19 free? How much is it worth to be able to see  
20 your children grow, to graduate or get married?  
21 Boy, what some of us would give to be in your  
22 shoes. You have your health and you have all  
23 that power. Our lives and peace of mind rest  
24 in your hands. We -- we're like the men on  
25 death row waiting for the governor's phone

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call.

I believe in my heart that people are basically good. And given the chance, they want to do the right thing. But I have a few questions for you. Is there any truth to the newspaper article of February 18th, 2006 in the *Rocky Mountain News* that the Bush administration has proposed a 44 percent reduction, \$686 million, from the program for the sick nuclear workers? Can you honestly say that that's fair? And just who were the lawyers that got \$350 million for the property owners downwind of Rocky Flats Plant? Are we less than property? And who will be the one with the integrity to step up to the plate, the one with true honor, who loves his fellow man as much as himself, the real American? America is watching and waiting and wanting a hero. Is it you? Will you give yourself an honest act of courage? Will you take the -- or will you just take the coward's path? Is the American spirit still alive, or have we been corrupted beyond all hope? This is a priceless opportunity for a selfless act. What goes around comes back to you. We Cold War veterans did the right thing

1 for America. Now it's your turn -- all of you,  
2 it's your turn.

3 In conclusion I would like to say that I feel  
4 my government has stooped to a new low to prey  
5 on cancer victims, to promise compensation,  
6 delay for five years, and then to deny claims  
7 based on trumped-up estimations. It's not only  
8 cruel, but it's also criminal.

9 The Reverend Martin Luther King once stated  
10 everything that Hitler did was legal, but it  
11 was still wrong.

12 Your conscience will tell you the truth.  
13 You'll be able to look at that person in the  
14 mirror with clean, clear vision. And when  
15 accounting for your life you can credit  
16 yourself with a pure act of genuine generosity  
17 and kindness, a real American. Let us live so  
18 that when it's over we can all look each other  
19 in the eye and know we have acted honorably.

20 Judy Padilla, nuclear worker, Cold War veteran,  
21 cancer survivor and American citizen. Thank  
22 you.

23 **DR. ZIEMER:** Thank you, Judy, and very well  
24 said, with great passion.

25 And now we'll hear from Robert Carlson.

1 Robert's a claimant. Robert, welcome.

2 **MR. CARLSON:** Ladies and gentlemen, in 1961 --  
3 my name is Robert I. Carlson. In 1961 when I  
4 came out to Colorado, I quit drinking and quit  
5 smoking, so that has no effect on the cancer I  
6 had. I worked at Rocky Flats for 27 years. I  
7 worked as a janitor, assistant chemical  
8 operator, monitor and experimental operator. I  
9 worked in every building they had out there.  
10 When I first put my application in for a job at  
11 Rocky Flats, I had to pass a test consisting of  
12 math, chemistry, physics and mechanical  
13 aptitude. If you passed this test, you had to  
14 get a Q clearance, that was the top secret  
15 clearance in the country. If that -- if you  
16 had any kind of a act against any law in the  
17 country, you would not be hired. At a place in  
18 Michigan where I worked I -- the government  
19 checked everyone that I worked with back there.  
20 There was about 28 people. So the people at  
21 Rocky Flats were the top of the working class.  
22 They did not lie, they did not steal. They --  
23 even today they do not lie or steal. What they  
24 tell you is the truth.  
25 What we have in our body is like a stick of

1 dynamite, and each one of us seems like it's  
2 going to explode at any time. This dynamite is  
3 plutonium.

4 In a square mile -- in -- in a -- in a square  
5 mile, in each square inch there is a 149  
6 trillion, 956 billion, 796 million, 500  
7 thousand, 357 atoms if one gram of material was  
8 spread evenly over this square mile.

9 [Name Redacted] and [Name Redacted], head of  
10 health safety and environment, trained the  
11 monitors and said it was far worse to have  
12 internal contamination than external  
13 contamination.

14 I have 50 disintegrations of plutonium per  
15 second in my body and five disintegrations of  
16 americium in my body. That is 3,300  
17 disintegrations per minute. That is 188,000  
18 disintegrations per hour. Disintegrations  
19 means that an alpha particle is given off, so  
20 in an hour 198 (sic) alpha particles are given  
21 off in your body. An alpha particle is an ion.  
22 It extracts two electrons from a body cell and  
23 kills that cell. Killing body cells cause  
24 cancer, according to four cancer doctors on  
25 Charlie Rose last week.

1 Working at Rocky Flats for 27 years as a  
2 monitor for more than 17 years, I was exposed  
3 to many accident, fires and alarms. Every time  
4 plutonium was in a building, accidents  
5 happened. Reversal of fans, gloves stood out  
6 straight, no vacuum on a dry box, more  
7 contamination. I was there. Glovebox burned  
8 off and fell on the floor contaminating room  
9 149. I was there. Holes in dry box gloves  
10 contaminated yourself. I was there. Changing  
11 filters on the incinerator all upstairs of 771  
12 building got contaminated. I was there. Nash  
13 pumps leaked and caused contamination. I was  
14 there. Snake pit or the infinity room where  
15 Nash pumps leaked was highly contaminated. I  
16 was there. Floors in 771 building were  
17 contaminated and I threw a lot of booties away  
18 when I was a monitor when they were over 20,000  
19 counts per minute. SAAM alarms went off  
20 frequently in 771 building, indicating  
21 plutonium was in the air. 776 building, trying  
22 to take tape off the underside of a dry box  
23 contaminated a large area of 776 building,  
24 including three workers and myself. They had  
25 insulation on a dry box in 776 building, and

1           they were trying to remove the insulation, but  
2           it was foam. And every time you touched that  
3           foam, the SAAM alarms went off. I was there.  
4           776 fire contaminated all of 776 building and  
5           could have contaminated Denver if it wasn't for  
6           the fire department, the monitors, guards and  
7           helper -- helpers. I was there. Drums outside  
8           the helicopter pad leaked plutonium and oil in  
9           the ground. I was there. The evaporative  
10          ponds outside had plutonium in them and --  
11          because I checked a bulldozer that was -- had  
12          10,000 counts on the tracks from mixing this  
13          sludge in this pond. This was outside now. It  
14          was like a big egg beater. Someone missed the  
15          stainless steel cans that was brought over to  
16          the monitor station at 776 being to smeared out  
17          (sic). It was highly contaminated and it  
18          contaminated me and the person I was training,  
19          along with our desk and monitoring equipment.  
20          More internal contamination.  
21          I was there and got contaminated 100,000 counts  
22          per minute on my head and face in 71 -- 771  
23          building, and breathed some plutonium. I was  
24          taking drums to 80 building. It was named  
25          something else later on. And my film badge was

1 overexposed and health physics told me not to  
2 go back in the 80 building, but the supervisors  
3 made me an exception because I knew where  
4 everything was in 80 building. I went back  
5 into 80 building, even though health physics  
6 tell me not to go back in the building.  
7 If you got contaminated, you washed off what  
8 you could in the building you worked in. You  
9 couldn't get the rest off, you were sent to  
10 medical where they washed the rest of it off  
11 with Clorox. I was there. The original amount  
12 was not noted because the -- it could be  
13 infinity. Only the contamination you couldn't  
14 get off in the building where you worked in was  
15 recorded.  
16 They were checking the film badges by the color  
17 of the film for gamma, and had to actually  
18 count the tracks for neutrons on the film. How  
19 accurate was this? I was one of the first  
20 people to check out the new TLDs for accuracy.  
21 I followed the worker around all day, testing  
22 him for radiation, comparing it to the TLDs.  
23 I was there and did everything that was  
24 required of me. When I first worked at Rocky  
25 Flats they had Frieden calculators that were

1           mechanical. I ran a computer program later on  
2           in 865 that the results were very critical in  
3           every unit that left Rocky Flats.

4           I had to stop at a place that Rocky Flats had  
5           that had in Broomfield and was amazed by what I  
6           saw. There were items that had purple tags on  
7           them that were contaminated. How did they get  
8           to Bloomfield? Purple tags meant that they  
9           could not get out of the building. How did  
10          they get out of the plant site?

11          Every chemical that they had at Rocky Flats I  
12          was exposed to. You can look at the list I  
13          have.

14          When wearing respirators for any length of  
15          time, you could dump liquid out of the  
16          respirator. If you were in an area where  
17          plutonium was in the air and a SAAM alarm was  
18          ten feet away, you could inhale some plutonium  
19          before the SAAM alarm went off. If you coughed  
20          wearing a respirator, you swallowed what you  
21          coughed because you couldn't take your  
22          respirator off. This is how plutonium got  
23          throughout your whole body. Thank you.

24          **DR. ZIEMER:** Thank you. And Bob, do you have a  
25          -- could you provide our court reporter with a

1 copy of your remarks?

2 **MR. CARLSON:** Sure.

3 **DR. ZIEMER:** That would be helpful. Thank you.  
4 The next person will be Laura Schultz.

5 (Pause)

6 Would you like to use a chair there, Laura, or  
7 -- you're okay? Okay.

8 **MS. SCHULTZ:** It's -- I have something quick to  
9 tell you. My name is Laura Schultz. I worked  
10 the majority of my working life at Rocky Flats  
11 Plant. I started in the process engineering  
12 and design, and later become a technical  
13 support for Building 771. I spent a lot of  
14 time in the process buildings. I found out  
15 that my designs would be successful if I did  
16 extensive field work and met the users, the  
17 people that installed the equipment specified  
18 in the designs.

19 While my records may say that I was an  
20 engineer, I was really a 771 resident. I had  
21 numerous medical problems. I've had cancers  
22 that are li-- covered listed. I applied for  
23 compensation under this program in May of 2003.  
24 I have been denied.

25 It is not normal for a woman my age, I'm 49

1           years old, to have all the medical problems.  
2           The NIOSH model apparently says that my  
3           radiation and chemical exposure had nothing to  
4           do with my current condition. I got 39 percent  
5           -- 39.9 causation. Do you believe that they  
6           are current -- the current model is biological  
7           -- system, a human body was -- with bad missing  
8           data. I certainly do not.  
9           NIOSH has gathered a wonderful group of  
10          mathematicians and scientists together to model  
11          an extremely complex set of daily exposures to  
12          both radiation chemicals. Listening to them on  
13          the teleconference yesterday you can tell that  
14          they really enjoy technical challenge and their  
15          work, and each other. They seem to really like  
16          their jobs. Unfortunately, they never set foot  
17          on Rocky Flats Plant site. They can only guess  
18          at what it's like. What they didn't seem to  
19          realize is that there are human beings  
20          associated with these calculations.  
21          We have been more than patient and  
22          understanding. Two years for dose  
23          reconstruction? Sure, why not? By now, years  
24          later, we see that DOL has a plan to deny our  
25          benefits because of the high cost of paying

1           claims to so many people from Rocky Flats. We  
2           waited many years assuming that you would not  
3           (sic) deal with us fairly. We are now  
4           approaching the point we cannot believe  
5           anything that you say.  
6           We come from a very secret, private community.  
7           We are the invisible fighters of the Cold War.  
8           When something in the plant was broken, we  
9           fixed it. When there was a fire, we put it  
10          out. When there was a spill, we cleaned it up.  
11          Our weapons were needed to defend our country.  
12          Do you believe that our plant was 100 percent  
13          cleaned after a spill or a fire? Our health  
14          was affected by the past and present events.  
15          We were trained to do our jobs safely. We were  
16          given equipment to protect us from the hazards  
17          of the workplace. We were surrounded by  
18          support personnel whose sole job was to monitor  
19          our safety. We were told that we were safe. I  
20          guess they were sadly wrong.  
21          Years ago I never would tell anybody about the  
22          working and the operations of the plant. We  
23          were all part of a working -- a very difficult  
24          and dangerous job. If something went wrong, we  
25          considered it to be our business on the plant

1 site, and we fixed it. Why would we involve  
2 our neighbors or the press, or who would co--  
3 who were against us?

4 Today the table is turned. My friends and  
5 family are getting sick and are denying -- are  
6 dying at an alarming rate. My own government  
7 has offered me compensation for unknowingly  
8 giving me cancer, but is turning to weasel out  
9 all their promises. They have gathered a group  
10 of high-dollar scientists to prove that the DOE  
11 is innocent and that our cancers are just a big  
12 coincidence. They have us beat.

13 They have people who speak in babble, a  
14 language that only the people in their fields,  
15 the years of experience could ever understand.  
16 I believe they are wrong. Unfortunately, it  
17 would take a lifetime for me to come to up a  
18 speed (sic) in their field to try to show them  
19 that their calculations are wrong.

20 The claimants do not have an unlimited amount  
21 of time and budget like NIOSH does. When NIOSH  
22 is informed they have a problem with the  
23 neutron dose recalculation, the answer is  
24 simply make the claimants wait another six  
25 months and give us more guys and money and

1 we'll work out the problem.

2 Well, claimants are faced with a problem. DOE  
3 is not our friend. NIOSH is certainly not our  
4 friend. Our plant has been flattened. Our  
5 friends are res-- and our colleagues are sick  
6 and dying. What do we do next?

7 Our senators and congressmen say they're trying  
8 to help us. The press is very interested and  
9 compassionate about our dilemma. I think I  
10 have no choice but to start telling the really  
11 embarrassing stories about the plant that the  
12 public really never needed to know. It's time  
13 to seek legal help and counsel class action  
14 suits against the government and operating  
15 contractor. If we had been dealt with fairly,  
16 this probably -- subject would have never come  
17 (sic) up. The public has a right to know how  
18 many people from that plant has been sick and  
19 are dying across this country. Well, let them  
20 decide who is at fault. Thank you very much.

21 **DR. ZIEMER:** And thank you, Laura, for taking  
22 the effort to be with us today.

23 **MS. SCHULTZ:** Thank you, Dr. Ziemer.

24 **DR. ZIEMER:** Jeff Schultz -- Jeff, you also  
25 have -- oh, okay.

1 Kevin Newby, and I think I have some written  
2 comments also. Kevin, I'll distribute these.

3 **MR. NEWBY:** I want to start by thanking the --  
4 you for giving me the opportunity to share this  
5 story. My name is Kevin Newby and I worked at  
6 Rocky Flats for 22 years. I was 25 years old  
7 and very healthy when I started working at  
8 Rocky Flats. I had various jobs throughout my  
9 22 years with the Flats. I worked in buildings  
10 883, 865, 444, and in gloveboxes in 707, and  
11 also at the warehouse.

12 On January 21st, 1994 and April 20th, 1994 and  
13 March 6th of 2001 I had positive blood tests  
14 showing beryllium ac-- sensitivity. This  
15 entitled me to enter into the beryllium  
16 program. At that time I had no idea the price  
17 I would pay for working in this environment.

18 In June of 2002, on a routine visit to my  
19 beryllium doctor in Philadelphia, I had a CAT  
20 scan that concerned my doctor, nothing serious.  
21 He did a blood test the day of my procedure  
22 that came up negative, which meant I was not  
23 showing beryllium sensitivity in my blood. But  
24 the doctor thought it was a good idea to do a  
25 lung biopsy, as long as I was okay with it.

1           The procedure is called a bronchostomy (sic).  
2           This is only true way to prove chronic  
3           beryllium disease. When they do the blood  
4           work, they have both false negative and false  
5           positive readings. This is the only way to  
6           diagnose beryllium sensitivity, even though the  
7           test is flawed and false readings, they have  
8           not come up with a better way to do this. The  
9           bronchostomy (sic) or lung biopsy did show  
10          lymptocycius (sic) in my BAL cells. The  
11          conclusion is I have chronic beryllium disease.  
12          Remember the day of this procedure I had a  
13          negative blood test.  
14          When I got back from Philly I filled out the  
15          paperwork and a claim under Section B. This  
16          was in 2002. And of course I was denied. They  
17          did not feel disease was far enough along to  
18          entitle me to compensation under Subsection E  
19          (sic). My problem was I was still alive.  
20          In 2004 I resubmitted my claim and all the same  
21          information and I was approved.  
22          In summary, I -- had my doctor not offered the  
23          lung biopsy, I never would have been found out  
24          that I had chronic beryllium disease. There's  
25          only a certain stage that they can do the lung

1 biopsy. This is not a standard procedure.  
2 Remember, the blood test for beryllium  
3 sensitivity is flawed with false negatives and  
4 false positives.  
5 Had I not had the fortune to persevere, I still  
6 would be sitting there thinking I was denied.  
7 We worked in a adverse situation. If you, like  
8 me, were exposed to metal poisonings, you need  
9 to know. This does not just affect you. This  
10 affects your entire family and down the road  
11 when they take care of you and you can come  
12 incapacitated. Being in the program has opened  
13 many doors that would otherwise have been  
14 closed. The average doctor does not understand  
15 metal poisoning. You need a specialist, and  
16 they're expensive.  
17 I'm not advocating the system is set against  
18 you. All I'm saying is that most health care  
19 situations you need to be your own etiquette  
20 (sic). Get informed, don't settle for no.  
21 The moral to this story is persevere. I felt  
22 it was my moral obligation to share this story  
23 with you. Please do not give up hope. If I  
24 can help anyone with their paperwork, please  
25 let -- feel free to call me. Thank you.

1           **DR. ZIEMER:** Thank you, Kevin. Next, Walter  
2           Mobley. Walter Mobley.

3           **MR. MOBLEY:** Good evening, and thank you for  
4           taking the time to listen to us. I began  
5           working at Rocky Flats in February, 1991.  
6           Before we had any training, my foreman took  
7           myself and three carpenters down to Building  
8           991. We were uncleared at that point. He took  
9           us down a hallway and told us to build a  
10          scaffold. We started building the scaffold.  
11          He left. A yellow light started flashing and  
12          an alarm went off. We continued building the  
13          scaffold for another five, ten minutes before I  
14          walked down the hall to find someone to ask  
15          them what this yellow light meant. We were  
16          told it was a faulty SAAM alarm, that there was  
17          no problem. The SAAM alarm was the problem,  
18          not that we had actual airborne radiation.  
19          We didn't know what that meant at that point  
20          anyway.

21          I did receive extensive training over the next  
22          year, teaching me how safe Rocky Flats was.  
23          And they convinced me that Rocky Flats was a  
24          safe place to work.

25          A year and a half later, it was about August or

1           September, 1992. We were working in the  
2           vaults. We were working in high radiation  
3           areas. We were receiving dose greater than 100  
4           millirem per hour. I, as a carpenter, did not  
5           work in there a lot, but I did do some work.  
6           The electricians in our group worked in there a  
7           lot. They were getting close to their annual  
8           dose limit. We came to work one morning. In  
9           the pre-evolution briefing we were told all of  
10          the dosimeter records have been lost. Your  
11          dosimetry reading is zero. Go in and go to  
12          work.

13          One of those electricians was [Name Redacted].  
14          In 2004 [Name Redacted] was diagnosed with  
15          stomach cancer, and he was dead in three  
16          months.

17          I thought the electricians might have been  
18          over-reacting a little bit. I was still new at  
19          Rocky Flats. I'd been there for a year. They  
20          were way below the -- the DOE annual dose, and  
21          the Rocky Flats annual dose is half of that, so  
22          I think they're just making a mountain out of a  
23          mole hill. Well, I find that that's not true.  
24          In 2001 I contracted non-Hodgkin's lymphoma. I  
25          began doing a lot of research on my own. I

1 found that the Department of Energy, on their  
2 web site, admits that they do not know what the  
3 biological effects of a chronic low dose of  
4 ionizing radiation will do.

5 I was more fortunate than [Name Redacted]. I  
6 had a pain in my back. I had this pain for  
7 five months before I went to the doctor. When  
8 the doctor found out where I worked, he began  
9 looking for cancer. He wasn't looking for  
10 other medical problems; he began looking for  
11 cancer. I don't believe that was a lucky  
12 guess. I believe that was an educated  
13 diagnosis. He found my cancer on the first  
14 visit. Because of the early detection, I am in  
15 remission right now. But I don't know when  
16 it's going to come back.

17 All through my medical treatment the nurses and  
18 the doctors that I talked to all agreed that  
19 there was a good chance that I contracted  
20 lymphoma because of where I worked, at Rocky  
21 Flats.

22 I applied for compensation through the EEOICPA  
23 in 2001, shortly after the program was  
24 initiated. After five years I have become  
25 fatigued with the bureaucratic process,

1            constantly asking for more information, asking  
2            for phone interviews. After five years I was  
3            denied. I appealed the denial.

4            On the notebook that we signed up on tonight it  
5            asked if we had a written statement to submit.  
6            I didn't know that was going to be on the form.  
7            I feel like I have submitted my written  
8            statements more than once.

9            Six months later, after my first appeal, I was  
10           denied again. A year later I was denied again  
11           under Part B. I believe that DOE, DOL, NIOSH,  
12           Oak Ridge University -- I believe pretty much  
13           all of them have probably spent considerably  
14           more denying my claim than it would have cost  
15           to pay my claim and let me enjoy my life.

16           Thank you.

17           **DR. ZIEMER:** Thank you, Walter. Next I have  
18           Ron Buffo.

19           **MR. BUFFO:** Thank you for letting me speak  
20           before you tonight. My name is Ron Buffo. I'm  
21           here to speak on behalf of [name redacted] who  
22           worked at Rocky Flats from 1952 until 1987, one  
23           of the original guys who started out there. He  
24           was a machinist. He was a tool grinder for at  
25           least 23 of those years, those first 23 years,

1 and he worked in buildings 44, 881, 776 and  
2 460.

3 He has had prostate cancer. He has skin  
4 cancer. At this point he's 75 years old. And  
5 just to sort of reiterate some of the things  
6 that some of the other people have been saying,  
7 and I think it's very basic stuff -- I mean  
8 this -- this isn't global warming. This is --  
9 these are real things that we know are  
10 happening to these real people.

11 [identifying information redacted] was a  
12 machinist working with uranium and working on a  
13 lathe where he was shaping uranium. Uranium  
14 has a tendency to catch on fire without proper  
15 ventilation, and when it caught on fire he was  
16 breathing in the fumes, of course, and I think  
17 certainly has shown the effects of what's  
18 happened with that.

19 Along with that -- he was exposed to that on a  
20 daily basis, but he was also exposed to a thing  
21 called perchlorethylene, a cleaning solvent.  
22 He cleaned machines every day when work was  
23 done, with his bare hands and this cleaning  
24 solvent. And we know that to be carcinogenic  
25 in nature, as well. He also lost his hearing

1           because there wasn't adequate hearing  
2           protection. So I mean there are just a variety  
3           of things that -- that all of these -- these  
4           wonderful people had to go through.  
5           I will tell you this. A true patriot, like all  
6           of these people. When I was growing up in  
7           Lewisville, not too far from Rocky Flats, I  
8           knew [identifying information redacted] worked  
9           at Rocky Flats, but I'll tell you what, I  
10          didn't know what he did until about five years  
11          ago. He said no, that's -- that's -- I don't  
12          talk about those things, I signed a security  
13          clearance. And I had no idea. Kids at school  
14          would ask what does your dad do? He's a  
15          machinist. Oh, yeah? I don't know what he  
16          makes, but he's a machinist, that's for sure.  
17          It was strange coming to my house when I -- you  
18          know, I'd go down to the bathroom and I saw all  
19          these little bottles down by the toilet and I -  
20          - what the heck is that stuff for? I had no  
21          idea. You know, the fact of the matter is,  
22          very few of these people in the early stages,  
23          and I'm sure for many, many years, really had  
24          no idea what radioactivity could do to them. I  
25          really believe the safety training programs

1           were inadequate. These men and women were not  
2           told what these kinds of things could do to  
3           them, and today they are suffering because of  
4           that.

5           So I'm here on behalf not of just [identifying  
6           information redacted], but -- but of all these  
7           people. You know, we talk about the  
8           bureaucratic red tape that is -- that has been  
9           going on for years now. He made a claim five  
10          years ago. Last fall he was denied. We wrote  
11          a letter back to the Department of Labor -- and  
12          I'm not kidding you, we got a response back in  
13          one week on the appeal -- denied. It took five  
14          years to get that first one, but it took about  
15          a week to get that second one. And when I -- I  
16          helped [identifying information redacted] sit  
17          down and write the letter, and what we said  
18          was, you know, you need to look at this.  
19          You're denying our claim. You say that  
20          prostate cancer is not caused by his exposure  
21          to radiation. We don't agree with that, and  
22          that's why we are not going to sign this claim.  
23          We consider our case to continue to be active  
24          and we're going to see what happens here.  
25          Two months later he got a phone call from a man

1 with the Department of Labor who said hey,  
2 what's this letter all about? [identifying  
3 information redacted] said it's about my claim.  
4 And he says well, you know, where you going to  
5 go with this? He goes well, it's pretty  
6 obvious I can't go too far with it, but he said  
7 I'm not signing it. And that's the way that  
8 it's going to be. We are going to stay with  
9 this and we're going to stay the course on --  
10 on fighting for what we think is right, and  
11 these are from people who are very patriotic.  
12 They have no huge beefs with their patriotism  
13 and what they've done for this country. These  
14 are the original Cold War warriors, and -- and  
15 we have to honor them and we have to show them  
16 that we are responsible for the things that  
17 they were exposed to.

18 And I think -- when I look at all these  
19 wonderful people here, I think we have to ask,  
20 if not us, then who? And if not now, then  
21 when? Thank you.

22 **DR. ZIEMER:** Okay. Thank you, Ron. Next I  
23 have Charles -- Charles Milne -- didn't we have  
24 a -- I think we already had Charles Milne,  
25 somehow got on the list twice.

1 Dennis Romero -- is it Romero?

2 **MR. ROMERO:** Romero.

3 **DR. ZIEMER:** Correct.

4 **MR. ROMERO:** Yeah, I'm pretty short. My name's  
5 Dennis Romero. I worked out at Rocky Flats as  
6 -- four years as a building trades pipe fitter,  
7 18 years as a steel worker. I've had three job  
8 classifications out there, as a production  
9 welder, chemical operator, radiological control  
10 tech at the end.

11 My first job was 444 as a production welder.  
12 Worked with beryllium, uranium, stainless,  
13 titanium, machining it -- not machining, but  
14 welding it, plating it, coatings. While  
15 working in that building we would often have  
16 air reversals because we'd have a power  
17 (unintelligible). Instead of the air coming  
18 out of the main vents, it'd be coming out of  
19 the return air vents that were filthy. We'd  
20 have dust everywhere. We'd get the evacuations  
21 and evacuate the back area because they don't  
22 know what's in the air.

23 We'd have fires, just like the gentleman  
24 mentioned about uranium. They'd have uranium -  
25 - 55-gallon drums where the machines would

1           throw the shavings in there. Occasionally  
2           they'd throw a hot chip in there. When they  
3           would machine this uranium it would glow red,  
4           red under the liquid. That's how hot it was.  
5           And they would throw a chip in there that's too  
6           hot, it'd catch on fire and then we'd have a  
7           fire in the back area and they would say if  
8           you're not in immediate danger, stay where  
9           you're at; if you are in danger, evacuate the  
10          area. Be smoke in the air.

11          I worked in that building about five years as a  
12          production welder and then went down -- 707 as  
13          a production welder. Worked with plutonium,  
14          beryllium, uranium assembling the pits that we  
15          used for final product to ship off site.

16          Every month we'd have a thing we'd call IP,  
17          that we'd meet a certain quota every month to  
18          get parts out. If we didn't get the parts out  
19          on time, management would say well, we're going  
20          to lose our funding, maybe be layoffs, so we'd  
21          have to work the overtime to meet our quota  
22          every month.

23          At times our dosimetry badges would be peaking  
24          out, and if they peaked out they would pull us  
25          out of the area and then we couldn't meet our

1 product every month. So naturally management  
2 would make a suggestion -- put your TLD in your  
3 back pocket. Don't have it up on your chest  
4 where it's getting the right exposure; put it  
5 in your back pocket. Or there were times when  
6 we'd leave them in our lockers because  
7 management did not want to lose their funding,  
8 did not want the trucks not to be able to come  
9 in and DOE would be unhappy with their  
10 progress. So we would do whatever we could to  
11 meet IP every month, and that went on for years  
12 out there until they finally shut us down.  
13 When I was done being a production welder, I  
14 went down to 771 as a chemical operator. Our  
15 job down there was do (unintelligible)  
16 inspections, decontaminate floors, gloveboxes,  
17 tanks -- basically the cleanup people for the  
18 building. That's our job is to clean up, decon  
19 workers. We'd go in the back area, we'd have a  
20 spill. Of course everybody knows 771 was  
21 (unintelligible) with all kinds of chemicals --  
22 hydrochloric acid, sulfuric acid, nitric acid,  
23 numerous other chemicals been on my shirt right  
24 here.  
25 When we'd go back in the areas and decon the

1 floors 'cause there'd be a tank leak, spill.  
2 Recontainments on the valves were leaking,  
3 flanges were leaking, gloveboxes were leaking  
4 because everything's been taken out of service,  
5 wasn't maintained. It was set -- 'cause they  
6 thought they were going to start back up, but  
7 it never did happen so we'd have to go back  
8 there and baby-sit the place.  
9 We'd go back there in a full-face respirator,  
10 particular air purifying filter, cleaning up  
11 chemical spills. The only people in the  
12 building that had chemical respirators were the  
13 painters, because they did the epoxies.  
14 Workers in the back area were doing decon  
15 coverage, did not have chemical respirators.  
16 We'd have a particulate and that was it.  
17 Times we'd have SAAM alarms. 771's notorious  
18 for having a lot of SAAM alarms. Problem with  
19 771 during thunderstorms, we'd have a high  
20 concentration of radon. The SAAMs would not be  
21 able to distinguish between radon buildup or  
22 plutonium particle, so it would go off and we'd  
23 have to deal with that. We'd go out in the  
24 hallway and wait for RCTs to come, see what the  
25 problem was.

1           At that same time I had went across to be an  
2           RCT so I'd learned a lot more. I went through  
3           rad con training, radiological training, and  
4           they -- what we'd do is we'd have SAAM papers  
5           that were contaminated with Pu or radon. We  
6           would let them sit for four hours. We'd count  
7           them initially, wait for four hours, take the  
8           people's names that were in the rooms at the  
9           time the SAAM went off 'cause we didn't know if  
10          they were positive or negative SAAM alarms.  
11          We'd wait for four hours, wait for the decay,  
12          see how much decay would happen on that sample.  
13          If there wasn't enough decay, we'd give it  
14          another four hours. There was times they would  
15          wait up to maybe a day and a half to two days  
16          to count that sample to see if enough decay  
17          would drop out so we could blame it on radon,  
18          because the room was posted and the workers  
19          were having a hard time getting the work done  
20          because working in a full-face is hard.  
21          Management wasn't happy with that scenario,  
22          they'd make us go back and do additional air  
23          samples so we could de-post the room and get it  
24          down to less than a tenth of a DAC. A DAC was  
25          a Derived Air Concentration of plutonium in the

1 air. It had to be less than a tenth of a DAC.  
2 One DAC equates to 2.5 millirem.  
3 When we started doing D&D out there, we had  
4 procedures -- even production had procedures.  
5 Full-face respirators, 50 DAC; you exceed it,  
6 you shut the job down till you increase your  
7 engineering controls, your PPE controls -- keep  
8 it down to less than 50 DAC because the  
9 respirator's only certified up to 50 DAC.  
10 Anything above that, they couldn't quantify how  
11 much of it was getting in your respirator.  
12 They needed to be, we'd go to PAPRs, PAPRs were  
13 good for 1,000 DAC. We couldn't keep it down  
14 below 1,000 DAC, supplied breathing air, in-  
15 line supplied breathing air was used. That was  
16 still 1,000 DAC protection factor.  
17 When management couldn't control the back areas  
18 properly when D&D happened because everything  
19 was going on, piping's being cut, gloveboxes  
20 being dropped off, the DAC started going out of  
21 control. It would exceed 50 DAC. They just  
22 changed the RWPs to warrant what they wanted to  
23 get done, because our training told us anytime  
24 you exceed protection factor respirator, a  
25 certain amount was getting in the respirator.

1           When we exceeded 1,000 DAC on PAPRs, that  
2           happened quite often -- they'd be 100,000,  
3           200,000, maybe even up to 500,000 DAC on an air  
4           sample they would be counting. We was told in  
5           training that for every DAC that you exceeded -  
6           - the protection factor 1,000, for every 1,000  
7           that you exceeded at, one DAC was  
8           (unintelligible) be in your respirator. So if  
9           you're in a DAC atmosphere of 500,000, you tell  
10          me how much DAC was probably -- how much  
11          plutonium might have been inside your  
12          respirator.

13          They would wear these respirators on 10, 12-  
14          hour days. There was a job going on in 774  
15          that guys were in DAC atmosphere about 100,000  
16          DAC. They were cutting out these four large  
17          tanks, using a plasma cutter. They used liquid  
18          -- a fixative to spray on the linings of these  
19          tanks, the gloveboxes, to try to keep the  
20          airborne concentration from going higher than  
21          that. The problem with when you're using  
22          liquid, spraying in the atmosphere where using  
23          a air-purified respirator, it's a paper filter.  
24          That paper filter starts degrading when it gets  
25          wet. And they would use liquid or water to try

1 to keep the concentration of the plutonium  
2 down.

3 Workers would come out of the back area after a  
4 12-hour day, take their filter cartridges off  
5 their respirators, dump the respirator in a  
6 bin, dump the cartridges. They would look in  
7 their cartridges on the inside of that  
8 cartridge where -- that's the closest part to  
9 your face and a lot of times they'd be green.  
10 That was the color of the fixative they were  
11 using inside the tanks. So if that respirator  
12 was filtering, how much of it was it really  
13 filtering?

14 We would survey respirators on a daily basis so  
15 we could send them back off to laundry. Wasn't  
16 no -- no big deal to find 10,000, 500,000 on  
17 the outside of the respirator. Was that person  
18 given a PI factor worksheet to find out how  
19 much of it they got inside their lungs? Was  
20 any incident reports done?

21 Management, towards the end, starting not  
22 documenting things because of a thing called  
23 Price Anderson out there. Price Anderson was a  
24 group that went around when companies could not  
25 do radiological control practices safely, they

1           would fine them.  People have skin  
2           contamination, internal contamination, they  
3           would get fines.  Well, in order to not get  
4           fines, you don't do the documentation, so you  
5           didn't have the PI factor worksheets.  You  
6           didn't have the radiological deficiency  
7           reports.  You didn't have any logs to denote  
8           that this stuff happened on the job.  
9           There's so much more information that your  
10          dosimetry cannot tell you because a lot of the  
11          information wasn't done -- or it's scattered  
12          all over the place, 'cause we did records.  We  
13          did DAC hour tracking whenever the DACs were  
14          too high.  But my question is to you people, of  
15          all the records you got, do you have all of  
16          them?  I don't believe you do.  Thank you.

17          **DR. ZIEMER:**  Thank you.  Thank you, Dennis.  
18          Now we'll hear from Richard Olds -- Richard?

19          **MR. PRESLEY:**  He's already spoken.

20          **DR. ZIEMER:**  Maybe he -- yes, was --

21          **UNIDENTIFIED:**  (Off microphone)  
22          (Unintelligible)

23          **DR. ZIEMER:**  Yeah, he's ended up on the list  
24          twice, too.  Sorry.

25          Let's see, then next I have Larry -- Larry

1 Pazier or Pazier -- P-a-z-i-e-r.

2 **MR. PAZIER:** That's close enough.

3 **DR. ZIEMER:** Close enough? You can give us the  
4 correct pronunciation, Larry.

5 **MR. PAZIER:** It's Larry Pazier.

6 **DR. ZIEMER:** Pazier, thank you.

7 **MR. PAZIER:** [name redacted] was a Rocky Flats  
8 employee, and I -- I'm not a Rocky Flats  
9 person, and all I did was hear these things  
10 second-hand, but I know that she was exposed at  
11 least twice. Five years later after she was  
12 exposed, she was diagnosed with colon cancer  
13 and two months ago she passed away.

14 She was a vegetarian. No -- no cancers in the  
15 family, went to the gym five or six days a  
16 week, only exposed twice. And I hear the  
17 probability and the statistics that some of the  
18 people are saying, including a doctor, but what  
19 does it really mean? One in a thousand? What  
20 if you're the one? One in 100,000, what if  
21 you're the one?

22 My -- my concern is really not for what's going  
23 on here today. The money, sure, is going to  
24 help the people out that are living, help them  
25 with their doctor bills, et cetera. What I

1 would like to do is suggest and somehow get out  
2 to the public that there needs to be more  
3 testing done. It's my understanding that --  
4 you know, that they had testers -- test  
5 indicators that give you an idea if you've been  
6 exposed. But when the people leave working for  
7 a nuclear facility, are they getting PET scans  
8 and CAT scans to test, if they have been  
9 exposed, if they have cancer? If this could  
10 have been done, it may have saved my wife.  
11 The other thing I'd like to say is, you know,  
12 to -- to just -- to get the word out to other  
13 workers in nuclear facilities of the risks  
14 they're taking. I don't believe that they  
15 understand the total risk that they're working  
16 under. Thank you.

17 **DR. ZIEMER:** Thank you. I have what I think is  
18 Larry -- Ramos?

19 **UNIDENTIFIED:** Rands?

20 **DR. ZIEMER:** Or Rand, maybe it's Rand -- Larry  
21 Rand, yeah. Okay.

22 **MR. RANDS:** Hi. As Paul said, my name is Larry  
23 Rands. I spent 20 years at Rocky Flats. I had  
24 the opportunity last year to provide you with a  
25 summary of my jobs on the site and my lung

1 cancer that was diagnosed in 2003. I donated a  
2 lung to the cause, went through chemotherapy  
3 after and I'll play with the side effect of the  
4 chemotherapy the rest of my life.

5 It's my understanding that you folks are an  
6 advisory board to tell health and safety or  
7 someone to -- that's going to make a decision  
8 on the outcome of the future of the workers of  
9 Rocky Flats. And I thank you for that  
10 opportunity to talk to you last year, and I'm  
11 happy to be able to be here this year. I would  
12 ask, and I implore you, to unite to advise the  
13 people that are going to make the decision for  
14 the efforts that are being expended and for  
15 these people that have suffered and are  
16 suffering, please help them. Thank you.

17 **DR. ZIEMER:** Thank you. Then Cheryl Meaney.

18 **MS. MEANEY:** Hello. My name is Cheryl Meaney  
19 and I worked at Rocky Flats for 21 years. At  
20 the present time I am not ill due to working at  
21 Rocky Flats. [Identifying Information and Name  
22 Redacted], also worked at Rocky Flats for 32  
23 years as a security guard. He couldn't be here  
24 this evening so he asked me to come and speak  
25 for him.

1           In 2005 he was diagnosed with thyroid cancer.  
2           As a result, he had surgery to remove his  
3           thyroid that same year. His physician says  
4           there are only ways to get thyroid cancer.  
5           Heredity is the first reason, and the other is  
6           radiation exposure. There isn't any known  
7           thyroid cancer in [identifying information  
8           redacted] family, so one must assume that his  
9           cancer is the result of radiation exposure at  
10          Rocky Flats.

11          He is missing quite a lot of his dose records  
12          due to poor radiation record-keeping at Rocky  
13          Flats. Records show he worked in Building 123  
14          for the majority of the time, but that was only  
15          his base building. He went to Building 123  
16          every day to change into his uniform, get his  
17          gun and have his morning meeting for the plan  
18          of the day. His regular job duties consisted  
19          of the following:

20          He walked routes throughout the entire complex,  
21          including the radiation and contamination  
22          areas. He was required to sit on the docks in  
23          close proximity to all radioactive material as  
24          it was loaded onto trucks for shipment. He was  
25          required to watch people and guard material in

1 the various vaults. Even if the alarm sounded,  
2 he had to stay to guard the vault he was  
3 assigned to. Everyone else could evacuate. He  
4 was part of the team that loaded trucks for  
5 transport to other facilities. This material  
6 was the completed product, so it was very  
7 radioactive. He had to crawl on and around the  
8 radioactive drums in order to secure them  
9 properly. He also had to transport radioactive  
10 material samples in his security vehicle right  
11 in the seat beside him.

12 All of this was done without wearing a lead  
13 apron or shielding of the samples.

14 He took great pride in the job he did to  
15 protect our national security, and now hopes  
16 his government will take care of him. We pray  
17 that [Name Redacted] cancer does not reoccur.  
18 But if it does, it would be helpful for him and  
19 his family to have a little financial security  
20 to help cover the medical bills as a result of  
21 his radiation exposure in his work at Rocky  
22 Flats.

23 Please vote yes and give all Cold War veterans  
24 peace of mind. Thank you.

25 **DR. ZIEMER:** Thank you, Cheryl. Next, Juan

1 Abilu -- Abilu?

2 **MR. ABILA:** The last name's Abila, A-b-i-l-a.

3 **DR. ZIEMER:** A-b-i-l--

4 **MR. ABILA:** A.

5 **DR. ZIEMER:** --a.

6 **MR. ABILA:** Right. I really don't have much  
7 more to say, other than what everybody else has  
8 said. The only thing that I would like to ask  
9 is why are we having to prove what, in most  
10 cases, a DOE or Rocky Flats doctor has verified  
11 or diagnosed us with? I think -- I think  
12 everybody else has covered what I had to say  
13 and I appreciate it and thank you.

14 **DR. ZIEMER:** Thank you. Okay, thank you, Juan.  
15 And then Jack Weaver.

16 **MR. WEAVER:** Good evening. Thank you for  
17 letting me speak. I also want to thank the  
18 people that are here in the audience, my  
19 brothers and sisters that worked with me at  
20 Rocky Flats.

21 This is an emotional time for everybody that's  
22 here, me included. I happen to be in fairly  
23 well -- fairly good health, but I have some  
24 relatives that worked at Rocky Flats for a  
25 number of years that -- that are not in such

1 good health, so hopefully I'm here to represent  
2 them.

3 I -- I started to work at Rocky Flats September  
4 the 5th, 1961. I left there June 5th, 2002, so  
5 you know I've been there a long time. I worked  
6 in just about -- well, I did work in every  
7 building on the plant site at one time or  
8 another in some capacity. I worked 12 years as  
9 a hourly individual and the rest of my time was  
10 spent in various supervisory positions, all the  
11 way up to a deputy AGM under EG&G, so I've been  
12 the gamut from all the way at the bottom to all  
13 the way to the top.

14 I also participated in -- in -- starting in  
15 2001 on the oversight committee for the ORISE  
16 dose reconstruction. I was asked to come and  
17 participate in that, and after talks with [name  
18 redacted] and his group, I decided I would do  
19 that. And the main reason I participated in it  
20 was because the people -- very intelligent,  
21 very smart individuals -- didn't have a clue  
22 about Rocky Flats, and my job was to try and  
23 make them understand, teach them what we did,  
24 how we did it, why we did it and what the  
25 consequences of some of that stuff were.

1           Just like everybody said, I -- I understand  
2           that there are missing pieces of information in  
3           the -- in the dose and stuff. I think they did  
4           the best they could with what they had, they  
5           just didn't have everything, as -- as people  
6           have said before.

7           The other issue that I have that -- that  
8           doesn't seem to get across at these meetings is  
9           that Rocky Flats was a chemical processing  
10          facility to recover plutonium from scrap and to  
11          produce the final product, pits. Okay? The  
12          plutonium processing in these buildings was --  
13          was a -- a -- primarily a nitric acid process,  
14          although there were a lot of other chemicals.  
15          And when we were doing the cleanup in -- in the  
16          '90s, or preparing for the destruction of the  
17          plant, one of the things that we did was a --  
18          was a chemical inventory -- and at the time I  
19          was working in 71 building; I spent 32 years in  
20          71 building. And I have this document. I  
21          provided it to the -- to the group last year  
22          when we met. It's a 53-page document of excess  
23          chemicals. It has 5,700 containers listed on  
24          it of everything imaginable.

25          And with [Name Redacted] permission -- I was

1           working in the building with [Name Redacted].  
2           She was doing part of the -- the inventory. We  
3           were working on the inventory with [Name  
4           Redacted] and a lot of other people, names that  
5           you are familiar with. Exposure to these  
6           chemical -- I mean there were things that --  
7           that -- I'll give you a for instance. One of  
8           the things that -- that people don't associate  
9           too much wi-- or don't know about at Rocky  
10          Flats from the outside is hydrogen peroxide.  
11          Most people think of hydrogen peroxide to be  
12          put on -- on a cut on a finger, color your hair  
13          or something like that. We used hydrogen  
14          peroxide in the plutonium processing to make  
15          plutonium peroxide precipitate. We used 50  
16          percent hydrogen peroxide. That's the same  
17          stuff they use in rockets to fire them off, you  
18          know? And after a couple of explosions, we  
19          went to 35 percent because it wasn't quite as  
20          volatile.  
21          But we had numerous ex-- explosions. We had  
22          fires. We had everything you can think of  
23          under the sun. And as these people have  
24          already stated, and I don't -- I don't think  
25          you want to hear all my war stories 'cause you

1           ain't got enough time left in this week to hear  
2           all the stories that I could tell you about  
3           Rocky Flats and 71 and 371 and all those.

4           I just want to say that -- that Abe just made a  
5           very good point. We worked under the AEC, IRTA  
6           and DOE, and yet when it comes down to this  
7           issue that we have here on the table today, the  
8           burden of proof is on these people here to  
9           provide something.

10          Now when I went to work at Rocky Flats you were  
11          supposed to keep records, and I always thought  
12          there should have been a place where all the  
13          records that were kept -- everything from a  
14          piece of paper that somebody scratched on, a  
15          note or something, all the way up to plans,  
16          procedures and everything -- should have been  
17          kept in a place where they could be gotten to.  
18          That never happened, so a lot of stuff got  
19          lost. And all these exposures to -- to  
20          radiation and the exposures to chemicals,  
21          they're -- there are missing records for --  
22          primarily with the chemicals, because there was  
23          no -- there was no activities on the site until  
24          1986 when we put in an HF monitor to monitor  
25          hydrogenfluoride gas, there was nothing that

1           monitored releases to the atmosphere of  
2           chemicals. So these people were exposed to  
3           concentrated nitric acid, hydrochloric acid,  
4           hydrofluoric acid, everything you can think of.  
5           And to me, that's just as dangerous as the  
6           plutonium.

7           So I'm not going to stand up here and spout a  
8           bunch of war stories right now 'cause you don't  
9           need to hear those tonight. I've taken up  
10          enough of your time on that. I'd just like to  
11          say that Rocky Flats provided a service to the  
12          United States of America during the Cold War,  
13          and we handled a lot of the most dangerous  
14          chemical in the world, as the -- as it's been  
15          called, plutonium. What we pushed out the door  
16          was a product for the government to use as a  
17          deterrent to keep the rest of the world away  
18          from our doors. Some of those were used at  
19          Nevada for tests. I recently read in the paper  
20          where Nevada got their SEC. Those people  
21          handled the final product, had very little  
22          radiation connected with it. And when I go to  
23          Nevada and talk to those people, and I have  
24          many times, they're scared to death of anybody  
25          from Rocky Flats 'cause they know that most of

1 the people at Rocky Flats were exposed. You  
2 know? So they -- they don't understand why we  
3 ever did what we did and why we would continue  
4 to work at Rocky Flats when -- they thought  
5 they had issues; they don't even begin to  
6 compare to Rocky Flats.

7 So I'd just like to say please consider what  
8 all of these wonderful people have told you  
9 about their experiences at Rocky Flats. And as  
10 I told the people last year when we met and I  
11 gave them the documents, you've got my name and  
12 address and phone number. If you want to hear  
13 any story from the time I got there, 1961, to  
14 the time I left in 2002, I'll be glad to sit  
15 down with you and tell you any of it. I was  
16 involved in the fires and the cleanup and all  
17 that. I have an extremely large -- for most  
18 people -- radiation exposure. But I'm just one  
19 of hundreds of people that had large exposures  
20 -- larger than what was allowed by the DOE  
21 regs. Those -- those, to me, aren't being  
22 considered.

23 The arbitrary number that's been set is -- is  
24 another thing that's of great concern to me  
25 because -- again I'm going to use [Name

1 Redacted] as a -- as a for instance because we  
2 worked side by side. What affects me maybe not  
3 affects her. What affects her maybe does not  
4 affect me. Our genes are different, our  
5 backgrounds are different, everything. So how  
6 can you set an arbitrary number on somebody  
7 who's had the problems that she's had?  
8 I thank you for your time.

9 **DR. ZIEMER:** Thank you, Jack. I -- I want to  
10 find out how many would like about a ten-minute  
11 comfort break or -- we have quite a few folks  
12 to go yet, but --

13 **UNIDENTIFIED:** (Unintelligible)

14 **DR. ZIEMER:** Shall we keep going? We'll keep  
15 going, and individually if you feel like you  
16 need to slip out -- Board members, too, just  
17 don't stay out long -- but we'll keep going  
18 then. Okay. I -- I don't want any of you to  
19 feel like you -- if you really need to slip  
20 out, please do that.

21 Hannah Marschall.

22 **MS. MARSCHALL:** Hi. I'm Hannah Marschall.  
23 This is the first time I've been in front of a  
24 board like this, so don't have any notes. I  
25 worked at Rocky Flats from the early 1980s

1           until they -- Kaiser Hill declared physical  
2           completion in 2005. I think all of us that  
3           worked out there knew that we were working  
4           around danger-- dangerous materials. However,  
5           we trusted our government to keep us safe. And  
6           I -- I just think it's incomprehensible, to me,  
7           that our government now is making those of us  
8           that are sick grovel for such a stippance (sic)  
9           of money. There aren't that many of us left,  
10          and it's not that much money. And it just  
11          seems as though the government could take the  
12          high road and admit that possibly they put us  
13          in harm's way and those that -- of us that only  
14          have a couple years left to live, that they  
15          could approve our claims and allow us, our  
16          spouses and our children to have whatever time  
17          we have left to live it with dignity and with  
18          some peace of mind.

19          **DR. ZIEMER:** Okay. Thank you, Hannah. Mary  
20          Ann Rupp.

21          **MS. RUPP:** Hi. I also want to thank you for  
22          the opportunity to address this Board.

23          **DR. ZIEMER:** Mary Ann, pull the mike down just  
24          a tad. Thank you.

25          **MS. RUPP:** Thank you.

1           **UNIDENTIFIED:** Us short people got to stick  
2 together.

3           **MS. RUPP:** I want to thank you for allowing me  
4 to address the Board, as with everyone else. I  
5 am here tonight on behalf of [name redacted],  
6 who could not be here as he died 11 years ago  
7 at the age of 49 from lung cancer. I've had a  
8 hard time with this because when he was  
9 diagnosed his diagnosis was -- the primary site  
10 was lung. However, it metastasized to the  
11 brain.

12           I'm here to put a face to his claim tonight,  
13 because he was a vibrant man, a family man, a  
14 patriotic man -- as with everybody else in this  
15 room -- and he believed in what he was doing,  
16 also.

17           He was diagnosed and he was considered terminal  
18 as soon as we had his diagnosis. He was a man  
19 who -- he -- he was active, and I -- as I said,  
20 vibrant. He lost his ability for speech. He  
21 wa-- suffered paralysis. We spent a lot of  
22 time playing charades because he couldn't  
23 communicate with the family like he wanted to  
24 do.

25           I have here which is what many of these people

1           have heard from NIOSH and it's called findings  
2           of fact. The evidence of record does not  
3           establish that exposure to toxic substances  
4           experienced at the DOE facility was a  
5           significant factor in aggravating, contributing  
6           to or causing the lung cancer of [name  
7           redacted] Rupp. Therefore, Mary Ann Rupp is  
8           not entitled to the benefit because she did not  
9           establish that he developed a covered illness  
10          through the toxic substance at the Department  
11          of Energy facility, pursuant to 42 USC 7385S-4.  
12          And I'm sure many of you are familiar with this  
13          very same letter.

14          This is my third appeal, and I'm not only  
15          appealing on behalf of my family, but on behalf  
16          of everyone in this room. You can do little to  
17          help [name redacted] and now, but you can do a  
18          lot to help the people that are left here.

19          I just basically wanted to tell you how I came  
20          to this. [name redacted] worked at a pipe  
21          fitter out at Rocky Flats. He was also out  
22          there as a field engineer and an iron worker.  
23          He was there from 1983 till approximately 1992.  
24          The first two years that he was on site he had  
25          absolutely no dosimetry monitoring. We've --

1           you know, we received -- I, as the other lady  
2           did, talked to David Sundin, requested all the  
3           dosimetry records, and I received a partial  
4           list -- and I do stress "partial". He was  
5           there for nine years and the dosimetry records  
6           I have consisted of approximately three pages,  
7           the majority of which said zero because there  
8           was no monitoring, as I said, for the first two  
9           years.

10          What brought me to this was that [name  
11          redacted] was exposed while he was working on  
12          the plant site. He was not in a building. He  
13          was working outside of building 776, along with  
14          a coworker. They unearthed some contaminated  
15          items there. And I had not realized this had  
16          happened until this whole program started and  
17          his fellow worker, a [Name Redacted], who was  
18          the [Identifying Information Redacted] for pipe  
19          fitter Local 208 out of Denver, came to me and  
20          he says I think you and [Name Redacted], who was  
21          the wife of the other exposed worker, need to  
22          put in a claim. And then he told me why.

23          And when I first started the whole process with  
24          NIOSH, you know, I went through the interview.  
25          I told them that I -- I had come to this for

1           this reason, that I'd found out of his  
2           exposure, and it was never considered a valid  
3           reason. In all the times that I spoke with  
4           NIOSH, all the interviews, all the letters,  
5           other meetings I've been to, I -- I always told  
6           them that this was what was in the forefront.  
7           This was why I was here. But they never once  
8           investigated it, which to me is unbelievable.  
9           And I'd like to read to you just basically what  
10          I've sent to them, and hopefully, as I said,  
11          it'll put a face to my claim and help put a  
12          face to many of the other claims and that the -  
13          - that you will consider Rocky Flats for the  
14          SEC.

15          I am again objecting to the fact that  
16          [identifying information redacted] was on site  
17          from July of 1983 to September of 1992, as  
18          corroborated by the District Office of NIOSH.  
19          Information obtained from the Freedom of  
20          Information Act on partial dosimetry records --  
21          and I stress partial, as I have supplemental  
22          badge reports that were not listed on the  
23          dosimetry badge report in the dosimetry and  
24          radiation monitoring. Those records, which I  
25          have included, state that they absolutely had

1 no monitoring data for -- in 1983 or '84, and  
2 the first dosimetry readings on [name redacted]  
3 did not begin until September of 1985. The two  
4 -- the two full years without dosimetry  
5 monitorings of any type.

6 I am also objecting to the lack of  
7 investigation of an incident that initially  
8 prompted me to file the claim in 2003. It  
9 involved both [identifying information  
10 redacted] and another employee, whose wife has  
11 also filed a claim on his behalf as he is also  
12 deceased. They died approximately a year from  
13 one another. [Name Redacted] cancer was cancer  
14 of the brain, brain was primary site; Martin's  
15 was lung that metastasized to the brain.  
16 The incident of exposure was witnessed by their  
17 supervisor/coworker, who is also [Identfying  
18 Information Redacted] of the pipe fitter Local  
19 208 in Denver. No interview regarding the  
20 incident was ever conducted. It appears to  
21 have been totally disregarded by NIOSH  
22 investigators.

23 During my telephone interview of March 3rd,  
24 2006 in which I stated in section six,  
25 radiation incidents, that yes, there had been

1 an incident of contamination; and in section  
2 eight, identify coworker and other witnesses,  
3 in which I identified the coworker and also his  
4 former owner and operator of the company for  
5 which he had worked. He was one of the  
6 subcontractors who [name redacted] worked with  
7 at Rocky Flats for many years and had detailed  
8 information on job sites and locations, which  
9 specified buildings and specific duties.  
10 According to the NIOSH report of dose  
11 reconstruction under dose from radiological  
12 incidents, the record of the telephone  
13 interview was evaluated carefully, and while  
14 the telephone interview was used to assist in  
15 determining whether [name redacted] worked  
16 there, there had been no mention of any  
17 incident of exposure -- which was not true, I  
18 had mentioned that several times. The events  
19 of the contamination were mentioned several  
20 times throughout the course of the process.  
21 The job of NIOSH was to investigate any and all  
22 forms of the -- throughout the course of the  
23 process, phone interview and witnesses to look  
24 at all the data, gather from all possible  
25 sources and then determine its validity.

1 Without adequate investigation into this  
2 incident and without interviewing the witnesses  
3 who could give insight into the circumstances  
4 of exposure and the background to Martin's  
5 activities while employed at Rocky Flats site,  
6 I don't feel the claim was given credence it  
7 deserved.

8 NIOSH has based its evaluation of potential  
9 exposure on inadequate and incomplete  
10 information supplied by Rockwell International,  
11 a company that was allowed to plea bargain out  
12 of their culpability into alleged environmental  
13 crimes to the tune of \$18.5 million, to forever  
14 seal from the public the information uncovered  
15 by a grand jury in 1992.

16 I have attended several of the neighborhood  
17 meetings that have been held by the Department  
18 of Labor, and the same information rings true,  
19 that Rockwell International has falsified  
20 information regarding dosimetry readings of  
21 former Rocky Flats workers. Over and over I  
22 have listened to individuals tell their own  
23 experience of -- of readings from wrist  
24 dosimeters that were never assigned, and  
25 reports that for many years they were required

1 to wear their dosimeters under lead aprons,  
2 with no reading to cover their heads and  
3 extremities.

4 [name redacted] worked on the water main  
5 building in 771, the plutonium production  
6 building, which has been labeled by the  
7 Bulletin of Atomic Scientists in 2001 as the  
8 most dangerous building in America.

9 Microscopic particles of plutonium were  
10 extremely toxic if inhaled. [name redacted] and  
11 his coworker were both exposed when working  
12 outside of Building 776 while digging a trench  
13 with a backhoe, and they unearthed something  
14 hot -- a direct quote from my witness.

15 According to the EPA Superfund record, USEPA  
16 Region 8, Congressional District Number 2, EPA  
17 ID number 890010526, bore hole data indicated  
18 that radioactive contamination is generally  
19 contained in the top 12 inches of native soil.  
20 That plutonium, uranium and americurium (sic)  
21 contaminated soil in the central and eastern  
22 portions of the site, with the most  
23 contaminated areas being on the eastern edge of  
24 the industrial area. That alone should have  
25 strongly suggested that further investigation

1 of the incident of contamination should have  
2 been conducted.

3 It is also stated that significant amounts of  
4 plutonium were in liquid form contained within  
5 the deteriorating piping systems, which is what  
6 [name redacted] did as a pipe fitter. He also  
7 worked on process piping systems, water  
8 heaters, flumes, exhaust fans, heat exchangers,  
9 steam conversions, cooling towers, plenums,  
10 heating and air conditioning.

11 I respectfully ask that -- that reconsideration  
12 of my claim -- claim be seriously reconsidered  
13 due to the lack of investigation into incident  
14 of exposure and all the areas that [name  
15 redacted] worked in on plant site.

16 I am not confident in the fact that NIOSH has  
17 estimated his exposure adequately without  
18 investigating all the facts I have submitted.

19 I believe that many of the people in this room  
20 have the same problem. I have dosimetry  
21 readings that were scrawled on pieces of paper,  
22 just handwritten, no scientific data, nothing  
23 to back it up. And I believe that along with  
24 [identifying information redacted] and everyone  
25 in this room, they deserve the right to have

1 everyone consider this and take it out of the  
2 hands of NIOSH and the Department of Labor, and  
3 please consider their claims. Thank you.

4 **DR. ZIEMER:** Thank you, Mary Ann. Next we'll  
5 hear from -- I think it's -- could it be [name  
6 redacted]? I'm have a little hard time reading  
7 the first name -- [name redacted]?

8 (No responses)

9 Okay. Yvonne Garrimone -- Garrimone? Yvonne?  
10 Okay.

11 **MS. GARRIMONE:** Hi. Yes, my name is Yvonne  
12 Garrimone and I'm here to speak on behalf of my  
13 [Identifying Information Redacted], who passed  
14 away [Identifying Information Redacted].  
15 He started at Rocky Flats in October of 1981.  
16 There he was a NDT tech, and I only know these  
17 things second-hand and just through talking  
18 through it with his coworkers, speaking with  
19 people from the steel workers' union and trying  
20 to do research on my own through the incomplete  
21 records that was provided to me and  
22 [identifying information redacted] from the  
23 Rocky Flats Plant.  
24 Every time -- he first -- when we first found  
25 out he was ill, it was April, 2001. After an

1 extensive stay in the hospital in ICU and  
2 trying to recover, he placed his claim for --  
3 with -- with NIOSH. He -- we -- we actually  
4 received his dose reconstruction I believe a  
5 month after he had passed away and to which  
6 [identifying information redacted] got a phone  
7 call asking her if she wanted to stay with what  
8 my [Identifying Information Redacted] had gone  
9 on record as what he believed, which we do  
10 believe, what he was exposed to. And just  
11 having to go through this fight and be denied  
12 time after time after time is a slap in the  
13 face, not only to us, the survivors, but to  
14 people who are living with the illnesses and  
15 various diseases that they got through their  
16 exposure at Rocky Flats doing their job, doing  
17 what they thought was right to protect, you  
18 know, not only their country, but to protect  
19 their families and to provide for them.  
20 I know that not only did my [Identifying  
21 Information Redacted]-- was he diagnosed with  
22 pancreatic cancer, but two other people in his  
23 group, as well. He never once, through the  
24 whole ordeal that he was put through,  
25 complained. But the one thing that he did make

1 me promise and as well as [Identifying  
2 Information Redacted] is that we would fight,  
3 not only for him, but for everyone else that  
4 has been put through this whole ugly, ugly  
5 mess.

6 The only thing that I really want, more than  
7 anything else -- not the money. It doesn't  
8 matter. But for my [Identifying Information  
9 Redacted] to be able to see his ten-month-old  
10 granddaughter, to see everything that he's  
11 missing. When [Identifying Information  
12 Redacted] died at the age of 47 from pancreatic  
13 cancer, and I will tell you, that is the most  
14 horrible way to watch somebody die. My  
15 [Identifying Information Redacted] was a very  
16 active man, and that ugly disease took him away  
17 from me, [identifying information redacted],  
18 his grandson and everybody else who loved him  
19 and knew him. And I did not mean to get this  
20 emotional, but please, for -- not just for me,  
21 but for everyone else and anyone else who gets  
22 sick from this place, pass the special cohort  
23 status for these people so that we don't have  
24 to do this fight and get slapped in the face  
25 every single time. Thank you.

1           **DR. ZIEMER:** Thank you, Yvonne, and for being  
2 brave enough to share that.

3 Don Saber.

4           **MR. SABEC:** Sabec?

5           **DR. ZIEMER:** Could be Sabec, S-a-b-- S-a-b-e-k,  
6 is it?

7           **MR. SABEC:** C, c, c.

8           **DR. ZIEMER:** B-e-z.

9           **MR. SABEC:** S-a-b-e-c.

10          **DR. ZIEMER:** Okay, S-a-b-e-c, get it on the  
11 record here correctly. Thank you.

12          **MR. SABEC:** My name's Don Sabec, as you well  
13 know now. I started at Rocky Flats in April of  
14 1961 and I retired the end of June of 2004.  
15 What I want to talk to you about is these dose  
16 recalculations. You know, it -- it took 33  
17 years before I finally got a true dose  
18 assessment. And July 28th of 1994 they  
19 notified me that they did a dose reassessment  
20 on me and had to add 30-- 36,108 millirem to my  
21 exposure. And at the time I had a calculated  
22 dose of 71,415, and when you add it all up I  
23 ended up with 107,523 millirem.  
24 But 23 years later is -- or 33 years later,  
25 excuse me, is just a little too late on -- on

1           that. And during that calculation they  
2           happened to add in two years that I missed  
3           Rocky Flats -- I got to go to work for the  
4           Department of Army for a couple of years -- and  
5           they did give me a dose for that. And I  
6           brought it to the attention in the meeting --  
7           the summer meeting at Jefferson County Airport  
8           that they added that two years that I wasn't  
9           even at the Rocky Flats, and I don't know what  
10          -- the numbers they come up with or how they  
11          come up with it. And there was a gentleman  
12          there from NIOSH that heard me make that  
13          statement. Well, again, I was down at the  
14          Marriott with -- with [Name Redacted] last -- in  
15          the -- in the -- I guess it was the fall that  
16          we went in there, and said something about it  
17          when I made a testimony again, and he got me  
18          after I made my testimony and says Don, he  
19          says, I -- I remember doing yours 'cause I  
20          remember the two years that you said that you  
21          had an exposure from Rocky Flats that you  
22          weren't even there, he says, and I did a dose  
23          recalculation on you. But he said I had to add  
24          another eight rem to your exposure. And I said  
25          well, that -- not too good. He said -- and I

1 thought he was going to mail me a -- a copy of  
2 that -- that exposure value. I never received  
3 anything from that, and I kept telling  
4 everybody I'm pretty lucky, I haven't had any  
5 symptoms at all from Rocky Flats. Until  
6 October -- it was early October they found  
7 cancer in my eye -- I don't remember the date.  
8 Anyway, October 11th they removed it and I -- I  
9 don't know, I go back tomorrow to see if it's  
10 coming back again, but when I talked to the  
11 Department of Labor when I -- I made a claim.  
12 That's the first time I've ever done anything  
13 like that, and I told them it wasn't malignant;  
14 it's very hard to get malignant cancer in your  
15 eye, they said well, if it's not malignant, we  
16 don't even compensate you for it. But I did  
17 have an interview over the telephone, thought  
18 everything was -- they would contact me and  
19 make -- have a hearing. That -- that didn't  
20 happen. They -- they sent me another form to  
21 fill out that they want to know my entire  
22 history of the jobs I performed.  
23 Well, in 44 years of work out there, I don't  
24 know if anybody could remember the jobs -- all  
25 the jobs they performed. I -- I was a chem op

1           for seven years. That's when the -- I probably  
2           got my -- most of my neutron excess, but -- and  
3           I really feel that this dose recalculation  
4           thing is -- is just about like a dart board  
5           effect. You -- you throw a dart, hit a number  
6           and that's what you're going to get, because  
7           there's so many incidents that we had that was  
8           not reported -- spills, contamination. We'd  
9           take them in -- in 771 we'd taken them in there  
10          if they had their hands contaminated and their  
11          face contaminated, we -- we'd wash them down in  
12          the area in a decon room and there -- most of  
13          the time there was never even a record made of  
14          it. So I -- I don't know how you people can  
15          make an intelligent decision on the exposures  
16          of people at Rocky Flats, when -- when I can't  
17          even get records -- I -- I had to really cry  
18          the blues to get my own records. Rocky Flats -  
19          - when I retired I requested a copy of them.  
20          It was two and a half years before I even got  
21          anything from them.

22          So I just want to say that the dose  
23          reconstruction is -- is almost impossible for -  
24          - for the lack of record keeping Rocky Flats  
25          did because the number one game was production.



1 Flats in October of 1978, worked there until  
2 June 19th of 2003, got laid off and took the  
3 early retirement. In the meantime, in '94 I  
4 left for ten months and then came back, take  
5 care of some family business. And there's so  
6 many stories you can hear, you know, starting  
7 out out there.

8 For example, I started out as a janitor, then I  
9 progressed to a service attendant, working in  
10 the garage servicing the fleet vehicles. And  
11 then I went to a metallurgical operator working  
12 in the foundry with the plutonium and dealing  
13 with all the castings and material with stuff  
14 like that.

15 Some days we'd have SAAM alarm go off probably  
16 ten, 15 times. The way they did the air flow  
17 is that the air may be flowing towards you, the  
18 SAAM alarm's behind you, and by the time it  
19 goes off you've already got an uptake. A lot  
20 of times if you request to go to body count, if  
21 you're fortunate enough to let someone agree to  
22 send you up there, it come back as background.  
23 But yet if they do nasal smears or anything  
24 like that, it comes out that you've got an  
25 intake.

1 Far as the radiological records, I've been  
2 fighting for three months now trying to get  
3 mine and I keep getting the runaround. I  
4 talked with a gal in Washington, D.C., her  
5 name's [Name Redacted] at Rad Records, and she  
6 keeps referring me to someone else, they refer  
7 me to someone else, but I -- I keep getting the  
8 runaround. I don't know what else to do.  
9 A lot of the people here have very, very viable  
10 complaints, issues over it that needs to be  
11 addressed. You know, we hope everything will  
12 come out okay and everything's done right. You  
13 know, it's kind of like when I was brought up  
14 as a kid, you know, you -- you're taught to do  
15 right and do the right thing, but it doesn't  
16 appear that it's either, one, it's the system  
17 or the people handling the system.  
18 Every time I get on the computer I just -- I  
19 get real angry, looking at the different issues  
20 with Rocky Flats. [Name Redacted] has diagnosed  
21 me of having asbestiosis (sic). National  
22 Jewish says it is inconclusive, but all the  
23 symptoms are there as far as the thickening of  
24 the pleural lining of the lungs, which also has  
25 the same consistency as berylliosis, which I've

1 worked with that also. Now [Name Redacted] also  
2 wrote an article on the beryllium testing, the  
3 program, and gone into great detail on how it  
4 works. But there was another partner with  
5 them, another doctor, and this kind of scares  
6 me to death, he was a doctor of veterinarian  
7 medicine. Now either, one, he does have some  
8 knowledge of the background of radiation or  
9 beryllium; or two, were we guinea pigs? I mean  
10 I don't mean to sound nasty, but there's a lot  
11 of inconsistencies of them losing records,  
12 records come back incomplete, or they're  
13 changing our dose to zero when we've been in  
14 the area. So what you're saying is by waving  
15 the magic pen, we don't -- we automatically  
16 don't get any radiation, we don't have no dose?  
17 Right now I'm fighting with a tumor in my  
18 spinal cord. I haven't had any comment back on  
19 that from the Department of Labor. Far as the  
20 asbestos of that, I've been denied the  
21 financial. They say they would like to do the  
22 medical surveillance on it, but I haven't seen  
23 anything on paper.  
24 I had to fill out some paperwork the Department  
25 of Labor sent me far as have I ever filed a

1           suit against any labor department or workmen's  
2           comp or do I have any claims pending, which I  
3           don't. We FAXed it to them. I get a call  
4           today, where -- where's the paperwork? Well,  
5           you guys have -- it's been FAXed to you. I  
6           have the paperwork that shows that you have it.  
7           I hate to see it, it's kind of scary, but  
8           either, one, they're hiding stuff, which I  
9           would not like to believe; or two, somebody's  
10          just not doing their job.  
11          I don't think we're asking for every -- you  
12          know, there's no way that DOE can come up and  
13          just wave their magic wand and everything's  
14          right. We want them to stand up and at least  
15          make an honest effort. You know, at first,  
16          when I was really scared and mad about the  
17          tumor in my spinal cord, I thought that the  
18          Department of Energy didn't care about us. I  
19          thought we were just a piece of meat and a  
20          number, but a piece of meat's a precious  
21          commodity. I'm not sure, we were just doing  
22          our job, what we were told to do. We were also  
23          told that the radiation exposure that we got by  
24          going to the dentist or having a couple of X-  
25          rays a year -- you know, chest X-rays -- you

1 know, you get more radiation exposure there  
2 than you did at Rocky Flats in a full year.  
3 I'm still at the point now, there's only two  
4 things they've told us: Lies, and more lies.  
5 If I was to go out and get drunk and run over  
6 somebody, I'm held accountable. But is our  
7 government held accountable for what they do?  
8 It's got to be a two-way street. I was brought  
9 up to do things right and do the right thing,  
10 and I've done my best to do that, working for  
11 Rocky Flats doing what I felt was in the best  
12 interests of my country. I cared. And a lot  
13 of these people here, you -- you won't find a  
14 more dedicated group of people. We're a honest  
15 bunch of people, and more caring. Thank you.

16 **DR. ZIEMER:** Okay. Thank you, Michael. Cheryl  
17 Hewitt-Ballou.

18 **MS. HEWITT-BALLOU:** Good evening. [Identifying  
19 Information Redacted] is why I'm here. His  
20 name is [Name Redacted] and he was diagnosed  
21 with berylliosis chronic disease and  
22 asbestosis. He was one of the first people  
23 that actually helped build Rocky Flats in the  
24 late '50s and going through the '60s and into  
25 the '70s. He's been in every single building

1 on the facility.

2 His job was working for the sheet metal workers  
3 Local Number 9. He would crawl in and out of  
4 ductwork that had been contaminated with  
5 beryllium dust. He had it covering him. There  
6 was no security. There was no OSHA, if you  
7 will. There was nothing to let him know that  
8 the dust that he carried home to his family was  
9 actually radioactive dust, and that he had  
10 inhaled it, he had also ingested it. He had it  
11 all over his lunch pail.

12 As a child growing up and watching [Identifying  
13 Information Redacted] come home from this  
14 facility, I would of course greet him when he  
15 came home with loves, kisses and hugs. He also  
16 had a little trick that he did every day for  
17 me. He'd always leave a little tidbit in his  
18 lunchbox for me to eat. Well, I did this every  
19 single day that he brought home his lunchbox.  
20 This box was covered with dust. We had no clue  
21 as to what the dust actually was until many  
22 years later.

23 Now I am as mad as hell, and I don't want to  
24 take this anymore -- if I may quote a famous  
25 actor in a movie. He yelled out the window.

1 All of these people that are here, and the ones  
2 that did not get the information that this  
3 meeting was being held this evening due to lack  
4 of correcting themselves and making sure that  
5 you address the people the correct way with  
6 notification of ample time to get them here to  
7 this meeting. One newspaper article isn't  
8 enough.

9 These people are sick and they're dying. I'm  
10 sick and I'm dying. I went through a double  
11 mastectomy at the age of 49 years of age due to  
12 the beryllium poisoning that I have in my  
13 system. I documented this beryllium poisoning  
14 in my system when I was pregnant with my son  
15 that is now 16 years of age, because I was so  
16 concerned of it being transmitted. I realized  
17 [Identifying Information Redacted] had brought  
18 the dust home. I realized that we had contact  
19 with it physically, by inhaling it and  
20 ingesting it. I was so concerned I went to  
21 National Jewish Hospital with [Identifying  
22 Information Redacted] on a specific  
23 appointment, and I asked the doctor  
24 specifically, is this transferable to my child  
25 that I'm carrying. And of course he could not

1           answer me. But now at this point of my life,  
2           at 51 years of age, after going through a  
3           double mastectomy, I am now looking at where  
4           it's involving my liver and my kidneys and my  
5           lungs.

6           Now these beautiful, wonderful Americans stood  
7           by the country and they did their job. They  
8           were screwed. I'm sorry, I'm not very polite.  
9           I like to put things black and white. They've  
10          been screwed by the government by lack of  
11          keeping records, by lack of truth, by lack of  
12          supplying ample, complete records for them to  
13          be able to go to doctors that should be  
14          supplied by the government to take care of  
15          them. They did nothing wrong but to do their  
16          job.

17          We're not asking for any miracles because we  
18          already know that we've been contaminated. We  
19          already know what our outcome is. You're not  
20          one of those people. You're being paid to sit  
21          here and listen to the sob stories and then  
22          you'll walk away and you'll dismiss it, just  
23          like all the rest of these meetings have done.  
24          All of these years we've talked, we've begged,  
25          we've pleaded and we've asked nothing but to do

1 the right thing by these people, the Americans  
2 that supported the country that we believe in.  
3 I don't think that's too much to ask.

4 The families have been affected so much that  
5 they've been basically put back on the shelf,  
6 shut up, nothing to do about it, the government  
7 will eventually get their act together. Well,  
8 you know what? I don't believe that the  
9 government's going to actually get their act  
10 together. And the reason why? You haven't  
11 done it yet. How many more years do you wait?  
12 You'll wait long enough for every one of these  
13 people and their family members to die, and  
14 then you'll go oh, guess what? I guess we were  
15 wrong. Thank you.

16 **DR. ZIEMER:** Thank you, Cheryl. Diane Jensen?  
17 Is Diane with us?

18 **MS. JENSEN:** As you stated, I'm Diane Jensen.  
19 I spent 22 years out at the Flats, and my first  
20 eight years I spent as a chemical operator.  
21 That meant hands-on processing with plutonium.  
22 And as a chemical operator, we went through  
23 progression period. That meant we learned how  
24 to handle plutonium in a liquid form, a solid  
25 form, a metal form. We bagged in, we bagged

1 out. We touched it hands-on every day, moving  
2 it from one glovebox to the next.

3 The remaining years I spent in technical  
4 support in a production building. I was always  
5 within 50 feet of the production area.

6 In 2003 I was diagnosed with breast cancer.

7 I'm currently in -- was in remission. I now  
8 have a growth on my thyroid.

9 I want to thank you very much for this venue to  
10 tell you about our concerns, the inaccuracies  
11 that I've found in struggling with this huge  
12 system. I want to address my concerns to you  
13 because you are the audience that can make the  
14 decision. You are the decision-makers for our  
15 future, so that we can quit fighting and get on  
16 with our lives.

17 Special Exposure Cohort status is extremely  
18 important to those of us who have been ill, but  
19 I need to let you know that the system that's  
20 in place is broken, how it is broken, and that  
21 the administrators of the program cannot fix  
22 it. They do not have the expertise, the  
23 ability or the resolve to handle the issues.  
24 The Department of Labor is currently tasked  
25 with administering this program. They have no

1 knowledge of radiation. I spent some time with  
2 a hearing officer for the FAB board. My report  
3 from that meeting lists my exposure, measured  
4 in grams. Now I was under the impression it's  
5 millirem, rem -- again, they have no concept of  
6 radiation.

7 The hearing officer is not the least bit  
8 concerned that they don't understand radiation,  
9 because NIOSH is the determining factor. They  
10 are only in place to make sure that the NIOSH  
11 determination is enforced. And they hide  
12 behind that law. It is on-- and it is the only  
13 tool they have to make their determination  
14 because NIOSH is the rule that determines least  
15 as likely or not. It is not their job to  
16 understand, but only to implement. They have  
17 no idea of the relevancy of radiation dose.  
18 And to make it more frustrating, you cannot  
19 question the methodology. You cannot question  
20 the numbers they use, because only NIOSH can  
21 handle that. They can send questions back to  
22 NIOSH, but they can't address concerns, and  
23 they forbid you from questioning the  
24 methodology because NIOSH is the governing  
25 body.

1 Well, I have many questions, and they have a  
2 common theme for many of the people here. I  
3 have missing doses. I have zero readings, and  
4 I have inaccurate readings.

5 NIOSH also makes assumptions about the readings  
6 they have, and -- for example, they assume that  
7 if you have a zero reading, or if you have a  
8 missing dose, that the dose was too low to  
9 calculate, so they apply a small value to your  
10 dose to say this accounts for the missing dose.  
11 Well, they had it wrong. The assumption is  
12 wrong. They are adding a small value, when in  
13 actuality the dose that is missing is high.  
14 Many doses that I have missing in reality came  
15 back as no data available from times that I  
16 spent inside vaults, times that I've spent  
17 looking for cans or buttons that we had to find  
18 during inventory, so you spent hands-on time in  
19 a room that has 400 millirem for exposure. And  
20 your dose comes back zero or no data available?  
21 I'm sorry, that's wrong.

22 This statement also translates into a statement  
23 they put on your dose reconstruction that says  
24 everything applied is claimant favorable, so  
25 this small factor that they added for a dose

1           that was too high to calculate was used to say  
2           it is claimant favorably (sic) because they  
3           added something for that zero.

4           These statements are also like a narcotic to  
5           the claims administrators. Though they have no  
6           knowledge of the questions about radiation,  
7           they falsely believe that the system is built  
8           to compensate the employees with a foreseeable  
9           air factor, and that it's been applied.

10          They're confident this mechanism's in place.

11          I also have concerns about the inaccurate  
12          reading due to the process, the procedures to  
13          subtract background from actual readings. What  
14          if an employee actually received background?

15          In 1991 when I was an office worker, my dose  
16          went down drastically from when I had hands-on  
17          experience. My dose for the year was 46  
18          millirem. But to be claimant favorable, they  
19          gave me 100 millirem. My office was room 101  
20          in building 771, and my wall -- my desk was on  
21          -- was adjacent to the abandoned americium line  
22          in 771. In 1993 the Department of Defense said  
23          hey, we have 300 millirem at the badge board,  
24          and this has been adjusted downwards for 2,000  
25          man hours. One, we worked 50-hour weeks, so

1           there's no concept of 2,000 man hours. And my  
2           office is here, between the source and the  
3           badge board. A badge board's 300? The source  
4           is constant. Tell me how I got 46. I don't  
5           know a physics book that comes up with numbers  
6           like that.

7           In the mid-1990s the operator realized that had  
8           issues with dose in 771. They'd placed metal  
9           shielding in the wall for what was my office.  
10          We had people here who'd mentioned the guard  
11          posts, the vestibule in 771. The radiation  
12          dose coming off the americium line, the  
13          abandoned americium line, was so high it was  
14          setting off my monitors. They had to install  
15          metal shielding. Give me a break. How can you  
16          tell me I got 46 millirem?

17          This affects all office workers in production  
18          buildings. By definition of the term "office  
19          worker", someone who was not required to wear a  
20          badge, we were assigned 100 millirem because,  
21          by definition, we were supposed to receive less  
22          than 100 millirem.

23          In the mid-1990s Building 371 housed the  
24          majority of the plutonium on plant site.

25          (Unintelligible) said it was 12.9 metric ton.

1                   And you can move that plutonium all you want.  
2                   You can move drums from one location to the  
3                   next to change doses in areas, but you still  
4                   have office areas exposed to dose because the  
5                   office areas are adjacent to the vaults and are  
6                   positioned directly above the vaults.  
7                   I actually brought with me tonight things I  
8                   would like to submit, which are dose records  
9                   for 1996 and 1997, and the dose records for the  
10                  office areas in Building 371 and 374 you will  
11                  note significantly the bottom mark is 100  
12                  millirem. The bars on the right are 371 and  
13                  374 office areas, doses ranging from 200, 300,  
14                  400, 500, 600 and 700 millirem, office areas.  
15                  Us office workers got credit with 1,000 (sic)  
16                  millirem to be claimant favorable. There's an  
17                  error here. Something is wrong. We were  
18                  short-changed. NIOSH's assumption is not  
19                  claimant favorable. The numbers are wrong,  
20                  whether intentionally manipulated to meet  
21                  corporate bonus structures, due to company  
22                  policy to bring them down to 2,000 man hours,  
23                  or the natural inclination to disbelieve your  
24                  indicators when you have high doses. No matter  
25                  what the reason, the result is the same: The

1 numbers are wrong.  
2 Office workers got significant dose. The  
3 numbers they use are not claimant favorable.  
4 And the Department of Labor is not experienced  
5 enough to know the difference between a gram  
6 and a rem. I have very little confidence in  
7 their ability to administrate the system.  
8 When you're voting tomorrow, please consider  
9 the accuracy of the numbers that were used to  
10 determine our destinies. Think of the false  
11 assumptions that contributed to our assigned  
12 dose. Think about the consequences of your  
13 decision. Special Exposure Cohort status will  
14 not make us well. We do not want sympathy. I  
15 want acknowledgement. I want to get on with my  
16 life. I don't want to spend it fighting the  
17 system. So tomorrow please vote yes on the  
18 Special Exposure Cohort status for Rocky Flats.  
19 Thank you for your attention.

20 **DR. ZIEMER:** Thank you. Thank you, Diane.  
21 Next, Dennis Virgil (sic). Just for planning  
22 purposes, folks, we've got Dennis and then  
23 Jerry Mobley and Liz Huebner will complete our  
24 list. So Dennis...

25 **MR. VIGIL:** Members of the panel, workers --

1 hi, cuz -- my wing man, another wing man. Not  
2 real good at this kind of talking. I'd like to  
3 thank the Board. I appreciate your patience.  
4 I don't know that I would like your job, either  
5 -- paperwork and all that's involved.  
6 Dennis Vigil, I was a Navy electrician and a  
7 Seabees lineman, and I came to work. I wor--  
8 and we're part of elite groups, construction,  
9 mine workers, maintenance people, production,  
10 monitors and operators. We are the band of  
11 brothers and sisters. We learned our trades  
12 and did our jobs well. Rocky Flats, we gave  
13 you the best years of our lives. Along with  
14 other families, I was a lineman electrician at  
15 Rocky Flats. I have a blood brother that was a  
16 'lectrician at Rocky Flats. He lost a kidney  
17 to cancer. I myself have been learning medical  
18 terms as far as lung nodules, nodules in the  
19 lung, cysts in the kidneys and the National  
20 Jewish Hospital has brought some of these  
21 records out. Our claims have been denied. All  
22 I ask is that we take time so that America, you  
23 need to hear our cry. Thank you very much.  
24 **DR. ZIEMER:** Okay, and Jerry Mobley? Hi,  
25 Jerry.

1           **MR. MOBLEY:** Hello. First I want to compliment  
2 all of you. I'm almost amazed that you have  
3 eye contact with the people talking. None of  
4 you have fallen asleep or become bored, that I  
5 have seen. I've been watching you.

6           **DR. ZIEMER:** Well, I hope we don't start now  
7 then.

8           **MR. MOBLEY:** In a minute, with your permission,  
9 I'm going to ask for a raise of hands of the  
10 people -- I don't know if it's appropriate or  
11 not, but I will.

12          **DR. ZIEMER:** Depends on how embarrassing the  
13 question is, I think.

14          **MR. MOBLEY:** My name is Jerry Mobley. I was a  
15 stationary operating engineer in Building 371  
16 for 13 years. I came down with a skin cancer  
17 on the scalp -- the worst kind you could have.  
18 Then it went into my lymph nodes as metastatic  
19 (sic) malig-- anyway, it went into my lymph  
20 nodes.

21          **DR. ZIEMER:** Right.

22          **MR. MOBLEY:** Shortly after that, I had a real  
23 balance problem. I still have a balance  
24 problem. But they did a CAT scan and  
25 discovered I have a ping-pong-sized tumor in my

1 left cerebellum. When the doctor came to the  
2 house, which was unusual, to tell us about  
3 this, that I was going to have to have some --  
4 see a brain surgeon the next day, he told my  
5 [identifying information redacted] and I that  
6 we needed to get my affairs in order. And  
7 [identifying information redacted] said so then  
8 this next month we should, you know, get things  
9 set up. And he said no, this week, before the  
10 surgery, 'cause he's not likely to make it.  
11 Well, I'm still here, thank goodness.  
12 It wasn't a tumor. You know what it was?  
13 Severe radionecrosis. When the surgeon came  
14 out to tell the family after the surgery --  
15 which lasted one-fourth of what it was supposed  
16 to last in time -- the surgeon was quite  
17 baffled. He said how did -- Jerry hasn't been  
18 exposed to radiation. And what did my family  
19 say? What did my family say? Yeah, he's been  
20 at Rocky Flats. And the surgeon says huh?  
21 'Cause this is his first radionecrosis that  
22 he'd ever seen as a brain surgeon. They  
23 thought it was going to -- they were going to  
24 find metastatic (sic) malignant melanoma in my  
25 brain.

1 Well, anyway, to make a long story short, they  
2 didn't.

3 Now, I'm still here, thank goodness. But this  
4 last January I had to file bankruptcy. I have  
5 been fighting medical bills -- every time I go  
6 for a PET scan, they want \$400 from me. When I  
7 went to work at Rocky Flats, one of the  
8 benefits was you're going to have lifetime  
9 medical. They're going to take care of all  
10 your medical bills. Has that happened?

11 **THE AUDIENCE:** No.

12 **MR. MOBLEY:** No. \$86,000 I had to file  
13 bankruptcy on last December. I told the doctor  
14 last week when he wants to do another PET scan  
15 coming up 'cause I'm having breathing problems,  
16 where's the \$400 going to come by? He's  
17 working on it. Hopefully he can come up with  
18 it. I don't have it anymore. I'm busted.  
19 Now, what I wanted to ask for a raise of hands  
20 was, there are 12 of you here, the exact number  
21 that was in my group in 371 for the 13 years.  
22 They weren't all the same group, but when we  
23 finished up there were 12 SOEs. Of the 12  
24 SOEs, five have skin cancers, the worst kind.  
25 But wait a minute, that doesn't fit the profile

1           for natural skin cancer according to NIOSH  
2           because I'm not even supposed to have skin  
3           cancer from radiation. It doesn't happen.  
4           Right?

5           Okay, the numbers are telling me something  
6           different. Now when I was going to ask for a  
7           raise of hands, how many of you are from -- not  
8           from Denver here in Colorado?

9           **DR. ZIEMER:** Not from Denver -- not from  
10          Denver.

11          **MR. MOBLEY:** Not from Denver.

12          **DR. ZIEMER:** Not from Denver.

13          **MR. MOBLEY:** If you were told when you came  
14          here that if you go to this Denver, you're  
15          going to have -- five are you are going to come  
16          down with skin cancers -- oh, but it's not  
17          connected with anything up here; it's just that  
18          the probability is so high if you go to Denver  
19          -- would you come?

20          When I -- no, you -- right, you wouldn't. You  
21          wouldn't take that risk. I wouldn't take that  
22          risk if I'd known what was happening. We  
23          didn't know we were coming -- all coming down  
24          with skin cancer until all of a sudden it's  
25          happening.

1           And so when you vote tomorrow, a yes -- I don't  
2           know if it's going to affect me because they  
3           say melanomas are not covered, even though it's  
4           cancer. This doesn't make sense. And severe  
5           radionecrosis isn't on the list because it's  
6           not supposed to happen, but I hope that -- I  
7           doubt honestly that I will ever see any of the  
8           benefits. I don't think I'm going to live that  
9           long. But I would hope for my wife, who has  
10          supported me completely, will be able not to  
11          have to sell the house. We've mortgaged the  
12          house to the hilt to try to -- 'cause I feel  
13          that -- I've always felt that I want to take  
14          care of my debts. I never wanted to go out and  
15          establish a debt and then walk away and say you  
16          figure out how -- so with that, thank you.

17         **DR. ZIEMER:** Thank you. Okay, Liz Huebner.  
18         Liz?

19         **MS. HUEBNER:** I -- I'm Liz Huebner and she's  
20         helping me here because the other day we made  
21         some posters that we were going to put around  
22         on our behalf and I started at Rocky Flats  
23         February of '98 and halfway through the '98s  
24         the doctors told me that my body was starting  
25         to be the body of a 90-year-old and I had a lot

1 of things happen and a lot of muscular and  
2 different things. And I worked in 883 building  
3 and [Name Redacted] came in and said well, the  
4 chairs don't match, we have to take them away.  
5 And so we sat on the uranium ingots and the  
6 LIPS project and all that and the engineer came  
7 through and says well, you shouldn't be setting  
8 on that because that affects your production  
9 organs and so I've had a full hysterectomy and  
10 all that.

11 But a couple things I'd like to bring up about  
12 this reconstruction is we have MSDS sheets,  
13 which everybody knows is material safety data  
14 sheets, and for chemicals and all kinds of  
15 things. That stuff on there gives you things  
16 that it affects in your body. Now these  
17 manuals were written and so I don't understand  
18 why all of a sudden these manuals are in  
19 question about chemicals and how they affect  
20 your body because some of the chemicals we  
21 used, like say in 883 building, when the fans  
22 went down the chemicals caused a -- it was as  
23 tall as this -- it was a white wall, to turn  
24 yellow, and we were told to continue working.  
25 We never had respirators. It was a uranium

1 facility and when we left the building for  
2 breaks, we had to take all of our clothes off -  
3 - we had our boxer shorts and our T-shirts --  
4 and then we'd go to break. But all the carpets  
5 would come up hot all the time and so forth.  
6 And another thing is when we went to body count  
7 working in the uranium -- and they had  
8 beryllium in there, also, because it was the  
9 foundry building -- we took two showers to get  
10 body counts. We had to take one at the  
11 building, and we had to take another shower at  
12 the medical building before we took our body  
13 count because they knew that the dust would be  
14 on us and the dust got in the offices on the  
15 second floor. They had to replace the carpets  
16 many times because they would come up hot. And  
17 so like -- I don't understand the  
18 reconstruction part.  
19 The same with radiation. The radiation -- they  
20 had standards for those radiation things, and  
21 it gave what effects it does on your body. And  
22 some of the medical problems I had at the time,  
23 I would bring this up and they would say oh,  
24 no, it can't be that. Now I know they say it  
25 was chronical (sic) over a period of time, but

1           during production periods people got acute  
2           doses. You take the doses over a whole working  
3           time, that doesn't matter. They should be  
4           taking the times when we got the high doses.  
5           When I worked in 707, every other month I had  
6           to be taken out of G module because I'd get 100  
7           millirem. They'd take you out a month, then  
8           they put you back the next month. You'd get  
9           your next 100 millirem, then you're out a  
10          month.

11          Another thing was they used air flow patterns  
12          for wearing respirators, so when we worked in D  
13          module, if a SAAM alarm was going off at one  
14          end of the building, at this end we would  
15          continue to work in the gloveboxes and not  
16          required to wear a respirator because the air  
17          flow supposedly (sic) kept all the radiation at  
18          that end of the building, so we continued  
19          working.

20          Then we had another time when the bellows had  
21          been leaking, and nobody knows how long, in one  
22          of the gloveboxes. And one day they had the  
23          janitors come in and do the floor, so they were  
24          supposed to clean the floor, and the procedure  
25          was supposed to be that you had the floor

1 surveyed first. Well, the survey was not done.  
2 The floor was swept. And that one sweeping  
3 contaminated the whole room because there was a  
4 bellows leaking that nobody had any inclination  
5 that it had been leaking all this time. And  
6 once it got spread around the room and we had  
7 to decon 24 hours straight for three days we  
8 deconned that room.

9 A lot of procedures were in place but not  
10 followed, and we were told to go ahead and do  
11 the work anyhow. Things -- I was an inspector  
12 out there in the machine shop. I worked all  
13 the buildings except of course 111 and 115 -- I  
14 didn't work those -- but all the others, and we  
15 had training as inspectors and I was an RCT. I  
16 was in the labs. In the labs we were working  
17 without gloves and that happened to be the time  
18 I had my hand surgery. You know, I was getting  
19 a lot of radiation exposure to my hands, but  
20 they said no, you know, that can't be. But yet  
21 you look at the books and the books say with  
22 this amount, this can cause this kind of health  
23 problem.

24 So I do not understand. They wrote manuals.  
25 They were supposed to be god. We were supposed

1 to follow them, but all of a sudden these  
2 manuals are incorrect and they're not to be  
3 used.

4 The dose out at Rocky Flat was spread among all  
5 the people, not just the workers, but they took  
6 everybody on site so they would keep our dose  
7 down per individual. So all the workers --  
8 you're getting high dose.

9 [identifying information redacted] -- he was  
10 diagnosed with the Be, had the lavages, and he  
11 couldn't -- he wasn't supposed to, during the  
12 days of -- of decon and cleanup, he wasn't  
13 supposed to work around beryllium. And he was  
14 on the beryllium program. Now the last lavage  
15 they tried to perform on them, they couldn't  
16 finish it 'cause they couldn't extract anything  
17 back out. Now here all of a sudden he's not in  
18 the program. He has to start over. They say  
19 you're not in the program now, we -- you have  
20 to reapply. And then they said well, your  
21 papers aren't original, they aren't this and  
22 that, and we're finding that papers are getting  
23 shredded, documents, documents that were legal  
24 according to the law. I just don't understand  
25 how all these documents can be denied.

1           And I'd like to bring up about a man out there.  
2           He lives in Ohio now because he used to be a  
3           machinist. He worked in 707 with me and one  
4           night the machine got some plutonium in his  
5           arm. He waited over 45 minutes for the rescue  
6           -- or the rescue team to come and take him up  
7           to medical. He now has MS so bad he's  
8           wheelchair-bound and nobody's putting anything  
9           together for him. I -- I feel that with all  
10          the muscular things that went on, those should  
11          be considered also because bones and muscular  
12          were in the books, too.  
13          And let's face it, Rocky Flats did a lot of  
14          things that were illegal, 'specially at the  
15          end. I had people that I checked out on the  
16          step-out pad that had infinity on the  
17          respirators and on their clothes, yet they were  
18          not given nasal/mouth smears. There was no  
19          record kept of this. I said aren't you to get  
20          one? They said it's not required in our work  
21          package. So there's all these young people  
22          said oh, when I get sick down the road, I'll  
23          come and claim. I said there will be no  
24          company.  
25          So I just want to make a point that you had

1 things in writing, and they were connected to  
2 things, yet you sweep them under the carpet.  
3 Everybody was put in one pot and things were  
4 split among 5,000, 6,000 people, when the  
5 people who got the exposure -- it -- sure, you  
6 know, they say it's chronic over a long period.  
7 But there was a lot that was right then and  
8 there and it was acute, and that was  
9 overlooked.

10 How can just one month being out of a room help  
11 your dose? You get 100 millirem. Okay, we'll  
12 keep you out a month, then go back. I mean the  
13 things were black and white, yet now they have  
14 to be reconstructed and I just don't understand  
15 how the government is two-faced.

16 But anyhow, that's -- oh, one other thing.  
17 Bioassay was never taken seriously, either. I  
18 had positive bioassay. I never found out for  
19 four or five months that I had been in positive  
20 bioassay. And so there's so many things, so  
21 many loopholes that were made out there that  
22 are not being put in the reconstruction, and  
23 the workers that were out there -- we were made  
24 to look like we were saints, that we came to  
25 church, we just did our thing, no harm was

1           there, yet there was harm all around us.  
2           A bag-out that was done, over 100 millirem of  
3           material bagged out and just left to set. The  
4           rules were -- were supposed to be in place, but  
5           towards the end they weren't, and people were  
6           getting acute, not just chronic doses, and  
7           we're paying the rest of our lives.

8           I pray that I don't live to be very old. I  
9           don't want to suffer anymore. I live on  
10          morphine and pain pills and this and that. I  
11          go every two months to get shots in my spine.  
12          I don't want to live old. But still I think  
13          people should be compensated. We thought we  
14          were helping keep America safe. Those bombs  
15          were to keep America safe, and now it's like it  
16          didn't matter. We're just like the soldiers  
17          that they throw aside, too. We want to be  
18          considered just like soldiers 'cause that's  
19          what we were. We were civilian soldiers, but  
20          we were like soldiers. We were keeping America  
21          safe.

22          Thank you for your time.

23          **DR. ZIEMER:** Thank you, Liz. Now I had  
24          indicated that Liz was the last on the list,  
25          but now I have another list. There -- there

1 are a few more, if you'll bear with us.

2 Henry Mosely? Is Henry still here? There you  
3 are. Henry.

4 **MR. MOSELY:** I'm a little bit unorthodox so  
5 you'll have to deal with me. They're used to  
6 it, you're not. Everybody stand up. Every  
7 once in a while during this lecture to these  
8 people, a few of you sit down. The ones that  
9 are sitting down are the ones that are dying.  
10 I want you to look at these people up here. I  
11 don't want you people to look at me. These are  
12 the people we're talking about. These are the  
13 people that, rather than the government say no,  
14 we're not going to help you -- excuse my  
15 language -- go to hell, you come up with a dose  
16 reconstruction. It's BS. I know it.  
17 Everybody else -- shake your heads when you  
18 agree with me -- it's bullshit.  
19 You can't -- everybody out here worked at the  
20 Flats. Very, very few people did the same job  
21 day after day. Very, very few people did the  
22 same job from 9:00 o'clock to 10:00 o'clock.  
23 To say this is the dose they got that day, you  
24 don't know. Nobody knows. We don't know. I  
25 was an RCT out there. I was supposed to know.

1 I tried to know. There's no way. There's too  
2 many buildings. There's too many different  
3 procedures. There's too many bosses that  
4 didn't care. There's too many people that just  
5 went and did what they were told to do, whether  
6 it hurt them or helped them. So dose  
7 reconstruction -- that's a joke.  
8 You need to consider this. Now look at these  
9 people out here. These are the ones that  
10 you're saying no, they're just here to whine.  
11 Well, I'll tell you what. We worked out there  
12 -- I worked out there a long time. I probably  
13 met 20,000 people, the same 20,000 people that  
14 you'll meet through your life, but the number  
15 of people that are sick, the number of people  
16 that are dying, the number of us that are going  
17 to die, the percentage is so much greater than  
18 what you'll ever see in the 20,000 people  
19 you'll meet in your lifetime. To say okay,  
20 let's do a dose reconstruction -- just tell us  
21 no. That's a lot -- that's a lot more humane  
22 than to say okay, get out there and work, get  
23 out there and do this job. We need to close  
24 this down. We'll take care of you. And then  
25 when we come up sick, to say, you know, we're

1 going to do a dose reconstruction. You know,  
2 that's wrong. I think it's wrong. I think my  
3 cohorts think it's wrong. And I think you  
4 think it's wrong.

5 Vote the way we need it to vote tomorrow.  
6 Thank you.

7 **DR. ZIEMER:** Okay. Thank you for a very  
8 articulate presentation, Henry. Donna Quinlan?  
9 Is Donna here -- uh-huh.

10 **MS. QUINLAN:** Yes, I'm Donna Quinlan.

11 [identifying information redacted] survived  
12 World War II, but he didn't survive Rocky  
13 Flats. [name redacted], as he was commonly  
14 known, worked out there for 27 years. He was  
15 in industrial engineering. I knew he did -- he  
16 was an industrial engineer, but I had no idea  
17 what he did. I didn't know what Rocky Flats  
18 did, and I still don't know. All I know is  
19 what I've heard from these people at -- a  
20 couple of times, some of them.

21 [name redacted] was a very active man all his  
22 life, in extremely good physical condition. He  
23 was a loyal employee, he worked hard. He -- I  
24 never heard anything from him about Rocky  
25 Flats, other than it was where he worked.

1           That's all I knew -- until it came out in the  
2           newspapers. And even after that, he didn't  
3           talk about it. He didn't ever discuss  
4           anything. All I have learned is -- trying to  
5           fill out this paperwork, I talked to fellow  
6           employees and learned some horrible things  
7           after his death.

8           He, as I said, was very active, very physically  
9           strong and was into everything -- skiing,  
10          bicycle riding, motorcycling, running. He  
11          could outrun a man half his age. He was still  
12          very -- going strong until 70. Then he began  
13          to -- I don't know, what's going on with me,  
14          you know; I'm sure feeling my age. And then  
15          toward the end of his 70th year really had  
16          trouble. He'd go out biking and come back and  
17          say I can't imagine what's wrong with me. He  
18          says it's so hard just to ride a bike anymore.  
19          And so -- and this goes on for a while.

20          Anyway, then in the early -- his early 71st  
21          year he -- that's when he was experiencing the  
22          problems with bicycling and walking,  
23          everything, and just not himself. This is the  
24          man who could figure out how to do anything  
25          anytime. And yet when he was trying to get

1 ready for our children to all come back and we  
2 were all going up to Pearl Lake for a week, we  
3 had rented a cabin, and he couldn't even figure  
4 out this -- he'd finished a bathroom, except  
5 the shower door. And all of a sudden he  
6 couldn't understand the directions, what he was  
7 reading. And he just wasn't himself. He just  
8 kind of was off in his own world and every time  
9 I'd turn around he'd be lying down someplace in  
10 the house on the floor asleep.

11 So we went to the doctor. He sent us on to a  
12 neurologist. The neurologist sent us that day  
13 for an MRI but without contrast, and called me  
14 that night saying that [name redacted] had a  
15 brain tumor, and he had probably had it for 26  
16 years. [name redacted] had worked at Rocky  
17 Flats at least 26 years -- up to 26, whatever.  
18 Anyway, he could have had it for a very long  
19 time because it was on a silent part of the  
20 brain. It was on the part that affected his  
21 coordination and balance, and thus his problems  
22 with all he'd been having problems with.

23 And so then he sent us on to a neurosurgeon and  
24 he -- oh, he said it looked bad. So he sent us  
25 on to a neurosurgeon. He took a look at it and

1           said he would have to send us right on for  
2           another MRI, with contrast, but he was sure  
3           that it was malignant -- a tumor in the last  
4           stages. And that's what we found when I  
5           carried the X-rays to him.  
6           He had scheduled that -- first appointment, he  
7           scheduled -- this was on August 5th he -- that  
8           he was -- the -- the first MRI. He set --  
9           scheduled surgery for August 12th and it was  
10          very lengthy surgery, and he had said that it  
11          was just so far advanced, he told [name  
12          redacted] all he could do was buy him a little  
13          time. There was no way he could get it all.  
14          It was too dangerous and surgery was very  
15          lengthy.  
16          And anyway, [name redacted] -- he pulled  
17          through. He was then put on steroids, which  
18          kept him alive for a while. We had hospice  
19          that -- home care, and the steroids made him --  
20          at first made him bounce back, you know. He  
21          was doing -- the hospice advised him to live  
22          his life as fully as he could, so -- he still  
23          had problems all the way, though, and this,  
24          like I say, was August 12th when he had the  
25          surgery. Hospice said he would never make it

1 to December or even Christmas. And he says oh,  
2 yes, I am. He died January 1st.  
3 I forget what I was going to say. Anyway, my  
4 family do-- our family doctor had a very large  
5 practice in Arvada at the time, and he told me  
6 - after [name redacted] was diagnosed he said,  
7 you know, he says every single patient who has  
8 prostate cancer works at Rocky Flats -- and he  
9 had a very large practice. So he didn't tell  
10 me any numbers, but he said that he hadn't kept  
11 -- he hadn't done any studies, but it made him  
12 very suspicious and other things.  
13 So in all this, [name redacted] never talked  
14 about it. He never gave any reason. But in  
15 talking to a former worker, he did have  
16 occasions where he was exposed and he -- in his  
17 early years out there all he did was time  
18 studies, at first, because he was in training.  
19 He hadn't gotten his degree as an industrial  
20 engineer yet. He did go to school at nights  
21 for years and years and years. Anyway, he --  
22 he was not in the big fire and I -- I don't  
23 know, I'm not familiar with terms, I think it  
24 was Building 71 or 76. Anyway, but talking  
25 with his coworker, who also has very serious

1 cancer, lives in Texas, said that yes, they  
2 were not in the fire that day, but they were in  
3 there next day. And it's been proven in the  
4 cleanup it was in the ducts, it was everyplace,  
5 so how did this keep from affecting everybody  
6 all the time? And yet he -- he was working in  
7 all the hot spots all those early years.  
8 Anyway, I just ask you to seriously consider  
9 all these things these people have said. I  
10 don't know where to go. The last line of the  
11 NIOSH claim said you can reopen or you can --  
12 you -- you cannot -- you cannot reopen unless  
13 you have medical facts. Where do I get these  
14 medical facts? I don't have any access to  
15 records.  
16 And I have another thing. Listening to all  
17 these people at other times, every single one  
18 of them say yes, that first NIOSH dose  
19 reconstruction was nearly 50 percent. The  
20 second one is way down. And that's exactly  
21 what happened with [name redacted].  
22 And another thing. Later, after I had filed,  
23 then later I thought, after -- I don't know how  
24 many interviews I had, there were several --  
25 after I hung up I thought oh -- so I called

1 back and said [name redacted] was sent to  
2 several plants over the years. I don't know  
3 what he did. I don't know what he did there,  
4 but he was sent to Oak Ridge, he was sent to  
5 Albuquerque, Los Alamos, Lawrence Livermore --  
6 those are the ones I can remember, yet -- so  
7 they reopened. They did another -- they  
8 contacted all those facilities. There's no  
9 record of his even being there.

10 So anyway, please consider SEC for Rocky Flats.  
11 Some -- Las Vegas was just -- is it, Nevada or  
12 someplace was just given this status. Rocky  
13 Flats should, too.

14 My grand-- my kids miss [identifying  
15 information redacted], their grand-- their  
16 father. My grandkids miss their grandfather.  
17 My greatgrandkids will never know him. Thank  
18 you.

19 **DR. ZIEMER:** Got two more folks here, Leslie  
20 (sic) Britton and then [name redacted].  
21 Leslie?

22 **MR. BRITTON:** Lessie.

23 **DR. ZIEMER:** Okay.

24 **MR. BRITTON:** Lessie.

25 **DR. ZIEMER:** Okay, I -- L-e-s-s-i-e, I --

1           **MR. BRITTON:** I'm just sort of a newcomer. My  
2 name is Lessie Britton and I worked in Building  
3 707 in G module, and I contracted beryllium  
4 there. And the gentleman the put the beryllium  
5 in the building, or helped put it in  
6 (unintelligible), he's sitting outside there,  
7 he told supervisors and managers that we need  
8 tiebacks and PAMPRs (sic), and he told them  
9 like for six months every day. It never  
10 happened.

11 But see, for me, I have a two-fold thing about  
12 the people in this country and the people that  
13 run things in this country. The first one,  
14 then I'll get back to the last one, is that  
15 there were Viet Nam veterans. Okay. Now when  
16 we come home, we were the only veterans that  
17 got spit on and talked about. All right? When  
18 we came home from this war. Saw a lot of my  
19 friends die.

20 Okay. So like I go to Rocky Flats to help  
21 close it down, and same thing. I don't  
22 understand is that when you have people that go  
23 and put their lives on the line to help this  
24 country do something, help people in -- that  
25 run this country do something good -- other

1 words, like close the plant site down or where  
2 they get rid of some of the nuclear waste --  
3 you throw them away.

4 Why do you throw them away? I mean I -- this  
5 thing about any of your children or your uncles  
6 or uncles or dads or aunts was any of these  
7 positions, would you want to throw them away?  
8 But you do. And it doesn't make any sense to  
9 me. And you sit on a board and you sit and you  
10 talk. Now it be somebody on that board going  
11 to say one thing, they knew the job was  
12 dangerous when they took it. Now that didn't  
13 run across everybody's mind in here.

14 But anyway, being patriotic and being part of  
15 America, you want to try to help do things  
16 right, but we do people so badly once they get  
17 a job completed, once they put their lives on  
18 the line for this particular job, and then you  
19 turn your back on them. I never understood  
20 that.

21 And I never understood anybody that sit in a  
22 high place to dictate policy that haven't done  
23 any of this, haven't been in any of the wars or  
24 haven't come out and went to these plants and  
25 been exposed to any of this junk that we

1           created.

2           I asked an engineer one time, I said well, you

3           know that that piece of plutonium has a half-

4           life of 21,000 years. And the first thing come

5           out of his mouth -- well, we had a cold -- we

6           had a war going on. You didn't think about how

7           you're going to get rid of this junk when you

8           invented it? Never crossed your mind. But

9           then when you have people to put their lives on

10          the line to get -- or to try to neutralize it

11          some kind of way, you know, you throw them

12          away, or you hide them or you kill them.

13          I been fighting the VA for ten years. But I

14          surprised them. I'm still alive. I'm 62. And

15          they're wondering when are you going to die.

16          Only when God says for me to die.

17          But like when you get ready to vote on

18          anything, you think about how folks have

19          sacrificed themselves, you know, and how people

20          are sitting in places that make decisions and

21          write policy have not participated in any of

22          these dilemmas, you know, just sit and talk

23          about it and have your -- your peons or

24          whatever sit off to the side there, get a

25          earful and come back and give you information.

1           You are not going to get all the information  
2           that you need.

3           And this lady said that her [identifying  
4           information redacted] went to six different  
5           facilities. Now we have to sign in and sign  
6           out, some of them with computers, and all of a  
7           sudden you're not listed? I mean just think  
8           about it, now who -- who is the jackass here?  
9           You know -- you know, I'm serious. You know,  
10          how can you lose those records, and how can you  
11          be so proud to stand up and say that, well,  
12          like, you know, something sharp or smart about  
13          that they knew the job was dangerous when they  
14          took it.

15          But then all of a sudden, like this gentleman  
16          up here the way he -- he asked -- he made one  
17          statement, why do you have to prove something  
18          that's been already designated that you have?  
19          Why do you have to do that?

20          I've had two bronchoscopies. The last one I  
21          had was in January. I call it a wash and dry,  
22          but the (unintelligible) -- the first one  
23          didn't hurt, the second one did. And like, you  
24          know, this young doctor, he made a statement  
25          about being forgetful or having hallucinations,

1           and he's 39 years old, he was talking about his  
2           mom. I said, you know, your mother has to love  
3           you because you're an idiot, you know. We tell  
4           you something is wrong with us and it hurts us,  
5           but yet we're hallucinating. I don't know what  
6           happened to this man's neck, but I know he's in  
7           pain sometime. I have no idea what happened to  
8           him, and I'm going to sit and look at him and  
9           say oh, you just got that around your neck to  
10          look cute, you know, and try to draw some  
11          money.

12          People sitting in this chair -- when I left  
13          [name redacted], she was walking up straight.  
14          She used to watch over me. She was RCT.  
15          Charlene (unintelligible) back here, that lady  
16          took care of me, literally took care of me.  
17          She worked there 35 years, from what I  
18          understand. Tonight I asked her, I said are  
19          you sick? She said no, ain't nothing wrong.  
20          She got blessed. But you have people to take  
21          care of -- we took care of one another as best  
22          we could with what we had, and then we have  
23          people sitting in high places that's going to  
24          throw us away.  
25          However you vote, think about how you got here.

1           Think about why you're here, and look at the  
2           people around. You've got folks dying like  
3           flies.

4           Now one other thing I just don't understand,  
5           and I'm going to leave it alone. You spent \$93  
6           million on some paperwork. Tell me what --  
7           about that paperwork. How did that happen?  
8           When they first started this thing about --  
9           during -- trying to get the paperwork together  
10          for the people that had beryllium and whatever,  
11          berylliosis, you spent \$93 million for people  
12          sitting on their behind shuffling papers? I'd  
13          like to know who -- I'd love to have that job  
14          because you're making good -- you threw away --  
15          you threw away good money on some BS, and you  
16          lose records purposely. You deny yourself the  
17          things you shouldn't deny yourself. You lie to  
18          yourself, and how do you do that, I don't know.  
19          So whatever you decide to do, you know --  
20          because I figure that God will keep me around  
21          here. Whatever you decide to do, think about  
22          your -- think about your country. Think about  
23          when you wake up in the morning and shave your  
24          face and put your lipstick on or whatever it is  
25          you may do, look in the mirror and look at

1           yourself. And when you walk -- if you -- all  
2           of a sudden you grab a hand and all your hair  
3           come out. That's not happening to you, but it  
4           happened to your friend or somebody you know.  
5           Think about what you're going to do. You know,  
6           you need to tell these people that's in charge  
7           of this stuff you all are BS-ing the public.  
8           Very serious. You make bad decisions and you  
9           stand on it and you compound it with bad  
10          decisions.

11          Only thing I ask you is don't throw us away  
12          again. You did that in '65.

13          **DR. ZIEMER:** Thank you, Lessie. Richard  
14          Gaffney. Richard?

15          **MR. GAFFNEY:** Yeah, hi. My name is Richard  
16          Gaffney. I spent 23 and a half years at Rocky  
17          Flats. I started out as a chemical operator  
18          and moved up into management and managed  
19          maintenance and utilities. I was probably one  
20          of the last production managers before  
21          production shut down in Building 771.

22          And first of all, I just want to say to all you  
23          guys here, I really love you and, you know, I  
24          don't know if anyone else in the world  
25          appreciate us but I just appreciate the hell

1 out of you guys for the incredible job that you  
2 did. And I got to tell you, thank God you guys  
3 were doing that job and not the people that  
4 have been supposed to been taking care of you,  
5 or we'd have lost the Cold War and we'd be  
6 speaking Russian right now.

7 Yeah. You know, I am -- other than [name  
8 redacted], I think I'm (unintelligible) people  
9 that can say that I'm not sick -- at least, you  
10 know, not right now. And you know, knock on  
11 wood or -- or whatever -- thank you, [name  
12 redacted]. He was pointing out the wood for  
13 me. We -- 'cause we have -- every, you know,  
14 two or three months we'll have a party and all  
15 us old guys'll get together, and everybody's  
16 sick. You know, it's not, you know -- you  
17 know, like your regular place that you go to,  
18 you know, that you socialize where this  
19 person's sick or that person's sick.

20 Everybody's sick.

21 And the whole idea -- you know, I'm just a  
22 simple country boy, but the idea of a dose  
23 reconstruction, when you're talking about  
24 tritium, uranium, plutonium, a whole bunch of  
25 other things that are classified that I can't

1 talk about, thousands of different chemicals  
2 used in hundreds of different conversation, I'm  
3 not too bright but I can tell you a dose  
4 reconstruction is impossible. And anybody with  
5 an eighth-grade education can tell you that.  
6 You know, I mean it's just impossible. I can  
7 sit down and just, you know, start doing the  
8 math with, you know, trying to combine a  
9 hundred -- can't be done.

10 The second thing is, we are sending our stuff  
11 to the wrong agency, 'cause I got to tell you,  
12 I wrote a check for \$10,000, sent it to the  
13 IRS, it was taken care of within a week.

14 The -- and then -- I was a shift manager, shift  
15 tech-- you know, a technical advisor. People  
16 probably remember me from 771 and 991. It was  
17 my job to determine whether a job was safe.  
18 And if I shut down a job, which I did many,  
19 many times and people here are probably still  
20 mad at me for that, but if I shut down a job, I  
21 could take a look at my watch and it wasn't two  
22 minutes before a vice president or a manager,  
23 you know, a building manager or facility  
24 manager would be in there wanting to know why I  
25 shut it down. And you know, that was a lot of

1 pressure -- that was my job. I got paid to do  
2 that and basically if I shut it down I just  
3 could look at the requirements and say this is  
4 why.

5 And you guys all remember the work packages.  
6 Right? Okay.

7 **UNIDENTIFIED:** (Unintelligible) you used them.

8 **MR. GAFFNEY:** Yeah. Well -- you know, 'cause I  
9 -- you know, someone would bring  
10 (unintelligible) that packages and there --  
11 there would be signoffs for nuclear safety and  
12 radiological engineering and health and safety.  
13 And I got to tell you, maybe one in a hundred  
14 packages, if that, you know, do I personally  
15 believe that anybody read. They just signed  
16 them off because I would look at the job that  
17 was going to be done, and I kind of knew what  
18 all these people would be doing because I've  
19 probably personally handled enough plutonium to  
20 blow this world up two or three times. I'd go  
21 -- do you got any idea what you're sending  
22 these people in to do without having properly  
23 reviewed this work and the safety controls.  
24 And it was -- it was not, you know, like, you  
25 know, one out of a hundred package. It was

1           like the majority of the work packages that  
2           were done, the reviews were incredible. I mean  
3           it was just non-existence (sic) because people  
4           -- I don't know if anyone ever got to be in one  
5           of my closed-door meetings when I pulled  
6           somebody in from health or safety or  
7           radiological engineering and our nuke safety  
8           and did the old famous ass-chewing, but it just  
9           -- it just didn't -- it just didn't happen.  
10          The controls weren't there then, and obviously  
11          they're not there now because I can't believe  
12          we're talking about reconstructing a dose when  
13          everybody knows, that's got any kind of brain  
14          at all, that's impossible, can't be done. But  
15          I'll tell you what, you know when you have  
16          emphysema. You know when you've got cancer.  
17          You know when you have an autoimmune disease.  
18          And this is just a point. Everybody knows  
19          that's been working there, they're -- you know,  
20          they're -- probably got a little time bomb  
21          clicking. Ain't nobody saying this is what you  
22          could do now to be proactive to keep me from  
23          getting sick.  
24          And I got to tell you, I will never file a  
25          claim. If I got a cancer and my doctor says

1           you've got two years left, the last thing I'm  
2           going to do is waste my precious time trying to  
3           get benefits that are obviously impossible.  
4           So that's all I've got to say, and like I say,  
5           love you guys and I hope we all see you at the  
6           next get-together because we're dropping like  
7           flies here.

8           **DR. ZIEMER:** Thank you. Okay, there's a couple  
9           of individuals who've already spoken that maybe  
10          have a question or comment. We need to, with  
11          respect to everybody here, respect the time.  
12          But go ahead, a quick question or comment.

13          **MR. ROMERO:** My name's Dennis Romero. I've  
14          already talked once, so --

15          **DR. ZIEMER:** Yes.

16          **MR. ROMERO:** -- bear with me. We talked about  
17          our stories and stuff happened at work. 444  
18          building, prior to me getting there, people had  
19          berylliosis, for whatever reason. They used to  
20          eat, smoke and drink in the back area of 444 at  
21          their work stations, and then they'd take the  
22          stuff home to their kids and families. Like  
23          the one woman said, her daddy's lunchbox was --  
24          BE on it. Well, there's why. We used to have  
25          this stuff in the back or you'd eat in the back

1 area.  
2 771, 750 cafeteria, 771 cafeteria, 371  
3 cafeteria, the locker rooms -- Don could access  
4 (sic) to this -- these areas would  
5 predominantly come up contaminated. Somehow  
6 somebody got the rooms contaminated.  
7 Common work areas, people working there don't  
8 even go in the back, they went to the  
9 cafeterias and they went to the locker rooms.  
10 They took the stuff home.  
11 There's been numerous times, you don't see it  
12 on TV, people's homes were gutted, people's  
13 cars were taken away because they found  
14 contamination in their homes and their cars.  
15 **DR. ZIEMER:** Okay.  
16 **MR. ROMERO:** What kind of doses are you going  
17 to give the people and their families for that?  
18 **DR. ZIEMER:** Thank you.  
19 **MR. ROMERO:** Oh, I got one question. I forgot  
20 to mention my medical problems. I've had two  
21 prostrate (sic) surgeries, two knee surgeries,  
22 reconstructed shoulder surgery. In year 2005  
23 when I had to leave the plant I came down with  
24 Graves disease. I want to ask Dr. Lewis, can  
25 Graves disease be caused from working at Rocky

1 Flats? I want a answer.

2 **DR. ZIEMER:** He doesn't know.

3 **MR. ROMERO:** Is that your answer? Can Graves  
4 disease be caused from working at Rocky Flats?

5 **DR. WADE:** I don't know.

6 **MR. ROMERO:** That's all I want to know.

7 **DR. ZIEMER:** Okay.

8 **MR. LOGAN:** Mike Logan, I've already spoken  
9 before, but when I left for ten months and went  
10 back to work for British Nuclear Fields, which  
11 is part of the national conversion pilot  
12 program, a private firm, upper management --  
13 not all management, we had some decent managers  
14 out there, but some of those select upper ones  
15 had a really bad attitude about the hourly  
16 workers. They didn't really care. And one of  
17 the British guys from British Nuclear Fields --  
18 and I'm going to quote word for word -- the  
19 American worker is the most unsuccessful,  
20 unmotivated, laziest bastard on the face of  
21 this earth.

22 **UNIDENTIFIED:** (From the audience and off  
23 microphone) (Unintelligible)

24 **MR. LOGAN:** Yeah, we do. Now we had to clean  
25 up places of nitric acid baths that had dried

1 powder in the bottom. They put us in full-face  
2 with chemical respirators, all the proper anti-  
3 Cs. And you're cutting it up with wood saws  
4 that's got metal blades in it, and after five  
5 minutes you're going -- you're tasting it in  
6 your mouth. The people who manufactured those  
7 respirators, the full-face -- or anyone, even a  
8 chemical, whatever it is -- it will not protect  
9 you. The only thing that'll protect you is  
10 supplied air. They wouldn't do it because of  
11 the money.

12 Now why is it now -- okay, they've got it  
13 closed. They got it done ahead of schedule.  
14 Certain management got up to \$3 million per  
15 person bonus, but yet the hourly people who did  
16 the job, who were in the trenches, got maybe  
17 between \$1,000 and \$4,000 a year for maybe four  
18 years as a bonus. Isn't the success of any  
19 company, any business, is the people in the  
20 trenches?

21 **DR. ZIEMER:** I hear you.

22 **MR. LOGAN:** Why do we get kicked to the curb?  
23 I mean the whole key -- doing things in life is  
24 attitude.

25 **DR. ZIEMER:** Yeah.

1           **MR. LOGAN:** How can you expect to have a good  
2           attitude when we keep getting beaten down,  
3           getting turned down and getting treated like  
4           second-class citizens?

5           **DR. ZIEMER:** Okay.

6           **MR. LOGAN:** I mean put yourself in our shoes.

7           **DR. ZIEMER:** Understood.

8           **MR. LOGAN:** I mean I'd sure love to be able to  
9           stay around and watch my grandkids grow up --

10          **DR. ZIEMER:** Yeah.

11          **MR. LOGAN:** -- see my great-grandkids.

12          Wouldn't you folks?

13          **DR. ZIEMER:** Sure. Sure.

14          **MR. LOGAN:** I mean -- but we've been put down.

15          **DR. ZIEMER:** Okay. We've got another -- try to  
16          make it quick, want to respect people who  
17          haven't had a chance to address us yet.

18          **MS. RUTTENBER:** My name is Margaret Ruttenber  
19          and I'm a research scientist, epidemiologist,  
20          who studied this worker cohort for the last ten  
21          years, from 1990 through 2000 -- both  
22          [identifying information redacted] and I did.  
23          And I don't really want to address the dose  
24          reconstruction. I think enough has been said  
25          about that.

1           What I would like to address is a missed  
2           opportunity that the Department of Labor had,  
3           and just give you one example of several, and  
4           I'll be brief.

5           Two years ago Brady White from the Department  
6           of Labor came to my office and asked for my  
7           assistance in doing a new match with the cancer  
8           registry at the State Health Department to  
9           identify those workers from our -- the Rocky  
10          Flat cohort, of which we have the database for  
11          it -- who were -- who had cancer, and then also  
12          do a match with our vital records department at  
13          the health department to make -- to see who --  
14          you had to do a mortality match to see who was  
15          still living so we would not -- we were  
16          sensitive to the issues of either contacting a  
17          worker or survivor. This was two years ago.  
18          We concer-- we designed a letter. It was to be  
19          sent through the University of Colorado Health  
20          Sciences Center to the workers. We contacted  
21          them several times and have heard nothing more  
22          from the Department of Labor.

23          I was contacted by a reporter last week  
24          questioning what I knew about the worker study  
25          and -- and you know, I've done the definitive

1 study on this cohort, as I said, with  
2 [identifying information redacted] as well.  
3 And it appears that the Department of Labor has  
4 kind of dropped the ball in terms of  
5 communicating. And if they really wanted to  
6 identify and connect with these people, they've  
7 had many opportunities, both through our  
8 databases with the registry.

9 Today the director of our cancer registry came  
10 to me and said didn't that letter already go  
11 out? And I said no, it never did. So there  
12 are certainly -- probably a large number of  
13 people aren't even aware of this compensation  
14 program, but they -- both NIOSH and the  
15 Department of Labor have been given ample  
16 opportunity and access to our data and  
17 information and have not chosen to use it.  
18 Thank you.

19 **DR. ZIEMER:** Thank you. Very quickly, a  
20 comment here, and then I think we need to come  
21 to closure. Go ahead.

22 **MS. NORMAN:** My name is Joan Norman and I  
23 worked for Rocky Flats for 21 years. I, like  
24 the rest of us, voluntarily went to work for  
25 Rocky Flats and the United States Department of

1 Energy. Ironic that three of us in this room  
2 have had -- been diagnosed with breast cancer,  
3 and breast cancer happens to be on the list of  
4 no pay, no claim.

5 And in 2005 I was diagnosed with colon cancer.  
6 Again, the doctors had asked for medical proof  
7 that this was related. I did receive  
8 information from my gastroenterologist. I will  
9 read one sentence, and it says this is based on  
10 a scientific review journal article by a Dr.  
11 Sandler in gastroenterology in 1983, volume  
12 four, page 51, radiation-induced cancers of the  
13 colon and rectum, assessing the risk, and I was  
14 told this is merely a study.

15 Excuse me, but as I said, I'm not repeating  
16 what everybody else said because what everybody  
17 else said here is true. We gave of ourselves.  
18 We gave to the government. Why is the  
19 government not supporting us? I am going to  
20 continue to be a little gnat on the  
21 government's head, and I will not go away until  
22 the government -- until we get our justice.

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

24 **MS. NORMAN:** Please vote for us.

25 **DR. ZIEMER:** Folks, I want to remind -- oh, I'm

1                   sorry, do -- okay.

2                   **UNIDENTIFIED:** (From the audience and off  
3 microphone) (Unintelligible)

4                   **DR. ZIEMER:** You'll have to use the mike. We  
5 have a -- everything's being recorded, so we  
6 need to be able to hear you through the ear  
7 phones here. Give us your name and...

8                   **MS. BOWIE:** My name is Marie Bowie and I'm here  
9 as a representative for [name redacted], who  
10 was [identifying information redacted] . He  
11 worked for Rocky Flats from January of '58  
12 until September of '73.

13                   In 1979 he was diagnosed with pancreatic  
14 cancer, and within nine months he was gone. He  
15 went through two major surgeries, bypass  
16 surgeries, because the pancreas was unable to  
17 be removed and the first bypass didn't take.  
18 He was only able to go through one session of  
19 chemotherapy treatment due to the fact that his  
20 body had deteriorated so badly from the  
21 penetration and the continued growth of the  
22 cancer cells throughout his body. By the time  
23 they did his second surgery, which was two  
24 weeks after the first one, it had already  
25 infiltrated into his lymph nodes.

1           So he passed away in 1980 and unfortunately the  
2           program was not initiated until 2000. Along  
3           with that information, by the time 20 years had  
4           gone by, there was very little access to  
5           additional medical information, other than what  
6           I could get from Pacific Records.

7           We just received the first denial of  
8           [identifying information redacted] claim on  
9           behalf of [identifying information redacted],  
10          and his dose reconstruction -- that took time  
11          to do -- was at 43.77 percent probable cause,  
12          which was exclusively done just for the  
13          pancreas itself. I would like to know how I  
14          could possibly get that extended, with the  
15          limited time that I have, to continue his claim  
16          with the infiltration of the cancer to the  
17          other organs.

18          **DR. ZIEMER:** We have some NIOSH people here,  
19          they may be out in the corridor, but we can --  
20          we'll -- after the meeting we'll hook you up  
21          with someone who can help you with the next  
22          steps for you --

23          **MS. BOWIE:** That will be great.

24          **DR. ZIEMER:** -- to follow that up. Yeah.

25          **MS. BOWIE:** I also have a couple of articles in

1 here, the very first one when President Clinton  
2 was the one who initiated --

3 **DR. ZIEMER:** Right.

4 **MS. BOWIE:** -- the program.

5 **DR. ZIEMER:** Right.

6 **MS. BOWIE:** And also of a family that, together  
7 combined, has 130 years of service out at Rocky  
8 Flats. And in the article that was written  
9 they said that in the beginning, in the '58  
10 into the early '60s, the only protection the  
11 men had in -- going into hot spots -  
12 [identifying information redacted] was a  
13 maintenance person, pipe fitter -- was double  
14 coveralls. So --

15 **UNIDENTIFIED:** (From the audience and off  
16 microphone) (Unintelligible)

17 **MS. BOWIE:** Yeah, exactly. So I just -- you  
18 know, I'm hoping that -- that this Board will  
19 vote for the people, all of them here, all of  
20 them that have gone beyond that are family  
21 members hoping to be benefited in some form or  
22 fashion for the loss of their loved ones.  
23 [identifying information redacted] served eight  
24 years in the Navy. And hope that you guys will  
25 see that this gets pushed through for us. I

1 know that other plants that are still standing  
2 have been given this benefit, and it would just  
3 really be nice to see Rocky Flats get that  
4 benefit as well.

5 **DR. ZIEMER:** Thank you very much. Folks, I  
6 want to remind you that tomorrow morning at  
7 8:15 this Board will begin the official  
8 deliberations on the Rocky Flats SEC petition.  
9 So -- and that -- that part of our agenda will  
10 consume most of the morning. That will be  
11 presentation from our workgroup. There will be  
12 presentations from the petitioners, as well as  
13 from NIOSH, and then deliberations by the  
14 Board. So -- and the -- the meetings are open,  
15 so you're welcome to be back at that time.  
16 Thank you all very much for being here tonight.  
17 (Whereupon, the meeting was concluded at 9:00  
18 p.m.)

## P R O C E E D I N G S

(8:00 a.m.)

WELCOME AND OPENING COMMENTSDR. PAUL ZIEMER, CHAIRDR. LEWIS WADE, DFO

1 DR. ZIEMER: Thank you very much. I do want to  
2 remind you, if you've not already done so, to  
3 please register your attendance with us today,  
4 and you can do this during the break if you  
5 haven't already done it. There's a  
6 registration book in the foyer.  
7 There are also a variety of documents on the  
8 back table, including the agenda and some Rocky  
9 Flats-related materials, as well as other  
10 materials that the Board is dealing with. We  
11 have a number of SEC petitions actually that  
12 we're dealing with today, and if you need  
13 copies of those, those are on the back table,  
14 as well.  
15 Pardon my early-morning voice, but we'll make  
16 it through if you can bear with me.  
17 I'm looking to see whether we need more chairs,  
18 and if -- if any of the staffers, or maybe  
19 Larry Elliott can make a quick assessment and  
20 see if we need to request more. And if I see  
21 too many people standing, maybe we'll need to

1 request more, but I think there are apparently  
2 some seats yet. Okay. Thank you.

3 Let me call upon -- oh, I also want to point  
4 out that Dr. Melius has joined us today, was  
5 able to arrive last night. Dr. Poston will not  
6 be able to be with us today. Josie Beach is  
7 not at the table, and we'll explain why in just  
8 a moment. In fact I'll ask Mr. -- Dr. Wade to  
9 do that when he makes his opening remarks now.

10 **DR. WADE:** Well, thank you, Paul, and welcome,  
11 all, again. We very much appreciate your being  
12 here. We appreciated your comments last night.  
13 It was a -- it was a long night, but a very  
14 important night I think for the Board to  
15 experience, so thank you for your patience and  
16 we appreciate your comments.

17 As Paul mentioned, Josie Beach is conflicted  
18 with regard to this particular petition at  
19 Rocky Flats and is not at the table, following  
20 the Board's procedures.

21 **DR. ZIEMER:** Okay. Thank you very much. Let  
22 me outline quickly how we will proceed here.  
23 We're going to begin with the presentation from  
24 NIOSH where they give us an update on the SEC  
25 petition evaluation. The evaluation report is

1 an official part or step in the SEC process.  
2 Following that we will hear from the  
3 petitioners. Then there will be an opportunity  
4 for members of the Congressional delegations,  
5 and there are a number of those here this  
6 morning, to add official comments for the  
7 record.

8 We will then hear from the Board's working  
9 group. The Board has a working group on Rocky  
10 Flats and they will provide their report.  
11 Then after that, the Board will have a  
12 discussion period and deliberate on the -- on  
13 the SEC petition material.

14 I do want to remind you, in case you had  
15 forgotten, and that is that the Board's final  
16 product is a recommendation. We're not the  
17 ones that determine whether or not there will  
18 be a class added to the Special Exposure  
19 Cohort. We make a recommendation on that.  
20 That recommendation goes to the Secretary of  
21 Health and Human Services, together with  
22 recommenda-- any recommendation from NIOSH.  
23 And from that the Secretary of Health and Human  
24 Services passes along or makes an official  
25 recommendation to Congress. It is Congress

1           that ultimately makes the decision in this  
2           process.  So what we do here today is part of  
3           that process.

4           There are time limits on it, though, so we --  
5           for example, whatever the Board's  
6           recommendation is, that will go immediately --  
7           after this meeting -- to the Secretary.  He  
8           will act rather promptly on that, within -- I  
9           think it's 30 days, yes, and then Congress has  
10          another 30 days to react to that.  So there's a  
11          little time delay there.

12          But that is the process, so I want to make you  
13          aware that this Board -- or remind you that  
14          this Board is advisory.  We're -- we're not the  
15          folks that make the ultimate decision on that.  
16          Ultimately it really rests in the hands of  
17          Congress.

18          ROCKY FLATS SEC PETITION

19          So with that as preliminary remarks, we're  
20          going to begin first with the Rocky Flats SEC  
21          petition evaluation update.  That will be  
22          presented by Dr. Brant Ulsh, who is a member of  
23          the staff of NIOSH, and Dr. Ulsh, we welcome  
24          you to the podium to present the SEC petition  
25          update -- or petition evaluation update.

1           **DR. ULSH:** Thank you, Dr. Ziemer. Good  
2 morning, everybody. As Dr. Ziemer mentioned,  
3 I'm just going to give a brief update. Many of  
4 you were here a year ago when I presented  
5 NIOSH's evaluation report on Rocky Flats, and  
6 I'm not going to repeat that whole  
7 presentation. There are a couple of members of  
8 the Board who were not seated on the Board at  
9 that time, so I will just give a brief update  
10 for their benefit, and just to remind everyone  
11 since it's, you know, been some time since I  
12 last spoke to you.

13 I would like to start today the way that I  
14 started a year ago, and that is to say thank  
15 you. I think a lot of times we don't say thank  
16 you to the people who really deserve it. And  
17 first of all I'd like to thank the petitioners.  
18 Tony DeMaiori, who I understand is not here  
19 today, but Tony was intimately involved in this  
20 process -- he even attended a couple of the  
21 working groups, and it was very valuable to  
22 have him at the table and to get his insights -  
23 - and Jennifer Thompson, who I see is going to  
24 present next. Both of these people worked  
25 tirelessly on your behalf, and so I think that

1           there's a debt there, too. So I'd like to  
2           thank them.

3           Most importantly, I'd like to thank the former  
4           workers. You gave a valuable service for your  
5           country, and I have benefited from it, we've  
6           all benefited from it, and we recognize your  
7           sacrifices. So I want to say thank you to the  
8           workers.

9           The question that the Board is going to be  
10          deliberating on today has nothing to do with  
11          the workers' loyalty or dedication. That is  
12          beyond reproach. There is no question in  
13          anybody's mind about that.

14          There is also no question that the workers are  
15          suffering. All of you here today have been  
16          touched by cancer personally or a member of  
17          your family has been touched by cancer  
18          personally. My family has been touched by  
19          cancer. I understand what that's like, and  
20          there's just no question the suffering that --  
21          that you all are going through.

22          But the question that the Board is wrestling  
23          with today is upon what basis should  
24          compensation decisions be made, and so I'd just  
25          like to give you a brief update here.

1 First of all, the -- the proposed class  
2 included all United Steel Workers who were  
3 employed at Rocky Flats between 1952 and 2005.  
4 NIOSH expanded this class because we determined  
5 that it wasn't really feasible to limit it to  
6 the United -- to the union members, so we  
7 expanded it to all workers between those time  
8 periods.

9 I'd like to talk to you about the information  
10 that we have available to complete dose  
11 reconstructions, and the primary source of  
12 information that we use is dosimetry records,  
13 both internal dosimetry and external dosimetry.  
14 Now in terms of internal dosimetry, we have  
15 over half a million results. And by that, I'm  
16 talking about primarily urinalysis samples, but  
17 also lung counts, fecal samples -- so there is  
18 a wealth of internal bioassay results.

19 Now on the other hand, we also have external  
20 dosimetry results, and this is a little bit  
21 difficult to pin down the exact number. We  
22 have 231,500, more or less, external annual  
23 dosimetry totals. Now to get the number of  
24 actual external dosimetry results, you would  
25 have to multiply that by the number of exchange

1           cycles, and I can tell you that that translates  
2           to well over a million individual external  
3           dosimetry results.

4           We also have access to an extensive records  
5           collection at DOE's Mountain View facility, and  
6           we have called upon them numerous times  
7           throughout the course of the working group's  
8           investigation.

9           And finally we have interviews with former  
10          workers. Both NIOSH and SC&A have availed  
11          ourselves of talking to the people who actually  
12          worked at Rocky Flats, and that has been one of  
13          the greatest pleasures for me over the past --  
14          well, year plus, is getting to know some of the  
15          people who contributed to the Rocky Flats  
16          story.

17          So in terms of the dosimetry results that I  
18          just told you about, here's what this  
19          translates into. We have received 1,207 or so  
20          cases referred to us from the Department of  
21          Labor for dose reconstruction. Of those 1,200  
22          we have completed dose reconstructions on  
23          1,061. You might have noticed Larry gave --  
24          Larry Elliott gave some numbers yesterday. I  
25          think his were just a touch higher. He might

1           have gone onto the database a little bit later  
2           in the day, so... What this breaks down to is  
3           we have external dosimetry for 1,100-plus of  
4           these claims. We also have internal dosimetry  
5           for almost 1,100. And so when you look at the  
6           total number of claims, 1,207, we have some  
7           dosimetry -- at least -- of both type for 1,068  
8           claims.

9           Now just to briefly review -- I'm not going to  
10          go into detail here. I think we're at the  
11          stage of the process where getting into the  
12          details is the prerogative of the working group  
13          and so I won't really get down into the  
14          details. Just to review, though, the bases of  
15          the petition as it was submitted -- there were,  
16          I believe, seven -- and four of those bases  
17          qualified the petition for evaluation, and  
18          those bases are listed here. The ones in  
19          yellow are the ones that qualified.

20          And those were external (sic) to highly  
21          insoluble plutonium oxides. You might have  
22          heard this called "super S" or "super Y". And  
23          here is one -- this is one topic where I think  
24          it should be pointed out that going through  
25          this arduous process of evaluating the SEC

1           petition has had some real benefit to the  
2           workers, because we were certainly aware of  
3           this super S issue, but going -- considering  
4           this in the course of the working group  
5           investigation accelerated our thinking and our  
6           putting together a position on this, and we  
7           have promulgated methods to handle super S --  
8           potential exposure to super S plutonium in dose  
9           reconstruction. So I think that -- that is  
10          something you can certainly point to and say  
11          that it was information that was provided to us  
12          by the public. We have heard it. We have  
13          seriously considered it and we have responded.  
14          The next basis of the petition was an inability  
15          to link exposures to specific incidents. And a  
16          year ago I acknowledged that yes, it's not  
17          always possible to -- in fact, it's often not  
18          possible to link particular exposures to  
19          specific incidents. But we have methods of  
20          handling that in dose reconstruction.  
21          The next basis was periods of inadequate  
22          monitoring. And I'm trying to recall back into  
23          the petition, I think the examples that were  
24          provided were the super S again, exposure to  
25          super S and concerns about whether or not that

1           could be accounted for, and also neutron  
2           monitoring.

3           And similarly, the neutron monitoring issue  
4           came up under the context of unmonitored  
5           exposures, because in the earlier years there  
6           were people who were at risk of neutron  
7           exposure who were not monitored.

8           And then there were three more bases of the  
9           petition that did not qualify. Those are  
10          listed here.

11          Okay, so that takes us through the time period  
12          where the petition was presented and NIOSH  
13          presented our evaluation of the petition, and  
14          that was April 27th of last year. So what has  
15          happened since then?

16          Well, at that time the Advisory Board referred  
17          the matter to a working group, which is a  
18          subset of the people that you see sitting up  
19          here in the front. And between April 27th of  
20          last year and now, so a little over a year, the  
21          working group embarked on a very extensive,  
22          very comprehensive investigation of your  
23          concerns. And the other parties involved in  
24          that investigation were NIO-- the NIOSH/ORAU  
25          team and also the Board audit contractor, SC&A.

1           This has been a very active working group. I  
2           think you can come away from this process  
3           confident that we have kicked over every rock  
4           that we could. We considered your concerns  
5           very seriously. The topics that were covered  
6           throughout the course of that investigation are  
7           listed here. One of the biggest concerns I  
8           think was data integrity, and also data  
9           completeness, which is closely related.  
10          Another topic was coworker data. We also spent  
11          a lot of time on other radionuclides at Rocky  
12          Flats, and by that I mean other than uranium  
13          and plutonium, the main radionuclides. And  
14          also early neutron doses.  
15          Now again, I'm not going to get into details  
16          here. I think that's the prerogative of Mark  
17          Griffon, and you'll be hearing from him a  
18          little bit later.  
19          And finally, this is the position that we  
20          presented a year ago, and it is our position  
21          today, that we feel that we have the ability to  
22          do dose reconstructions with sufficient  
23          accuracy.  
24          Now I know that that may not be a popular  
25          decision. I'm aware of that. But at the end

1 of the day, what we're faced with is making  
2 compensation decisions based on an SEC  
3 designation or based on dose reconstruction.  
4 And NIOSH is required to bring to bear the best  
5 available science and to conduct these dose  
6 reconstructions where it's feasible. Because I  
7 think, at the end of the day, what I owe you,  
8 what NIOSH owes you, is an answer to the  
9 question: Did the cancer that has touched me  
10 or my family, as a -- as a former worker at  
11 Rocky Flats, was that a result of the radiation  
12 exposure that you received at Rocky Flats. It  
13 is only through dose reconstruction that we can  
14 answer that question and provide you with  
15 closure, and we owe you that.

16 So with that, that ends my presentation. I  
17 would be happy to entertain any questions from  
18 the Advisory Board, if there are any.

19 **DR. ZIEMER:** Thank you, Brant. Board members,  
20 do you have questions at this time on Brant's  
21 comments, or anything related to the evaluation  
22 report?

23 I -- I do want to ask one question. Maybe you  
24 can elucidate this, in case -- and I think it's  
25 been discussed before, but we -- we've heard a

1           number of cases where individual records have  
2           zeroes entered where -- in -- or minimal dose  
3           values entered. And on many sites we  
4           understand that that reflects the fact that the  
5           dose was low enough it could not be detected.  
6           But we also recognize there's some limit of the  
7           device and therefore the agency assigns a  
8           number that's above zero to account for the  
9           fact that the dose may really not be zero. Now  
10          we've heard I think from a number of folks at  
11          Rocky that allege that in their case the zeroes  
12          may really represent cases where they were  
13          either told not to wear their badges or, for  
14          one reason or another, the true dose was shall  
15          we say hidden. Do you have a way to account  
16          for that on individual dose reconstructions if  
17          the -- if the person ha-- makes that allegation  
18          re-- with respect to their own record?

19          **DR. ULSH:** Well, Dr. Ziemer, this was a topic  
20          that I spoke about a year ago in -- in -- well,  
21          the part of it that I spoke about a year ago  
22          was the concern where workers might have left  
23          their badges in their lockers. I went through  
24          some logic as to why we don't feel that that is  
25          a -- that systematically compromises our

1 ability to do dose reconstruction.

2 Now, in terms of the individual case, certainly  
3 if we are aware of a situation or the workers  
4 tell us of a situation where this might have  
5 been done -- well, we have coworker  
6 distributions that could be applied, if  
7 necessary.

8 **DR. ZIEMER:** So in the individual case, you  
9 wouldn't necessarily always use that other  
10 value, which is basically halfway between the  
11 minimum detectable and the zero point --

12 **DR. ULSH:** Well --

13 **DR. ZIEMER:** -- if you know, for -- if -- if  
14 there were an affidavit that indicated that  
15 there was some shenanigans going on.

16 **DR. ULSH:** If it -- if we had credible evidence  
17 that that kind of thing was going on, and we  
18 could pin it down, certainly that would call  
19 that particular reading into question. And you  
20 know, at the end of the day, if necessary, you  
21 could just treat that as not a -- not a  
22 datapoint that we should use and we could  
23 certainly assign coworker data.

24 Now I don't want to leave you --

25 **DR. ZIEMER:** No, I --

1           **DR. ULSH:** -- with the impression that we  
2           routinely do that --

3           **DR. ZIEMER:** Right.

4           **DR. ULSH:** -- but if, you know, a worker was --  
5           you know, could pin it down for --

6           **DR. ZIEMER:** There -- there is a method for  
7           handling that --

8           **DR. ULSH:** Yes.

9           **DR. ZIEMER:** -- in those cases. That -- that's  
10          the point I wanted to make.

11          **DR. ULSH:** Yes.

12          **DR. ZIEMER:** Other Board members, questions or  
13          comments?

14          Yes, Dr. Lockey.

15          **DR. LOCKEY:** Yesterday one of the petitioners  
16          had mentioned -- I think she was an office  
17          worker -- that the vaults were near the office  
18          area, and how is that handled? I'm just  
19          curious about that.

20          **DR. ULSH:** Dr. Lockey, I'm reluctant to get  
21          into individual dose reconstructions. I can  
22          tell you that in terms of -- in the general  
23          situation where we have a worker who was  
24          monitored, we would use their dosimetry  
25          results. But if we're talking about a worker

1           who was not monitored, we have methods in our  
2           dose reconstruction where we can evaluate where  
3           that person worked, evaluate their potential  
4           for exposure to radioactive materials, and we  
5           have coworker data. You know, if the worker  
6           was not monitored, we apply either the 50th  
7           percentile -- I'm talking external dosimetry  
8           now -- the 50th percentile if they were  
9           intermittently exposed to radiation, or the  
10          95th percentile if they were routinely exposed  
11          to radiation. So in a situation like this --  
12          again, I don't know the intimate details of  
13          this particular situation, but if a worker were  
14          not monitored but they had the potential to be  
15          routinely exposed to radiation, we would give  
16          them a -- a dose that is higher than 95 percent  
17          of the people who were monitored on site.

18          **DR. ZIEMER:** This is off the subject, but the  
19          AV man has reminded me that if you're on-line  
20          listening by phone, would you please mute your  
21          phone. We're apparently getting a lot of  
22          background noise. For those who are on the  
23          phone lines, if you're simply listening in, if  
24          you would please mute your phone. Thank you  
25          very much.

1           Okay, Board -- other Board members with  
2           questions? Yes, Michael Gibson.

3           **MR. GIBSON:** Brant, you mis-- mentioned that  
4           there's well over one million individual  
5           results. Do you know how many employees were  
6           employed at Rocky Flats between 1952 and 2005?  
7           And of that number, how many of those employees  
8           should have been monitored?

9           **DR. ULSH:** Between 1952 and 2005. Well, Mike,  
10          I can't -- I can't give you the exact numbers  
11          of workers who were employed. I can tell you  
12          the badging policies at the site, which can  
13          give you -- give you some clues about this.  
14          Pretty much throughout the site I think, at  
15          various times, if a worker was expected to  
16          receive greater than ten percent of the  
17          exposure limit they were required -- let me  
18          restate that. If a worker had the potential to  
19          receive greater than ten percent of the  
20          exposure limit, they were required to be  
21          externally monitored.

22          Now during the D&D era, the DOE limit was 100  
23          millirem per year, and so if you were expected  
24          to have the potential to receive greater than  
25          100 millirem per year, then you were required

1 to be externally monitored.

2 Now to answer your question directly, no, I  
3 don't know the exact number of people employed  
4 at Rocky Flats by year. Those are the policies  
5 that were in place at the time that dictated  
6 who was to be monitored.

7 **MR. GIBSON:** Well, I guess -- to follow up on  
8 that, I guess what I'm trying to get at is --

9 **DR. ZIEMER:** Use the mike -- use the mike,  
10 Mike.

11 **MR. GIBSON:** Out of these in excess of one  
12 million results, could you give us an idea of  
13 what that equates to as far as how many  
14 monitoring records per employee that you're  
15 basing this on?

16 **DR. ULSH:** Well, that gets to the other part of  
17 the discussion which -- let me see if I can  
18 find it -- nope, wrong way. You actually bring  
19 up a good point and I'm glad that you did  
20 because I can clarify a little bit here.

21 When I talk about the numbers for whom we have  
22 external and internal dosimetry, these third  
23 and fourth bars, there's another part of the  
24 equation and that is the completeness of the  
25 monitoring. And as you know, Mike, on the

1 working group we did look at data completeness  
2 and we evaluated 52 workers, 32 who -- who were  
3 randomly selected by SC&A and 20 who were known  
4 to be among the workers who received the  
5 highest cumulative doses at -- on site. And we  
6 looked at their records and what we found was  
7 that they were by and large complete. And what  
8 I mean by that is there were certainly periods  
9 where there was no monitoring data, but those  
10 largely corresponded to periods when either the  
11 worker was not on site or they were in jobs  
12 that had low exposure potential such that they  
13 would not be required to be monitored.  
14 So again, Mike, I can't give you exact numbers  
15 of how many people worked at Rocky Flats over  
16 the years. It was certainly in tens of  
17 thousands, if not higher. And I can tell you  
18 that the people who we expected to be  
19 monitored, the evidence -- the weight of the  
20 evidence points us to that they were. So I --  
21 I can't answer your question directly about how  
22 many -- of the workers, what percentage was  
23 monitored.

24 **DR. ZIEMER:** Thank you. Follow-up, Mike?

25 **MR. GIBSON:** Yeah. And then that -- the

1 results of when they should and should not have  
2 been monitored is based on site  
3 characterization records or what...

4 **DR. ULSH:** No -- no, it was based on -- well,  
5 the analysis was completed in two steps. SC&A  
6 completed the first step, and that was to look  
7 at the records and determine when there was  
8 monitoring present and when there was not  
9 monitoring present. And then NIOSH took that a  
10 step further and looked at those periods when  
11 there was not monitoring data. And again, the  
12 -- the goal of the data completeness  
13 investigation was to decide -- was to evaluate  
14 whether there was any evidence that there were  
15 missing records. In other words, here's a  
16 person who clearly should have been monitored,  
17 we would expect them to have monitoring  
18 information, but do we see it or don't we. And  
19 what we found was that in every case where we  
20 saw a period without monitoring data, there was  
21 a very logical explanation for that. It's not  
22 like you had a process operator in 771, who  
23 were among the high-- highest exposures on  
24 site, who was not monitored.

25 **DR. ZIEMER:** Okay, thank you. Other questions?

1 Brad.

2 **MR. CLAWSON:** Brant, I understand, you know,  
3 and NIOSH has done an excellent job, I'm -- and  
4 I'm not criticizing this, but using coworker  
5 data I have a very hard time with. Out of  
6 anybody on this Board, I still suit up day  
7 after day and go into these zones. I'm going  
8 to give you an example, because two weeks ago  
9 there were four of us that went into the cell,  
10 did the same work, same respiratory, and when  
11 we walked out we were sitting with 50 to 75 MR  
12 difference between the lowest guy and the  
13 highest guy. And I -- I really have a hard  
14 time using coworker data because, you know  
15 what, you can get into a lot of different  
16 things because I've brought the same questions  
17 up. When I can go into a zone or in -- into a  
18 cell handling the actual product myself, with  
19 my hands and my finger rings, and it shows that  
20 my dose to my hands is half what it was to my  
21 body, I -- you know, there's -- there's  
22 integrity of a lot of this stuff and I really  
23 have a hard time with worker -- coworker data.  
24 **DR. ULSH:** Thank you, Brad. You bring up a  
25 very good point, and I'm glad you did. In

1 terms of -- in terms of coworker data, I think  
2 that there's a great misunderstanding about how  
3 we apply coworker data, and you've exact--  
4 you've just hit on the exact reason that we  
5 apply it the way that we do, because if you  
6 have two workers who work on the same job, for  
7 instance, the recorded doses can be very  
8 different for those two workers. As you  
9 probably know -- I'm sure that you do --  
10 distance from the source, shielding, there are  
11 vari-- various factors that can make those two  
12 workers have different doses. And so you would  
13 have to be extremely cautious to -- to apply  
14 one worker's data to another individual worker,  
15 and that's why we don't do that.

16 What we do is we look at all of the workers who  
17 were monitored on site, all of them, and we  
18 apply the 95th percentile. That means that  
19 that particular worker would have had to  
20 receive greater than 95 percent of the workers  
21 who were monitored. So we understand that  
22 that's a concern, and so we don't apply one  
23 worker's dose to another worker.

24 **DR. ZIEMER:** Phil.

25 **MR. SCHOFIELD:** I got a question on the

1 bioassays. Now some people I assume were on  
2 annual, some semi-annual and maybe some  
3 quarterly. Particularly some of those people  
4 who are on the manual (sic), they may -- had a  
5 job where they worked or passed through an area  
6 and could have actually picked up some low-  
7 level intake. If, during their interview, you  
8 find this -- that they said look, you know, I -  
9 - I remember once I had positive nasal smears  
10 but they never had me submit a bioassay sample  
11 out of that, how are you going to account for  
12 those missed...

13 **DR. ULSH:** That's a very good question, Mr.  
14 Schofield. Again, what we go back to is --  
15 there's a couple of issues that you've  
16 mentioned there. If the worker was monitored -  
17 - be it on an annual basis, a quarterly basis,  
18 whatever basis -- and let's say they're going  
19 along, they have a nega-- they have a zero  
20 bioassay result or lower than limit of  
21 detection, another one, another one, and then  
22 all of a sudden you show up with a positive  
23 bioassay result. Well, this gets to the  
24 concern that was expressed in the petition: At  
25 what point did that exposure happen.

1 Well, it was sometime between the last two  
2 bioassay points, and what we do is assume -- we  
3 take the situation that gives the highest dose  
4 to the worker and we say it was the day after  
5 that last bioassay result. Now, what that  
6 leads to -- since we consider a chronic intake  
7 exposure, that leads to the highest possible --  
8 it's essentially a bounding estimate.  
9 Now what happens if you've got a situation  
10 where the worker was unmonitored, completely  
11 unmonitored. Well, that's where we resort to  
12 coworker data, again. Normally we apply the  
13 50th percentile intake. In other words, the  
14 average intake at the site. However, in the  
15 case of Rocky Flats, due to some concerns that  
16 Mark may talk about later, or may not, I don't  
17 know, we have agreed to go at the 95th  
18 percentile there, as well. So if you've got a  
19 worker who walked through a contaminated area  
20 and picked up some material -- some plutonium,  
21 uranium, whatever it was -- we will be  
22 assigning for unmonitored workers the 95th  
23 percentile, and that means we're giving them  
24 credit for a higher dose than 95 percent of the  
25 workers -- including the operators, the people

1           who were dealing with plutonium on a daily  
2           basis -- for that very reason.

3           **MR. SCHOFIELD:** One more question. How about  
4           the people who were exposed to potentially  
5           maybe a mixture of maybe plutonium, americium  
6           or thorium or uranium, but their bioassays --  
7           they were only really being looked at for like  
8           plutonium. How you going to account for that  
9           when the person says look, you know, I didn't  
10          work just with plutonium. I also did work with  
11          uranium, I did work with thorium. But in their  
12          bioassays they were only looking for plutonium,  
13          so how you going to account for those missing  
14          things?

15          **DR. ULSH:** We do account for that. In terms of  
16          an overestimating dose reconstruction, we have  
17          methods to look at the highest doses across the  
18          complex -- or highest intakes, rather. We also  
19          look at the individual's job history. We have  
20          job history cards that tell where they worked  
21          and when. If we know that they were working in  
22          Building 71, we know that they were potentially  
23          exposed to plutonium and americium, for  
24          instance, and we consider that. If they were  
25          working in Building 881, we know that uranium

1           should be added to the mix. So we do -- we do  
2           explicitly consider the radionuclides that they  
3           could have been exposed to in various areas of  
4           the site.

5           **MR. SCHOFIELD:** How accurate are these job  
6           cards? I mean how often were they actually  
7           updated or reflected a person's work history?

8           **DR. ULSH:** What we found -- what we found is  
9           that these cards were pretty detailed. They  
10          were primarily available for employees of the  
11          prime contractor. I'm trying to remember how  
12          far up we have those -- from the early years up  
13          through the later years, I can't remember  
14          exactly what year. And they're very detailed.  
15          They talk about any time there was a job  
16          change, any time there was a salary increase,  
17          they're on those cards, so they're very  
18          detailed. And that's actually quite different  
19          from what you might see at other sites. I  
20          don't know, I haven't been involved intimately  
21          -- as intimately at other sites as I have with  
22          Rocky Flats, but these are a very valuable  
23          resource for us.

24          Also, the -- well, the -- the NDRP also used  
25          those job history cards, so that's not really a

1 separate source of data, but they're pretty  
2 detailed.

3 **MR. SCHOFIELD:** Okay, what about people like  
4 some of the crafts you would have, some of the  
5 guards who may on their cards actually be  
6 assigned to a certain particular area or  
7 certain particular building, yet because of the  
8 nature of their work they actually -- or the  
9 RCTs would be another case -- could actually be  
10 floated or moved around, and yet those cards  
11 are not going to necessarily reflect all the  
12 areas they were in.

13 **DR. ULSH:** You're right, there are certain job  
14 categories -- like the trades workers, for  
15 instance; fitters, for instance -- who could  
16 have floated around the site and we do consider  
17 that. I don't want to say at all times  
18 periods, but certainly at some time periods in  
19 -- during the Rocky Flats history, some of the  
20 crafts were located -- headquartered in one  
21 particular building, but they went where the  
22 work was needed. And so we're aware of that  
23 and we consider where they could have possibly  
24 went and to what radionuclides they could have  
25 possibly been exposed, and we do take that into

1 consideration in their dose reconstruction.

2 **MR. SCHOFIELD:** So exactly how are you handling  
3 that information on their dose reconstruction?

4 **DR. ULSH:** Well, for instance -- well, if they  
5 were monitored, it's pretty straightforward to  
6 -- well, as straightforward as, you know, dose  
7 reconstruction ever is. If they were not  
8 monitored, again, we resort to the coworker  
9 information that we have, and we know that  
10 those parti-- in those particular situations  
11 where you're talking about the trades who  
12 might've worked anywhere on site, we know that  
13 we have to consider not only plutonium but also  
14 uranium, whatever they could have been exposed  
15 to, and so we do assign coworker or missed dose  
16 on that basis.

17 **DR. ZIEMER:** Thank you. Further questions?

18 (No responses)

19 Okay. Thank you very much, Brant, and we'll  
20 now move on to the petitioners. And let's see,  
21 who's going to start for the petitioners? Oh,  
22 okay, please...

23 (Pause)

24 **MS. THOMPSON:** My name is Jennifer Thompson and  
25 I'm a representative of the petitioner. As

1           noted earlier, Tony DeMaiori, the most recent  
2           former president of the steel workers, could  
3           not be here today. He's the primary agent for  
4           the petition; however, he's working at a  
5           nuclear power plant in South Carolina and could  
6           not come away for the meeting today and he  
7           sends his -- his apologies to you, as well as  
8           his thanks to you for all of your efforts on --  
9           on this Special Exposure Cohort petition.  
10          I've been involved in the petition process  
11          since the beginning. I volunteered to help the  
12          United Steel Workers in drafting the petition,  
13          and that was about two and a half years ago,  
14          and never dreamed then that two and a half  
15          years later I'd be speaking to you today, so  
16          it's been a very -- very long process and I  
17          appreciate everybody's involvement and  
18          dedication to the process throughout.  
19          I worked at Rocky Flats for 14 years, starting  
20          in 1991. I worked in plutonium facilities,  
21          Building 707, Building 776, Building 777,  
22          Building 371, so I'm familiar with the site. I  
23          am not a scientist. I'm not an industrial  
24          hygienist. I'm not a radiation protection  
25          expert. But I do have a good understanding of

1 the methods, processes and procedures that were  
2 in place and used at Rocky Flats throughout the  
3 time period that I was there, and am familiar  
4 with the history of the site as well, having  
5 drafted history documents on the site.  
6 Again, I just want to thank the Board for its  
7 service so far. We appreciate your dedication.  
8 I want to thank Mark Griffon and the entire  
9 working group, who have spent many, many, many  
10 hours, and we appreciate their hard work.  
11 I want to thank some of the folks in the Rocky  
12 Flats community -- Terrie Barrie, Laura Schultz  
13 and others who have worked countless hours.  
14 There's many of you, too many names to mention,  
15 but -- but thank you to all of you.  
16 I also want to thank our Colorado Congressional  
17 delegation, who have done an outstanding job  
18 delivering unprecedented (sic) bipartisan support  
19 of this effort, as evidenced by the letter that  
20 you all received yesterday, the public  
21 statements that they have made. It is -- it is  
22 refreshing in -- in terms of renewing faith in  
23 government to know that our elected officials  
24 care deeply about the people that they  
25 represent, and we greatly -- greatly appreciate

1           that.

2           Last night the Board patiently heard from  
3           dozens of Rocky Flats workers, those that have  
4           cancer, those that have other illnesses, those  
5           who have family members who have cancer and  
6           other illnesses. And this petition process is  
7           -- is really for them, and we are very -- very  
8           concerned and one of our goals is that we don't  
9           believe that our workers should have to fight  
10          with the government over dose reconstruction at  
11          the very time that they are fighting for their  
12          lives. This -- the process that is put in  
13          place -- the process itself is not feasible,  
14          and so beyond the science, even if the science  
15          were perfect, the process does not deliver  
16          timely, accurate dose reconstruction.

17          I'm going to speak for a while and then I have  
18          a few other folks who are going to come up and  
19          speak, so I hope you'll bear with us when we go  
20          through the transition. The major things I  
21          want to address during my presentation are the  
22          timeliness factor, the fairness factor,  
23          feasibility, the law and -- and -- and what is  
24          the right thing.

25          We were asked when we went into this petition

1 process to prove that there was a class of  
2 Rocky Flats workers for whom it was not  
3 feasible to accurately estimate -- estimate the  
4 radiation dose they received. We believe that  
5 our petition has done that, as evidenced by the  
6 two-year process, and I'll get into that later.  
7 We also know that they had their health  
8 endangered by their exposure to radiation, and  
9 we do not feel we had to prove that because the  
10 government itself has said that there's 22  
11 cancers for which radiation is a causal factor,  
12 and so we feel like that was taken care of.  
13 As the gentleman of NIOSH went over the basis  
14 of our petition already, we submitted it on  
15 February 15th. Our major factors were exposure  
16 to the high-fired oxides, which was a unique  
17 form of plutonium; inability to link exposure  
18 to specific incidents; periods of inadequate  
19 monitoring; lack of monitoring; changes in  
20 methodology and inconsistency in procedures;  
21 unmonitored/undetected exposures surfacing  
22 throughout time; and the negative effect of  
23 site closure on the accuracy of dose  
24 reconstruction. And I know that that one was  
25 kind of thrown out, but we still consider that

1 to be a valid factor.

2 The timeliness of the petition has been a big  
3 issue, and those of you that were here over a  
4 year ago heard me speak on this and I'm going  
5 to hit upon it again. The law required that  
6 NIOSH make a recommendation within 180 days of  
7 receipt of our petition. The -- Health and  
8 Human Services implemented its own rules to  
9 implement the law, and they said that the 180  
10 days actually meant 180 days from when NIOSH  
11 determined the package was certified. In  
12 either case, that deadline was not met. The  
13 petition -- the recommendation from NIOSH did  
14 not come until 440 days after submittal. And  
15 now here we are, two years, two months, 18  
16 days, 807 days from submittal. I'm not going  
17 to go over the details of the time frame here,  
18 but as you can see, it's been a long and  
19 arduous process.

20 And while the petitioner was required to meet  
21 every deadline in the process or run the risk  
22 of having our petition thrown out, the same has  
23 not held true for the government. We had 30  
24 days to respond to the questions initially  
25 during the validation process. We responded

1 with over 500 pages of additional information,  
2 and we met that 30-day deadline, even though we  
3 are all volunteers.

4 The length of this process severely hindered  
5 the petitioners' ability to respond. We have -  
6 - we no longer have any union -- access to  
7 union resources or backing. We have no money,  
8 and most of us are gainfully employed, thank  
9 goodness, in -- in other areas and so  
10 difficulty in attending daily working group  
11 meetings and things like that, whereas if Rocky  
12 Flats was still open, our employer was flexible  
13 and would have allowed that participation.  
14 We have a handful of volunteers at this point  
15 versus the Goliath that NIOSH has created on  
16 the other side of the table. You know, when  
17 we're in meetings, it's fairly intimidating  
18 when you're one person and -- and you've got  
19 over 20 people with PhDs and -- and science  
20 backgrounds and everything, and access to the  
21 records that we can't even get, you know, on  
22 the other side of the table, so that's a little  
23 frustrating.

24 Closure has made records retrieval difficult.  
25 NIOSH has the ability to command the records,

1           and still sometimes it takes them months to get  
2           them. The workers do not have that ability.  
3           When they request their records, sometimes they  
4           wait as long as a year to get their files, and  
5           then the files that they get are incomplete.  
6           This severely hinders their ability to present  
7           their case during the individual claim process.  
8           *The Rocky Mountain News* has been covering this  
9           topic very closely and has provided a bunch of  
10          information, and I want to thank them, and I  
11          quote a lot from their articles today -- and  
12          I've tried to give attribution where due.  
13          [name redacted] -- I'm not sure the sp-- how to  
14          say the name -- is someone who's a biophysicist  
15          and an expert in dose reconstruction, and he  
16          said that government scientists have ongoing  
17          discussions about the validity of dose  
18          reconstruction, and he says -- he says that --  
19          basically that if you can spend enough time and  
20          enough money, you may get it right. But the  
21          question is, timeliness is one of the factors  
22          in delivering the conditions of this program.  
23          And if you can't do it in a timely manner, it  
24          becomes unmanageable and it's no longer  
25          feasible.

1 Members of the Congressional delegation for  
2 Colorado have asked NIOSH not once, not twice,  
3 but four times now to grant this petition a  
4 fair and timely review, and to date have been  
5 unsuccessful in securing that. The U.S.  
6 Congress required NIOSH to make a timely  
7 recommendation, and Congress has never intended  
8 for this process to drag on for years while  
9 scientists search for new methods.

10 Another petition we're aware of was recommended  
11 for approval based on the timeliness factor.  
12 We believe that sets precedence for the Board  
13 today with respect to the Rocky Flats petition.  
14 If timeliness were ever an issue, at Rocky  
15 Flats it definitely is.

16 The question has never been could NIOSH ever  
17 reconstruct dose at some point in the future  
18 time with accuracy. The question was, when we  
19 submitted the petition February 15th of 2005,  
20 could dose accurately be reconstructed. The  
21 law did not say Petitioner, point out flaws in  
22 the government's ability to reconstruct dose.  
23 NIOSH, fix some of the flaws, admitting  
24 inabilities, and then recommend denial of the  
25 petition based on a new set of standards that

1 did not exist at the time the petition was  
2 submitted. The law clearly states the purpose  
3 of the compensation program is to provide  
4 timely, uniform and adequate compensation.  
5 Justice delayed is justice denied.  
6 We have learned, and as evidenced by the empty  
7 chair at the table today, that some members of  
8 the Board have been instructed that they cannot  
9 vote on the Rocky Flats petition based on  
10 relationships with the United Steel Workers.  
11 As a direct result in NIOSH delaying this  
12 petition, if this -- if this conflict were ever  
13 valid, such a restriction is no longer valid  
14 today for the following reasons: The Rocky  
15 Flats workers on behalf of which this petition  
16 was filed no longer have any financial or  
17 contractual relationship with the United Steel  
18 Workers. Local 8031 no longer has a single  
19 nuclear worker in its membership. United Steel  
20 Workers no longer receive any dues from the  
21 former Rocky Flats members, nor do they provide  
22 representation or services to the members. The  
23 United Steel Workers, as an organization, does  
24 not benefit in any financial way from this  
25 petition being granted.

1 NIOSH, on its own right, expanded the class to  
2 include all Rocky Flats employees, so this is  
3 no longer a steel worker petition. This is now  
4 a Rocky Flats petition. Therefore, no  
5 relational conflict exists, and we urge that  
6 all members of the Board demand their right to  
7 vote today. And if they are not allowed to  
8 vote, we request of NIOSH to provide, in  
9 writing, the legal basis for any restrictions  
10 on voting to the petitioner within 14 days.  
11 It appears that there's a double standard on  
12 the conflict of interest issue, as the Board is  
13 being -- members of the Board are prevented  
14 from participation due to conflict of interest,  
15 but NIOSH repeatedly relies on experts that  
16 have conflicts of interest. And experts who  
17 have testified against workers in worker  
18 compensation hearings are serving key roles in  
19 this process. The government's own General  
20 Accounting Office identified conflicts of  
21 interest in this process as an issue.  
22 As you well -- as the Board is, I'm sure, too  
23 closely aware, there's been a tremendous amount  
24 of political pressure to not approve Special  
25 Exposure Cohort petitions, in particular the

1 Rocky Flats petition. This dates back to -- to  
2 2005 when an OMB pass-back memo encourages  
3 administrative clearance on petitions before  
4 they could be approved and asked the  
5 interagency to address any imbalance on the  
6 Board and -- and actually resulting in changing  
7 out of members of the Board and things along  
8 those lines.

9 This is a excerpt from an e-mail from a Deputy  
10 of La-- Depu-- Deputy for the Department of  
11 Labor, who stated that we should do everything  
12 possible to oppose these SEC petitions.

13 Further evidence of the tampering is this  
14 address any imbalance in membership of the  
15 President's Advisory Board on Radiation and  
16 Worker Health, require NIOSH to apply conflict  
17 of interest rules and constraints to the  
18 Advisory Board contractors. The government is  
19 clearly trying to manipulate the process.

20 Getting back to the feasibility of the actual  
21 science, F. Owen Hoffman stated that this is --  
22 that dose reconstruction is an inexact science,  
23 that -- that it depends on an extensive amount  
24 of judgment; that two different investigators,  
25 given the same data, would come up with

1           different doses. The -- the people that are  
2           doing the dose reconstruction, 88 of them, not  
3           all of them have degrees in health physicists  
4           (sic) and with the workload that they're placed  
5           with, reviewing one and a half cases each  
6           workday, we believe that this process leads to  
7           a situation where it is not feasible for them  
8           to accurately reconstruct dose.

9           Further evidence of this has to do with -- I'm  
10          sure you -- you all will recall who were here  
11          last year [name redacted], who presented with  
12          us, and he couldn't be here today because he's  
13          volunteering at a cancer clinic up in Loveland.  
14          He -- his case was denied three times, and then  
15          approved finally just recently based on  
16          inaccuracy of records. And what this points  
17          to, and we're going to hear more about this  
18          later, but what this points to is [name  
19          redacted] had a tremendous perseverance,  
20          tremendous capabilities and resources to be  
21          able to fight his process for four years. He  
22          kept at it and kept at it. He could have given  
23          up after the second denial, but he didn't. How  
24          many other workers are like [Name Redacted] who  
25          have submitted and been denied but haven't had

1 the ability, capabilities or financial strength  
2 to continue through this process? How many  
3 other workers in the end would NIOSH have to  
4 come back and say we can't do it because the --  
5 the records are inadequate? How can they three  
6 times deny [Name Redacted] based on science, and  
7 then finally approve him, throwing up their  
8 hands, saying we -- we don't have the records?  
9 Another person, [name redacted], had a dose  
10 reconstruction done. She's -- she's -- was --  
11 talked to you guys last night, and she came out  
12 with a 42 rem dose reconstruction. Then they  
13 reconstructed her dose and came out with 25  
14 rem. So one time 42 rem, one time 25 rem.  
15 Where's the accuracy in that?  
16 We have heartbreaking stories of people with 47  
17 percent probability that are denied. How do we  
18 know that their doses weren't off by ten rem  
19 and they should have been approved?  
20 NIOSH would like you -- the Board to believe  
21 that the issue with high-fired oxides is taken  
22 care of. We do not believe that, as the  
23 petitioner. In 2003 it was stated that the  
24 precise nature of super class Y material is not  
25 known, and here we are just four years later

1           saying we have the whole problem figured out,  
2           that we've got a new model -- although it's not  
3           tried and validated, tested or proved, that we  
4           have a new model now and that just fixes  
5           everything. We believe that there's no way  
6           that we could know enough today about high-  
7           fired oxides. Where's all the research?  
8           Where's the scientific expertise that looks  
9           into this? Usually challenges like this take  
10          decades for the scientific community to  
11          resolve.

12          SC&A pointed out upper bound dose limitations  
13          having to do with coworker dose models, and  
14          that's not a new factor. The Defense Threat  
15          Reduction Agency dose reconstruction program  
16          found the same challenges when dealing with  
17          dose reconstruction.

18          And this is an interesting dichotomy. I think  
19          you'll remember [name redacted] from a previous  
20          e-mail I showed you, but in 2004 he was singing  
21          a different song. In 2004 he said if there's a  
22          justification for an SEC anywhere, common sense  
23          suggests that it should be Rocky Flats. He  
24          also said does it make any sense to continue to  
25          defend a do-- a dose reconstruction process

1           that will just get more complicated and  
2           attenuated.

3           We believe there's many unresolved petition  
4           issues to date. We believe that the neutron  
5           doses between 1952 and 1970 are still  
6           problematic. We believe that the issue of  
7           missing records is -- is still prominent. The  
8           issue of the zeroes in 1969 to '70 was fully  
9           looked at and NIOSH was proud that only 26  
10          percent of the ones they thought were missing  
11          were actually missing. Twenty-six percent is  
12          not good enough when you have cancer.

13          And they looked at one year in detail. What  
14          would happen if they looked at every year in  
15          detail? Would they not find similar examples  
16          of missing data every single year?

17          SC&A -- there's large gaps in internal dose  
18          data, notably from 1964 to 1992. We're still  
19          concerned about the adequacy of the coworker  
20          model, in particular for workers that are  
21          involved in high-dose work activities. A 95  
22          percent of the average site employment is not  
23          appropriate for high-dose workers.

24          We're concerned about the thorium dose  
25          reconstruction abilities. I've already talked

1           about the dose records for people with high-  
2           dose rate jobs. We're concerned that the new  
3           models have not been sufficiently tested or  
4           proven. We're concerned that when they are  
5           proven or when -- when things are researched  
6           that the -- the sample size looked at is  
7           statistically invalid when you're talking about  
8           a population of potentially 20,000 people and  
9           you look at 52 cases -- okay? If I was giving  
10          a PhD dissertation and I turned that in, I  
11          would get laughed at -- okay? That is not a  
12          statistically accurate sampling.

13          We're concerned about lack of independent  
14          verification on the use of the neutron dose  
15          reconstruction project. And SC&A was also  
16          concerned about NIOSH's ability to validate or  
17          to demonstrate that it can apply its stated  
18          methods, approaches and coworker models to  
19          enable dose reconstruction with sufficient  
20          accuracy. Again, I would say even if your  
21          models were perfect, could this be done, could  
22          it physically be done?

23          We're still concerned about high-fired oxides  
24          and their effect on the human body, and the  
25          fact that this is a relatively recent

1           phenomenon and that it hasn't been given the  
2           attention that it deserves.

3           We're still concerned that the site profile  
4           still fails to recognize plutonium production  
5           mission in Building 881, even though NIOSH has  
6           been repeatedly told that there were plutonium  
7           operations in that facility.

8           We are concerned that no effort has been made  
9           to determine the radioactive cocktail effect  
10          described in the petition whereby plutonium, in  
11          combination with chemical exposure, could have  
12          implications to how plutonium is metabolized in  
13          the body.

14          These are a lot of issues, two years and three  
15          months into the process.

16          We believe that just the fact alone that the  
17          working group met this week to discuss issues  
18          that are still unresolved means that our  
19          petition was valid, and that it should be  
20          approved. We believe that since it's been more  
21          than two years and significant factors are  
22          still unresolved means the petition was valid  
23          and should be approved. The fact that NIOSH  
24          has made the changes to the site profile, added  
25          new TIBs, changed the particle size for high-

1           fired oxides, developed new coworker models,  
2           added adjustment factors, tweaked other models  
3           -- all of these changes prove that the petition  
4           was valid. If the petition was not valid they  
5           would not have had to make all these changes.  
6           The law asked us, when we submitted that  
7           petition on February 15th of 2005, to show that  
8           you could not accurately, feasibly reconstruct  
9           dose. We proved that when we submitted the  
10          petition. The law never said submit a  
11          petition, have all of the challenges addressed  
12          over a long, arduous process, and then have  
13          that petition denied based on a new set of  
14          standards that did not exist at the time the  
15          petition was submitted. These new factors,  
16          these new models, they are unproven, they are  
17          untested and unvalidated.  
18          We believe that the Board has no legal or moral  
19          choice other than to approve this petition in  
20          its entirety today. We ask you to consider the  
21          law, ignore the politics. A law is a term for  
22          -- for dose and radiation exposure. A law is  
23          not a term for cost of worker health benefits.  
24          We ask you to look deep into your heart and ask  
25          yourself what did Congress intend, what does

1 the American public intend, and what do our  
2 workers deserve? Someday is not good enough.  
3 The fact that maybe tomorrow or five years from  
4 now or two years from now we may be able to  
5 reconstruct dose, that is not good enough. The  
6 law requires timeliness. The law meant today.  
7 At this point I would like to invite Jerry  
8 Harden, the former president of the United  
9 Steel Workers of America, Local 8031, to come  
10 present on behalf of the petition. Thank you.

11 **DR. ZIEMER:** Thank you very much. Jennifer and  
12 Jerry, before you take the podium, I understand  
13 we have Senator Salazar now on the phone, so if  
14 you would concede the mike for a few minutes,  
15 we'll hear his comments.

16 **MS. THOMPSON:** Yes, we will gladly concede to  
17 the Honorable Senator.

18 **DR. ZIEMER:** Thank you. Senator, welcome. We  
19 have just heard from the peti--

20 **SENATOR SALAZAR:** Hello -- Dr. Ziemer?

21 **DR. ZIEMER:** Good morning. We've just heard  
22 from the petitioner. We're pleased to hear  
23 your comments to the Advisory Board at this  
24 time.

25 (The following statement was greatly distorted

1 by faulty telephonic transmission.)

2 **SENATOR SALAZAR:** Thank you very much, Dr.

3 Ziemer and let me welcome you and members of  
4 the Board to Westminster, Colorado. Also  
5 welcome to the Rocky Flats workers and their  
6 families.

7 To the Board, I appreciate your service to our  
8 country. I know that you work very hard  
9 carrying out your responsibilities, so I want  
10 to thank you for doing so and I also want to  
11 thank you for allowing me to speak to you very  
12 briefly this morning. I know you have a full  
13 agenda and I have a number of issues that I'm  
14 trying to work through to develop a bipartisan  
15 approach to (unintelligible) whole host of  
16 things, so I wanted to take time out today just  
17 to speak to you about the workers at Rocky  
18 Flats (unintelligible) other nuclear weapons  
19 facilities. I believe that the workers really  
20 are part of that generation of World War II and  
21 Cold War heroes of our nation and we need to  
22 make sure that we are (unintelligible) what  
23 they have done for our country. They risked  
24 their lives and their health to help us prevail  
25 in our long struggle against the Soviet Union

1 (unintelligible) recognition of their service  
2 and the price they paid in terms of illness and  
3 mortality, Congress enacted the Energy  
4 Employees Occupational Illness Compensation  
5 Program Act. The mission under that program is  
6 to compensate those workers for illnesses or  
7 (unintelligible) exposure to radiation and  
8 other harmful substances.  
9 In passing the legislation, Congress explained  
10 (unintelligible) the purpose of the  
11 compensation program is to provide for timely -  
12 - and I underscore timely -- uniform and  
13 adequate compensation, end of quote. And  
14 Congress (unintelligible) also recognizes there  
15 would be circumstances where there isn't  
16 (unintelligible) information about what workers  
17 were exposed to or when or in what amount, so  
18 these workers would be able to  
19 (unintelligible). In recognition of that fact,  
20 Congress created the Special Exposure Cohort to  
21 reduce the burden of proof off these workers.  
22 (Unintelligible) workers should become part of  
23 the Special Exposure Cohort when their dose --  
24 doses can't be calculated with sufficient  
25 accuracy.

1 Well, now it's been more than six years after  
2 the passage of the Act and more than two years  
3 after the filing of the Rocky Flats workers'  
4 SEC petition. (Unintelligible) painfully clear  
5 that there's (unintelligible) about how to  
6 calculate the dose of radiation  
7 (unintelligible) Rocky Flats workers with  
8 sufficient accuracy. (Unintelligible) the  
9 Board's own workgroup struggled over this issue  
10 for nearly (unintelligible) to determine  
11 (unintelligible) methodologies or  
12 (unintelligible) would be able to  
13 (unintelligible).

14 I don't question the capabilities or the  
15 (unintelligible) of all those who participated  
16 (unintelligible) over the last  
17 (unintelligible). But (unintelligible) the  
18 issue is sufficient accuracy, we have totally  
19 lost focus of the essential purpose of this law  
20 that says timely compensation (unintelligible).  
21 The Rocky Flats SEC petition was submitted on  
22 February 15th, 2005 (unintelligible) about the  
23 methodologies sufficient accuracy 22 months  
24 later and whether or not (unintelligible)  
25 workers (unintelligible) Special Exposure

1 Cohort all nine members of the Colorado  
2 delegation (unintelligible) this happens we  
3 consider to be the most important issue that's  
4 facing our state (unintelligible) Republican,  
5 Democrat, Senator Allard and myself coming  
6 together (unintelligible) delegation joining  
7 together (unintelligible) the Rocky Flats  
8 workers to ask you (unintelligible) this  
9 petition. So today I am calling you, Mr.  
10 Zimmer (sic) and members of the Board, to  
11 expressly request on my behalf as a U.S.  
12 Senator, on behalf of my colleagues here in  
13 Congress, to reinforce the request  
14 (unintelligible) my request is to  
15 (unintelligible) the timely approval of what  
16 was (unintelligible) Congress stated in the  
17 statute passed by Congress and so I'd ask of  
18 you to move forward and to (unintelligible).  
19 Thank you, Mr. (sic) Ziemer -- Zimmer (sic)  
20 again for the opportunity to speak to you and  
21 the Board.

22 **DR. ZIEMER:** Thank you very much, Senator, for  
23 your comments, and we will be continuing our  
24 deliberations. David Hiller is here with us  
25 today from your staff and will keep you

1 informed of the progress. So thank you for  
2 being with us.

3 **SENATOR SALAZAR:** (Unintelligible) appreciate  
4 that and I look forward to the (unintelligible)  
5 the Board. Thank you very much  
6 (unintelligible).

7 **DR. ZIEMER:** Thank you. Okay, now we'll be  
8 pleased to hear from Jerry Harden.

9 **MR. HARDEN:** Good morning. Once again I'm  
10 appearing in front of you nice-looking people  
11 that have toured the country, staying in good  
12 hotels, listening all day to sad stories.  
13 Now with that being said, my name is Jerry  
14 Harden. I was a 37-year employee at the Rocky  
15 Flats nuclear weapons site. I was also a  
16 three-term president of United Steel Workers of  
17 America, Local 8031, representing the hourly  
18 production and maintenance workers at the  
19 plant.

20 Today I want to point out two important  
21 anniversaries. First is the 38th anniversary  
22 of the 776 building fire, causing the biggest  
23 dollar loss in U.S. history to that point, and  
24 that occurred on May 11th. Second is the one-  
25 year anniversary, April 27th, of my appearance

1           before this panel pleading for cohort status  
2           for sick Rocky Flats workers. How much has  
3           that year cost in lost dollars and heartache?  
4           This was a well-intentioned program that has  
5           since been grossly mismanaged. It has meant  
6           windfall profits for contractors,  
7           administrators, intellects, bureaucrats and  
8           attorneys, providing only token relief for the  
9           sick Rocky Flats workers.

10          As you on the Board should know, U.S.  
11          Department of Energy has been funding studies  
12          and gathering data on its radiation workers for  
13          approximately 40 years through the United  
14          States Transuranium and Uranium Registries.  
15          This effort analyzed thousands of organs and  
16          tissue samples from dead DOE radiation workers.  
17          Hundreds of dead Rocky Flats workers were part  
18          of this effort with their donations of organs,  
19          or in some cases their whole bodies, to be  
20          dissected and studied to determine the effects  
21          of their work exposure to specific medical  
22          conditions. Today Rocky Flats workers are  
23          still waiting for cohort status, recognizing  
24          the health conditions caused by their job site  
25          exposures.

1           These previous and ongoing efforts should have  
2           provided the information to handle these  
3           claims. Why hasn't it? How many more millions  
4           of dollars and years of time will be squandered  
5           on other pseudo-science projects such as dose  
6           reconstruction in the ongoing effort by the  
7           Department of Energy and its contractors to  
8           ignore, deny and minimize the health damage to  
9           Rocky Flats workers?

10          I will offer some other related examples of the  
11          mismanagement of the Rocky Flats plant by the  
12          Department of Energy and its contractors that  
13          have been recognized by truly independent  
14          agencies. The first is the Colorado State  
15          Workers Compensation process, and we have had  
16          four provable radiation deaths that have  
17          proceeded through that, proving that those  
18          workers' survivors' claims were valid.

19          The first of the claims was [Name Redacted], the  
20          second was [Name Redacted], followed by [Name  
21          Redacted], and [Name Redacted]. All of these  
22          men were Rocky Flats workers who were employed  
23          in the hot areas.

24          The second item I'd like to mention today is  
25          the [Name Redacted] landowner lawsuit decision

1 in Federal Court. They took over 15 years and  
2 \$30 million by the contractor and DOE to  
3 prepare for the case. But we were headlines in  
4 the *Rocky Mountain News* with a \$350 million  
5 settlement, and this is of course being  
6 appealed by the DOE.

7 The third case is the [Name Redacted], false  
8 claims lawsuit decision, in Federal Court as  
9 well. His attorney claims that \$500 million  
10 has been spent by DOE and the contractors to --  
11 to pursue that case. The Department of Energy  
12 has appealed these verdicts, using their  
13 typical strategy of denying, stalling and  
14 creating more red tape to prevent settling  
15 these cases.

16 This is similar to the way that the sick Rocky  
17 Flats workers' claims have been handled. The  
18 federal government and the Department of Energy  
19 have been proven unable to provide a meaningful  
20 way for these affected by their actions to have  
21 a realistic and timely justice provided. How  
22 did Department of Energy hold these  
23 corporations involved accountable? By  
24 providing them additional bonuses and by paying  
25 for their legal fees for their disgraceful

1 performances. I wish that the sick Rocky Flats  
2 workers could benefit from some of their  
3 generosity as well.

4 In summary, there is autopsy data on hundreds  
5 of dead Rocky Flats workers establishing health  
6 effects; one of the worst industrial fires in  
7 U.S. history; two very large Federal Court  
8 judgments against the Department of Energy and  
9 the contractors for safety conditions at Rocky  
10 Flats; four proven radiation death cases  
11 through the State Workers Compensation Program;  
12 and numerous out of court settlements. What is  
13 it going to take to prove that employ at --  
14 employment at Rocky Flats hurt some of the  
15 workers?

16 And with that, I would say I'm open for any  
17 questions or comments -- chickens. Please help  
18 the sick Rocky Flats workers, granting them  
19 cohort status. Thank you.

20 **DR. ZIEMER:** Thank you very much. Jennifer?

21 **MS. THOMPSON:** Thank you. At this time I would  
22 like to introduce Mr. Jack Weaver, long-time  
23 Rocky Flats employee, particularly focused in  
24 Building 771 as a subject matter expert noted  
25 by DOE and numerous others. Thank you, sir.

1           **MR. WEAVER:** Oh, I tore up the equipment.  
2           Thank you, Jennifer. Good morning to the  
3           Board. Good morning to my brothers and sisters  
4           from Rocky Flats -- appreciate you being here  
5           again.  
6           I'm going to take a little different tack at  
7           what's going on here. I'm going to talk a  
8           little bit about me personally because  
9           obviously I have a long tenure at Rocky Flats.  
10          Then I'm going to talk about some of the issues  
11          that we had.  
12          I started at Rocky Flats September the 5th,  
13          1961. I started on a labor gang 'cause that's  
14          one of the ways you got into the plant to get a  
15          job. Two months later I had signed a posting,  
16          passed the test and became an assistant  
17          chemical operator. I was supposed to be  
18          assistant chemical operator for -- for two  
19          years, but for -- because of the need of -- of  
20          operations personnel, operators to run the  
21          production equipment, six months later I took a  
22          test, I became a chemical operator. I worked  
23          12 years as a hourly chemical operator and a  
24          chemical operator crew leader. I became a  
25          foreman after that. After foreman, a

1 supervisor, building manager, operations and  
2 building manager for 771 and 371, ultimately  
3 became an assistant dist-- or general manager,  
4 deputy general manager under EG&G.

5 So I -- I had a chance to work in all positions  
6 from the lowest on the hourly rung to almost  
7 the highest at the plant site. I had the  
8 chance to work in many different situations, so  
9 I'll go back and start with some of those.

10 The first day I worked in 771 building as an  
11 assistant chemical operator I was taken in and  
12 given a briefing about the building and the  
13 rules of the building, went to lunch. Came  
14 back from lunch, was taken to the locker room,  
15 shown how to dress out, given a half-mask  
16 respirator and told to follow the crew leader.

17 We went back into the hallway at 771 building  
18 and he says climb up in those pipes, we're  
19 going to decon the overhead. What does that  
20 mean? You know, I had no clue what that meant.

21 Well, what it meant was take a bunch of chem  
22 wipes and what we called KW and go clean the  
23 pipes -- literally wipe down the contamination.

24 There was no check on the respirator. It was a  
25 single-strap half-mask respirator. I was in a

1 space approximately four foot by four foot with  
2 a multitude of pipes running through it. I was  
3 a pretty skinny kid at that time so I could get  
4 through it pretty easily. I don't know I could  
5 do that today. But that's what we did.

6 As an assistant chemical operator you were kind  
7 of a go-fer and a -- and a do-all for the  
8 operators; all the dirty jobs, the decon job,  
9 we got them.

10 Well, when I became an operator I started  
11 learning the processes. Initially at Rocky  
12 Flats, in the '50s and early '60s, you were  
13 assigned to a job, you stayed on that job.  
14 Well, as it -- as the production schedules  
15 changed and need for increased production and  
16 because of radiation exposure, people started  
17 having to be rotated. And so we were rotated  
18 from job to job to job, so we had to learn  
19 every job, and we worked every job. And that  
20 included an operation called chemical makeup,  
21 some people called it chem prep, in which you  
22 had to prepare chemicals for the processes in  
23 which you were -- you had no respiratory  
24 protection, no monitoring or anything. But you  
25 were working with raw chemicals --

1 (unintelligible) nitric acid, hydrofluoric  
2 acid, hydrochloric acid, all kinds of things  
3 like that that were used in the process -- and  
4 so you inhaled those.

5 Do we know what that does to you? I don't.  
6 All I know is that a lot of people became sick  
7 because of the chemicals that -- that we dealt  
8 with.

9 Anyway, moving on. Working in 771 building was  
10 a -- was a very unique experience in the early  
11 days because we didn't have a lot of -- of  
12 safety programs. You walk in and you might  
13 work on this side of the glovebox through a set  
14 of gloves, looking on the back side of the  
15 glovebox. There weren't any gloves; they'd  
16 rotted off, but they were taped over. You were  
17 not in respirators, but the back side of the  
18 glovebox was posted for respirators, you know?  
19 You had dosimeters -- or you didn't have  
20 dosimeters; you had film badges in those days.  
21 And our frequency was a change of every two  
22 weeks. And sometimes you would -- you would  
23 come back, as people have stated, no data  
24 available, or less than readable data and  
25 stuff. I had some of that -- I had -- I

1 changed my badge frequently, every two weeks.  
2 I got information back, but it wasn't always  
3 the information that -- you know, you'd go ask  
4 well, what happened? I mean I worked beside  
5 this guy; he got 100 millirem, I didn't get  
6 any. How come? No answer.  
7 Anyway, things changed somewhat. We in-- we  
8 in-- installed some programs like the glove  
9 quality program where we changed gloves on a  
10 periodic basis so we wouldn't have those gloves  
11 falling off the gloveboxes and stuff. But we  
12 worked in a chemical processing building that  
13 had 26 miles of processing piping; 200 tanks  
14 with sight gauges on them, each with a  
15 potential for a leak; 12,000 flanges, 15,000  
16 welded joints, that sort of thing -- every one  
17 of them with a potential to leak, and most of  
18 them did. So we had a lot of issues with --  
19 with deconning and dealing with radiation  
20 exposure, alpha contamination, et cetera.  
21 For me personally, I got data in 1962 -- and if  
22 you -- if you know the history of Rocky Flats,  
23 1962 was -- summer of '62 was the first year  
24 that Rocky Flats suffered a strike by the  
25 union. It went on for 28 days, in August.

1           When I got back from strike I was called into  
2           the office and told I was -- we were back about  
3           a week and I was called into the office and  
4           told you've exceeded 5,000 millirem for the  
5           year; you're going to have to go to 774  
6           building and cool off. So I went to 774  
7           building to cool off. First of the year I was  
8           back in 771, doing my normal thing. It went on  
9           like that.

10          '69 I was working midnight shift. I had a call  
11          on May the 11th about 6:30 in the evening from  
12          my boss, [Name Redacted], and he says get your  
13          carpool and get to work now. I said what's  
14          wrong, [Name Redacted]? He said I haven't got  
15          time to explain it, just get here. So I called  
16          my carpool, said I'll be by and pick you up in  
17          five minutes and we're going to work. What's  
18          up? I don't know, we're going to work. So we  
19          get out on the hill there at 128 and we look  
20          over towards Rocky Flats and all you can see is  
21          red lights flashing all over the place and you  
22          go -- do I really want to go to work? I'm not  
23          sure, but we did.

24          We pulled into the east gate. Guard said where  
25          the hell do you guys think you're going? Well,

1 we're going to work down in 71. Oh, well,  
2 don't go near 76. And I said well, what's  
3 wrong? He said there's a big fire going on  
4 down there and they haven't got it contained.  
5 Well, we got down to 71 building, got dressed  
6 out, went to the office and boss said there's a  
7 fire in 76 building. They're putting water on  
8 it. It's running down the elevator, through  
9 the tunnel and into the back of 71 building.  
10 Go get the floor pickups and decon -- start  
11 deconning the hallways and get it back to the -  
12 - the tunnel. So we did that, worked all night  
13 long getting water picked up and stuff.  
14 About an hour into this, boss came in and says  
15 you guys come out here. He says I got  
16 something for you. So we went out to the --  
17 the clean area. He says here, put these on.  
18 Say what the hell's that? He says that's a new  
19 type of respirator, called a full-face mask.  
20 We were wearing half-masks when we first got  
21 there. He gave us a full-face respirator, but  
22 actually what it was was an old World War II  
23 gas mask with a particulate filter on it.  
24 Well, as you can see, I wear glasses. My  
25 vision at that time was 20/800, 20/850, so I

1           didn't see real well without them. But I  
2           pulled my glasses off, put this thing on and  
3           bumped into a few walls and stuff and spent the  
4           rest of the night deconning.

5           The following weeks we wound up going into the  
6           tunnel, which was between 71 and 76, and  
7           cleaning that, then eventually going up to 76  
8           building and into supplied breathing air suits  
9           and -- and cleaning -- packaging oxides and  
10          bringing them to 71, drying them, storing them  
11          and processing.

12          We processed a lot of material. We processed  
13          millions of grams of plutonium. People talk  
14          about plutonium. They don't really understand  
15          or know the amount of material that went  
16          through that site. I'm not talking a few  
17          grams. When I read the books and -- and hear  
18          the stories and talk to the people from Los  
19          Alamos and they talk about what they did back  
20          in the Manhattan Project, and they were dealing  
21          with micrograms and milligrams of plutonium.  
22          We dealt with kgs per hours, kgs per shift,  
23          hundreds and thousands of kgs per year,  
24          millions of grams of oxide that went through  
25          the process.

1           What we did it for was to keep this country  
2           safe, and we did it very well. But we paid a  
3           price, because if you talk to people at other  
4           plants, and I've been to every one of the other  
5           plants, save Paducah and -- and the one in  
6           Ohio. Every one of them, when you talk about  
7           Rocky Flats, they just can't understand why --  
8           why we did what we did and how come we put up  
9           with what we did because they don't have the  
10          people that have been exposed like we do. They  
11          don't have the hundreds of people that have  
12          high exposures and -- and internal depositions  
13          that we did. And it's hard to deal with that  
14          kind of stuff because some people it affects  
15          and some people it -- it doesn't affect, but  
16          probably will in the future, and I'm probably  
17          one of those.

18          I continued to work, as I say, Rocky Flats.  
19          Through the years I -- I became a foreman in  
20          '73 in 71 building on midnight shift. I worked  
21          there until 1980 and I went up to 371 to start  
22          that building up, and I did. I started it up.  
23          I also shut it down, because it was not what we  
24          had asked for. In 1968 the government came to  
25          the people in the building and asked for --

1           what we would like to see in a new facility  
2           because they felt that 71 building had a 25-  
3           year life span and it ought to be closed down  
4           after 25 years, so they were going to build a  
5           new facility called 371 and 374 to replace 771  
6           and 774. It was supposed to be on line in  
7           1976. I went there in 1980; it was still not  
8           on line. We didn't put the first plutonium in  
9           until 1981.

10          A lot of things that we asked for did get put  
11          into the building. A lot of things we didn't  
12          ask for got put into the building. The  
13          building was not designed properly to handle  
14          acid atmosphere plutonium recovery, and  
15          therefore it did the same thing as 71 building  
16          -- it leaked. People got exposed.

17          One of the things -- and I'll back up for just  
18          a moment and talk about -- is americium.

19          Americium is a byproduct of plutonium. It in-  
20          grows in the plutonium in the -- in the weapons  
21          in the field, and after a period of time has to  
22          be brought back and reprocessed and -- and the  
23          americium removed from the plutonium because in  
24          the field what it's doing is giving the  
25          military folks high doses of gamma, and the

1 military doesn't want to put up with that. I  
2 don't blame them. So they send them back.  
3 So we had a process in which we recovered the -  
4 - the plutonium and the americium, did a  
5 separation process, purified the plutonium,  
6 sent it back into the weapons product. And we  
7 separated the americium, purified it, made it  
8 into an oxide and we sent it to the americium  
9 pool down at Oak Ridge for a number of years  
10 until we filled the pool up so full they said  
11 that we didn't need any more americium because  
12 there'd be more than five lifetimes worth of  
13 americium for everybody to use.  
14 So we quit saving it, so it became a waste  
15 product. And it went into the waste in what  
16 was now a cold process for buildings like 774  
17 and 374, now became a hot process because of  
18 all the -- the gamma that was going through the  
19 system in the waste -- americium waste. So  
20 those people got exposed where they weren't  
21 exposed previously to the higher levels.  
22 Another thing I'd like to speak about for a  
23 minute is when I went to work there in 71  
24 building, the talk in radi-- in the radiation  
25 field was obviously about alpha and gamma and

1           beta. Nobody talked about neutrons. Nobody  
2           had an idea what was going on with neutrons.  
3           It wasn't until about 195-- or 1965, 1966 that  
4           they determined that neutrons were an issue,  
5           and that we ought to do something about it.  
6           And what they did was they started installing  
7           plexiglas and benelex around the gloveboxes.  
8           Makes it harder to work in the glovebox, makes  
9           it a -- a tougher job for you to do your job  
10          and therefore you spend longer exposure time in  
11          the glovebox. And it really got, in a lot of  
12          cases, more exposure, especially to your --  
13          your hands and wrists and chest area, than you  
14          did without the -- the benelex and plexiglas.  
15          What they didn't realize or didn't pay  
16          attention to was benelex and plexiglas are  
17          extremely hazardous, flammable-wise. And so  
18          when the fire started in '69 in 76 building, as  
19          it burnt through the first window and got to  
20          the outside protection, benelex and plexiglas,  
21          and started burning that. When it started into  
22          the benelex, benelex is -- comes in sheets  
23          about a quarter-inch thick and they laminate it  
24          together -- one inch, two inch, three inch,  
25          four inch -- whatever thickness you need. So

1           it would get into this benelex and get to the  
2           glue and start burning. And one of the reasons  
3           that the fire continued to burn as long as it  
4           did was because they couldn't get the benelex  
5           put out.

6           They put water on the plutonium. That didn't  
7           put it out 'cause water won't do anything to  
8           put out a plutonium fire. The only thing you  
9           can do to put out a plutonium fire is take the  
10          oxygen away from it. So all the plutonium  
11          burned into oxides, so we spent a lot of time  
12          taking care of the oxides and getting all of  
13          that stuff out of the building before we ever  
14          got to the point where we were tearing out the  
15          equipment and cleaning up the building.

16          Although it was never completely cleaned; a lot  
17          of it was covered over with paint.

18          Anyway, moving right along, I continued to work  
19          at the Flats and participate in the programs.  
20          One of the things that I saw early on was that  
21          I'm getting exposed.

22          Oh, I forgot to tell you that right after the  
23          fire in '69 we were working cleaning up and  
24          stuff. Well, in -- in August of '69 again I  
25          come into the office on midnight shift. The

1           boss says you're out of here. I said what's  
2           up? He says you're over-exposed. Well, '69  
3           was the only other year that I got notice that  
4           I had exceeded the five rem limit for exposure.  
5           And the reason I'm talking about this is  
6           because I'm going to bring something up here in  
7           a few minutes about my exposure.  
8           So anyway, we continued to work. I continued  
9           to -- to ask questions and -- and participate  
10          in the programs. I talked to you about the  
11          frequency earlier. One of the questions was  
12          about how frequent was -- were people's badges  
13          changed, how frequently were they body-counted  
14          and how frequently did they have urinalysis and  
15          that sort of thing. My personal situation was  
16          that after I was identified with an internal  
17          deposition and a high -- high dose and exceeded  
18          the -- the guideline, I had a body count every  
19          six months. I got a pee bucket every six  
20          weeks. Every one of those came back extremely  
21          high in plutonium and americium. I could do  
22          one today and it would still do the same thing.  
23          The last one I did, just before I left, the  
24          information was you're still in the category of  
25          extremely high.

1           So I'm sitting here with -- with plutonium and  
2           americium in my system. I'm fortunate. I  
3           haven't had what a lot of these other folks  
4           have had as far as health issues. I've had  
5           some minor health issues, but I haven't had the  
6           heavy issues, the cancer issues and that sort  
7           of thing. Will I? I don't know. Probably. I  
8           mean how can you not have, if you've got an  
9           internal deposition and a large body burden --  
10          I mean a large dose.  
11          I just want to share this one piece of paper  
12          here with you. This -- this is the Rocky Flats  
13          Environmental Technology Site annual report  
14          card for the year 2000, individual lifetime  
15          report, Jack Weaver. Cumulative TEDE reported  
16          since 1/1/89, 659 internal -- no, I mean  
17          external; no internal; 659 millirem total dose  
18          for the year.  
19          Now in 2000 I was working in a situation where  
20          I was doing contract work and oversight,  
21          reviewing work packages and et cetera, so I  
22          wasn't on the floor every day, but I would go  
23          out and review the packages on the floor with  
24          the workers and such. So I still received 659  
25          for the year, even though I didn't have hands-

1           on in the -- in the gloves or hands-on to the  
2           equipment.

3           But here's -- here's the results on a lifetime  
4           dose.    External, 89967; internal, 119796, for  
5           a total of 209763.  How many people in here are  
6           you going to find that's got that kind of a  
7           dose?  Not many.  I'm probably one of those 20  
8           or 30 people that they talked about that --  
9           that got reviewed because I'm in the high end  
10          of things.  There are other people that are  
11          higher than I am, and quite a few of them that  
12          are in that area of 100 to 200 to 300 rem over  
13          the -- over the -- or millirem, I'm sorry, over  
14          the -- no, rem -- over the lifetime of -- of  
15          working at Rocky Flats.

16          Anyway, what I -- what I wanted to convey was -  
17          - was this.  There are a lot of great people,  
18          brothers and sisters that worked at Rocky  
19          Flats, that did a hell of a job maintaining the  
20          integrity of -- of our armed services so this  
21          country could stay free and -- and be able to  
22          stand here today and talk to you people.  It's  
23          a shame that these people have not been treated  
24          with the dignity that they haven't 'cause they  
25          deserve better than what they've been getting.

1 I just want to say that I hope you people find  
2 it in your hearts and in your heads today to  
3 listen to what Senator Salazar had to say, to  
4 listen to what Jennifer -- by the way, who did  
5 an outstanding job, in my mind, of presenting  
6 this morning -- to what Jerry said, to what Tom  
7 will say here in a few minutes, what [Name  
8 Redacted] will say, and what the people said  
9 last night, and please, please pass the SEC  
10 cohort. When you go to other sites and you ask  
11 them about how many of their people are -- are  
12 exposed, how many of their people have had  
13 internal depositions and stuff, you won't find  
14 any site, not even Hanford and Savannah River,  
15 that have the people that have been exposed  
16 like Rocky Flats people have. These people  
17 deserve to be treated with justice and dignity.  
18 Please do that for them. Please vote for the  
19 cohort.

20 I thank you for your time.

21 **MS. THOMPSON:** Thank you, Jack. Now I would  
22 like to introduce Mr. Bill Brady, a law  
23 professor at the University of Denver Sturm  
24 College of Law, who teaches an advanced law  
25 class in hazardous waste and toxious (sic)

1 torts. He represents cancer victims and others  
2 who've been exposed to toxic substances. Thank  
3 you.

4 **MR. BRADY:** Mr. Chairman, members of the  
5 committee, it's already been a long morning and  
6 I don't know if you had a break planned at all,  
7 and I would offer you the opportunity -- if it  
8 was your preference -- to take the break now.  
9 The --

10 **DR. ZIEMER:** Well, I'm (unintelligible) --

11 **MR. BRADY:** -- derriere can only endure --

12 **DR. ZIEMER:** -- you so much time afterwards  
13 that --

14 **MR. BRADY:** Yeah.

15 **DR. ZIEMER:** -- no, I -- unless you are going  
16 on for an extended period, I think -- we have a  
17 few moments yet. We'd be --

18 **MR. BRADY:** Okay, great.

19 **DR. ZIEMER:** -- pleased to have you --

20 **MR. BRADY:** I don't plan on going on for an  
21 extended period, but I am a lawyer, so...

22 **DR. ZIEMER:** Well, we -- we've been duly  
23 warned. Thank you.

24 **MR. BRADY:** Mr. Chairman, members of the  
25 committee, I was here last night and heard some

1 of the testimony, and actually I also read much  
2 of the transcript from last April. And it  
3 struck me that there has been a huge disconnect  
4 in what has been going on. One thing I've  
5 learned in 30 years of -- of practicing law and  
6 teaching law students and trying cases to  
7 juries and judges and teaching young lawyers  
8 and older lawyers in post-doctorate programs is  
9 that human nature doesn't change much. Most  
10 people are not impervious to the kind of gut-  
11 wrenching pain and suffering that have -- have  
12 been presented over the last two days. Whether  
13 you're a steel worker, a scientist, a lawyer or  
14 a -- a member of a blue-ribbon government  
15 panel, you can't be impervious to this kind of  
16 pain. You'd have to be awfully cold and  
17 callous and anesthetized to the hu-- human  
18 condition we've heard about.

19 So how then, given the constraints of your  
20 abilities under the law and your charge as  
21 members of this Board, how can you help? Well,  
22 what I'd like to do is very, very briefly talk  
23 to you about a client of mine, who many of you  
24 know and have heard from, and that is [Name  
25 Redacted]. [Name Redacted] is a -- is a very

1 special person. Now I know that this is  
2 anecdotal and you've heard tons of anecdotes  
3 the last few days. And many of you are  
4 scientists, and I've worked with scientists  
5 before, and experts, and I know that anecdotal  
6 evidence is only indicative of that one  
7 person's case. But I think [Name Redacted],  
8 case is very, very illustrative of many of the  
9 cases here, and I'd like to take a few minutes  
10 to talk to you about it. [Name Redacted], came  
11 to me seven months ago. He had been denied  
12 three times in various petitions that he had  
13 submitted under the EEOICPA, and he was a very  
14 frustrated person because he had now just been  
15 diagnosed with a second primary cancer. His  
16 first primary was a glioblastoma multiform, an  
17 extremely deadly form of brain cancer. The  
18 reason I say [Name Redacted], a very special  
19 person is because [Name Redacted], is still  
20 alive. He's lived four and a half, almost five  
21 years now from his diagnosis in June of 2002.  
22 But unfortunately, he now had been diagnosed  
23 with a second primary, a myelodysplasia  
24 syndrome, which is a form of bone marrow  
25 cancer. And he was very frustrated.

1 [Name Redacted] has degrees from Ohio State  
2 University, both a bachelor of science and a  
3 master's degree in nuclear engineering, and is  
4 a very smart guy, and I had a lot of respect  
5 for him. He was 42 years old at the time of  
6 his diagnosis, way outside the profile for this  
7 particular condition. [Name Redacted] and his  
8 wife, who is also an engineer, had been trying  
9 desperately to get the government's attention.  
10 I brought a banker's box over there of  
11 materials that I've accumulated in the last  
12 seven months on this case. [Name Redacted], has  
13 three others of those, documents that he had  
14 submitted over time. His first petition was  
15 filed in September of 2002, over four and a  
16 half years ago. The process has gone on  
17 interminably.

18 Well, I looked at his case. I talked with his  
19 oncologist. We talked with an expert over at  
20 the University of Colorado Health Sciences  
21 Center, Dr. Jim Ruttenber, and they were as  
22 perplexed as I was as to why [Name Redacted]  
23 claims had been denied.

24 We talked to him about his work. [Name  
25 Redacted] had spent 16 years at Savannah River

1 as a project engineer, manufacturing plutonium  
2 triggers; another six years doing the same work  
3 at Rocky Flats, and another six months doing  
4 similar work at Fernald. He left Rocky Flats  
5 in June of 2000. And what was curious to me  
6 was when I looked at some of the site exposure  
7 matrices, I found that [Name Redacted] was  
8 listed as still being employed at Rocky Flats  
9 in the fall of 2003. He'd left in June of  
10 2000. He was diagnosed with the glioblastoma  
11 multiform brain cancer in June of 2002, and  
12 they still had him at Rocky Flats working there  
13 some -- more than a year later.  
14 So we started taking a look at some of the  
15 other records, and we found that there were  
16 numerous calculation errors, mathematical  
17 errors, based upon the doses to which he had  
18 been exposed. In addition to that, there had  
19 been chemicals which had never been factored  
20 into his dose reconstruction process, chemical  
21 exposure -- not just radiation.  
22 [Name Redacted] had had significant amount of  
23 neutron radiation and described to me how he  
24 used to wear a bellybutton dosimeter under two  
25 layers of protective equipment, and that very

1 often he would stick his head into an area  
2 where there was plutonium and have to work with  
3 it, yet there would be no reading on the  
4 dosimeter. This whole issue of neutron  
5 radiation and some of the issues that were  
6 raised in the petition today by Jennifer, the  
7 areas that she had raised, we raised in [Name  
8 Redacted] case. We got into the whole issue of  
9 high-fired oxides and the inaccuracies of  
10 bioassays. We further studied plutonium, a  
11 number of other issues that have been raised by  
12 the committee in their questions to Dr. Ulsh  
13 earlier, as well as by Dr. Ruttenber raised --  
14 who raised them to us.  
15 Well, we got a hearing in front of the  
16 Department of Labor Final Adjudication Board,  
17 and I had [Name Redacted], the oncologist,  
18 testify. He stated that he'd only had one  
19 other case that he treated of a glioblastoma  
20 multiform, and that was an individual who had  
21 worked at Rocky Flats, and [Name Redacted], --  
22 two cases. [Name Redacted] has been practicing  
23 oncology in the Denver metro ar-- metropolitan  
24 area for over 20 years. He was amazed that  
25 [Name Redacted] had been denied, and basically

1           said to me you can't look at an elephant and  
2           keep calling it a zebra. That's what they're  
3           doing. It is absolutely clear that this man's  
4           cancer, at 42 years of age, outside of every  
5           profile, is absolutely caused by his chemical  
6           and radiation exposure. But the chemical  
7           exposure had never ever been considered in the  
8           dose reconstruction process.

9           So we went forward. We presented the evidence.  
10          And about a month ago we got a decision. And  
11          the decision is very, very instructive because  
12          of the findings that were made in [Name  
13          Redacted] case. And I'd like to read just a  
14          short portion of that decision to you.

15          (Reading) The Final Adjudication Board reviewed  
16          your case and the new statement of accepted  
17          facts was written based upon the extensive  
18          research of toxicants you presented as having  
19          been exposed to during your employment. The  
20          toxic substances you identified were researched  
21          through other site exposure matrices not  
22          previously available, a repository of  
23          information related to toxic substances  
24          potentially present at covered DOE sites. It  
25          has now been accepted that you were exposed to

1           the following toxicants while employed:  
2           plutonium nitrate and chloride solutions,  
3           plutonium oxide, plutonium oxalate, plutonium  
4           fluorides, plutonium dibutylphosphate, uranium  
5           oxides, neptunium oxides, acids such as  
6           hydrofluoric, sulfonic, oxalic, ascorbic,  
7           nitrous and hydrozene, sodium  
8           tetrphenylborate, volatile organic -- organic  
9           compounds and organic solvents such as TCE,  
10          carbon tetrachloride, MEK, PCBs, mercury, heavy  
11          metals such as lead, chromium and cadmium,  
12          thorium, ferrous sulfumate and aluminum nitrate  
13          nonhydrate -- nonahydrate. None of that had  
14          been considered previously.  
15          Based on this new information, the case was  
16          then referred to a new district medical  
17          consultant, different from the prior district  
18          medical consultants who had denied [Name  
19          Redacted] previous petitions. The new district  
20          medical consultant, who this time was a doctor  
21          skilled in occupational medicine and not the  
22          cardiologist who had previously denied [Name  
23          Redacted] claim -- a cardiologist who, by the  
24          way, stated that he spent three hours  
25          reviewing [Name Redacted] case and consulted

1 WebMD in order to research his condition. The  
2 new district medical consultant stated the  
3 development of cancer is a multi-stage process  
4 which can best be understood as involving --  
5 promoting malignant conversion and tumor  
6 progression. In general, carcinogen-related  
7 cellular DNA damage that is not reversible is  
8 term initiation. The process of promotion  
9 occurs when DNA-damaged cells begin to  
10 replicate. Known chemical promoters include  
11 many of the toxicants to which [Name Redacted],  
12 was exposed, and are capable of promoting the  
13 initiated cells. Some of the toxicants to  
14 which [Name Redacted] has been accepted as  
15 having been exposed to are suspected human  
16 carcinogens, and he cites a whole list of them.  
17 In summary, although the literature and  
18 epidemiological basis of evidence is non-  
19 confirmatory of an occupational toxicant  
20 exposure etiologic basis of brain cancer, there  
21 is insufficient evidence to suggest any  
22 alternative causal etiology. An assessment of  
23 the medical evidence and all potential causal  
24 factors for brain cancer suggest that it is at  
25 least as likely as not that the occupational

1 toxicant exposures at Savannah River were a  
2 significant factor in contributing to [Name  
3 Redacted] cancers.

4 Now, I don't know how many other folks here  
5 have submitted petitions and have received the  
6 same treatment that [Name Redacted] received the  
7 first three times. I suspect that there are  
8 quite a few.

9 I listened to Dr. Ulsh's answers today. They  
10 troubled me. The scientific process permits  
11 reasonable assumptions giving the applicant, as  
12 the law requires, the benefit of the doubt so  
13 long as there is a modicum of evidence, a  
14 modicum of competent evidence upon which to  
15 base those reasonable assumptions. But when  
16 there is no longer a residuum of competence  
17 evidence, confounding factors are too great to  
18 overcome. The science of risk assessment and  
19 causation conclusions based upon that science  
20 is reduced to little more than junk science  
21 when you rely upon irrelevant, irrational,  
22 incomplete, inaccurate and unreliable evidence.  
23 The operative -- the operative -- the operative  
24 phrase I think these days, in the words of my  
25 kids, is garbage in/garbage out.

1           There's a wall of human suffering out here, and  
2           they deserve better treatment than they've been  
3           given. When Rocky Flats contractors provide  
4           evidence that is incomplete, inaccurate and  
5           unreliable, the logical result mandates  
6           approval of the Special Exposure Cohort. These  
7           people from whom you've heard do not have, as  
8           [Name Redacted] apparently has had, the luxury  
9           of time. Time is a commodity many of these  
10          folks cannot afford.

11          [Name Redacted] case took four and a half years.  
12          Fortunately, thank God, he's still with us.  
13          But other people are dying, and their families  
14          -- as you know -- are being left economically,  
15          as well as emotionally, devastated.  
16          You can end that suffering today. Please, by  
17          the grace of God, approve the petition. Thank  
18          you.

19          **MS. THOMPSON:** Thank you, Bill. I would now  
20          like to ask Michelle to come up. You heard  
21          from Michelle last night, but she'd like to add  
22          one additional comment on -- on behalf of her  
23          family.

24          **MS. DOBROVOLNY:** Good morning, panel. Thank  
25          you for taking the time. I actually didn't get

1 a chance to speak last night, but that's okay.  
2 I believe there's just been so much said here  
3 that it doesn't need to be repeated, but I just  
4 want to give you a very quick synopsis of my  
5 situation.

6 My name is Michelle Dobrovolny. I'm 42 years  
7 of age. I am also sick. I have been denied  
8 six times. I don't know if I'll have the  
9 luxury of a seventh. I have watched many of my  
10 family members -- whom all worked out at Rocky  
11 Flats -- die, one right after another, of  
12 cancer -- hideous cancers. It's a very sad and  
13 difficult situation. [identifying information  
14 redacted] is sick with berylliosis. He, too,  
15 will succumb to death.

16 As I stand here before you, I don't really need  
17 to go into a lot of detail because I think many  
18 have covered everything that needs to be  
19 covered. But as you make this decision for our  
20 lives and the compensation that could help some  
21 of us, I want you to remember that you are  
22 going to affect those that have died, those  
23 that are in the process of dying, and those  
24 that are in the future that may face the same  
25 consequences that we have. Please also keep in

1 mind that sometimes calculations of the  
2 smartest people don't apply to this. It's  
3 simple common sense.

4 Your cause to action would be to vote yes for  
5 us. When we left that plant site and ended  
6 with the chemicals that we worked with, that's  
7 when your job really began. We gave 100  
8 percent of our time, our effort and our lives  
9 in dedication to doing what we needed to do to  
10 support our country. It's time that you give  
11 100 percent back to us as employees. I speak  
12 on behalf of -- this is a family. We're not  
13 individuals. We are a Rocky Flats family, and  
14 we deserve the very most integrity, the same  
15 integrity that we gave our job when we showed  
16 up every day at plant site. Thank you very  
17 much.

18 **MS. THOMPSON:** We have one additional gentleman  
19 who wasn't able to come last night. Mark  
20 Danhauer has a brief comment that he would like  
21 to give, and I appreciate your indulgence on  
22 this matter. Thank you.

23 **MR. DANHAUER:** Good morning. I started working  
24 out at Rocky Flats in -- I think it was  
25 beginning of '02. I worked out there a year,

1           and I started working in G mod and about two  
2           months later I was going into kidney failure  
3           and I found out that I had stage three large B-  
4           cell non-Hodgkin's lymphoma that was from my  
5           chest to my pelvic area. They gave me about a  
6           25, 30 percent chance to survive as I've been  
7           in remission now for three and a half years  
8           now, thank God.

9           I'm 41 years old and I'm totally disabled. I  
10          can't work. I have so much chronic pain that  
11          they can't even figure out what to give me  
12          anymore. They've tried the -- you know, the  
13          morphine, the fentanyl patch, which I have on  
14          right now, and the methadone and I take 19 and  
15          a half pills a day. And I look like I'm in  
16          pretty good shape, look like I can work. I  
17          mean I worked construction for 20 years. But  
18          at the end of the -- probably right around the  
19          middle of the day, I have a hard time climbing  
20          ten stairs to go up to my bedroom. It -- I --  
21          I can't even begin to explain or make you  
22          understand, unless you are a cancer patient and  
23          have gone through the intense chemo, you know,  
24          that I've been through and I know some of the  
25          people here have been through. It is the most

1           humiliating and degrading and painful thing  
2           I've ever gone through in my entire life, and I  
3           went through that for eight months, and I  
4           continue to go through it.

5           Just because I'm in remission for three and a  
6           half years doesn't mean that I have no more  
7           pain. I just went in for a checkup a couple of  
8           weeks ago, and they found a spot on my lung.  
9           I'm going to keep an eye on it. It's not  
10          really -- I'm not too concerned about it yet,  
11          but it's still a big concern for me and my  
12          family and [identifying information redacted]  
13          and -- I'm not going to sit here and try to beg  
14          you guys to -- to pass this bill, but the  
15          monetary and the health insurance -- I think  
16          the health insurance is more important than the  
17          money, even though I've been financially  
18          devastated from this. I've gone through the  
19          bankruptcy 'cause of the medical bills,  
20          everything.

21          It's just the peace of mind I think for having  
22          the health insurance and not having to worry  
23          about that because right now it costs me  
24          probably -- I'm filing for Social Security  
25          disability. You know how that works. I'll

1           probably never get it, or if I do, it'll be  
2           four or five years down the road.  
3           I -- I have no income. [identifying  
4           information redacted] supports me. I'm  
5           supposed to be the man of the house. Instead,  
6           I'm at home, doing little chores here and  
7           there, trying to get through the day. It's not  
8           the way it's supposed to be. I guess sometimes  
9           I don't feel like a man 'cause I can't take  
10          care of my family, and that sucks.  
11          And I know I'm one of the younger ones to have  
12          this type of problem, but I'll always have it,  
13          and I know I'll never be able to work again. I  
14          was 37 years old when I got sick. I almost  
15          needed a kidney transplant, you know, all kinds  
16          -- by the grace of God, I made it through it,  
17          but the aftereffects are just inexplicable --  
18          unexplainable. You can't even begin to  
19          understand it unless you've been there.  
20          And I'm not going to sit here and try to  
21          convince you to pass this bill or, you know --  
22          I'm kind of at a loss for words. I'm a little  
23          nervous, little upset. I just hope that you  
24          guys take the time to realize this affects so  
25          many people, down to my grandkids, down to my

1 step-grandkids. They're -- they're still my  
2 babies. I can't even play with them. So take  
3 all that into consideration, that that just  
4 doesn't affect us. It affects everybody, our  
5 whole family, the kids. So -- I've been up  
6 here long enough and made a fool of myself, so  
7 -- but thank you for your time.

8 **MS. THOMPSON:** I want to thank the Board for  
9 all the time that you've given us, and it's for  
10 people like that that we've applied for Special  
11 Exposure Cohort, 'cause we really believe that  
12 people like Mark should not have to fight for  
13 compensation at the time they're fighting for  
14 their lives. I ask you to please consider the  
15 law -- again, ignore the politics -- to look  
16 into your heart and to do the right thing. It  
17 was never the intent of this program that it  
18 should go on this long. It was never the  
19 intent of this program that the petitioners'  
20 findings would result in all these changes and  
21 then the petition would be denied based on  
22 that. And don't get me wrong. We're really  
23 glad that our petition has been the impetus for  
24 better science and for a better model and for  
25 all those things. But what we're saying is

1           that the models are unproven. You still can't  
2           accurately reconstruct dose. I'm asking you to  
3           look at the fact that someday is simply not  
4           good enough, that accuracy and feasibility  
5           means today, and I ask that you please today  
6           approve our petition.

7           **DR. ZIEMER:** Thank you very much, Jennifer, and  
8           other folks from the petitioning group. We do  
9           want to hear from the -- the Congressional  
10          delegation, but I think it would be appropriate  
11          that we -- we take our break first, so let's  
12          take a 15-minute break. Try to be back here  
13          promptly about 25 of, and then we'll have an  
14          opportunity to hear from a number of the  
15          members of the Congressional delegation.

16          (Whereupon, a recess was taken from 10:23 a.m.  
17          to 10:45 a.m.)

18          **DR. ZIEMER:** We have a number of individuals  
19          from the Congr-- Colorado Congressional  
20          delegation that are going to provide some  
21          remarks for the record. We'll begin with  
22          Jeanette Alberg, who is on the staff of Senator  
23          Wayne Allard. Jeanette, we'd be pleased to  
24          hear from you at this time.

25          **MS. ALBERG:** Thank you. It is a pleasure to be

1 here today to speak on behalf of U.S. Senator  
2 Wayne Allard. David Hiller with Senator  
3 Salazar's office and I will be reading a letter  
4 from the Colorado Congressional delegation.  
5 Before we read the letter I did want to preface  
6 the letter with a couple of comments, basically  
7 echoing Senator Salazar's earlier comments.  
8 It's important to note that this letter has  
9 bipartisan support. All nine members of the  
10 Colorado Congressional delegation have signed  
11 onto this letter in support of the Rocky Flats  
12 Special Exposure Cohort petition, so thank you  
13 for your fair consideration of that.  
14 I mentioned the bipartisan aspect because  
15 today's decision, the decision that you're  
16 faced with, is not about politics. It's about  
17 making the right decision and making -- being  
18 fair to the people at Rocky Flats. So thank  
19 you for your fair consideration of these  
20 comments.

21 (Reading) Dear Dr. Ziemer, Dr. Wade and members  
22 of the Advisory Board: As members of the  
23 Colorado Congressional delegation, we write to  
24 you again in support of the Special Exposure  
25 Cohort petition of the former Rocky Flats

1 workers. The men and women who served at the  
2 Rocky Flats nuclear weapons plant throughout  
3 the Cold War are national heroes. Many in the  
4 Rocky Flats workforce knowingly and unknowingly  
5 risked their lives to help protect our country.  
6 They deserve to be honored and cared for by the  
7 nation they served.

8 The intent of Congress in passing the Energy  
9 Employee Occupational Illness Compensation  
10 Program Act was to ensure that the men and  
11 women who put themselves in harm's way by  
12 working at Rocky Flats and other nuclear  
13 production facilities had a clear and just  
14 process for applying for appropriate financial  
15 and medical benefits and compensation under the  
16 law and authorized by Congress. By law, Cold  
17 War veterans who became ill from exposure to  
18 radiation, beryllium and silica while working  
19 at DOE facilities were to be provided timely,  
20 uniform and adequate compensation.

21 As you know, the administration of the EEOICPA  
22 program has not been without controversy.

23 Tragically, administrative waste and  
24 programmatic difficulties have delayed the  
25 payment of program benefits author-- authorized

1 by Congress. Numerous reports have accused the  
2 Department of Energy and the Department of  
3 Labor of mismanaging the Energy Employee  
4 Occupational Illness Compensation Program, and  
5 delaying and wrongfully denying benefits due to  
6 Rocky Flats and other nuclear workers. Agency  
7 documents suggest that the Department of Labor  
8 delayed and denied such benefits as a result of  
9 conscious administrative policies.

10 In a few instances, NIOSH, too, has contributed  
11 to some delays and denials by insisting that it  
12 can reconstruct workers' radiation doses in the  
13 absence of adequate data, spurring public  
14 skepticism. While NIOSH has worked with the  
15 Board's contractor to develop alternative  
16 methodologies, the resulting changes in  
17 methodology have led to long delays in the  
18 demon-- in the determination of claims. In  
19 these instances, NIOSH's defense of its  
20 methodologies in the face of legitimate and  
21 documented criticism has frustrated the  
22 Congressional intent to provide timely benefits  
23 and has raised questions regarding the fairness  
24 of the EEOICPA program.

25 The Advisory Board, too, has been dragged into

1           this sorry history, through no fault of your  
2           own, with the disclosure of communications  
3           between the Office of Management and Budget and  
4           the Department of Labor. These communications  
5           suggest a deliberate effort to -- by some to  
6           reduce compensation to nuclear energy workers  
7           by stacking the Board with opponents of  
8           compensation who would vote against Special  
9           Exposure Cohort petitions.

10          The history of Rocky Flats offers its own  
11          examples of misconduct and mismanagement, from  
12          inadequate monitoring of workers, efforts to  
13          disguise the absence of data or the intentional  
14          destruction of monitoring data, disastrous  
15          fires, and even a raid by the Federal Bureau of  
16          Investigation to seize and protect records.  
17          Many Rocky Flats workers who helped clean up  
18          the extremely toxic contamination from fires at  
19          the plant have been denied benefits for  
20          illnesses, even as a federal judge has  
21          determined that neighboring landowners are  
22          entitled to compensation for financial losses  
23          due to contamination of their properties from  
24          these very same fires.

25          As a result of this long history, many Rocky

1 Flats workers and their families wonder if  
2 their government has abandoned them. These  
3 workers, the people of Colorado and their  
4 elected officials are justifiably upset by the  
5 conduct of the responsible agencies.

6 **DR. ZIEMER:** And we'll hear from David Hiller  
7 from Senator -- oh, from Senator Salazar's  
8 staff. Thank you.

9 **MR. HILLER:** Let me conclude the -- the  
10 delegation letter that Jeanette began.  
11 (Reading) We remind you of this unfortunate  
12 history because you do not write on a blank  
13 slate. Instead, the Board's actions over the  
14 coming days will be viewed by the people of  
15 Colorado and the nation with these sad facts in  
16 mind.

17 On February 15, 2005, the United Steel Workers  
18 of America, Local 8031, filed a petition to  
19 have its members who worked at Rocky Flats  
20 included in the Special Cohort -- Special  
21 Exposure Cohort under the Energy Employees  
22 Occupational Illness Compensation Program Act.  
23 Much has changed since the petition was filed.  
24 The cleanup at Rocky Flats has been completed,  
25 all of the workers have been laid off, and the

1 Steel Workers Local 8031 no longer counts a  
2 single former Rocky Flats worker among its  
3 current membership. As a result, Local 8031 is  
4 a representative of the petitioners in name  
5 only. The Steel Workers provide no financial,  
6 technical or legal support to the petitioners.  
7 It is also worth noting that NIOSH elected to  
8 expand the class of workers subject to the  
9 petition far beyond the class of workers who  
10 were formerly represented by the Steel Workers.  
11 By NIOSH's action, the class of workers subject  
12 to this petition now includes all employees of  
13 DOE, DOE contractors or subcontractors who have  
14 worked at the Rocky Flats plant from April,  
15 1942 through February, 2005.

16 Approval of the pending petition and membership  
17 in the cohort would not guarantee benefits to  
18 this broad class of workers, but it would make  
19 it easier to obtain benefits for workers with  
20 the kinds of cancer known to be caused by  
21 radiation. NIOSH has opposed this petition, as  
22 it has opposed other petitions, claiming to  
23 have adequate data and methodologies to  
24 calculate the exposures of Rocky Flats workers.  
25 However, the Advisory Board's contractor,

1 Sanford Cohen & Associates, has documented  
2 areas of inadequate data and unreliable  
3 methodologies.

4 Two years after the filing of this petition and  
5 more than six years after of the Act, NIOSH's  
6 methods and dose reconstructions of Rocky Flats  
7 workers remains subject to substantial doubt.  
8 The Advisory Board is now tasked with making a  
9 recommendation as to whether or not it is  
10 feasible to estimate with sufficient accuracy  
11 the radiation dose that members of the Rocky  
12 Flats SEC petitioning class received. NIOSH,  
13 Sanford Cohen & Associates and the Advisory  
14 Board's Rocky Flats workgroup have debated this  
15 issue for nearly 18 months. Congress did not  
16 intend to create an endless program that would  
17 re-evaluate constantly-evolving sets of data  
18 with ever-changing methodologies. To the  
19 contrary, the Act expressly states that the  
20 purpose of the compensation program is to  
21 provide for timely, uniform and adequate  
22 compensation.

23 We are long past the point of timeliness in  
24 compensating the Rocky Flats workers. Many of  
25 these Cold War veterans have already died, and

1 many of their surviving families continue to  
2 struggle economically due to lost income and  
3 unpaid medical bills. Many more are ill and  
4 continue to suffer, medically and economically.  
5 Granting Special Exposure Cohort status to  
6 these workers will not resolve all of the  
7 injustices that have been inflicted upon them,  
8 but it will allow some of these workers and  
9 their survivors to receive benefits while it  
10 can still provide meaningful relief. Many seek  
11 only the comfort of knowing that their  
12 survivors will be taken care of.

13 We therefore urge the Advisory Board to act  
14 promptly on the Rocky Flats SEC petition  
15 request, while keeping in mind that there are  
16 documented concerns regarding NIOSH's ability  
17 to accurately reconstruct doses for all class  
18 participants, and that it is far too late to  
19 further postpone a decision with the hope that  
20 accurate doses can yet be calculated. Thank  
21 you in advance for your full, fair and prompt  
22 consideration of this petition.

23 Signed by all nine members of the Colorado  
24 delegation: Senator Salazar, Senator Allard,  
25 Representative Diane DeGette, Representative

1 Doug Lamborn, Representative Marilyn Musgrave,  
2 Representative Ed Perlmutter, Representative  
3 John Salazar, Representative Tom Tancredo,  
4 Representative Mark Udall.

5 And I would now like to introduce Carolyn  
6 Boller, representative of Congressman Udall.

7 **MS. BOLLER:** I just want to thank you all for  
8 the work that you've put into this. I think  
9 I've rewritten my comments at least 45 times in  
10 the last 24 hours.

11 I just want to say that I've had the honor of  
12 working with the Rocky Flats workforce for 15  
13 out of the last 20 years. I worked for  
14 Congressman David Scaggs prior to Congressman  
15 Udall, and over that period of time I've heard  
16 those stories. I've heard them from the  
17 Department of Energy. I've heard them from the  
18 plant site managers who bo-- and the workforce,  
19 who all tell me we don't have records.

20 As of January I had a conversation with the  
21 Kaiser-Hill representative who said I don't  
22 understand why this petition can't be granted.  
23 We don't have records that support the ability  
24 to do accurate dose reconstruction.

25 So what I'd say to you is grant this full

1           petition. Let's move on, let's get these folks  
2           the help that they need, the security that they  
3           need, and the recognition. And I appreciate  
4           your consideration.

5           **DR. ZIEMER:** Thank you. And also we have Jason  
6           Thielman representing Representative Musgrave's  
7           office.

8           **MR. THIELMAN:** Mr. Chairman, members of the  
9           Advisory Board, thank you for giving us an  
10          opportunity to address you today. Behalf of  
11          Congresswoman Marilyn Musgrave and the scores  
12          of residents from the Colorado Fourth  
13          Congressional District, I request that you make  
14          a recommendation for the special SEC status.  
15          In my preparation for visiting with you this  
16          morning I visited with the Congresswoman, and  
17          she reminded me that for years the workers of  
18          Rocky Flats have put their health on the line  
19          for the security of our nation, and that they  
20          should not be given the runaround by the  
21          federal government when Congress has made it  
22          clear that they should be given indemnity for  
23          prolonged exposure to radiation. Yesterday in  
24          listening to the testimony from the many  
25          impacted workers, I was particularly struck by

1 a comment from Laura Schultz describing the  
2 service of the workers of Rocky Flats as  
3 invisible Cold Warriors. She and many others  
4 also additionally mentioned that they felt they  
5 could no longer believe anything their  
6 government says.

7 Many of us here work for the government and  
8 believe in public service. And probably what  
9 is most disturbing to me is something that we  
10 believe in passionately and work for has been  
11 so undermined in the face and the hearts of  
12 people who have committed so much to their  
13 country. These folks are invisible and have  
14 been treated as they are invisible. And we  
15 cannot correct the wrongs that have been done  
16 to them, but we do have an opportunity to set  
17 it right. And I urge this committee to do so.  
18 You probably have it within your ability to  
19 address the form of the law and allow you to  
20 not grant the status. However, the substance  
21 of the law, I believe, demands that we treat  
22 these pe-- these people and their family with  
23 the respect that they deserve for the  
24 commitment and dedication they have given this  
25 country. Thank you.

1           **DR. ZIEMER:** And then we're pleased to hear  
2           from Bill Holer, who represents Representative  
3           Perlmutter's office.

4           **MR. HOLER:** Thank you, Dr. Zimmer (sic),  
5           members of the working group, it's an honor to  
6           be here today and I've had the opportunity,  
7           though have not been involved with the working  
8           group as long as some of the -- my other  
9           colleagues here, but I participated in several  
10          of the meetings and am very, very impressed  
11          with the quality and the professionalism that -  
12          - that's entailed in this group.

13          Congressman Perlmutter has signed the Colorado  
14          Congressional delegation letter and is in full  
15          support of its recommendations to approve fully  
16          and completely the Special Exposure Cohort  
17          petition to grant relief to the Rocky Flats  
18          workers. Congressman Perlmutter, since taking  
19          office, has worked closely with several Rocky  
20          Flats workers who are seeking relief under the  
21          provisions of the EEOICP Act, and working with  
22          those individuals to hear their personal  
23          stories, their problems and their frustration  
24          over lack of timely and -- and decisions in the  
25          matter have -- have certainly made Congressman

1           Perlmutter and myself aware that these delays  
2           have gone on too long.

3           As has been demonstrated by the independent  
4           evaluation by Stanford (sic) Cohen &  
5           Associates, many of the NIOSH evaluation  
6           procedures, methodologies, the missing data,  
7           and in some cases by, quote, an order of  
8           magnitude in inaccurate measurements of  
9           estimated exposure data when tested against  
10          known data. In other words, in spite of all  
11          the work, when tested, the evaluations and  
12          exposure levels can vary in -- in significant  
13          numbers, and I think that points to the fact  
14          that -- that we don't have an accurate picture.  
15          And it's time to stop -- to stop doing the  
16          evaluations and it's time to really move  
17          forward and -- and -- and take care of this  
18          class of worker that deserves it so much.  
19          Accordingly, Congressman Perlmutter urges that  
20          this working group grant the SE (sic) petition  
21          today. Thank you very much.

22          **MR. HILLER:** Dr. Ziemer, let me also introduce  
23          my colleague on Senator Salazar's staff, Erin  
24          Minks, who many of you know because she has  
25          been doing a great deal of direct constituent

1 work with members of the Rocky Flats community.  
2 Erin Minks.

3 **MS. MINKS:** Thank you, David, and my colleagues  
4 here and members of the Board, I didn't know if  
5 I wanted to speak this morning because  
6 generally when your -- your boss speaks, you  
7 don't always need to follow. It's kind of a  
8 tough act to follow. But this does have a  
9 personal meaning for me so I guess this morning  
10 I speak on behalf of other Congressional aides  
11 who are tasked with working with their  
12 constituents during these process, and I wanted  
13 to, first and foremost, thank the Board and the  
14 working group members for -- for allowing and -  
15 - and working with us as we try to participate  
16 and understand this process to interpret to the  
17 folks here in the audience.

18 We understand, regardless of how adversarial  
19 this can become, that ultimate this is a huge  
20 sacrifice of your personal time, and we really  
21 respect the work that you do and really  
22 appreciate that. But generally, as -- as  
23 having worked with a lot of the folks in the  
24 audience on individual cases, I will say, as a  
25 caseworker, that there are many different

1 layers to the story of the site. There are  
2 many different chapters. There are different  
3 patterns of monitoring. And this program  
4 itself fundamentally, based on the scientific  
5 evaluations, needs to have that affirmation to  
6 go forward to substantiate what we're talking  
7 about today.

8 However, I speak for not just me but other  
9 folks here in the audience and other  
10 Congressional aides, that when it comes to  
11 explaining how zeroes after the '69 fire are  
12 not reconciled, and yet folks who have cancer  
13 from those years still don't go over 50 percent  
14 in their POC. That's -- as a policy-maker and  
15 as an aide and as someone trying to interpret  
16 and represent their interests, that is a  
17 challenge which I imagine we may continue to  
18 have to work with.

19 And so once again, we appreciate your work and  
20 we ask that you continue to work with us as we  
21 interpret your decisions. But it's -- it's  
22 been an interesting road and we just generally  
23 -- there is no easy answer to this process and  
24 we understand that, so thank you again for  
25 letting me speak today.

1           **DR. ZIEMER:** We thank all the representatives  
2 of the Congressional delegation who are here,  
3 and I suppose just on a personal note, you  
4 know, sometimes it's pleasing to see that there  
5 are things that we can get bipartisan support  
6 on now and then.

7           Now, we're going to hear from our workgroup  
8 chairman. While he's getting ready there, let  
9 me point out and maybe share with you a moment  
10 one of the sort of struggles this Advisory  
11 Board has, because what you see here at Rocky  
12 Flats is multiplied over the country -- at  
13 Hanford, at Savannah River, at Oak Ridge Y-12 -  
14 - the same kind of issues. And we are  
15 struggling, this group of 12 people, to address  
16 these same kinds of issues all over the  
17 country, as -- as is NIOSH and as is our Board  
18 contractor. And -- and indeed, a lot of time  
19 and energy has been put in, particularly by  
20 this workgroup, the Rocky Flats workgroup, in  
21 trying to be diligent in saying what is there,  
22 what -- what do we have in the way of  
23 information, because we are obligated by law to  
24 look at that. We -- we are also obligated to  
25 consider the issue of timeliness, and we

1 struggle with that, too, realizing that the  
2 timeliness issue is countrywide and we're  
3 trying to deal with multiple sites almost  
4 simultaneously and try to handle that issue of  
5 timeliness.

6 But be that as it may, one of our sort of  
7 required responsibilities is in fact to look at  
8 the NIOSH evaluation report. We have help from  
9 our contractor to do that so that we get  
10 basically an independent look at it. Recognize  
11 that we have a mix of individuals on this  
12 Board. We're not all technical people -- some  
13 are, some are not. But we -- we rely on  
14 outside help, too, to get an independent look.  
15 Now whenever you do that, obviously not  
16 everybody will see things the same way, and  
17 then we face the issue of sorting out NIOSH's  
18 view, our contractor's view, our individual  
19 views, the viewpoints of the constituents, so  
20 all of these -- all of these aspects are here  
21 before us.

22 So we want to hear from our workgroup that has  
23 looked very hard at the NIOSH evaluation  
24 report. They've worked with our contractor  
25 very closely in trying to evaluate what data we

1           have here at this site, its validity, its --  
2           its extent in terms of missing or adequacy,  
3           missing data or adequacy of data, its  
4           reliability -- all those issues, we're  
5           obligated to do that under law. We -- we  
6           recognize that this has taken time, and that  
7           timeliness issue comes upon us as a -- in some  
8           cases, an overriding issue because we recognize  
9           that this kind of process, particularly for  
10          scientists, they just love to study things, you  
11          know, and keep studying things. But we realize  
12          at some point you have to make a decision, and  
13          -- and that point is upon us.

14          Now we -- we have a working group that's really  
15          been a hardworking group. Mark Griffon's been  
16          chairing it. Mark, introduce the members of  
17          the workgroup for the folks here, and then give  
18          us your report and then we'll have a discussion  
19          period.

20          **MR. GRIFFON:** Okay. Yeah, the workgroup is  
21          myself and Wanda Munn, Bob Presley and Mike  
22          Gibson. And I -- I have a few slides which  
23          you're -- are going to help me advance here. I  
24          -- I have so many notes I could-- I didn't want  
25          to stand at the podium, but I think everyone

1           should be able to hear me from here.  
2           It -- the -- you can go to the first slide, I  
3           guess.  
4           I think one of the -- one key point here is --  
5           is, you know, just to reinforce, for those of  
6           you who weren't involved in all of our  
7           workgroup meetings, we -- we did have -- I  
8           think we say 12 -- down there 12 workgroup  
9           meetings, 19 conference calls, some of those  
10          technical calls were in between workgroup  
11          meetings. We did keep minutes for all those  
12          conference calls, so you know, to -- to say we  
13          -- I -- I -- I think I agree with NIOSH on this  
14          that, to the extent we could, we certainly  
15          looked at -- at everything and we -- you know,  
16          we -- we dug into these issues as -- as  
17          completely as we could, for sure. I think  
18          everybody's effort was commen-- you know, to be  
19          commended in that regard. SC&A certainly put  
20          an extensive amount of work to support the  
21          Board in this effort, and -- and all the work -  
22          - all the information provided by the  
23          petitioners and their -- their attendance on  
24          the conference calls, as well as Congressional  
25          staffers attended several of our workgroup

1 meetings via conference call, so it was a -- a  
2 lengthy process and a lot of issues were --  
3 were certainly considered.

4 For those of you who were not involved so  
5 closely in the workgroup, through the course of  
6 the workgroup we had a -- a -- a matrix that we  
7 developed, and I probably have nine iterations  
8 of this matrix. I believe the final one is in  
9 the back -- is that -- is that correct? The  
10 final one, dated April 30th, should be  
11 available in the back with the materials. It's  
12 not? I'm seeing -- do we have that available,  
13 Lew?

14 **DR. WADE:** I believe it is.

15 **MR. GRIFFON:** We'll check on that, but we'll  
16 make additional copies if they're not there.  
17 This matrix details -- and I think we have a  
18 total now of 38 comments, 38 items on the  
19 matrix, and some of them have sub-items  
20 actually on them, but this is our detailed way  
21 of sort of tracking what we were reviewing and  
22 if it was resolved or not resolved. And as we  
23 went along, sev-- a lot of -- many of these  
24 items in the matrix are -- are sort of -- they  
25 fall into one broader category, so when I

1 present today, I'm going to touch the mean  
2 broad categories, not necessarily every matrix  
3 item. But I think this is certainly very  
4 useful to look at for the -- a little more in-  
5 depth read on what we -- what we went through.  
6 So I think we'll go to the first slide and some  
7 of these -- for those of you who have followed  
8 our workgroup, you'll recognize these issues  
9 from Brant's introduction, as well as  
10 Jennifer's presentation. But these are the  
11 main -- I think there's nine items on this list  
12 that we covered and I'll -- I'll go -- I'll  
13 just go through these one by one. They're not  
14 necessarily in any order, but starting with the  
15 -- go to the next slide.

16 The question of -- of super S and, you know, we  
17 -- we examined this in the workgroup for -- for  
18 an extended period of time. It is correct that  
19 a model was developed during the process of  
20 this review, finalized during the process of  
21 this review, and we -- or -- or some of us were  
22 certainly -- wanted to see further proof that  
23 actually this was a bounding model, so we asked  
24 -- and this is -- this was part of our balance  
25 of -- of how to do our job in the workgroup.

1           You know, we wanted this demonstration that the  
2           model worked and bounded all workers in the  
3           class. That -- that's sort of our criteria.  
4           To do that, we asked for more information, for  
5           more proof from NIOSH, and that took a little  
6           lon-- a little more time.  
7           The proof -- some of the things we asked for  
8           was the model relied on six cases to develop  
9           sort of an ov-- overarching approach that would  
10          be bounding for all workers with regard to  
11          super S exposures. We knew that there were  
12          several other workers that could have been  
13          defined as -- as having a -- a super S exposure  
14          that could have been considered in developing  
15          this model, and we asked for all that case data  
16          so that we could compare to see if -- if, in  
17          looking at those other cases -- I think there  
18          were about 25 of those -- if those other cases  
19          were in fact bounded by the -- the approach  
20          offered by NIOSH, put forward by NIOSH. And in  
21          fact at -- at the end of this, and it did take  
22          an extensive period of time, SC&A did agree  
23          that the model provided -- this -- this TIB-49,  
24          which is this new super S model, did bound the  
25          doses for all worker-- and was claimant

1 favorable for all workers, with regard to this  
2 super S situation.

3 I think we can go to the next one.

4 External and internal data completeness. We --  
5 this was -- this was mentioned a little earlier  
6 this morning, and -- and this sort of came at  
7 the -- in the -- in the middle to the end of  
8 our -- our cycle of workgroups. We -- we had  
9 some questions originally about some of the  
10 database data and -- and some of the databases  
11 that are used in this program, had some  
12 questions about the data that populated the  
13 data. I think someone earlier said garbage in,  
14 garbage out. We certainly were -- were -- you  
15 know, had concerns with that regard. We wanted  
16 to check the integrity of that data.

17 As -- as we evolved in this, we realized that  
18 at Rocky Flats there's less extensive use of  
19 coworker models and more extensive use of  
20 individual radiation files. So then we said  
21 well, you know, it -- it certainly seems, based  
22 on some presentations, that most workers had  
23 some radiation fi-- some radiation records,  
24 internal and external, but were they complete  
25 records. So we wanted to see -- you know, when

1           -- when you say a worker has radiation records,  
2           does that mean one record out of 20 years or  
3           does that mean, you know, pretty complete for  
4           all their years of employment. So we did this  
5           analysis.

6           It was 52 case-- cases selected. We did try to  
7           stratify that a little bit so that we had some  
8           statistical validity to the analysis. We did  
9           look at -- at production workers, which would  
10          have been the -- the likely higher exposures,  
11          and we did another set -- subset that was a  
12          randomly-selected set. I won't get too far  
13          into the details of this, but a -- again, the -  
14          - and -- and we looked at -- at -- I think we  
15          also looked at annual gaps. We didn't  
16          necessarily look at every badge cycle, so you  
17          know, it wasn't a perfect analysis, but we  
18          wanted to get a sense of whether these  
19          individual radiation files were complete.  
20          And a -- a couple sub-items came out of this  
21          review. We -- we did note some -- or SC&A's  
22          report noted some gaps in the early period,  
23          especially in the early years, for -- related  
24          to some of the workers. And we also had this  
25          sort of separate issue that we were tracking

1 independently, but it certainly fell into this  
2 same range of data completeness, and that was  
3 with regard to the '69-'70 -- we did find, and  
4 NIOSH agreed with this, that there were cases  
5 where there were zeroes in the database, and  
6 the individual actually had not been -- or  
7 their dosimeter had not been measured. And --  
8 and we actually tracked back memos that explain  
9 why this -- when this policy was sort of put  
10 into place and there was some rationale for it  
11 based on the -- the risk of exposure.  
12 Nonetheless, here we are -- are. We had people  
13 that were not measured and they had zeroes  
14 ente-- entered into the database. So that was  
15 troubling.  
16 NIOSH did agree, through this workgroup  
17 process, that for '69 and '70 all those zeroes  
18 would be removed out of the database. And this  
19 -- this really only affects the -- these  
20 coworker models that we do. All these coworker  
21 models are year by year. So if we remove all  
22 those zeroes, at least we're -- we're biasing  
23 the average results higher, so any time we have  
24 to use that coworker model we're going to be a  
25 little more claimant favorable anyway. So that

1           was the idea, is we can't trust these zeroes.  
2           NIOSH agreed, let's just get rid of them.  
3           We did ask -- and I think Jennifer sort of  
4           alluded to this, we did look at the question --  
5           and I know I specifically asked this question -  
6           - how do we know when this policy stopped or  
7           when it started. You know, we had this memo we  
8           were kind of hanging our hat on, or NIOSH was  
9           hanging their hat on, but we -- we were  
10          questioning on the workgroup, you know, when  
11          did this stop or start. We had SC&A look into  
12          this through this data completeness analysis,  
13          and we couldn't find any other year where we --  
14          we found this practice. So we looked at -- we  
15          had hard copy records comparing against  
16          database. We didn't -- we just did not find  
17          this to be pervasive in any other year, so that  
18          correction was acceptable at the workgroup  
19          level.  
20          Two other sub-groups came out of that.  
21          Building 81 -- some of the gaps we found in the  
22          early records from -- I -- I -- I'm -- I think  
23          it was the fi-- mainly in the '50s, I don't  
24          think it extended into the '60s, involved some  
25          individuals that worked in Building 81 or -- or

1           some -- some of the uranium buildings, and they  
2           did not have any monitoring rec-- any external  
3           monitoring records. And at this point we --  
4           we've had a presentation for -- sa-- and NIOSH  
5           -- NIOSH agrees to this point. They -- they do  
6           say, however, that the -- they've looked at  
7           their coworker model that they have and -- and  
8           given what they know about the processes,  
9           they've made a strong argument to the workgroup  
10          that the -- the -- they would apply the 95th  
11          percentile for all those years. Probably from  
12          '52 up to '60 they'd apply the 95th percentile.  
13          In other words, some of the highest doses --  
14          external doses found on site would be applied  
15          to those individuals, and they made a -- a  
16          compelling case to the workgroup that that  
17          would be a bounding approach for that -- for  
18          those uranium workers in -- in -- I think it's  
19          just Building 81. I might -- there might be  
20          related buildings there.

21          Now that -- I -- I should also point out that -  
22          - that we -- we -- we had compelling evidence.  
23          We didn't necessarily see a -- a -- I don't  
24          think that, at that stage of the game, we had a  
25          -- a sort of demonstration case on the table

1 for that.

2 Okay, I think -- oh, one more thing on data  
3 completeness. Another issue related to sort of  
4 the Building 81 issue was -- Building 44 came  
5 up in the discussions and we had a similar  
6 question as to whether they had data that could  
7 bound penetrating and non-penetrating doses for  
8 Building 44. And actually through the  
9 workgroup process, they identi-- they -- they  
10 brought out raw film badge records that  
11 supported their -- their case that they could  
12 in fact bound those individuals. They -- they  
13 -- that -- that particular building had some  
14 fairly significant skin doses in -- especially  
15 in those early years, but they did -- through  
16 this process we -- they made available the --  
17 the hard-copy records of film badge data for  
18 those workers and, you know, it -- it was  
19 compelling to the workgroup that they could  
20 bound all doses for those workers in that  
21 building.

22 Okay. The neutron data for 1952 through 1970,  
23 this is the NDRP -- Neutron Data -- Neutron  
24 Dose Reconstruction Project doses. I -- I know  
25 it's come up earlier. You -- you can note by

1 the timing of that bottom report, SC&A  
2 submitted a supplemental -- April 30th, so I --  
3 I don't even know if this is posted on the web  
4 site at this point, but it certainly -- this  
5 has been the last sort of sprint to Denver for  
6 us. We've had, you know, two workgroups and  
7 probably four technical phone calls in the last  
8 couple of weeks working through this issue, and  
9 -- and it -- it -- we had this on our -- on our  
10 matrix early on. It's just that as we -- some  
11 of the issues didn't sort of come to the  
12 surface until later in -- in the -- in the  
13 process, and we do have some issues and  
14 specifically the lack of records in the early  
15 period requires some back-extrapolation for one  
16 time period. And then throughout that whole  
17 time period there's a reliance on -- in the  
18 NDRP what they call notional dose, which is  
19 basically an -- an estimated dose. It's not a  
20 -- an individual's film badge measurement.  
21 It's -- it's a -- it's a -- an estimate based  
22 on a neutron-to-photon ratio, so a lot of these  
23 people had badges with gamma measurements, but  
24 they didn't have a neutron badge. So this NDRP  
25 project tried -- attempted to calculate

1 neutron-to-photon ratios that could be applied,  
2 and they calculated these notional doses and  
3 these were added into the individuals' dose  
4 records. But certainly they're not -- they're  
5 not original film measurements. They're --  
6 they're -- they're estimates. And -- and I --  
7 we -- we'll go more into the neutron thing at  
8 the end of -- get through the rest of these and  
9 then we have -- I have a little more to say on  
10 the neutron question, so...  
11 The data reliability question, one -- one slide  
12 does not do this service for what we went  
13 through for looking at data reliability, or for  
14 what the petitioners provided in terms of  
15 affidavits and testimony, even as of last night  
16 and -- and this morning. Your petition that  
17 was put before us provides a -- a wealth of --  
18 of information that we -- we did, in the  
19 workgroup level, attempt -- and I think we  
20 captured all of them -- attempted to go through  
21 the petition and include those all in our  
22 matrix and cover all those issues. Many of  
23 those fall into the broad category of data  
24 reliability, and that -- so when you see the  
25 matrix, there's items -- I think 12 through 27

1           or so -- a lot of those are the specific issues  
2           brought out in the petition regarding data  
3           reliability. And -- and we -- in -- in looking  
4           at this, we looked at several different  
5           components, but we -- we -- we did want to look  
6           at -- we had database data, and you know, my --  
7           my inkling with -- as -- as a member of this  
8           Board for the entire time, as most of my  
9           colleagues know by now, is -- you know, I tend  
10          to -- if you have an electronic database,  
11          that's fine, but show me the raw data and I  
12          want to validate that electronic data to make  
13          sure that everything's -- everything's kosher  
14          within that database, and that was part of the  
15          effort.

16          And then additionally we looked at the raw  
17          records -- and these would be logbooks,  
18          urinalysis logs, a number of different things  
19          that we looked at -- and we compared them to  
20          individuals' radiation files to see -- you  
21          know, okay, did this information get into the  
22          individuals' files correctly. We also looked  
23          at -- at safety logs, as another just check.  
24          So we looked at a number of different kind of  
25          logbooks to check this data reliability

1 analysis.

2 Generally speaking, what -- I -- I guess what  
3 we -- we -- the bottom line on this is that we  
4 didn't really see any systemic problems with  
5 data reliability. But we did see some  
6 discrepancies, and that doesn't -- that doesn't  
7 mean that, you know, some of the allegations  
8 that are made are not correct. We -- we --  
9 SC&A's report does note some discrepancies when  
10 -- when looking at some of the issues raised by  
11 the petitioner. But in general, in looking it  
12 as a -- an overall question of do we see this  
13 as a broad issue for the entire class and does  
14 it impact, you know, the ability to be able to  
15 reconstruct doses for all members of the class,  
16 we didn't see a systemic problem, so...

17 I think I'm ready for the next one.

18 The -- other radionuclides, we -- we also spent  
19 a -- a -- quite a bit of time on this. At --  
20 at the end we got down to -- some of the  
21 significant ones we discussed were americium  
22 operations. We also discussed neptunium,  
23 several other nuclides, and -- and we basically  
24 found that -- that they -- they did have  
25 sufficient either individual records or -- or

1 other information that they could bound doses  
2 for those nuclides.  
3 We did come down to -- to thorium as a problem  
4 or -- or a little more of a problem. We had to  
5 -- we took a little longer in assessing this  
6 problem. The -- basically the -- the final  
7 result on the thorium was that -- NIOSH  
8 provided an approach using a certain method, a  
9 NUREG-1400 method, and SC&A concluded that that  
10 basically was not an appropriate approach and  
11 it was not bounding. However, what -- what  
12 NIOSH has given us in addition to that was they  
13 have other -- other process-specific  
14 information that gives us a -- a -- strong  
15 evidence to the workgroup that in fact that  
16 they can bound the doses on -- on these cases,  
17 so -- now this -- this also is one of those  
18 that we haven't seen a demonstration of this  
19 other data being used, so we haven't seen this  
20 proof of principle necessarily. But there's a  
21 strong impression at the workgroup level that  
22 they do have process-specific data that would  
23 be applicable to this situation and could bound  
24 doses for these -- these thorium workers.  
25 Internal dose -- and this is one of the -- the

1           coworker models. I -- I think the -- one --  
2           one important thing to preface th-- with this  
3           slide is that it -- it appears, at least on  
4           NIOSH's review of the current claimants -- now  
5           that doesn't necessarily mean that population  
6           might not -- we -- we certainly understand that  
7           population could change, and will change. But  
8           based on the current claim files they have,  
9           there's a very limited number of individuals  
10          that will be required to use the coworker model  
11          for internal dose assessment. And our data  
12          completeness review sort of supported that --  
13          or it did support that. You know, individuals,  
14          for the most part, had urinalysis records.  
15          They might not have had them for every cycle  
16          for every year, but -- but there were  
17          urinalysis records there that we felt were  
18          sufficient to be able to reconstruct internal  
19          doses.

20          Now if you get to the coworker question, where  
21          -- where we -- and I think Brant alluded to  
22          this earlier in his presentation for NIOSH, the  
23          coworker model is based on HIS-20, this  
24          database data -- actually a -- a pedigree of  
25          that original HIS-20 database. We -- in -- in

1           our analysis we did find some discrepancies  
2           between the raw data and this electronic  
3           database, and -- and we did note that there  
4           were -- there were some discrepancies. NIOSH  
5           concedes that there's some discrepancies in  
6           there. We did, however, find that -- that all  
7           upper-bound values that we could check seemed  
8           to be in the database, and therefore NIOSH is  
9           saying we -- we acknowledge limitations in the  
10          database, in the data itself, and therefore we  
11          will rely only on a 95th percentile, or the  
12          upper bound of this data, to use for coworker  
13          dose assessment. And you know, I think that is  
14          a reasonable approach, especially considering  
15          the fact that most -- most individuals have  
16          their own individual bioassay records, or -- or  
17          some rec-- you know, enough records to do dose  
18          reconstruction.

19          Oh, okay, this goes back -- this goes back a  
20          few workgroups for -- the -- the lung count --  
21          the question of the adequacy of the lung  
22          counting data came up, and I believe -- I want  
23          to make sure I get this right, but I believe  
24          early on NIOSH basically conceded that there  
25          were problems with the lung counting data in

1           the database, and that -- but however, they  
2           point out that they're not going to use any of  
3           that data for dose reconstruction for the  
4           cases. They're going to rely on urinalysis  
5           data. The only way they might use the lung  
6           counting data is to -- to -- along with the  
7           urinalysis data, to check dose determinations  
8           that way, but they will not just solely rely on  
9           lung counting data. So they acknowledge that  
10          there's some problems with that data, but their  
11          method doesn't rely on that data. So this goes  
12          back to the TIB-38, which is the model that  
13          uses the urinalysis data along with that --  
14          TIB-49 references that super S model that we  
15          talked about earlier on, so we -- we felt this  
16          was reasonable.

17          And the decontamination/decommissioning period,  
18          specific questions on this period came up. We  
19          actually -- and this is another situation where  
20          a TIB was actually developed during the time  
21          the workgroup was meeting, so -- but this was  
22          sort of a TIB -- a Technical Information Bulle-  
23          - the bulletin that extended the coworker model  
24          out to the D&D period and -- similar to TIB-38  
25          and a similar approach would be used regarding

1 the 95th percentile. And I think given those  
2 two factors, we -- we still believe it -- it is  
3 a bounding approach, al-- although I -- I  
4 agree, it was developed, you know, kind of  
5 during our workgroup process, so...  
6 Are there any more? Okay.  
7 Okay, and -- and this is the external and  
8 internal -- or I mean ext-- external gamma and  
9 external beta, and -- and the conclusion on  
10 this really was that the external gamma models  
11 and external beta models -- coworker models  
12 seem adequate for reconstructing doses. Some  
13 of these models also have a neutron com-- these  
14 models also talk about neutrons. We've  
15 separated that issue out 'cause we -- we do  
16 have some remaining concerns on the neutron  
17 monitoring, so the coworker models seem applic-  
18 - or seem sufficient with regard to gamma and  
19 beta exposures. We have the separate remaining  
20 questions regarding the neutron NDRP data, and  
21 that would also revert to this coworker model  
22 because it is populated with NDRP data.  
23 And that's it -- and then I -- I think the --  
24 the -- the final -- I think some of the  
25 conclusions that we have here is -- are

1 primarily focused on the neutron NDRP -- the  
2 adequacy of the neutron NDRP data and we --  
3 we've kind of -- this is -- this is a complica-  
4 - this is a complicated issue to discuss. We -  
5 - we've spent, like I said, these last several  
6 weeks digging hard into this issue. And at  
7 this point I think it's best to sort of present  
8 it the way the workgroup sees it over different  
9 time periods, 'cause I think there were  
10 definitely different factors to consider in  
11 different time periods.  
12 1952 through '58, and I'm sorry I don't have  
13 these on slides, these are -- well, you saw the  
14 report came out on the 30th, so I don't have  
15 these on slides yet. But 1952 through '58, one  
16 thing -- it appears to the workgroup in  
17 reviewing this that many of the highest exposed  
18 people to neutrons for that time period were  
19 not measured for neutron exposure. They --  
20 they were assigned notional dose, as we talked  
21 about before, but they weren't measured. A  
22 couple of different -- and these are just  
23 factors that we considered in this time period.  
24 The proposed method for '52 through '58, or the  
25 NDRP method, is to -- basically they rely on a

1           -- a ratio developed for 1959, and they apply  
2           it backwards into the earlier years. And we  
3           have some concerns about that, for a few  
4           reasons. One is we -- we think there could be  
5           a large -- they -- they use building-specific  
6           ratios, and we've seen that there could be a  
7           large variation of -- of neutron/photon ratios  
8           at the worker level or -- or, you know, sub-  
9           building level, sort of, so you've got a wide  
10          variation and you're using one central estimate  
11          of a neutron/photon ratio to do your estimates,  
12          and we think that's problematic.

13          Another very important piece for this -- this  
14          sort of back-extrapolation period is that there  
15          were some significant process changes during  
16          that time period and -- you know, this included  
17          mo-- they -- they -- they moved certain  
18          operations, including -- assembly went from  
19          Building 91 to Building 76, I believe, and  
20          there was some other significant changes. I  
21          don't want to detail them here in this  
22          presentation, but we have them and if -- if  
23          this comes down to a motion, they'll be  
24          detailed in that way. But there were several  
25          process changes and we couldn't be sure that

1 all these process changes were going to either  
2 have no effect on the neutron/photon ratio in  
3 19-- you know, when comparing to 1959 or if  
4 they would bias it one way or another, we just  
5 weren't sure. There were many changes that  
6 made it uncertain and we couldn't determine  
7 whether -- which direction it could go.  
8 And finally, the NDRP report itself  
9 acknowledges that they -- they had no  
10 independent validation of the NP ratio during  
11 tho-- those years of interest. In other words,  
12 they had no measurement data from '52 through  
13 '58, field surveys or things like that, that  
14 would support that those building NP ratios  
15 from '59 were in fact in the right ball park,  
16 so that was one time period where they had the  
17 least amount of data. I want to stress that.  
18 The next time period -- we've got four little  
19 time periods here -- '59 through '64. It  
20 appears still that many of the highest exposed  
21 workers were not measured for -- for neutron  
22 exposures. A lot of them had -- a lot of the  
23 individuals seemed to have notional doses  
24 assigned, so that problem remains.  
25 Again, the proposed -- we have the same

1 question of the NP ratio, the proposed NP  
2 ratio, relies on this central estimate by  
3 building. And if we look at -- at that, at the  
4 worker level there seems to be a wider variance  
5 of those NP ratios, so we're not certain that -  
6 - we can't be certain that that's approp--  
7 appropriate for bounding the doses. And I -- I  
8 think those are the -- the main two issues  
9 there.

10 The -- the strength during that time period is  
11 that they have a lot more measurement data, and  
12 they -- I -- I believe they do have some  
13 independent measurements during that time  
14 period to sort of support the -- the NP ratios  
15 of that time.

16 Going on to '65 through '68, at this point --  
17 '65 we do see a transition in the data where --  
18 and -- and this is supported by some of the  
19 expert -- that we heard from -- that -- that  
20 worked on -- on the project, but nonetheless,  
21 the data sort of -- of supports it, which is  
22 that most of the highest exposed now from '65  
23 onward seem to be -- seem to have been  
24 measured. There -- there are film badge  
25 measurements there for them. In other words,

1           you don't see this trend of the highest exposed  
2           being all notional or estimated dose. It --  
3           it's more of the individual film badge-measured  
4           data.

5           '65 through '68 still has that remaining  
6           question of a building-wide neutron/photon  
7           ratio, central estimate, being assigned to  
8           individual workers. And you know, how do you  
9           know if that average is appropriate for every  
10          worker, so we still have that remaining  
11          question.

12          And finally, the last sort of sub-group is '69  
13          and '70. This period of time has a high number  
14          of original films which were not recovered or -  
15          - or -- I -- I guess just not recovered. In  
16          the process of doing this NDRP project, they  
17          recovered all these films and reread a lot of  
18          them for -- for inclusion to do this better  
19          estimate of dose. And for '69 and '70, a lot  
20          of the original films could not or were not  
21          recovered for this project. So you have a lot  
22          more sort of missing data and a lot more  
23          notional dose in that time period. And then --  
24          and then I gue-- so that's one distinction for  
25          that last -- those last two years. Again,

1 still the remaining issue of the -- one central  
2 estimate for the neutron/photon ratio versus a  
3 -- a -- you know, a building-wide central  
4 estimate used.

5 So that's the four periods. In this -- I did  
6 want to say, from '59 on through '70, so -- so  
7 we have four time peri-- I know this gets a  
8 little confusing, but looking from '59 forward,  
9 the -- the one issue that -- that was  
10 consistent through all those, that kept coming  
11 up, was this use of the neutron/photo ratio --  
12 a building-specific central estimate of the  
13 neutron/photon ratio to estimate these -- these  
14 neutron doses. And NIOSH has indicated, and --  
15 and I -- I'd actually like NIOSH, if Jim Neton  
16 or Brant Ulsh is available -- has indicated  
17 that they have -- within the NDRP data itself,  
18 that they have data that they could possibly  
19 use something other than a central estimate for  
20 the neutron/photon ratio but rather more like a  
21 95th percentile approach, but I'll let Jim  
22 speak to that.

23 **DR. NETON:** Thank you, Mark. Jim Neton,  
24 Associate Director for Science in OCAS. It's  
25 correct, we -- we have a large amount of

1 information between '59 and through '70. I  
2 believe there's a total of 87,000 neutron  
3 measurements that were reread for the NDRP, and  
4 most of those are in this period. Admittedly,  
5 in '59 there are fewer, and they become more  
6 prominent as you go forward, but we believe  
7 there's sufficient data there to estimate the  
8 95th percentile of the distribution by year.  
9 Currently the model -- the -- the variance of  
10 the model has already been calculated and used  
11 in our dose reconstructions at the 95th  
12 percentile. For example, overestimating dose  
13 reconstructions do use the 95th percentile of  
14 the building-specific ratios. And for best  
15 estimates, we apply -- Mark correctly  
16 identified -- a central estimate and an  
17 associated uncertainty distribution about it.  
18 But we believe there are sufficient data  
19 available to allow us to calculate the 95th  
20 percentile, either through the variance of the  
21 model or just the straight 95th percentile of  
22 the distribution of the NP ratios observed, to  
23 bound the neutron doses for workers in -- in  
24 the '59-forward time period.  
25 I don't know if there's any questions on that,

1 but --

2 **MR. GRIFFON:** Thank you. And -- and you know,  
3 I guess -- I -- I think that's -- that's kind  
4 of where -- I guess that completes my report  
5 out. I would ask other workgroup members if  
6 they had anything to add or -- or comment on at  
7 this point.

8 **DR. ZIEMER:** This -- this is for workgroup  
9 members. Workgroup members?

10 (No responses)

11 Okay, Board members, do you have questions for  
12 Mark? Jim Melius.

13 **DR. MELIUS:** Yeah, I have a number of  
14 questions, so --

15 **UNIDENTIFIED:** (Unintelligible)

16 **DR. MELIUS:** Yeah, I know, I got to -- figure  
17 out all these cords here.

18 That's my last question. Fir-- first of all,  
19 I'm a little confused on the April 30th report  
20 from SC&A as to whether that was made available  
21 to the petitioners and to the general public in  
22 any way?

23 **UNIDENTIFIED:** Can someone (unintelligible) --

24 **DR. ZIEMER:** My under--

25 **DR. MELIUS:** (Unintelligible) available here at

1           this meeting?

2           **DR. ZIEMER:** My understanding is that -- I  
3           think -- is Joe Fitzgerald here? Joe, did we  
4           get copies of that to the petitioners? If --  
5           if we did, it's been within the last hour, I  
6           think. It's -- it's not been -- if you want to  
7           talk about timely.

8           **MR. FITZGERALD:** Yeah, we -- we made one hard  
9           copy which we gave to Terrie -- Ms. Terrie  
10          Barrie.

11          **DR. ZIEMER:** And the electronic copies were  
12          distributed to the Board, probably after you  
13          left home or --

14          **MR. FITZGERALD:** (Unintelligible)

15          **DR. ZIEMER:** -- I -- I don't believe I got a  
16          copy of it yet.

17          **MR. FITZGERALD:** My understanding was the  
18          electronic copy was cleared through General  
19          Counsel at NIOSH probably Friday sometime.  
20          From there, I'm -- I'm not sure.

21          **DR. ZIEMER:** There were some Privacy Act issues  
22          with that report that required a -- I guess a  
23          legal review, but in any event, I don't -- my  
24          guess is Board members have not seen it.

25          **MR. GRIFFON:** Our -- our intention in -- in the

1 workgroup process, for those who followed it,  
2 was to -- to get a report to all petitioners  
3 and Congressional staffers at least a month in  
4 advance of this meeting, and I think we -- I  
5 think the main report was put out -- I hope  
6 they got SC&A's main report about early April -  
7 - no? I'm seeing --

8 **UNIDENTIFIED:** (Off microphone)

9 (Unintelligible)

10 **DR. ZIEMER:** Yeah, there -- there were two --  
11 there was I think two volumes -- or two parts  
12 to that report. Those were distributed a  
13 couple of weeks ago, I believe.

14 **MR. GRIFFON:** But this supplemental certainly  
15 is -- was -- I mean just completed, you know,  
16 within the last, you know, four or five days,  
17 so -- but we need to at least get it now to  
18 everyone.

19 **DR. MELIUS:** Yeah --

20 **MR. GRIFFON:** It's been --

21 **DR. MELIUS:** -- I -- I mean I would just like  
22 to point out, I -- I --

23 **MR. GRIFFON:** Yeah.

24 **DR. MELIUS:** -- I hardly think that's a fair  
25 process for the people that are -- the

1 petitioners nor people trying to address this  
2 issue, and I think we need to -- also as -- the  
3 Board and working with NIOSH, come up with a  
4 better process for communicating these -- and  
5 distributing these reports. I understand the -  
6 - the need for reviewing and so forth, but this  
7 process seems to keep breaking down and -- in  
8 terms of that. I mean, for example, I have the  
9 -- the pre-- pre-privacy-cleared copy of it,  
10 the April 27th draft, which I -- and I have no  
11 idea -- I don't think there are major changes,  
12 but there are only a few changes in it and I  
13 really don't think it's fair for the  
14 petitioners or for the people interested in the  
15 site to come here and not have this information  
16 made available to them in a -- in any fashion  
17 here, other than I guess within the last hour.  
18 I -- I have some questions. I'd like to know  
19 more, and I don't know if -- who -- whether  
20 Mark, you're the person answering this or -- or  
21 Joe Fitzgerald or who -- the basis for the --  
22 the sampling of the -- the 52 cases that were  
23 looked at where we're looking in terms of data  
24 integrity issues and -- and so forth. I think  
25 there was a comment from I believe one of the

1 petitioners that commented on --

2 **MR. GRIFFON:** Yeah.

3 **DR. MELIUS:** -- how that hardly seems to be an  
4 adequate sample, and I'm trying to understand  
5 the sampling better. I --

6 **MR. GRIFFON:** Yeah, maybe Joe -- Joe or -- or  
7 Arjun, if you can speak to that, I -- I would  
8 appreciate it.

9 Go-- going -- I -- I will say that going  
10 through 52 full claims files was, you know, a  
11 rigorous amount of work, so --

12 **DR. ZIEMER:** Dr. Makhijani --

13 **MR. GRIFFON:** -- we did want a good set of  
14 records, but --

15 **DR. ZIEMER:** Dr. Makhijani perhaps can answer  
16 that.

17 **MR. GRIFFON:** Yeah.

18 **DR. MAKHIJANI:** Yeah, I'm Arjun Makhijani from  
19 SC&A. As was mentioned, the 52 cases consisted  
20 of two groups. There were 32 randomly-selected  
21 and that was done with the help of our  
22 statistician, Harry Chmlynski, and we sampled a  
23 sufficient number to get an idea of the size of  
24 the gaps. It wasn't at a level where you could  
25 tell what was going on for individual workers,

1 but it was to explore whether there were  
2 significant gaps overall in the data record for  
3 the groups of workers. They were split up into  
4 two periods, '52 to '63, inclusive, and '64 to  
5 '92. And that was done because in the earlier  
6 period there were a large number of workers who  
7 were not badged because they were thought to be  
8 at risk of low exposure or -- for instance,  
9 Building 881 was not badged in the '50s. And  
10 then in '64 the policy had been -- said that  
11 all workers were badged, but then it turned out  
12 that it wasn't quite all workers, but it was in  
13 the 90-plus percents of workers who were  
14 badged. So we wanted to examine the extent of  
15 the gaps in monitoring in the two different  
16 periods, and we did that.

17 In the second piece of it, we identified a  
18 number of gaps in -- in both periods in  
19 internal and external monitoring records and so  
20 the second part of the exercise was to look at  
21 20 workers who had the hi-- among the highest  
22 cumulative exposures. This was workers in the  
23 1990s whose records were looked at by Rocky  
24 Flats retrospectively, and they were grouped  
25 into categories, one to four, and three and

1 four were the highest exposed cumulatively, and  
2 we selected ten from each group to see if there  
3 were gaps in the records of workers who were  
4 acknowledged by Rocky Flats to be the most  
5 exposed cumulatively.

6 And there -- in the internal dose records we  
7 did not find big gaps -- that is, annual gaps -  
8 - but we did find some gaps in the external  
9 dose records. And so that's why subsequently --  
10 particularly in the '50s. And so that's why  
11 subsequently a lot of the effort of looking  
12 into the adequacy of data focused on external  
13 dose in the 1950s.

14 Sorry for the long reply.

15 **MR. GRIFFON:** Thank you -- that's good, thanks.

16 **DR. ZIEMER:** Jim, a follow-up and --

17 **DR. MELIUS:** Yeah, just to fol-- I mean I would  
18 just point out that -- I mean while I  
19 understand the amount of effort involved in  
20 this, I don't want to, you know, downplay that,  
21 but at the same time, for -- a small sample  
22 like this would not necessarily identify sub-  
23 groups that may be -- where there may be issues  
24 with. It -- it may be adequate statistically  
25 if the -- we're assuming that whatever these

1 gaps are, problems are, are there  
2 systematically, but -- and cover everybody.  
3 But certainly for sub-groups of workers in  
4 certain buildings or certain parts, it would  
5 not address that and would -- would not  
6 identify that, and I -- I think that still  
7 would be an ongoing concern.

8 I also have related to that the issue of --

9 **DR. MAKHIJANI:** (Off microphone)

10 (Unintelligible)

11 **DR. ZIEMER:** Yeah, Arjun has an additional  
12 comment on that, and then we'll move on.

13 **DR. MAKHIJANI:** Yeah, I think Dr. Melius is  
14 right about that, but the statistical sampling  
15 was a very -- it was a very broad-mesh  
16 sampling. It was not designed to reveal say  
17 gaps in monitoring for individual  
18 radionuclides, and it was not designed to yield  
19 information that was statistically valid on  
20 gaps for individual job types and so on. It  
21 was are there -- you know, what's the size of  
22 the group of workers in these two periods that  
23 have gaps, and so it was a very broad-screen  
24 take. So you're -- you're right about that.

25 **DR. ZIEMER:** Thank you. Proceed.

1           **DR. MELIUS:** Thank you. And I think related to  
2           that in sort of a -- as a separate effort,  
3           there was an issue of these data discrepancies  
4           and so forth which were I think individual  
5           reports of potential problems, and so forth --  
6           that -- and on that my understanding is that,  
7           again, there was no systematic problem found  
8           with that in -- in the investigation of that,  
9           but there were a number of individual reported  
10          discrepancies that were, you know, verified by  
11          -- by the process. And my question there is  
12          then -- then -- then what happens with those?  
13          How are those individual discrepancies  
14          identified, because one of the problems with  
15          this overall process is it -- to me, that -- I  
16          would think that would end up being dependent  
17          on the claimant being aware of the potential  
18          discrepancy and pointing it out. And given the  
19          problems in getting access to records and  
20          giving the problems in -- you know, many times  
21          the original worker has died and so it's a  
22          family member with, you know, very little  
23          information trying to file the claim. So I  
24          guess my question is more for the -- the  
25          workgroup and maybe for NIOSH, how do we -- how

1           are these then identified or are we just sort  
2           of, you know, getting rid of them, not --  
3           pretending they don't exist?

4           **DR. ZIEMER:** And perhaps Dr. Ulsh from NIOSH  
5           can address that.

6           **DR. ULSH:** Yes, Dr. Melius. Actually the  
7           integrity of the individual radiation files  
8           were approached by the working group, NIOSH and  
9           SC&A via a number of different approaches, one  
10          of which was to look at -- as Mark has  
11          mentioned, at the database itself which was  
12          used for -- in situations of generating  
13          coworker data. But in terms of this exercise,  
14          looking at the 52 -- the 52 hard copy radiation  
15          files, the objective of that exercise was to  
16          determine whether or not there were -- first of  
17          all, whether there were periods where  
18          monitoring data didn't exist; and secondly, if  
19          so, were there reasonable explanations for  
20          that. So we did not find in that particular  
21          piece of the investigation -- I'm speaking only  
22          for NIOSH -- we didn't find any unexplainable  
23          gaps in either internal or external, with one  
24          exception. We looked, as -- as Arjun has  
25          mentioned, there were 52 workers, and you

1 multiply that -- that by the number of years  
2 that they worked, and then double it for  
3 internal and external. And what we found was  
4 that for internal, they were complete. In  
5 other words, there were no gaps that -- where  
6 you would expect them to have been monitored  
7 and the records were not present. And  
8 secondly, in the external dosimetry, we found  
9 out of the 52 workers with several years of  
10 employment each, we found only one case where a  
11 worker was missing -- didn't have dosimetry  
12 data for one year, and that was clearly noted  
13 in his radiation file. So as I think Mark  
14 said, and you can correct me if I'm wrong,  
15 Mark, we didn't find anything that compromised  
16 our -- our ability to -- at least systema--  
17 systemically, to accurately reconstruct doses.

18 **DR. ZIEMER:** No, I -- as I understand the  
19 question you asked, though, in an individual  
20 case if the -- if the individual did not self-  
21 identify that they thought records were  
22 missing, how would we know it. Is that --

23 **DR. MELIUS:** Yeah --

24 **DR. ZIEMER:** -- the nature of the question?

25 **DR. MELIUS:** -- I mean the issue is when

1           there's the discrepancy reported, and part of  
2           the problem with -- is that the -- since these  
3           are individual data, the SC&A report on this is  
4           -- does not identify the examples very well and  
5           so it's a little hard -- I'm just trying to get  
6           an asses-- assessment of -- of this issue and -  
7           - that. I think Arjun already addressed the  
8           issue with the -- the sampling of the 52.

9           **MR. GRIFFON:** Right.

10          **DR. ULSH:** You might perhaps be thinking of --  
11          and I -- again, I don't have SC&A's report in  
12          front of me. There was another piece of this  
13          data -- data integrity investigation and that  
14          involved the -- we looked at every single  
15          concern expressed in the petition, every single  
16          concern that was expressed by the public at the  
17          last work-- Advisory Board meeting in April --

18          **DR. MELIUS:** Uh-huh.

19          **DR. ULSH:** -- and the concerns expressed by  
20          members of the public throughout the working  
21          group process. And NIOSH captured all of those  
22          and we went through and evaluated each one of  
23          those to determine whether or not they  
24          presented a systematic problem for us. I think  
25          it's fair to say that NIOSH and SC&A, on a few

1 individual instances, may not be in agreement  
2 whether or not there is a problem in that  
3 particular case. But we certainly did not find  
4 anything systematic that would prevent us from  
5 doing dose reconstruction. Does that --

6 **MR. GRIFFON:** Yeah, that -- and that's what we  
7 tried to look at and -- and -- and I know what  
8 you're saying, Jim. If -- you know, if we had  
9 some individuals that were -- were -- you know,  
10 not everyone's going to dig into the data the  
11 way some of these individuals did, and -- and --  
12 - for example, there was a particular case, the  
13 question of zeroing the dose, and the person  
14 felt that they -- they -- you know, they have  
15 affidavits saying worked a high rad job for a  
16 couple quarters and dosimetry's basically  
17 zeroes or whatever, and so we -- we had several  
18 of those. And some of them -- which I agree  
19 that we didn't reach agreement on between SC&A  
20 and NIOSH. We did, though, try to look and say  
21 okay, by looking at the database and other  
22 records and other reviews that we did, do we  
23 see any sort of pattern that would indicate  
24 that this was going on, and -- and I -- you  
25 know, we -- we didn't find any systemic

1 problems like that.

2 Now I'm not sure that we had a perfect, you  
3 know, method to be able to detect those  
4 problems, but we -- we did try several  
5 different approaches to try to find those kinds  
6 of problems, 'cause they were raised in several  
7 -- either in open testimony or -- or in -- as  
8 part of the petition, so we were aware of those  
9 problems and we did look into those. But it --  
10 it remai-- you know, the question remains -- I  
11 guess the other question would be, and I think  
12 it came up in earlier public comments, is how -  
13 - how do you -- would you basically acknowledge  
14 that in an individual DR, and you might treat  
15 that differently than just using LOD over two  
16 for assi-- for fixing that zero. But in the  
17 case where a person doesn't have the  
18 information to support as much, then it's  
19 probably treated as -- you know, as -- as zero,  
20 so -- you know.

21 **DR. ULSH:** It depends on the --

22 **MR. GRIFFON:** Yeah.

23 **DR. ULSH:** It's hard to speak generally about -  
24 -

25 **MR. GRIFFON:** Yeah, right.

1           **DR. ULSH:** -- about this. It would depend on  
2           the specifics of the individual case.

3           **MR. GRIFFON:** Yeah.

4           **DR. MELIUS:** Brant, before you sit down, I have  
5           another question I think maybe you can answer.  
6           My understanding then would that be as a result  
7           of this review, NIOSH has made a number of  
8           changes in how they're handling certain aspects  
9           of dose reconstruction? And so I presume that  
10          in effect the site profile is being re-- redone  
11          or up-- updated. My question is, for -- for  
12          the record is will you then follow the usual  
13          policy and go back and recalculate dose  
14          reconstructions for all the people that have  
15          already had those done who would be affected by  
16          these changes?

17          **DR. ULSH:** That process is already underway.  
18          Some of the issues that have been captured we  
19          have completed Program Evaluation Reports.  
20          Some of them we're going to have to wait for  
21          the dust to settle here today to go back and,  
22          you know, put those changes into place. But  
23          yes, Dr. Melius, the answer to your question is  
24          yes, we certainly will in cases where the  
25          changes -- you know, in response to public

1 comment and -- and the investigation that the  
2 working group has conducted, we certainly will  
3 go back and look at cases that have been  
4 completed in the past that have a probability  
5 of causation of less than 50 percent and  
6 evaluate the impact of any of those changes on  
7 those case.

8 **DR. MELIUS:** Okay. Thank you. I have one more  
9 set of questions. These are for Mark and -- do  
10 that. If I understand you correctly, the -- as  
11 a result of your review, there are I believe --  
12 well, three areas that -- where NIOSH has not  
13 demonstrated the ability to do adequate  
14 individual dose reconstructions? One is the  
15 thorium issue you mentioned in one slide?  
16 Thorium and some related (unintelligible) --

17 **MR. GRIFFON:** As far as seeing proof of -- of  
18 the -- of the process yet, the thorium question  
19 remains in -- in that SC&A did not believe that  
20 the approach was appropriate for bounding. But  
21 we -- we have seen the other documents and the  
22 data that are available that we believe could  
23 be used to bound. So they -- they haven't  
24 given us a -- a necessarily case example, but  
25 it's only because they -- they still bel-- you

1 know, th-- we had a -- a situation where the --  
2 SC&A and NIOSH were not in agreement on the  
3 final comment as sort of a -- a backdrop.  
4 They're saying they have this other information  
5 --

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

7 **MR. GRIFFON:** -- which could be used to bound,  
8 and so that's where that stands. We haven't  
9 seen the case demonstration of it, no. That's  
10 right.

11 **DR. MELIUS:** And -- and the -- the second area  
12 is the neutron dose, '59 to '70 that I think  
13 Jim Neton -- I may have it --

14 **MR. GRIFFON:** Yeah, I --

15 **DR. MELIUS:** -- time period wrong.

16 **MR. GRIFFON:** -- I should actually clarify the  
17 -- the neutrons -- time frame I just discussed.  
18 I -- I -- I think, as a workgroup, for the '52  
19 through '58 time period, I believe we have, you  
20 know, come to consensus on that, that that time  
21 period just -- the concerns I've stated exist  
22 and I -- and cause problems in terms of being  
23 able to -- to reconstruct doses.

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

25 **MR. GRIFFON:** For '59 beyond, those other time

1 periods, I still have those concerns, but we  
2 don't have a consensus in the workgroup --

3 **DR. MELIUS:** Well --

4 **MR. GRIFFON:** -- on all those items, so I -- I  
5 just wanted to say that for -- for the record.

6 **DR. MELIUS:** Okay, and I understand, I'm just  
7 trying to -- the sort of the factual --

8 **MR. GRIFFON:** Yeah.

9 **DR. MELIUS:** -- question is is has -- I think  
10 if you remember right, our, you know, SEC  
11 review process was to take into account -- it's  
12 a demonstration that they can actually do the  
13 dose reconstruction in the way they say they  
14 can, and -- and my understanding is that, both  
15 for the thorium and the neutron '59-'70, they  
16 have not yet. There may be data available for  
17 doing so, but the-- there's a question --

18 **MR. GRIFFON:** Right, the '59-'70, right now the  
19 approach stands as -- as they've -- I mean they  
20 -- they've given us a case example, but it uses  
21 their current approach.

22 **DR. MELIUS:** Okay.

23 **MR. GRIFFON:** What Jim Neton said today on the  
24 record is -- is, again, a -- another option  
25 that they may use, but they haven't demonstra--

1 we haven't seen a demonstration of that, no.

2 **DR. MELIUS:** Okay.

3 **MR. GRIFFON:** That's correct. And -- and I  
4 think lastly, just -- I -- I did point this out  
5 in my presentation, but it might have got lost  
6 a little bit, but the pre-1960 Building 81  
7 uranium workers for external dose -- again, we  
8 -- we -- we had ample evidence put in front of  
9 the workgroup that they could bound these  
10 doses, but we haven't seen a -- a case example  
11 for that, so that's another one, just for  
12 completeness.

13 **DR. MELIUS:** Okay. Thanks, Mark.

14 **DR. ZIEMER:** Mark, you -- you've been largely  
15 silent on the period beyond 1970. Does the  
16 workgroup have any conclusions or position on  
17 the ability to reconstruct doses for the period  
18 beyond 1970? Or did you not address that?

19 **MR. GRIFFON:** I -- no, we -- we certainly  
20 addressed it. We -- I mean part of -- what --  
21 what Arjun said is cer-- is -- is accurate,  
22 that we -- in this data completeness review we  
23 were looking at all time periods, and the  
24 reason that we ended up targeting the '50s was  
25 -- was that we found some of these data gaps

1           and -- and issues. So I agree, that wasn't a  
2           perfect -- you know, necessarily a robust  
3           statistical sample, but we did do sort of --  
4           when we found areas that looked like potential  
5           issues, we did sort of drill down to more  
6           probative investigations. Those went into the  
7           areas such as Building 81 and -- and such as  
8           the early '50s for neutrons and other things.  
9           Post-1970 -- well, the NDRP, they -- they went  
10          from film to TLD at that point. The -- but --  
11          but we didn't find any indication for internal  
12          or external dose that there'd be a problem for  
13          reconstructing.

14          **DR. ZIEMER:** Thank you. The reason I asked  
15          that question, certainly in a number of other  
16          sites the Board has made recommendations where  
17          certain years are covered and other years are  
18          not covered by SEC status, and it wasn't clear  
19          to me whether the workgroup was comfortable --  
20          maybe that's not the word to use, but was  
21          suggesting that the question of reconstructing  
22          dose after 1970 was not, in their minds, a -- a  
23          problem as compared to those earlier years.  
24          That's sort of rhetorical at this point --

25          **MR. GRIFFON:** Yeah.

1           **DR. ZIEMER:** -- but I was trying to ascertain  
2           that.

3           Okay, other -- other questions, Board members?  
4           Let -- let me suggest a couple of things here.  
5           We have some options before us, one -- one of  
6           which -- well, all of them involve some sort of  
7           action, I want to push the Board to take some  
8           sort of action. Your -- your options are,  
9           number one, to accept or agree with the NIOSH  
10          evaluation. Number two, to disagree with the  
11          NIOSH evaluation -- that is, to basically state  
12          that doses can-- cannot be reconstructed with  
13          sufficient accuracy and therefore to recommend  
14          SEC.

15          You would have an option, although I would  
16          certainly be uncomfortable with it, to extend  
17          this process further to tie up loose ends.  
18          There clearly are loose ends, but those loose  
19          ends seem to continue to occur month after  
20          month. We tie up one set of loose ends and  
21          others appear. It reminds one a little bit of  
22          "Fantasia" and the brooms that multiply  
23          exponentially.

24          Or you would have an option of subdividing  
25          this, I -- I guess, as has been done in other

1 cases, and saying yes, part of this is  
2 straightforward. We're -- we -- we feel an SEC  
3 is clear and perhaps part of it not.  
4 So those are four options. You may want to  
5 cogitate on this for a bit. I -- I know some  
6 of you want to get refueled with food. The  
7 lunch hour is upon us. We hadn't wanted -- I -  
8 - I had hoped we could come to closure to this,  
9 but we've heard -- we've heard a lot of  
10 different -- we've heard testimony from the  
11 petitioners, we've heard testimony from the  
12 Congressional staff, we've heard testimony from  
13 NIOSH, from our working group, we've had a lot  
14 of input. You may want to reflect on this for  
15 a bit and then come back and be prepared to  
16 make a motion, but I'd like some comments on  
17 whether you would like to do that or proceed at  
18 this point with some action. Wanda Munn.

19 **MS. MUNN:** I had hoped that your fourth option  
20 would be lunch. Clearly this is not going to  
21 be a closure that's reached in a matter of five  
22 or ten minutes. This will be a discussion that  
23 will be of significant time constraint, I  
24 think. Pushing past the lunch hour to  
25 undertake that probably is not wise for us.

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

2                               (No responses)

3           What is your pleasure, Board members? You want  
4           -- you want to continue now or -- our lunch  
5           break was scheduled for 11:45 so we're into  
6           that hour. You're too numb to react? Is that  
7           --

8           **MR. PRESLEY:** Let's go eat lunch.

9           **DR. ZIEMER:** Okay. Well, that gives the Chair  
10          the prerogative then, if no one has any  
11          particular opinions, we'll go with mine.  
12          That's the way it works, you know. Let us take  
13          a one-hour lunch break and come back. We will  
14          continue deliberations on the Rocky Flats  
15          petition, and we will adjust the other items on  
16          the agenda accordingly. So those will slide  
17          back in-- into place. So thank you all. We  
18          will reconvene as quickly as we can after 1:00  
19          o'clock, probably about 1:15. Thank you very  
20          much.

21          (Whereupon, a recess was taken from 12:15 p.m.  
22          to 1:35 p.m.)

23          **DR. ZIEMER:** If you would take your seats,  
24          we'll try to come to order, please.

25                               (Pause)

1 Thank you very much. I'll declare the meeting  
2 to be back in order. Before we continue our  
3 deliberations, I -- I have received a hand-  
4 carried letter from Governor Bill Ritter. I'd  
5 like to read this rec-- letter into the record.  
6 The record -- the letter says (reading) In care  
7 of: Paul Ziemer, Chairman; Lewis Wade,  
8 Executive Secretary; and members of the  
9 Advisory Board on Radiation and Worker Health,  
10 Regarding Rocky Flats United Steel Workers of  
11 America, Local 8031, Special Exposure Cohort  
12 petition. Dear Drs. Ziemer and Wade and  
13 members of the Advisory Board: I am writing  
14 today to join in and endorse the letter you  
15 received yesterday from the entire Colorado  
16 Congressional delegation seeking justice for  
17 the Special Exposure Cohort petition of the  
18 former Rocky Flats workers. That letter  
19 compellingly documents the reasons why this  
20 petition should be granted. Simple fairness  
21 dictates that give these workers the benefit of  
22 the doubt in light of their exposure to  
23 radioactive materials, beryllium and silica.  
24 In an ideal world, the Department of Energy  
25 would have maintained comprehensive and useful

1           dose records. In the absence of such records,  
2           and given adequate time, perhaps NIOSH could  
3           adequately reconstruct dose and exposure  
4           records and calculate likely health  
5           consequences. But as you know, this is far  
6           from an ideal world. The dose monitoring  
7           records and other data accumulated at Rocky  
8           Flats were, in too many circumstances, less  
9           than adequate to the task at hand. NIOSH's  
10          efforts to reconstruct doses and exposures have  
11          encountered methodological and data challenges  
12          and have dragged out far too long.

13         Mr. Chairman, working together with the State  
14         of Colorado and the federal government --  
15         working together, the State of Colorado and the  
16         federal government made dramatic and even  
17         unprecedented progress in cleaning up the Rocky  
18         Flats site and converting much of that site to  
19         a wildlife refuge. Surrounding property owners  
20         are moving forward in their efforts to be  
21         compensated for the damage done to their  
22         properties by releases of radioactive  
23         materials. One enormous task remains  
24         unfinished, and it is the task with -- with by  
25         far the greatest human element. It is time,

1 far past time, that fair compensation is  
2 provided to the people who worked and toiled at  
3 Rocky Flats on behalf of a great national  
4 purpose, and who may have been stricken as a  
5 result of their work.

6 I urge you in the strongest possible terms to  
7 act promptly on the Rocky Flats special  
8 exposure petition.

9 Respectfully, Bill Ritter, Jr., Governor.

10 Now Board members, you've had time to cogitate  
11 over your lunch, brief as it may have been, and  
12 I'd like to urge that we take action on the  
13 proposal that is before us. The Chair  
14 recognizes Jim Melius.

15 **DR. MELIUS:** I'd like to offer a --

16 **DR. ZIEMER:** Get -- get closer to the mike,  
17 Jim.

18 **DR. MELIUS:** Yeah, I will. Can you hear me  
19 now?

20 **DR. ZIEMER:** Yes.

21 **DR. MELIUS:** Yeah. I'd like to offer a general  
22 motion that would cover two separate steps.  
23 The first was I believe that, based on the  
24 reports we received and the discussions we had  
25 earlier, Mark's presentation, the SCA reports

1 and so forth, that we should move forward  
2 approving a Special Exposure Cohort for the  
3 people exposed to neutrons or who should have  
4 been monitored for neutrons from 1952 through  
5 1958; that --

6 Number two, that we need further review on  
7 three particular issues that, again, were  
8 discussed this morning and which would be  
9 requesting that NIOSH come back to us with  
10 further information; that we -- also that we  
11 work with our contractor, SC&A, to evaluate  
12 three separate issues. One is the neutron  
13 exposure from 1959 to '70. Second I believe is  
14 the exposures in I believe it's Building 81.  
15 And then third is this issue of thorium  
16 exposures and some related nuclides that -- in  
17 -- in some areas of the facility. All those  
18 are where there -- involve where there's some  
19 monitoring data, but we really haven't had an  
20 adequate evaluation of whether that data is  
21 sufficient for use for individual dose  
22 reconstruction.

23 I would propose that we -- for the latter three  
24 that we try to move that along as quickly as  
25 possible. I understand the timeliness issues.

1           And that, if possible -- and I -- this may be a  
2           question for NIOSH to consider -- is that --  
3           try to get that work done and that we, at our  
4           next Board meeting, would be I believe  
5           scheduled for June 12th, that we have that  
6           meeting to -- a person -- in-person meeting  
7           rather than a telephone meeting, to consider  
8           those three issues.

9           **DR. ZIEMER:** You've heard the motion. Is there  
10          a second?

11          **MR. CLAWSON:** (Off microphone) (Unintelligible)

12          **DR. ZIEMER:** There is a second, Brad Clawson.  
13          Let me ask for a clarification. The first part  
14          of your statement you referred only to  
15          individuals exposed to neutrons. I assume that  
16          we're talking about all individuals who were  
17          monitored or should have been monitored --

18          **DR. MELIUS:** Yeah, I should have --

19          **DR. ZIEMER:** -- in that period --

20          **DR. MELIUS:** Yeah.

21          **DR. ZIEMER:** -- not just those exposed --

22          **DR. MELIUS:** Right, right --

23          **DR. ZIEMER:** -- to neutrons.

24          **DR. MELIUS:** -- yeah, yeah, yeah.

25          **DR. ZIEMER:** Okay. Let me also add that,

1           should this motion carry, I'm going -- I will  
2           ask that the mover re-- reconstitute the motion  
3           to put it in the usual form that would make it  
4           useful to send forth to the Secretary, which  
5           specifies that -- for example, that the  
6           Chairman take certain actions within 30 days  
7           and -- and we have some sort of standard,  
8           boilerplate language that has to go forward, so  
9           we -- I would ask for a formal rewording of  
10          that, but this gives at least the intent of  
11          what the motion would be.

12          **DR. MELIUS:** Correct, and I would propose that  
13          we do that -- the second part, should this  
14          Board agree on this, that we would do that  
15          tomorrow morning and we would work on -- this  
16          afternoon and tonight work on a specific letter  
17          with the justifications and the format that's  
18          required.

19          **DR. ZIEMER:** Okay. Now should -- should this  
20          motion pass, my understanding is that we would  
21          proceed to make the recommendation for the  
22          Special Exposure Cohort status for the early  
23          group immediately; that the other group time  
24          frames -- and actually I think you've only  
25          spoken to addressing issues dur-- for the time

1 frame up to '70, you haven't said anything be--  
2 beyond '70, but that would, by implication,  
3 have to be addressed, as well.

4 **DR. MELIUS:** Yeah.

5 **DR. ZIEMER:** What this would do would be to  
6 postpone action for approximately one month on  
7 the rest of the time frame until I -- I believe  
8 it would be proof of principle on the dose  
9 reconstructions for the neutrons, or was it for  
10 the thorium?

11 **MR. GRIFFON:** Those three items.

12 **DR. ZIEMER:** Oh, neutrons, thorium and the  
13 other issues, okay.

14 **MR. GRIFFON:** And 881.

15 **DR. ZIEMER:** And 881 -- is it 881?

16 **MR. GRIFFON:** Yeah.

17 **DR. ZIEMER:** Okay. Discussion. Dr. Roessler.

18 **DR. ROESSLER:** I was so concentrating on the  
19 first part, which you now clarified, that I  
20 didn't really get all the points in your second  
21 part. So my question is, with regard to  
22 procedure, are we going to -- before we vote --  
23 see this written so that we can fully  
24 understand it? Or are we going to be required  
25 -- if we're going to be required to vote right

1           now, I need to have Jim go over that second  
2           part again.

3           **DR. ZIEMER:** We'll ask for a rereading of this  
4           in a moment. Other comments?

5           **DR. WADE:** Well, I -- I would like to just get  
6           clarification on the first part of the motion  
7           relative to monitored or should have been  
8           monitored. Are we talking about neutron dose  
9           or what are we talking about?

10          **MR. GRIFFON:** Monitored or should have been  
11          monitored for neutron exposures, yeah.

12          **DR. MELIUS:** Right.

13          **DR. WADE:** Okay, for neutron exposures.

14          **MR. GRIFFON:** Yeah. Was that not what...

15          **DR. ROESSLER:** I'm still not clear on that.  
16          Does that mean then the whole population of  
17          workers during that time period, or is there  
18          some way to determine which workers should have  
19          been monitored for neutrons? I think that's  
20          the big question on that one.

21          **MR. GRIFFON:** Yeah, I -- I guess I was trying  
22          to avoid defining by various buildings, but --  
23          you know, that may be possible, but I was  
24          trying to avoid -- you know, basically not  
25          charging the Board with doing that, but having

1           that be determined by NIOSH. But I don't know,  
2           to the extent we can specify, I guess -- I'm  
3           not sure how we want to go on that.

4           **DR. WADE:** Well, you know, the Board has  
5           adopted its procedures of sort of passing a  
6           motion in principle and then reviewing it that  
7           night and consulting in fact with the  
8           Department of Labor as to how these issues  
9           might be adjudicated. So I think that's  
10          appropriate to do here. I don't know that this  
11          issue's been broached yet with the Department  
12          of Labor.

13          **DR. ZIEMER:** Okay. Wanda Munn.

14          **MS. MUNN:** Unless I'm mistaken, the working  
15          group had general consensus with respect to  
16          this cohort that exists from 1952 to 1959,  
17          although it is not clear that any meaningful  
18          worker exposure could have occurred during  
19          1952. That being the case, then there still is  
20          confusion, from my perspective, with respect to  
21          why we're focusing specifically on neutrons.  
22          It would appear to me that since one of our key  
23          arguments was there were very few actual  
24          records that were available because very few  
25          people were monitored for anything during that

1           early period, why are we specifying neutrons?  
2           My other question is, if we are in fact going  
3           to delay the vote on our post-'58 cohort, and  
4           we're doing so ostensibly to ask for proof of  
5           principle from NIOSH, must we not be very clear  
6           with respect to our directions to NIOSH as to  
7           what we will and will not accept as proof of  
8           principle? Must not that be a basic part of  
9           our motion here?

10          **MR. GRIFFON:** I can respond to that --

11          **DR. ZIEMER:** Yeah.

12          **MR. GRIFFON:** I -- I can respond to the first  
13          part. The -- we're focused on neutrons because  
14          we -- we did not find that there was a  
15          deficiency with regard to bioassay data for  
16          those early time periods, and in fact they do  
17          have gamma data -- penetrating measurements.  
18          That's sort of how they had -- neutron/photon  
19          ratio has to be multiplied by something. It  
20          was the gamma results from those early periods,  
21          so they did have more monitoring, it's just  
22          that they had very little neutron data. That  
23          was the -- so -- so it is targeted on neutrons,  
24          I think limited to neutrons.

25          **DR. ZIEMER:** So as this has been defined, the

1 special cohort status would be restricted to  
2 individuals, perhaps in certain locations, for  
3 whom neutron monitoring should have been or was  
4 -- or should have been provided, but would not  
5 provide special cohort status for others on the  
6 site during that period if they were not in the  
7 identified areas. Is that the correct  
8 understanding?

9 **MS. MUNN:** So again, aren't we going to have to  
10 be very specific with respect to what those  
11 buildings are and what those areas are when we  
12 make this kind of designation?

13 **MR. GRIFFON:** Well, I -- I guess that's the  
14 question I would -- I would say what Lew says  
15 is that, you know, if we need to be more  
16 specific to allow DOL to adjudicate, then we  
17 can do it. I -- I just didn't -- I didn't have  
18 a -- a complete listing and I didn't want to  
19 miss any buildings, so I said -- the easier way  
20 for me to define it right now, just for our  
21 discussions, was to say "monitored or should  
22 have been monitored". I didn't want to miss  
23 any building or anything, so -- but we can --  
24 you know.

25 **DR. ZIEMER:** But the practical question will --

1           **MR. GRIFFON:** Yeah.

2           **DR. ZIEMER:** -- arise in specific cases as to  
3 how will DOE --

4           **MR. GRIFFON:** Right.

5           **DR. ZIEMER:** -- not DOE, DOL identify whether  
6 or not a worker was or should have been  
7 monitored for neutrons. I suppose that would  
8 fall back on the NIOSH report then, would it  
9 not? Would they iden--

10          **DR. WADE:** I don't want to speak for DOL.  
11 Jeff, do you want to run the risk of standing  
12 before us and talking about this?

13          **DR. ZIEMER:** We'll hear -- hear from DOL, but I  
14 can anticipate that that would be a difficult  
15 question unless we provided some sort of  
16 information on what parts of the site this  
17 covered.

18          **MR. KOTSCH:** Yeah, I'm not certain. I haven't  
19 seen their information if you could put it by  
20 building, but then I don't know how you  
21 determine that people were in that building if  
22 they -- I don't -- is there a lot of bioassay  
23 data for that period of time that would put  
24 people in buildings?

25          **MR. GRIFFON:** They -- they -- they -- well,

1           they have work history cards -- I mean I'll let  
2           Brant respond to that maybe, behind you, but...

3           **DR. ULSH:** As I understand the status of your  
4           discussions, the part of the NDRP that is under  
5           question has to deal with the methods that were  
6           used to estimate doses from '52 to '58. What  
7           the Neutron Dose Reconstruction Project  
8           provides, aside from that -- from the methods  
9           of estimating neutrons -- is a very fine cohort  
10          in that it included people in the plutonium  
11          buildings who were at risk of neutron exposure.  
12          So all of the buildings where people at Rocky  
13          Flats could have received neutron exposures  
14          were considered explicitly in the NDRP. That  
15          would be --

16          **MR. GRIFFON:** See, that -- that -- I wasn't  
17          ready to take -- that next step was -- I wasn't  
18          sure that NDRP had included every building that  
19          could have had neutron exposures, so I wanted  
20          to at first define it more broadly saying --  
21          and then make sure we get the full list of --

22          **DR. ULSH:** Okay.

23          **MR. GRIFFON:** -- buildings with that potential.  
24          And how we define that I think it -- it's  
25          either defined by the Board or --

1           **DR. ULSH:** Okay.

2           **MR. GRIFFON:** -- you know.

3           **DR. ULSH:** Would you be looking for action from  
4 NIOSH on that to provide a list of those  
5 buildings, or -- or --

6           **DR. MELIUS:** Well, I -- I think we need to have  
7 some discussion, if I can speak to this. One  
8 is my understanding from our last discussion  
9 with Pete Turcic about this general issue a few  
10 Board meetings ago was that it -- it appeared  
11 to be better that -- to have this "monitored or  
12 should have been monitored" was a more workable  
13 approach in most instances, not all instances,  
14 but in most instances that seemed to be more  
15 workable than -- than a building by building  
16 issue, for some of the reasons that have been  
17 stated. But I -- I think that we need to sit  
18 down and talk about that a little bit and would  
19 offer something more specific tomorrow for --  
20 for consideration. I also -- in response to  
21 what -- Wanda's comment, second comment about  
22 the proof in prin-- of principle and the  
23 follow-up. What I would propose is that we  
24 would offer up a -- a more fleshed-out motion  
25 tomorrow that would be more -- as specific as -

1           - I won't -- well, more specific about what  
2           would be expected back. I -- I -- I think  
3           there's -- hard to be, you know, too precise  
4           about that, but I -- I think we can make  
5           something that's more clearly understandable by  
6           everybody involved so that when we come here --  
7           come back on June 12th to discuss it, that it  
8           can be -- will be addressed by that time,  
9           hopefully.

10          **DR. ZIEMER:** Thank you. Other comments? Okay,  
11          Phil.

12          **MR. SCHOFIELD:** I think we need to leave a  
13          little broader than --

14          **UNIDENTIFIED:** We can't hear you.

15          **DR. ZIEMER:** Use your mike.

16          **MR. SCHOFIELD:** I think we need to leave it a  
17          little broader than just specifying certain  
18          buildings because until we can actually prove  
19          people were not in those buildings, rather than  
20          having each individual -- a lot of these  
21          claimants are doing this for loved ones who  
22          have already passed on, and they're not going  
23          to be able to say well, we know they were in  
24          Building 770 or 881. Rather, we need to leave  
25          it a little broader because there's -- has to



1           that motion again -- or Dr. Melius, are you  
2           prepared to -- to reread the motion or not?

3           **DR. MELIUS:** Yeah, I can. I'll be glad to.

4           The motion would be that we would move ahead  
5           and approve an -- as -- to add to the SEC those  
6           people that worked at the Rocky Flats site from  
7           1952 through 1958 that were monitored, or  
8           should have been monitored, for neutron  
9           exposure.

10          And the latter part of that would need to be --  
11          we need to talk to NIOSH and -- and to DOL,  
12          make sure that that's the right way to  
13          essentially def-- define the class.

14          Then secondly, there are three areas that we  
15          need to get further information from NIOSH,  
16          basically demonstration that areas that they  
17          believe can -- they -- they have adequate  
18          information to do dose reconstruction but have  
19          not demonstrated that adequacy of that data to  
20          us or to our workgroup yet. Those are the 1959  
21          through 1970 for neutron exposure. There's a  
22          building 81 issue and, as I understand it, an  
23          issue with exposures to thorium in certain  
24          areas of the facility. All three of those --  
25          there are some monitoring data, but that data

1 is not -- been evaluated in the sense of -- of  
2 being -- showing that it is adequate for doing  
3 individual dose reconstruction -- asking that  
4 that information be brought back to our next  
5 workgr-- or next Board meeting and for -- for  
6 further consideration, and we'll have to make a  
7 determination whether that data is adequate or,  
8 if it is not adequate, then whether -- adequate  
9 for dose recon-- individual dose  
10 reconstruction, as to whether additional groups  
11 should be added to the Special Exposure Cohort.  
12 **DR. ZIEMER:** Dr. Roessler, did that clarify the  
13 points for you or do you still have questions  
14 on --  
15 **DR. ROESSLER:** I -- I understand everything  
16 except -- tell me about Building 81.  
17 **DR. MELIUS:** Mark, can you help me?  
18 **MR. GRIFFON:** Building 81 -- actually what we  
19 found was that workers were not monitored in  
20 the early period, actually up to 1960, so there  
21 was a question about back-extrapolating to  
22 determine -- being able to bound external doses  
23 for that early period. We -- we've also heard  
24 today -- the only -- and this is my -- also  
25 reluctance to further define the buildings for

1 neutron exposures, but we've heard today -- and  
2 which was brought to us before, but we probably  
3 -- may have overlooked it, the use or potential  
4 use of plutonium in that building. So I think  
5 we should also evaluate -- make sure that, you  
6 know, there's not other things going on in that  
7 building that might affect our outcome, as  
8 well.

9 **DR. ZIEMER:** Wanda?

10 **MS. MUNN:** We did however in the workgroup  
11 identify the fact that the first plutonium  
12 arrived in Building 81 in 1983. At some  
13 juncture during our deliberations we defined  
14 that.

15 **MR. GRIFFON:** 198-- I don't recall that, so --  
16 but you know, I just asked that we -- we might  
17 want to consider closing that out. If that's  
18 been closed out, that's -- I accept that, but  
19 it was brought up today so I just wanted to  
20 make sure we --

21 **MS. MUNN:** (Off microphone) (Unintelligible)  
22 '53.

23 **DR. ZIEMER:** Dr. Roessler?

24 **DR. ROESSLER:** Okay, one more clarification. I  
25 think your motion indicated that we would meet

1 face-to-face on June 12th rather than  
2 teleconference. My schedule is kind of  
3 difficult to do that, but I think we should get  
4 a feeling from other people on the Board how  
5 many of us could actually do that.

6 **DR. ZIEMER:** Okay. You -- you all presumably  
7 have blocked some time out for a face-to-face -  
8 - or for a -- at least a phone call meeting --

9 **DR. ROESSLER:** But not traveling.

10 **MR. GRIFFON:** We might -- we might want to look  
11 at potential other dates because I'm just  
12 thinking -- I'd hate to be in the same position  
13 where we have a report one day before, or the  
14 same day, and we're giving it to the  
15 petitioners and all interested parties. We  
16 want to be able to do that in advance, so I  
17 don't want to be in this, you know, position  
18 again. And June 12th -- by the time we get the  
19 workgroup back together and work on these  
20 issues, you know -- comes up kind of quickly.

21 **DR. ZIEMER:** Other comments? Again I remind  
22 the Board that if -- if you pass this motion,  
23 you also are extending the -- the issue  
24 further, but that's -- that is certainly an  
25 option that's open. It closes part of it and

1 keeps part of it open, in effect. And I think,  
2 Mike, that's what you were speaking against at  
3 that point.

4 Other comments? Board members, just -- this is  
5 not on the main motion, but if the motion pass,  
6 how many of you are prepared to meet in person  
7 on June -- is it June 12th?

8 **MS. MUNN:** It was June 12th, but I think that  
9 ought to depend largely on whether or not NIOSH  
10 can get the requested information back, as --  
11 as Mark said.

12 **DR. ZIEMER:** And I don't know if anyone from  
13 NIOSH is prepared to make a commitment on that  
14 today. Brant is sort of moving -- he's -- he's  
15 deliberating with Jim Neton, I think, and --  
16 kind of put -- put them on the spot, as well,  
17 Brant and...

18 **DR. ULSH:** Could -- on the second part of Dr.  
19 Melius's motion about additional clarification  
20 that you would like to see, could we get a  
21 little better feel for what kind of a product  
22 you're asking for from NIOSH on those three  
23 issues -- thorium, Building 81 prior to 1960,  
24 and I believe neutrons after 1958.

25 **MR. GRIFFON:** Yeah, I think we -- should we

1 flesh that out tonight? I think that -- you  
2 know, I -- generally we're looking for that  
3 proof of principle question, but I think Wanda  
4 has already asked that we might want to be  
5 clear in exactly what we're looking for there,  
6 and maybe just -- you know, just discuss  
7 schedule tomorrow morning or whatever, but --

8 **DR. WADE:** We could leave schedule till  
9 tomorrow morning.

10 **DR. ZIEMER:** Well, unless we know -- unless  
11 NIOSH knows what we're talking about, they  
12 would be very, I think, reluctant to commit to  
13 a timetable, number one. Number two, unless we  
14 spell it out, we've just added uncertainty to  
15 the -- to the system. So I want to press the  
16 Board a little bit. We need to have some  
17 clarity here if -- if this is to be the -- the  
18 case, we need to be very clear on what is to be  
19 expected, what the Board product will be --  
20 again, I don't want to drag this on. I don't  
21 want to come back in a month and say well, we  
22 need another month or whatever it is.

23 **MR. GRIFFON:** Right.

24 **DR. ZIEMER:** I think the -- the timeliness  
25 issue is upon us. Mike's point is well taken,

1           and if -- if we are to delay, we have to have a  
2           good reason with an expected outcome that we  
3           will be able to make a decision then -- within  
4           a few weeks. The Chair certainly can tolerate  
5           that, probably more so than the workers, but --  
6           but we simply need to move ahead on this, so --  
7           **MR. GRIFFON:** I'd just ra-- I'd just rather try  
8           to write something out than try to describe,  
9           you know -- I'd rather put a little thought  
10          into it and write it out and provide it  
11          tomorrow morning, if that's okay, rather than  
12          just trying to do it ad hoc here around a  
13          table.

14          **DR. ZIEMER:** Okay. Now let me now suggest a  
15          strategy then, Board members. You have a  
16          motion. We've had some discussion. We've had  
17          -- the Chair's trying to get a sense of the  
18          level of support for this motion, because if  
19          there's not a lot of support, then we need to  
20          defeat it and move on. If there is some  
21          support, then I'm going to suggest that we  
22          table the motion and get the wording defined  
23          for action tomorrow morning. I think Mike has  
24          spoken against the motion. Phil, do you have a  
25          comment?

1           **MR. SCHOFIELD:** Yes, I've got just one comment.  
2           On the timeliness issue, we need to set a  
3           deadline where we give these people either a  
4           yes or no answer instead of dragging this on  
5           and on and on.

6           **DR. ZIEMER:** Okay, precisely my point. Thank  
7           you, Phil.  
8           Others? Anyone wish to speak for or against  
9           the motion? I think it would be helpful to get  
10          some idea of the level of support here. That  
11          will help us...

12          **MR. GIBSON:** Dr. Ziemer?

13          **DR. ZIEMER:** Mike, another comment, then Wanda  
14          Munn.

15          **MR. GIBSON:** Yeah, I'd just like to point out,  
16          you know, we're -- looks like we're in a way  
17          marching down a path to ask NIOSH to go back to  
18          the well and -- and do something else, when in  
19          Section 8.0 of their SEC evaluation report  
20          they've said that they have enough information  
21          to determine it is feasible to estimate the  
22          dose with sufficient accuracy for this class.  
23          So if that information is available to them, in  
24          their opinion, you know, why -- why should we  
25          give them more time to go back and then try to

1           come up with some other information?

2           **DR. ZIEMER:** Thank you. Wanda.

3           **MS. MUNN:** Anything that requires a further  
4           postponement of this issue is difficult for  
5           everyone concerned. It's difficult for every  
6           single one of these petitioners, and it's  
7           difficult for everyone sitting at this table.  
8           And I think, from what we have heard today from  
9           Congressional staff, the Senator and from the  
10          Governor, they are quite eager to get on with  
11          this.

12          NIOSH has said that they are capable of doing  
13          these -- these dose reconstructions, and we  
14          have an abundance of evidence that they can and  
15          have in the past done so. I personally would  
16          like to see us make a definitive decision one  
17          way or the other today, if we can possibly do  
18          so. I understand the concern with respect to  
19          establishing precedent and proof of principle,  
20          but the proof of principle with respect to  
21          every other aspect of these dose  
22          reconstructions has been shown to us  
23          repeatedly, especially in the working group, on  
24          more than one occasion. I would prefer to see  
25          the vote on the entire SEC request done today,

1 segmented or not.

2 **DR. ZIEMER:** Thank you. Jim Melius and then  
3 Gen Roessler.

4 **DR. MELIUS:** No, I'll -- I don't have any  
5 comments right now.

6 **DR. ZIEMER:** Okay. Gen?

7 **DR. ROESSLER:** I think as a Board, we have  
8 mostly been able to reach consensus or close to  
9 consensus on many things, and I think at this  
10 point I see the Board fairly divided on this  
11 issue. If we were to vote today on the whole  
12 petition, I think we'd be divided. Plus we're  
13 missing one Board member. I think that this is  
14 a -- I -- I don't like to see the people in  
15 this area put off for a while, but I think we  
16 can reach a fair decision if we do allow a  
17 little more time, so I -- I'm willing to vote  
18 in favor of Jim's motion.

19 **DR. ZIEMER:** Other comments? Mark?

20 **MR. GRIFFON:** Reluctantly. I think -- I just  
21 want to remind fellow Board members that our --  
22 our SEC procedures do ask for this proof of  
23 principle. You know, we -- we say that we will  
24 look at this, so you know, when -- and then  
25 there -- there -- there is a -- I guess there's

1 a difference between do they have the  
2 information -- you know, NIOSH'll probably say,  
3 in the case of the neutron issue, they have the  
4 information, but they haven't necessarily shown  
5 us how they're going to mo-- so we're asking --  
6 well, show us how it's going to work and how  
7 it's going to be bounding. I think their  
8 evaluation report was -- was stating that they  
9 had the information available, but -- you know,  
10 so we -- and that's specifically why we wrote  
11 those procedures that way, because we said  
12 well, you know, that's kind of a -- there's a  
13 lot in the middle there, and we want to sort of  
14 see how this is going to work and -- and give  
15 ourselves assurances that we're going to be  
16 able to bound doses for all members of the  
17 class. So I -- I think we have to remember  
18 that that is in our own procedures and, to that  
19 extent, I think we should, you know, follow our  
20 own procedures.

21 **DR. ZIEMER:** Dr. Lockey.

22 **DR. LOCKEY:** I -- I've -- I think this working  
23 group and Mark in particular have put an  
24 extensive amount of time into the Rocky Flat  
25 issue and a very complex exposure situation, no

1           doubt about it. I think NIOSH has put in an  
2           extensive amount of time, as has our consulting  
3           group. I think that I would support Jim's  
4           motion in that if we can get this done  
5           relatively quickly, within 30 days,  
6           particularly under the direction of Mark and  
7           how knowledgeable he is in this -- in this  
8           particular situation, it's worth that 30 days.  
9           I don't think it's worth any longer than that,  
10          but I think it's worth that 30 days.

11         **DR. ZIEMER:** Okay. Other comments, pro or con,  
12         in support or in -- in opposition to the motion  
13         that's before us?

14         **MS. THOMPSON:** (From the audience and off-  
15         microphone) (Unintelligible)

16         **DR. ZIEMER:** Now since we -- we don't have the  
17         exact wording, you can -- I can ask the Board  
18         if you wish to have what we might call a straw  
19         vote, with the understanding the final wording  
20         would come back for review. Or we can table.

21         **MS. THOMPSON:** (From the audience and off  
22         microphone) (Unintelligible) decide.

23         **DR. ZIEMER:** Do you wish to vote now on the  
24         motion as it's been presented, Board members?  
25         (Whereupon, multiple Board members responded

1 simultaneously.)

2 **DR. ZIEMER:** Okay, we will vote by a show of  
3 hands. Those who favor the motion, raise your  
4 right hand.

5 (Affirmative responses)

6 One, two, three, four, five, six, seven.

7 Opposed, raise your hand?

8 (Negative responses)

9 One, two, three.

10 So the motion carries by a vote of seven to  
11 three. We will have a final wording of that  
12 motion, the refined wording which would be in a  
13 form that could go forward to the Secretary,  
14 tomorrow for a final review. That wording  
15 would specify that the 1952 to '58 period -- it  
16 would recommend that that group become part of  
17 the Special Exposure Cohort; it would recommend  
18 that proof of principle on those identified  
19 items be provided within basically one month by  
20 NIOSH and that we would be committed to voting  
21 up or down on the rest of those time periods  
22 within one month. Okay?

23 Yes, a comment from the petitioner.

24 **MS. THOMPSON:** With all due respect, we came  
25 here today wanting a vote on the petition as a

1 whole. Okay? It is clear that the law is not  
2 being followed. The law states that as the day  
3 we submitted the petition could you or could  
4 you not accurately reconstruct dose. I think  
5 you have proven, by all the changes that have  
6 been made, the new models and everything, that  
7 you could not accurately reconstruct dose, or  
8 NIOSH could not -- excuse me, I'm not blaming  
9 the Board -- NIOSH could not accurately  
10 reconstruct dose at that point in time. This  
11 delay is unacceptable to the people that are  
12 dying, and I will defer to my previous  
13 statement that our workers should not have to  
14 fight with the government when they're fighting  
15 for their lives. The purpose of this  
16 legislation was to grant timely and fair  
17 compensation to our workers. These models are  
18 not tested, they're not proven, they're not  
19 tried, they're not true. It's science and it -  
20 - the question is not at some future day can  
21 NIOSH reconstruct dose, although I'm not sure  
22 they ever can do it accurately. This has gone  
23 on long enough. Please vote.

24 **DR. ZIEMER:** Thank you. The vote has been  
25 recorded. We will review the wording tomorrow,

1 and then we will plan to meet again -- we will  
2 try to make an effort to have that meeting here  
3 in one month, if we can make the arrangements.

4 **UNIDENTIFIED:** (From the audience and off  
5 microphone) (Unintelligible)

6 **DR. ZIEMER:** Thank you very much. We -- we're  
7 going to move on to our next agenda item. I'll  
8 allow -- this is one of the petitioners. We'll  
9 allow an additional comment here.

10 **MR. HARDEN:** Sir, with all due respect, if this  
11 is prolonged, I would ask that the petitioners  
12 have a chance to rebut some of the information  
13 that has occurred this afternoon. For  
14 instance, we haven't had access to this report  
15 that was just revealed today.

16 **DR. ZIEMER:** Right.

17 **MR. HARDEN:** And the other thing I would do is,  
18 in support of Jennifer Thompson, I think this  
19 has developed into some kind of a charade and  
20 that -- that's not a reflection on you as  
21 individuals. It's a collection of information  
22 that we've suffered for two years, and I think  
23 it's long overdue that we put these intellects  
24 in their places and we bring a decision to  
25 these folks that have been waiting by the

1           sidelines all these months and years to have  
2           their claims answered one way or another.

3           **DR. ZIEMER:** Thank you.

4           **MR. HARDEN:** Thank you for the opportunity.

5           **UNIDENTIFIED:** Could I just ask a point of  
6           clarification? Did you just vote against the  
7           majority of the petition or not?

8           **DR. ZIEMER:** No, we --

9           **UNIDENTIFIED:** Or did you just postpone the  
10          majority of the petition?

11          **DR. ZIEMER:** -- we -- the vote was in favor of  
12          the motion. The motion was to grant -- or to  
13          recommend SEC status for the period of 1952 to  
14          '58 and to defer action on the -- the remaining  
15          time periods for one month until we could get  
16          the proof of principle information from NIOSH,  
17          at which time --

18          (Whereupon, multiple audience members spoke  
19          simultaneously.)

20          **DR. ZIEMER:** The rest of those time periods.  
21          The recommendation is to include '52 to '58, to  
22          recommend that time period as part of the  
23          Special Exposure Cohort.

24          **UNIDENTIFIED:** The motion has three specific  
25          issues in the second part for the post-1958, so

1 are you limiting the discussion to those three  
2 specific issues, are you -- and saying  
3 everybody else is out, or not? I don't think  
4 people here understand what you just did.

5 **DR. ZIEMER:** Okay, let -- let me try to  
6 clarify.

7 **UNIDENTIFIED:** For the post-'58, I don't think  
8 they understand whether you've rejected most of  
9 them or you're only going to look at those  
10 three issues, or is the whole post-'58 still  
11 open for discussion?

12 **DR. ZIEMER:** Oh, the whole post-'58 is open,  
13 but those are the issues that the Board needs  
14 closure on. I think we're clo-- we have  
15 closure on the other items. Those are the  
16 issues that the Board has not -- has asked for  
17 additional clarification from, so those other  
18 time periods -- we're not recommending that  
19 they not be included. We're simply saying we -  
20 - we will vote on those in one month. The  
21 first period -- the Board has recommended that  
22 that period be added to the Special Exposure  
23 Cohort.

24 Did -- did -- is that clear, or did I not say  
25 that very well?

1           **MR. GRIFFON:** I guess -- I guess to -- out of  
2           tho-- out of those three follow-up items that  
3           we have, the only -- the -- the neutrons extend  
4           from '59 through '70, that issue. The -- the  
5           881 is an early time period issue, pre-1960.  
6           The thorium one would potentially affect the  
7           entire time frame of the site. So I think, to  
8           that extent, the entire time per-- period's  
9           left op-- open, but only really with regard to  
10          thorium in this case. I think that's -- to be  
11          clear, you know.

12          **UNIDENTIFIED:** (From the audience and off  
13          microphone) What about (unintelligible)?

14          **UNIDENTIFIED:** (From the audience and off  
15          microphone) Case by case.

16          **MR. GRIFFON:** I -- I just said post-1970,  
17          thorium still is potentially an exposure  
18          potential, so we have to see proof of principle  
19          on the thorium. We've asked for that, yeah.

20          **UNIDENTIFIED:** (From the audience and off  
21          microphone) (Unintelligible)

22          **DR. ZIEMER:** Okay. Dr. Roessler, a comment?

23          **DR. ROESSLER:** I think we have members of the  
24          press here who will want to meet some deadlines  
25          for today and not wait for these details for

1           tomorrow, and I'm not sure that they're clear  
2           on that first period. I think we said for  
3           those workers who were monitored or should have  
4           been monitored for neutrons, so it could mean  
5           it's not the whole group.

6           **MR. GRIFFON:** That's correct.

7           **UNIDENTIFIED:** (From the audience and off  
8           microphone) (Unintelligible)

9           **UNIDENTIFIED:** (From the audience and off  
10          microphone) (Unintelligible)

11          **UNIDENTIFIED:** I'm from Associated Press and I  
12          would like to know how you decide who should  
13          have been monitored and who was monitored. Can  
14          I simply declare that I worked in building 771  
15          and therefore qualify, or is NIOSH or somebody  
16          else going to decide whether I should have been  
17          monitored or whether I was monitored?

18          **DR. ZIEMER:** Okay. Yeah, Mark, can you clarify  
19          that for us? You can't right now, but --

20          **MR. GRIFFON:** No -- yeah.

21          **DR. ZIEMER:** -- it will be part of what we  
22          provide, because we have to provide that same  
23          information to the Department of Labor to  
24          administer this. So the likelihood is it will  
25          relate to building locations, is my

1 understanding.

2 A question here.

3 **UNIDENTIFIED:** I'm from the *Rocky Mountain*  
4 *News*. I'd like to clarify whether the thorium  
5 issue can apply to everyone or just certain  
6 people who worked with thorium.

7 **MR. GRIFFON:** Just -- just certain people who  
8 worked with thorium, and that's correct, yeah.

9 **UNIDENTIFIED:** (From the audience and off  
10 microphone) (Unintelligible)

11 **MR. GRIFFON:** Just the individuals who have  
12 worked with thorium, yeah.

13 **UNIDENTIFIED:** So the effect of this vote is  
14 you've excluded almost everyone. Is that  
15 right?

16 **UNIDENTIFIED:** (From the audience and off  
17 microphone) You can't prove (unintelligible).

18 **UNIDENTIFIED:** I think they want to know the  
19 answer to that question --

20 **UNIDENTIFIED:** (From the audience and off  
21 microphone) (Unintelligible)

22 **UNIDENTIFIED:** -- on how you voted.

23 **MR. GRIFFON:** Well --

24 **DR. ZIEMER:** Well, right now the periods from  
25 '59 onward are not acted upon. They are

1 deferred till the next meeting. The issues  
2 will be individuals who were exposed -- or were  
3 monitored or should have been monitored for  
4 neutrons, so that's a -- probably a large  
5 number of people, individuals exposed to  
6 thorium, and then the -- the building 81 issue,  
7 so --

8 **MR. GRIFFON:** Yeah.

9 **UNIDENTIFIED:** (From the audience and off  
10 microphone) How are you going to  
11 (unintelligible) the contractors are  
12 (unintelligible) documentation (unintelligible)  
13 prove you were out there?

14 **UNIDENTIFIED:** (From the audience and off  
15 microphone) (Unintelligible)

16 **UNIDENTIFIED:** (From the audience and off  
17 microphone) (Unintelligible) report.

18 **DR. ZIEMER:** I'm -- a question --

19 **UNIDENTIFIED:** (Unintelligible) the steel  
20 workers signed the cards, they kept records for  
21 the steel workers. You have numerous vendors,  
22 contractors, people that moved in and out of  
23 those buildings prior to '59. How you going to  
24 prove who it was that came and gone? How --  
25 how you going to prove it? A lot of them are

1 probably not even around anymore.

2 **DR. ZIEMER:** Thank you. Gen, did you have an  
3 additional comment, or -- okay.

4 Members of the press, do you have any  
5 additional questions that you need clarified?  
6 Okay.

7 Dr. Lockey has a comment.

8 **DR. LOCKEY:** This comment is -- is more generic  
9 in nature, and it has to do with when the  
10 EEOICPA law was passed, it was a laudable  
11 effort initially to recognize and provide at  
12 least some compensation for people who were  
13 injured in the nuclear production industry. It  
14 was a patched-together law -- I think Jim would  
15 probably support that -- trying to get it  
16 passed through a very difficult political  
17 situation.

18 Over the ensuing years, as NIOSH and SC&A and  
19 this Board have tried to work -- and  
20 petitioners, particularly petitioners -- have  
21 tried to work with this law, there are parts of  
22 it that don't work. It's created conflict and  
23 it's created frustration and it's been very  
24 time-consuming. And there's no -- there's no  
25 question about that. So there's parts of this

1 law that need to be streamlined and fixed --  
2 fixed.

3 Now you know, we go to St. Louis and we pass  
4 Mallinckrodt, and the Congressional delegation  
5 is there, like they are here today, supporting  
6 their constituency. They get their SCE (sic).  
7 But you know, I'm not -- it's not clear to me  
8 that, other than representing their state,  
9 we're representing everybody in the United  
10 States. This is a bipartisan issue --  
11 Republican, Democrat -- 'cause these plants  
12 were spread throughout the United States. The  
13 law needs to be updated, streamlined and made  
14 more user-friendly.

15 If I was in your situation and I got a 48  
16 percent PC, and my neighbor that I worked with  
17 for 30 years got a 52 percent PC, then I would  
18 be just beside myself. That's understandable.  
19 That is clearly understandable, and that type  
20 of conflict needs to be eliminated. There's  
21 ways to do it and Dr. Melius has suggested ways  
22 in the past.

23 It's really your Congressional people who need  
24 to step forward and not just represent you here  
25 in Colorado, but represent the rest of the

1 workers in this industry throughout the United  
2 States to streamline this law and update it to  
3 make it more user-friendly. It's their duty.  
4 We're trying to work within the law, and we  
5 have good people in NIOSH who are -- who are  
6 public servants, who are preventive health,  
7 public health oriented. They're doing their  
8 damndest to get the work done, and SC&A's the  
9 same way, and people on this Board are the same  
10 way. But we were constrained by a law that has  
11 a catch-22 -- 180 days to reconstruct radiation  
12 doses, generate new science that takes -- that  
13 can take years? That's what the law is -- it  
14 put us into conflict, and it needs to be  
15 changed. It needs to be updated. It needs to  
16 be streamlined, and the conflict needs to be  
17 taken out of it. Thank you.

18 **DR. ZIEMER:** Okay. Thank you very much.

19 **MS. FRANK:** I'm Laura Frank from the *Rocky*  
20 *Mountain News*. So the press just wants to be  
21 clear for what we report next. The petition  
22 before you includes everyone who ever worked at  
23 Rocky Flats. You have carved out, if I'm  
24 clear, a 1952 to 1958 piece of people who were  
25 exposed -- potentially, who -- which should

1           have been monitored or were monitored for  
2           neutron dose. Does that mean the rest of the  
3           potential class is still before you, or only  
4           those people who fall into the three categories  
5           that you're continuing to look at for next  
6           month?

7           **DR. ZIEMER:** Only th-- only those other  
8           categories that we're looking forward to.

9           **MS. FRANK:** So everyone else is out.

10          **DR. ZIEMER:** Yes.

11          **UNIDENTIFIED:** (From the audience and off  
12          microphone) (Unintelligible)

13          **DR. ZIEMER:** That's right.

14          **UNIDENTIFIED:** (From the audience and off  
15          microphone) (Unintelligible)

16          **DR. ZIEMER:** No, no, next month we would be  
17          looking at the other time periods.

18          **UNIDENTIFIED:** (From the audience and off  
19          microphone) (Unintelligible)

20          **DR. ZIEMER:** Right --

21          **MR. GRIFFON:** Only three categories.

22          **DR. ZIEMER:** -- right.

23          **UNIDENTIFIED:** (From the audience and off  
24          microphone) (Unintelligible)

25          **DR. ZIEMER:** That's correct. That's correct,

1           that's correct.

2           Okay. Let's take a brief ten-minute break. I  
3           know the press folks may have additional  
4           questions. We'll -- we'll catch our breath  
5           here and then we'll resume. Thank you.

6           (Whereupon, a recess was taken from 2:20 p.m.  
7           to 3:00 p.m.)

8           **DR. ZIEMER:** Okay, let's -- I'd like to ask you  
9           to be seated and we'll come back to order.

10          It's -- it's very clear to the Chairman that  
11          there's been a lot of confusion on what action  
12          was taken and -- and what was covered and what  
13          wasn't. Let -- let me try to clarify and I --  
14          I'm aware that sometimes clarifications make  
15          things even more confusing.

16          The action that the Board has taken will  
17          recommend to the Secretary the addition of  
18          special cohort status to a group of individuals  
19          from the '52 to '58 time frame who were  
20          monitored, or should have been monitored, for  
21          neutrons. So it's a subset of the total group  
22          in that time period.

23          We have not taken specific action on the rest  
24          of the time periods, including '59 to '64,  
25          which was segmented out; '65 to '68; '69 to

1 '70; or '70 and onward.

2 Now there was some question as to -- since the  
3 neutron, the -- and thorium in Building 81  
4 issues tend to focus on those three middle  
5 groups, did that automatically exclude '70 and  
6 beyond. It's the Chair's ruling that the '70  
7 and beyond is still an open question for two  
8 reasons. Number one, the thorium issue could  
9 indeed extend beyond '70; we don't know that.  
10 Number two, it would be my intent that the  
11 Board specifically go on record with '70 and  
12 beyond period, to either vote it up or vote it  
13 down, so it's very clear where the Board stands  
14 on that; that it not simply be -- fall by the  
15 wayside simply by exclusion. So it would --  
16 it's the Chair's intent that at our next  
17 meeting we take specific action on all of the  
18 remaining time periods so that everybody knows  
19 what the recommendation is on all of those and  
20 what groups are specifically covered.  
21 So what is -- what has transpired is the  
22 recommendation to add one subset to the Special  
23 Exposure Cohort, and the possibility then is  
24 open to add additional subsets from the  
25 remaining time periods. So I hope that is a

1 little more clear than it apparently was at the  
2 time of the break. And we're --

3 **UNIDENTIFIED:** (From the audience and off  
4 microphone) (Unintelligible)

5 **DR. ZIEMER:** -- we're not -- we're not sure  
6 whether the media will make it more or less  
7 clear as they attempt to explain this, because  
8 they've talked to different folks and I think  
9 have gotten different versions of what Board  
10 members thought they were voting on, and so --  
11 and that's unfortunate, and I'm -- I'm sorry if  
12 that occurred. But we -- we -- we hope that  
13 that adds some clarity.

14 Yes, I'll allow a question here.

15 **UNIDENTIFIED:** May I ask a question?

16 **DR. ZIEMER:** Yes.

17 **UNIDENTIFIED:** Okay, you say you're going to  
18 vote on people prior to '59 on for thorium and  
19 -- 'cause the neutron -- photon thing -- photon  
20 thing. How you going to prove from '59 on up  
21 for everybody else that might have been exposed  
22 to thorium?

23 **DR. ZIEMER:** Well, I think that remains to --  
24 for the Board when we get our material next  
25 time. I can't predict what the Board might do

1           at that point, but at least those time periods  
2           are still open before us, so that will be the  
3           main order, and basically the only order of  
4           business as we return, hopefully in a month,  
5           and -- and try to pin down the final answer on  
6           those.

7

MAY 3, 2007

PUBLIC COMMENT

1  
2  
3 **DR. ZIEMER:** Good evening, everyone. We're  
4 going to go ahead and start the public comment  
5 session of the Advisory Board on Radiation and  
6 Worker Health. I have a list of individuals  
7 that have indicated they wished to speak to the  
8 assembly this evening and we'll just take the  
9 list in the order given.

10 I do want to -- many of you were here last  
11 night, and I will repeat a couple of things in  
12 case you weren't here, and that is that this  
13 Board is an advisory board. We're not a board  
14 that makes the final decisions on anything.  
15 That's sometimes good and sometimes bad.  
16 Sometimes we wish we could, but the fact of the  
17 matter is we simply give advice. We're -- we  
18 do not adjudicate the cases. We evaluate the  
19 program, really is what it amounts to. That is  
20 the dose reconstruction program.

21 We do have a -- we do have a responsibility to  
22 provide an opinion on Special Exposure Cohort  
23 petitions. We have -- before the Board at this  
24 meeting there are five petitions that are being  
25 examined, one of which is Rocky Flats. And as

1 many of you know, we had an extensive  
2 discussion, a public comment on that last  
3 night. The Board had that action before it  
4 earlier today. And if you weren't here for  
5 that, you may not know that the Board  
6 recommended approval of a portion of the time  
7 frame for the Rocky Flats for the neutron  
8 workers. There are some other portions of that  
9 petition that will be finalized in -- at our  
10 next meeting, next month, which we hope will be  
11 back here so that those of you from Rocky Flats  
12 can be present.

13 There are several folks -- well, I -- I also  
14 want to mention, because it's sometimes  
15 confusing for folks, and that is that the folks  
16 you see here -- we do not work for NIOSH or for  
17 Department of Labor. We are just an  
18 independent board. I often introduce the  
19 individuals. A number of these, like -- like  
20 me, I'm a retired educator, and we have a mix  
21 of people on this Board, some of whom are  
22 retired, some of whom are still working; some  
23 of whom have technical backgrounds, some who  
24 are in the medical field, some who are  
25 individuals who are union workers. So we have

1 a cross-section of folks here on this Board.  
2 We are not part of NIOSH. We are not part of  
3 Department of Labor. So we're -- our job is to  
4 give kind of an independent look at things.  
5 We have to struggle, as it were, with a lot of  
6 viewpoints -- the viewpoints of the  
7 petitioners, the viewpoints of the agencies,  
8 and we even have our own contractor that we  
9 hire to help us evaluate the various issues.  
10 So it -- it's a job that this Board does, not  
11 only here at the Rocky Flats, but dealing with  
12 sites all over the country.  
13 We will be hearing from individuals from some  
14 of those -- representing some of those other  
15 sites in fact tonight, but I notice here there  
16 are still a few Rocky Flats folks and I'll just  
17 take them in the order that they are. We have  
18 imposed now a ten-minute time limit on people.  
19 That's something new, but in order to provide  
20 time for everyone to -- to give their remarks,  
21 we ask you to -- to stick with the ten-minute  
22 time limit. Also, as I mentioned last night,  
23 the ten-minute is not a goal to be achieved but  
24 is an upper limit. So if your remarks are less  
25 than that, that's quite fine.

1 Jack Weaver, who identifies himself as a  
2 retired Rocky Flats worker. [name redacted]

3 **DR. WADE:** [name redacted] has left.

4 **DR. ZIEMER:** Signed up earlier today but  
5 perhaps couldn't make it.

6 Cliff DelForge? That's Cliff, you've got the  
7 first mike here.

8 **MR. DELFORGE:** My name is Cliff DelForge --  
9 Clifford DelForge. I worked at Rocky Flats for  
10 35 years, primarily in the areas of  
11 radiological safety. I'm not here on my behalf  
12 'cause I'm not sick. I -- primarily involved  
13 in here because of my [Identifying Information  
14 Redacted]. He worked at Rocky Flats for 24  
15 years and he is ill, and he is -- his illness  
16 was -- I think I was able to prove pretty  
17 significantly that it was caused at Rocky Flats  
18 -- by his work at Rocky Flats.

19 I'm not here to talk about [Name Redacted]  
20 either. I'm just going to make some general  
21 comments, if I may.

22 You've heard a lot of testimony from people.  
23 Some of it -- a fair amount of it was not  
24 probably technically appropriate for dose  
25 reconstruction, but all of it was morally,

1           ethically and emotionally valid for the SEC.  
2           I think we've kind of missed the boat on some  
3           of this stuff.  Otherwi-- some of the people  
4           who got up here and talked were talking about  
5           specific instances where they were showing  
6           that, because of the work that they were doing  
7           and the places that they were, that they should  
8           have had a -- some dose on their dosimeters,  
9           should have had some dose, and that in most  
10          cases it came back either as a zero dose or as  
11          no current data available.  
12          I got -- that got me thinking about my own  
13          personal situation, and there are a couple of  
14          things that I'll discuss here shortly on my own  
15          personal experience regarding the validity of  
16          our dosimetry program.  And that's fairly  
17          important 'cause you're talking about making a  
18          recommendation on whether or not to approve  
19          Rocky Flats for the SEC status.  
20          The last time I went out to the Rocky Flats  
21          plant -- I retired in 1995, and the last time I  
22          actually went out to the plant proper was as  
23          part of one of the many programs that I was  
24          involved with -- the uranium study, the  
25          plutonium study, the americi-- I mean the

1           beryllium study and the chemical study. And  
2           while I was out there I was talking to a  
3           gentleman and he was explaining to me that they  
4           had just started a new program where they were  
5           bringing back the film badges from the Denver  
6           Tech Center and they were going to reread these  
7           badges and then they were going to compare that  
8           data with the data that they had on the  
9           existing documentation. And the very first  
10          batch of badges they brought back, one  
11          gentleman, they reread his badge; his  
12          documentation showed zero, his bad (sic) was  
13          reading 1,000 millirem. They were off by a  
14          factor of 1,000 on that one individual.  
15          I don't know how far they went with this. I --  
16          I would be willing to bet that they did not  
17          read every badge and bring every badge back,  
18          'cause they're talking about a lot of badges  
19          over many, many years. But that one instance  
20          should have indicated at least that they should  
21          have probably done that.  
22          The reason that -- if I understand it  
23          correctly, the reason that there were so many  
24          no current data available on the documentation  
25          was because they didn't read the badges. They

1           didn't have the time. It was just physically  
2           impossible to read all the badges, so they just  
3           put down no current data available.

4           I'm personally aware of three unauthorized  
5           experiments that were done to determine the  
6           validity of our dosimetry program. Now  
7           americium salts are the highest level of  
8           radiation that I've ever seen at Rocky Flats,  
9           and that was my job as a radiation monitor when  
10          I first got into radiological safety. I had a  
11          reading off of a fiber pack of the beryllium  
12          salts that read 22,000 millirem, which is  
13          extremely high, especially for Rocky Flats. A  
14          gentleman was -- I don't know if he was coerced  
15          into it or anything, but he -- several -- a  
16          couple of the RCTs or the radiation monitors  
17          said we ought to test this program, so they had  
18          him put his badge in a can of americium salts  
19          for 30 minutes. I don't know what the reading  
20          on that particular can was, but it had to be  
21          fairly high and there had to be some exposure  
22          to that badge. And his results came back zero.  
23          Another guy -- a different period of time --  
24          put his badge in a glove on the americium line,  
25          which was the highest gamma radiation line at

1           the -- in 771 building, and he left it in there  
2           for the majority of his shift and he sent it  
3           in, and there had to be significant radiation  
4           exposure to that badge. It came back zero.  
5           I personally -- I was assigned to a special  
6           project as a radiation monitor. We had to have  
7           special badges because the material we were  
8           working with had a very robust gamma associated  
9           with it. I must have been in a union frame of  
10          mind at the time because I decided I was going  
11          to do my own test. All the other people who  
12          had the special badges wore their badges on the  
13          inside of their lead aprons and they were  
14          required to wear lead aprons the entire time  
15          they worked with the material. I set my badge  
16          on the outside, looking for some -- there had  
17          to be some difference between my badge and  
18          everybody else's -- and it came back zero.  
19          There was no difference.  
20          In my son's case, doing some investigation, I  
21          found two instances where they'd found a small  
22          amount of -- of exposure on a badge on two of  
23          his different badge, and they said well, you  
24          know, this -- this can't be real. It's not --  
25          it's bogus, so we're just going to knock

1 everything back to zero.

2 I firmly believe that their standard operating  
3 procedure was whenever there was any kind of an  
4 anomaly with their program, if they had a high  
5 reading here or something like that, they  
6 simply said well, this can't be right, it can't  
7 be true so we'll just forget it and knock it  
8 down to zero. I mean if they were doing  
9 anything else, they would have come and  
10 investigated. And in my case if there was -- I  
11 had a high exposure on my badge, somebody  
12 should have come down and said, you know,  
13 what's -- what's the problem here, at which  
14 case I probably would have been in a little bit  
15 of trouble because I did this in an  
16 unauthorized manner.

17 I think -- and I think we missed the boat  
18 because, with the people that talked about  
19 their specific situations and my own  
20 experiences, we should have gotten together  
21 with all the people that -- from Rocky Flats,  
22 all the people work in the back areas, and sat  
23 down and interviewed them and said what  
24 personal experiences do you have that would  
25 show that the documentation of the dosimetry

1 program was not up to snuff, it wasn't doing  
2 what it was designed to do. I think we could  
3 have provided you with a very large document.  
4 I think everybody -- 'cause everybody that I  
5 talk to just casually said yeah, yeah, I know  
6 this situation. This happened in my case, and  
7 everything else.

8 It's kind of disheartening to sit and listen to  
9 Mark say, you know, that he -- he's perfectly  
10 comfortable that there was no credible  
11 evidence, I guess, to -- that there was any  
12 problems with the dosimetry program. I don't  
13 believe that. I believe that there were some  
14 problems with it. I think that the -- with the  
15 numbers of no current data available, I don't  
16 know how you can possibly extrapolate -- and  
17 that's another thing.

18 If you're talking about well, we're going to  
19 extrapolate here, we're going to calculate  
20 here, we're going to -- you know, you -- just  
21 making up numbers, is all you're going to do is  
22 make up numbers, and I don't think you can do  
23 it accurately. I don't think there's enough  
24 information that you really need to have to do  
25 that.

1           The -- you can't use situations with other  
2           plants with regard to Rocky Flats. We had --  
3           we had unique materials, we had unique  
4           mixtures, we had unique processes. You can't  
5           say well, what happened over here -- we're  
6           going to say well, we can say that the same  
7           thing happened over here.

8           You can't use common denominators. You look at  
9           people as individuals, and you don't know if a  
10          person got a exposure in a -- in an hour, or in  
11          a week or in a month if his badge was on a  
12          monthly basis and he got a total over that  
13          period of time, or if he was in a back area one  
14          hour and got that -- that exposure. You don't  
15          have that kind of information to know who was  
16          working what lines and how long they were there  
17          and anything else. There's just so much  
18          information out there that's -- that you need  
19          to have in order to do a valid thing -- at  
20          least in my opinion.

21          It's kind of funny, it's -- it's almost like  
22          this program, this compensation program, was  
23          like a fresh zebra kill. And the top predator,  
24          the Department of Energy, got in there ripping  
25          off huge chunks of flesh, to the tune of \$90

1 million in paperwork that went in their  
2 pockets. And isn't it amazing that the two  
3 people that were involved in that program  
4 resigned shortly after that came to light --  
5 not because of that. No, it didn't have  
6 anything to do with that. They were going to  
7 retire anyhow. And -- and now the vultures and  
8 the jackals are picking at the -- the bones of  
9 this thing. And they've apparently done a  
10 pretty good job, at least on one leg of the  
11 beast.

12 I saw this article in the paper today, *Rocky*  
13 *Mountain News*, and it says here that the  
14 government is about to run out of money to  
15 complete dose reconstruction. They're about to  
16 run out of money. So the vultures have picked  
17 that leg clean, pretty close to it.

18 And now I ask you, what are we going to do now?  
19 Are we going to -- when it runs out of money  
20 are we just going to say well, we're just going  
21 to put it on hold until we get some more money  
22 and start doing our job again? I got a good  
23 idea. Maybe what we can do is do a kind of a  
24 pool and see how many more Rocky Flats  
25 employees are going to die in the interim.

1 We need to have some processes done -- we need  
2 them done now. We need to have -- I think the  
3 things that you've heard -- what they do to me.  
4 Obviously I have an agenda of my own. I've got  
5 a son who's ill. I've got friends who are ill.  
6 I would ask you right now -- I would ask that  
7 you all unanimously recommend to whoever is in  
8 charge that any further dose reconstruction  
9 should be discontinued immediately. It's a  
10 waste of time and a waste of money. And I'd  
11 also recommend that you unanimously recommend  
12 that Rocky Flats be given the SEC status. I  
13 don't ask you to do this because you feel  
14 compassion for the people who are ill. I don't  
15 ask you to do this because you may be angry at  
16 some of the way that some of the people were  
17 treated. I ask you to do this because it's  
18 scientifically appropriate to do it. Thank  
19 you.

20 **DR. ZIEMER:** Thank you, Cliff. Then [Name  
21 Redacted], -- is [Name Redacted], with us?

22 (No response)

23 Okay, we'll come back and check. [Name  
24 Redacted] I think is the last name. I'm trying  
25 to read the first name. Is there a [Name

1 Redacted]? Rocky Flats retired person -- [Name  
2 Redacted]?

3 **UNIDENTIFIED:** (From the audience and off  
4 microphone) What was it? I can't hear you very  
5 well. The sound system is very muffled.

6 **DR. ZIEMER:** [Name Redacted] is --

7 **UNIDENTIFIED:** No, I'm sorry.

8 **DR. ZIEMER:** Not [Name Redacted]? Okay. Next  
9 is Dr. Dan McKeel, and I believe Dr. McKeel's  
10 representing the Dow Madison petition.

11 **DR. MCKEEL:** Good evening, Dr. Ziemer and the  
12 Board. Actually tonight I want to talk about  
13 our other site, General Steel. I do have --

14 **DR. ZIEMER:** I think tomorrow you'll have an  
15 opportunity then I believe as the petitioner to  
16 --

17 **DR. MCKEEL:** Yes.

18 **DR. ZIEMER:** -- talk about the Dow site, yes.

19 **DR. MCKEEL:** Dr. Ziemer was kind enough to  
20 allow me -- I had a rather complex comment  
21 tonight, so I made that in writing, appropriate  
22 to what the Board has just decided, and I'll  
23 try to keep this short for you. The remarks I  
24 want to make tonight are for my colleague, John  
25 Ramspott, who you all know. And I have

1            basically two brief remarks.

2            The first one is about the Battelle task order

3            16 contract, and as you heard yesterday, Larry

4            Elliott announced that due to fund shortages at

5            NIOSH, this contract would soon be terminating,

6            at the end of this month, with no further work

7            done and all monies spent. This is an

8            important contract to us because both the Dow

9            site and the General -- General Steel

10            Industries sites are under this contract.

11            As you know, the original contract was to have

12            been for 12 months and was to have ended last

13            October, and has been extended. There were, as

14            far as I'm aware, three dose reconstruction

15            guidance documents that have been produced,

16            TIBs 5000, 6000, 6001. I heard Larry yesterday

17            say that there were 16 site-specific appendices

18            to cover the 256 sites that were charged to

19            Battelle to review. General Steel is

20            apparently one of those 16 appendices. We

21            don't know when that appendix will materialize,

22            although I was very encouraged to see that the

23            first four appendices were posted on the -- on

24            the OCAS web site today.

25            Mr. Elliott also told us -- told our group that

1 Dow, which is another site, will not have a  
2 site-specific appendix and Dow also has no site  
3 profile. The original intent, and the reason  
4 I'm bringing this up tonight, was to generate  
5 appendices for all 256 sites. And I derived  
6 that idea because the OCAS web site right now  
7 says the following about Battelle TIB-6000.  
8 Quote, Following the main body of this document  
9 is a collection of appendices, with one  
10 appendix for each AWE site that performed  
11 metal-working operations, and the TIB is about  
12 uranium and thorium -- end quote.  
13 Only 308 of the more than 1,400 claims, or  
14 about 22 percent of the total, have been  
15 completed dose reconstructions at Battelle. An  
16 unstated number of 83.14 SECs may be  
17 forthcoming, and added work remains for other  
18 branches of NIOSH to complete undone tasks.  
19 My comment is that this doesn't really seem  
20 like very satisfactory overall performance on  
21 this contract, given the significant time  
22 extension. And the comment for the whole  
23 EEOICPA program is that in a time like this of  
24 constrained funding for NIOSH operations is --  
25 was the Battelle task order -- was it a wise

1 investment, considering basically the low  
2 overall productivity on all the major goals.  
3 The second comment tonight is -- in a -- in a  
4 way I apologize, but I came to you tonight,  
5 again, about the General -- I mean the Granite  
6 City Steel naming issue because, although we  
7 have brought that up repeatedly to the Board,  
8 that problem still persists today, and I want  
9 to give you a -- a very practical reason why  
10 it's important.

11 John Ramspott and I have jointly written in our  
12 written comments a detailed recounting of two  
13 claims, and both of those together show the  
14 Department of Energy, Department of Labor and  
15 NIOSH have really not dealt adequately with  
16 this Granite City Steel naming error and the  
17 description of the facility at DOE.

18 Claim number one was from a [Identifying  
19 Information Redacted] filed EEOICPA claims in  
20 2004. He went through the entire dose  
21 reconstruction process, was assigned a  
22 probability of causation of 36.23 percent, and  
23 then he was denied in April of 2005.

24 The problem is that Granite City Steel did no  
25 AEC uranium work, and was a different site at a

1 different location from Gra-- General Steel  
2 Industries, which was the real covered site.  
3 GSI did perform Betatron non-destructive  
4 testing on Mallinckrodt uranium ingots from  
5 1953 to 1966. In contrast, Granite City Steel  
6 didn't have any Betatrons.  
7 We had obtained the redacted version of this  
8 claim from NIOSH by the FOIA process, and we  
9 got that because this was one of the four dose  
10 reconstructions that have been performed for  
11 Granite City Steel -- or correctly named,  
12 General Steel Industries.  
13 We then located the worker's children, one of  
14 whom verified that it -- one of her -- that her  
15 claim was one of the ones that was dose  
16 reconstructed. She verified that her father  
17 always [Identifying information Redacted] from  
18 Granite City Steel, always [Identifying  
19 information Redacted] work, and never set foot  
20 at GSI, even after Granite City Steel bought  
21 the GSI grounds and property in 1974.  
22 Well, we were interested in that because, as I  
23 say, there've been a very low production of  
24 completed dose reconstructions. John and I  
25 believe in fact that probably all four DRs that

1           have been attributed to General Steel  
2           Industries may have actually been done on  
3           Granite City Steel workers in error. In our  
4           written comment we provide indisputable  
5           documentation that the original facility  
6           misidentification occurred at the Department of  
7           Energy, and went unrecognized by Labor and  
8           NIOSH during the dose reconstruction process,  
9           including assignment of a POC of 36.23 percent.  
10          The second claim highlighted in our written  
11          comment is that of an authentic [Identifying  
12          Information Redacted] GSI employee who was a  
13          [Identifying Information Redacted]. He was told  
14          by a Department of Labor supervisor and by  
15          Social Security that he really worked at  
16          National Roll Company in Pennsylvania, and that  
17          GSI was not a covered site. It took multiple  
18          calls and a FAXed newspaper story to convince  
19          Labor that claimant number two worked at GSI,  
20          that GSI was a real covered site, and that his  
21          claim would be processed. And -- and that was  
22          effective, but he still awaits his dose  
23          reconstruction, along with 208 other people  
24          with claims at NIOSH from General Steel  
25          Industries.

1           In light of these two claims that I think are  
2           well documented, we therefore are requesting  
3           that the Department of Labor re-examine all of  
4           the 305 denied Granite City Steel and GSI  
5           claims with respect to the site employment  
6           issue. After this meeting is over we will work  
7           with the Illinois Congressional delegation to  
8           request a remedy in a formal way. Therefore,  
9           we will assist the agencies with the -- this  
10          effort if -- if they ask us to do so.  
11          We think that several hundreds of claimants  
12          could have been affected. There are now 819  
13          Part B and E ostensible GSI claims, and 546  
14          ostensible GSI cases. We need to know for sure  
15          how many claims were denied (a), from people  
16          who never worked at GSI, and (b), from workers  
17          who worked at GSI but were denied in the early  
18          years because both Department of Labor and  
19          Energy misconstrued the name and location of  
20          GSI as the authentic covered facility, thinking  
21          it was Granite City Steel.  
22          The DOE facilities list database and the DOL  
23          statistics by state web sites have only been  
24          partly corrected in this regard.  
25          And -- and the final comment is that John and I

1 at least hope one day that the children  
2 claimants of claim number one worker will get  
3 an apology, and I think it needs to be a  
4 special apology from all three of those  
5 agencies. Thank you very much.

6 **DR. ZIEMER:** Thank you, Dan. And I have the --  
7 the more extensive copy. I think we can get  
8 this onto the web site perhaps and I'll ask the  
9 -- NIOSH to do that.

10 **DR. MCKEEL:** (Off microphone) (Unintelligible)

11 **DR. ZIEMER:** Also, Dan, I believe you have been  
12 in contact with Pete Turic (sic), have you,  
13 from Labor? I --

14 **DR. WADE:** Turcic.

15 **DR. ZIEMER:** -- or Turcic. We want to make  
16 sure that you're not relying on our --

17 **DR. MCKEEL:** No, sir.

18 **DR. ZIEMER:** -- our --

19 **DR. MCKEEL:** Right, that's what I meant to say.  
20 I --

21 **DR. ZIEMER:** -- proceedings to see that this  
22 gets --

23 **DR. MCKEEL:** -- obviously this has to be taken  
24 up with all three --

25 **DR. ZIEMER:** Yeah.

1 DR. MCKEEL: -- agencies, so --

2 DR. ZIEMER: I -- I think I knew that you were  
3 going to do that, I just want to make --  
4 confirm --

5 DR. MCKEEL: I did transmit my e-mail copy sent  
6 to you to Mr. Turcic and to Libby White at  
7 Department of Energy --

8 DR. ZIEMER: Very good.

9 DR. MCKEEL: -- so they would be of this --

10 DR. ZIEMER: Very good.

11 DR. MCKEEL: -- and -- and to Larry Elliott.

12 DR. ZIEMER: Yes. Okay, thank you. Jerry  
13 Mobley from Rocky Flats -- is Jerry with us  
14 tonight?

15 (No response)

16 Sometimes folks sign these things early in the  
17 day thinking that they are registering their  
18 attendance, and they end up on the -- the  
19 speaking sheet.

20 How about Stan -- is it Beitscher?

21 MR. BEITSCHER: Yes, it is.

22 DR. ZIEMER: Stan.

23 MR. BEITSCHER: Would it be better if I spoke  
24 from that podium?

25 DR. ZIEMER: You -- you can do either one --

1           **MR. BEITSCHER:** The sound is very --

2           **DR. ZIEMER:** -- whatev-- whatever you prefer.

3           **MR. BEITSCHER:** It may be my ears. The sound  
4 is very muffled.

5           **DR. ZIEMER:** Okay, you can try that one, if you  
6 prefer.

7           **MR. BEITSCHER:** My name is Stan Beitscher. I  
8 worked at Rocky Flats from 1963 to 1993. I  
9 came there when I was 30 years old. I left  
10 when I was 60 years old, with a number of  
11 medical conditions. I look very healthy from  
12 the outside, but I have a number of situations  
13 internally that are not apparent. But my first  
14 comments have to do with the special cohort  
15 program, and I'd like to add to Mr. DelForge's  
16 comments from a slightly different perspective.  
17 Let me tell you what my background is. I was a  
18 research scientist at Rocky Flats in the area  
19 of metallurgical engineering. I graduated from  
20 the Colorado School of Mines with a degree in  
21 metallurgical engineering, with a minor in  
22 minerals beneficiation. I went to Rensselaer  
23 Polytechnic Institute and received a master's  
24 degree in metallurgical engineering with a  
25 minor in nuclear engineering. I then went back

1 to the Colorado School of Mines, received a PhD  
2 in metallurgical engineering with a minor in  
3 physics.

4 So I can't really claim that I did not know  
5 that radiation and toxic material exposure is  
6 dangerous. I was very well schooled in these  
7 areas. I'm not a world expert in these areas,  
8 but I have read thousands upon thousands of  
9 pages concerning the effects of radiation and  
10 toxic material exposure in my lifetime. I've  
11 written hundreds of research papers dealing  
12 with material science.

13 And I can tell you, first of all, that the  
14 emphasis at Rocky Flats was production first;  
15 safety, yes, but came second. Nothing would  
16 take -- would stand in the way of meeting  
17 production schedules. And although there was  
18 concern for safety, safety was second.

19 Furthermore, the implication that working --  
20 for working at Rocky Flats was that largely  
21 radiation effects on biological systems is  
22 largely unknown. This is a very crude science.  
23 In 1963 very little was known about the limits  
24 of -- of dangerous exposure, not only to  
25 radiation but to the host of other extremely

1 dangerous materials that were handled at Rocky  
2 Flats. The list is staggering and almost  
3 amazing. Every -- virtually every toxic,  
4 dangerous material was at one time or another  
5 present in my work area in my -- in the  
6 research building of Building 79 where I spent  
7 about 28 of the 30 years. The other year and a  
8 half was spent in Building 771, which is  
9 acknowledged as the most dangerous building in  
10 the United States.

11 So to limit compensation based on perhaps the  
12 absence of some information or some material is  
13 preposterous. The radiation was widespread and  
14 the exposure to other toxic material was  
15 extremely widespread at Rocky Flats.

16 Furthermore, you cannot predict biological  
17 effects based purely on some sort of  
18 reconstructed dosage effects. Large amounts of  
19 radiation can-- cannot -- and in some cases,  
20 not cause biological effects. Small amounts of  
21 radiation in other species can cause enormous  
22 effects. And to limit -- to limit compensation  
23 for horrible conditions for some imaginary  
24 limit of -- of exposure is preposterous. And I  
25 stand behind what Mr. DelForge said.

1 First of all, I'd like to add just one other  
2 comment on that. Dosimetry, and that's a  
3 subject that I followed very closely in my  
4 career because I was subject to dosimetry. I  
5 worked in a hot area. I worked in a glovebox.  
6 I worked in a very high radiation area.  
7 Dosimetry is -- is not an exact science, and it  
8 is impossible -- I think, and from my opinion --  
9 -- to reconstruct dosage at Rocky Flats. I -- I  
10 don't know what else I can tell you, and that's  
11 the reason that I feel fairly strongly that the  
12 cohort program should be approved at Rocky  
13 Flats. The dosimeter program at Rocky Flats  
14 was run probably you might say to the best of  
15 the ability of the people running it, but that  
16 doesn't mean it was run very well. There were  
17 a great deal of unknowns.  
18 And dosimetry -- dosimeters are not accurate.  
19 The placement of dosimeters are not always at  
20 the right location. People didn't always wear  
21 their badges. They were not read correctly.  
22 And furthermore, the science of dosimetry is --  
23 is -- is work -- is a work in -- a work in  
24 progress. It is not an exact science.  
25 Okay. Let me just switch gears a little bit,

1           if I may, and talk about the compensation  
2           program. I've studied this compensation  
3           program for five years. I still don't  
4           understand it. And let me explain why.  
5           I have a -- I have a claim in for a number of  
6           illnesses that are not cancers. I don't  
7           believe they're cancers yet. To -- without  
8           being really specific or explicit, I have  
9           respiratory problems. I also have a very large  
10          particular gland that causes me tremendous  
11          discomfort and I have respiratory problems and  
12          I have a hearing defect, and I feel that all of  
13          these were at least greatly caused by my  
14          employment at Rocky Flats.  
15          Part B -- as I understand the compensation  
16          program, Part B covers 22 cancers, beryllium  
17          disease, silicosis and beryllium sensitivity.  
18          Part E, on the other hand, covers other things,  
19          but will only compensate you for loss of  
20          income.  
21          Now there is no way I can -- I can just-- I can  
22          understand this. In other words, if you don't  
23          have these -- one of these 22 cancers,  
24          berylliosis or silicosis, you're not subject to  
25          compensation. If you don't have these cancers

1           and you have other conditions, you're only  
2           compensated if you have -- if you can prove a  
3           loss of wages. Well, I'm retired. I -- I  
4           can't prove a loss of wages. But yet I have  
5           what I consider to be extremely serious medical  
6           conditions -- perhaps not as serious as some,  
7           but fairly serious. When I wake up in the  
8           middle of the night gasping for breath, I think  
9           it's fairly serious, although it's not cancer.  
10          I don't understand. I mean I think -- I think  
11          some reasonable effort was -- was made to make  
12          the program fair, but there's a great big hole  
13          in it. And for the life of me, I don't  
14          understand -- I don't understand why I'm not  
15          covered for compensation because -- simply  
16          because I don't have one of these 22 cancers  
17          yet, or berylliosis or silicosis.  
18          There are very serious health effects that are  
19          not cancer, and let me just name three that I  
20          can think of. There may be a number of others,  
21          and I just can't think of these others. Non-  
22          cancerous tumors are not cancers, but tumors  
23          are very serious medical effects. They're not  
24          covered by Part B. They may be covered by Part  
25          E, but my experience is Part E is not very



1 Is it [Name Redacted]?

2 **DR. WADE:** Yeah.

3 **DR. ZIEMER:** [Name Redacted], are you on the  
4 line?

5 (No response)

6 Okay, perhaps not. Let me check back again on  
7 the other names -- Jerry Mobley? [Name  
8 Redacted]? Mr. [Name Redacted]? Mr. Weaver --  
9 Jack Weaver?

10 (No responses)

11 **UNIDENTIFIED:** (Unintelligible)

12 **DR. ZIEMER:** Is this [Name Redacted]?

13 **MR. EARLEY:** No, Lynn Earley.

14 **DR. WADE:** Say again, please?

15 **MR. EARLEY:** Lynn Earley.

16 **DR. ZIEMER:** Would you like to speak?

17 **MR. EARLEY:** Yes, I would.

18 **DR. ZIEMER:** Please proceed. Tell us your name  
19 again, Lynn --

20 **MR. EARLEY:** Lynn (unintelligible) Early --

21 **DR. ZIEMER:** E-a-r-l--

22 **MR. EARLEY:** -- (unintelligible) analyst,  
23 organic (unintelligible).

24 **DR. ZIEMER:** Okay, thank you.

25 **MR. EARLEY:** And I am also chair of the

1 International Science Oversight  
2 (unintelligible), newly-formed (unintelligible)  
3 to analyze (unintelligible) government agencies  
4 (unintelligible). I have (unintelligible) that  
5 I would like to go over. I don't know how much  
6 time you have, but I have some (unintelligible)  
7 that I --

8 **DR. ZIEMER:** You have a ten -- you have a ten-  
9 minute limit, sir.

10 **MR. EARLEY:** -- would like (unintelligible) I  
11 have to get (unintelligible) to get those so  
12 I'll (unintelligible) 20 seconds.

13 **MS. MUNN:** I don't think he heard you.

14 **DR. ZIEMER:** He's switching phones, I --

15 **DR. WADE:** Putting the dog out.

16 (Pause)

17 **MR. EARLEY:** (Unintelligible) serious question  
18 relative to the whole question of low dose  
19 exposure. These exposures have been analyzed  
20 by independent scientists down through the  
21 years and have been underestimated by many of  
22 the international bodies, including IAEA and  
23 the International Commission on Radiological  
24 Risks. I would hope that this advisory  
25 committee would take (unintelligible) some of

1           these low dose issues. There is a book that  
2           recently was published that is entitled  
3           *Chernobyl, 20 Years (unintelligible)*. It  
4           documents a whole host of non-cancer effects  
5           from these Chernobyl exposures, many of which  
6           were quite low doses. But the Japanese A-bomb  
7           studies did not document -- in fact, they only  
8           looked at the mortality (unintelligible) from  
9           (unintelligible) bomb blast and they were  
10          looking at cancer mortality exclusively. This  
11          book, which just came out last year, documents  
12          a whole host, a whole range of issues  
13          (unintelligible) anybody on the internet  
14          (unintelligible) by the European Committee on  
15          Radiation Risk -- a simple Google for ECRR will  
16          come to that text -- and interestingly, the  
17          IAEA, the World Health Organization, the ICRP  
18          had these Russian studies in hand but never  
19          translated them. Consequently, they have  
20          ignored many non-cancer risks. And I listened  
21          to the testimony quite carefully last night and  
22          was shocked to find that -- and some of the  
23          testimony today indicates that there are  
24          several -- and of course the last speaker  
25          alluded to other non-cancer risks.

1           Now this of course is something that is being  
2           overlooked, disregarded and the scientific  
3           literature has been underestimated because the  
4           scientists that are doing this work have been  
5           uniformly almost shunned in the scientific  
6           community. Give you a classic example. The  
7           BEIR VII committee, which was organized to take  
8           cognizance of the latest updated information on  
9           low dose risk. Unfortunately there were  
10          members of the (unintelligible) community that  
11          -- and I was doing freelance and still do  
12          freelance medical writing -- there were many  
13          organizations in the public interest community  
14          that nominated several members to BEIR VII.  
15          These members were independent scientists, well  
16          qualified to analyze the effects of low dose.  
17          There were about a dozen of them. None of them  
18          were appointed to the BEIR VII committee, and  
19          obviously many of the people -- and I've been  
20          doing conflict of interest studies -- many of  
21          them had conflicts. In fact, right on the  
22          Advisory Board that I'm addressing right now  
23          there are three members that I can recognize  
24          quickly who are in the Health Physics Society,  
25          two with official positions. Health Physics

1 Society has a position statement, and I quote,  
2 Below five to ten rem, and which includes  
3 occupational and environmental exposures, risk  
4 of health effects are either too small to be  
5 (unintelligible) or are non-existent. This is  
6 a (unintelligible) unscientific and completely  
7 unethical statement.

8 The -- there was a paper put out by  
9 (unintelligible) National Academy of Sciences,  
10 November 25th, 2003, and the -- there are 15  
11 cancer experts on this study. Cancer is  
12 attributable to low doses of ionizing  
13 radiation, assessing what we really know.  
14 You'll recognize those in the field. Their  
15 names (unintelligible) Richard (unintelligible)  
16 Goodhead, Charles Land of the NCI, John  
17 (unintelligible) of Harvard, Dale  
18 (unintelligible), President, Elaine  
19 (unintelligible), National Cancer  
20 (unintelligible), Jonathan (unintelligible),  
21 Richard (unintelligible) and this study that  
22 they did indicated that there is good evidence  
23 existing in epidemiological data that suggests  
24 ten to 50 millisievert exposure an acute dose  
25 and 50 to 100 millisievert for a protracted

1 exposure, but the scientists will not accept --  
2 and this of course refers directly to the  
3 exposures at our weapons labs -- that  
4 protracted exposure of small doses of any  
5 radioactive elements over time have a greater  
6 effect than the same acute dose that is given -  
7 - one exposure. Now you will find that most of  
8 the so-called experts in the field reject this  
9 theory completely, and yet there's sufficient  
10 evidence to show otherwise.  
11 So there are numerous studies in the low dose  
12 field to absolutely question the  
13 recommendations that ICRP has put out,  
14 primarily because it's based upon the A-bomb  
15 study, as much of the literature is.  
16 Consequently, what they're not looking at is  
17 internal emitters, the alpha emitters.  
18 Certainly the A-bomb study did not, and all of  
19 the subsequent studies of course do not take  
20 recognition of these internal emitters, which  
21 are at least 20 times more serious than  
22 external emitters, and this has been documented  
23 again in the literature.  
24 I've been studying radiation health effects for  
25 35 years. I'm a retired consumer economics

1           teacher. (Unintelligible) testimony as vice  
2           president of consumer (unintelligible) Michigan  
3           in the 1970s, became an early opponent of  
4           nuclear power because of what I was reading  
5           about radiation and health effects. What  
6           nobody has alluded to is the fact that when  
7           these weapon labs were first organized, the  
8           Atomic Energy Commission and all of the other  
9           governmental agencies were given the power to  
10          put a (unintelligible) label on all radiation  
11          research, and that meant restricted data and it  
12          was only available to a few limited persons.  
13          That of course took place all through the Cold  
14          War. The (unintelligible) atomic audit by  
15          Brookings Institution documented how the United  
16          States (unintelligible) \$5.8 billion on these  
17          atomic weapons development, and it is a wealth  
18          of information that is contained in that book  
19          certainly attest to the fact that the secrecy  
20          that took place (unintelligible) us a  
21          tremendous amount of (unintelligible) and a  
22          lack of information in dissemination of  
23          information, at least up until 1982 -- 1992  
24          when President Clinton of course put out the  
25          order -- Executive Order to declassify many of

1           these studies (unintelligible) --

2           **DR. ZIEMER:** Mr. Earley, we'd ask you to --

3           **MR. EARLEY:** -- (unintelligible) --

4           **DR. ZIEMER:** Mr. Earley, I'm going to ask you  
5           to try to wrap up. You're at your ten-minute  
6           limit, so if you could wrap up quickly, thank  
7           you.

8           **MR. EARLEY:** All right. I would certainly  
9           conclude by stating that the dose  
10          reconstruction program, which not only affects  
11          these workers in our labs but also applies to  
12          the atomic veterans, some 400,000 or more  
13          atomic veterans who were at -- in Japan and in  
14          the Pacific Theater during the atmospheric  
15          tests. This process of utilizing dose  
16          reconstruction is unscientific, has no basis in  
17          fact. Indeed, much of that information in many  
18          of the early years was either destroyed, was  
19          never taken accurately and for anyone to think  
20          that this is an accurate measure is completely  
21          preposterous, as has been alluded to by many of  
22          the speakers. I would say that the speakers I  
23          heard last night, all of them, certainly  
24          deserve a honorary degree because they could  
25          run circles around many of the experts, many of

1           whom I've interviewed as I was doing medical  
2           writing, so I commend those persons who have  
3           taken a stand and come out with their testimony  
4           and I hope that it will bear upon decisions  
5           that are made, not only by the advisory  
6           committee but by the agencies themselves that  
7           will of course make the final determination.  
8           So again, thanks again for the tremendous work  
9           that you people have done, who are the workers  
10          at the labs, and I certainly appreciate and am  
11          looking forward to working with you because  
12          we'll be developing some of the issues in the  
13          future and our (unintelligible) oversight for  
14          will certainly take cognizance of your  
15          testimony. Thank you for your work.

16          **DR. ZIEMER:** Thank you very much, Mr. Earley.  
17          Let me open the floor, if there's any others  
18          that didn't sign up but do wish to make a  
19          comment tonight, we've completed the list here.  
20          Are there any others who wish to make comment?  
21          Yes, and give us your name for the record here.

22          **MS. BAYES:** Certainly. My name is LeeAnn  
23          Bayes. My [Identifying Information Redacted]  
24          was [Name Redacted], who was the [Identifying  
25          Information Redacted] at Rocky Flats for a

1 number of years. He worked at Rocky Flats from  
2 1971 until September 12th of 1988. That was  
3 the morning he died.

4 I consider my [Identifying Information Redacted]  
5 very fortunate because he had the opportunity  
6 to have excellent medical care for the duration  
7 of his illness. And I think it is  
8 reprehensible that our government has denied  
9 that same coverage to these people who have  
10 given so much to grant us our civil liberties  
11 and to guarantee us our Constitutional rights.  
12 I know nothing about dosimetry. I know my  
13 [Identifying Information Redacted] didn't get to  
14 see me graduate from high school, college,  
15 graduate school, get married or have children.  
16 And I don't think that it's fair that you  
17 should deny these people the opportunity to  
18 have every chance at surviving their illnesses  
19 or bearing through them with some degree of  
20 comfort and especially dignity.

21 I don't have a scientific background, but I do  
22 know what it's like to be an orphan of the Cold  
23 War. And that needs to be taken into  
24 consideration. Thank you.

25 **DR. ZIEMER:** Thank you very much. Well, let me

1           thank all of you again for coming out this  
2           evening. Been a long day for many. We -- the  
3           Board will reconvene tomorrow morning. We will  
4           be taking up the SEC petition from Dow Chemical  
5           and the SEC Petition from Chapman Valve. So  
6           some interesting additional activities. You're  
7           all welcome to join us at that time. We begin  
8           tomorrow at basically 8:15. The agenda says  
9           8:00 to 8:15 is the, quote, welcome. That  
10          means a chance to get here and have a cup of  
11          coffee and say hello, and then we'll get  
12          underway at 8:15.

13          We will be meeting in a different room  
14          tomorrow. I understand it's the Sherman Room?

15          **DR. ROESSLER:** (Off microphone)

16          (Unintelligible)

17          **DR. ZIEMER:** Savannah Room.

18          **DR. WADE:** No, Stanley -- Stanley --

19          **DR. ZIEMER:** Close enough for an old guy --  
20          begins with an S. Let me get it straight,  
21          Stanley 1, somewhere down the hall, I  
22          understand. We'll try to find each other.  
23          Thank you. Good night.

24          (Whereupon, the meeting was concluded at 8:35  
25          p.m.)

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5**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 days of May 2 and 3, 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 5th day of June, 2007.

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**STEVEN RAY GREEN, CCR**

**CERTIFIED MERIT COURT REPORTER****CERTIFICATE NUMBER: A-2102**

