1 true for all safety and health. Because
2 construction is difficult to understand, it has
3 mostly been ignored. Last night you heard from a
4 few of our members. They expressed concern about
5 the slow progress that is being made. They
6 expressed concern about being treated fairly.
7 They say you don't understand our work or the
8 exposures. That was our conclusion, as well,
9 following the meeting we had in November.
10 If I can summarize my understanding of where
11 we are, it would be this. First, NIOSH intends to
12 rely on individual radiation doses where possible.
13 We know that won't work for many of our members
14 because they weren't either monitored or monitored
15 in deficient ways. What we don't know is how
16 NIOSH will determine whether radiation monitoring
17 is complete. But we don't know the extent of this
18 problem, so here's my first request to you.
19 Please evaluate DOE -- please evaluate, by
20 DOE site and for each construction trade, the
21 incompleteness of radiation monitoring. Let me
22 emphasize we need a separate evaluation for
23 construction trades. In the end it seems it will
24 be up to the individual claimant to prove that the
25 radiation monitoring records are not complete.

1 This appears to us to be highly unfair, for two
2 reasons.
3 First, the likelihood of construction workers
4 having incomplete radiation records is much
5 greater than for other workers. Second, the
6 burden of making this proof seems more than you
7 can expect to be placed on a worker. But we don't
8 know that for sure since no one has told us what
9 kind of proof will be required. So here's my
10 second request to you.
11 Give us a method by which claimants can prove
12 this. What does it take? The existing rule says
13 nothing about this. Second, NIOSH then says that
14 it needs work history interviews to get at the
15 kind of information that it takes to figure out
16 missing monitor and the unusual exposures. We
17 know that doesn't work for many of our members who
18 are claimants because they are old and they have a
19 long and complicated work history. Many have a
20 dozen or more employers a year. Further, when
21 half of the claimants are survivors, how do you
22 expect this to work since they have no details on
23 work histories. Construction workers will talk at
24 great lengths and with pride about the great
25 projects they worked on -- the buildings, the

1 highways, the bridges and so on. But they
2 generally don't talk much about their work day and
3 with their families, in part because it's
4 dangerous. And at the DOE sites they were
5 forbidden to do so, so how do you expect these
6 survivors to provide recall? We know this work
7 history procedure is not working because we hear
8 it from our members and their families.
9 November 11th we asked NIOSH how the
10 interviews were going and they said poorly. In
11 fact, they said that the survivors' interviews
12 mostly resulted in "I don't know" answers and only
13 lasted about ten minutes. They claim this is
14 frustrating to them. Imagine how the claimant
15 feels. So this is my third request to you.
16 Please review the work history process for
17 construction workers and tell us how often they
18 are insufficient. Provide this information
19 specifically for construction workers and also
20 where the claimant is a survivor.
21 Thirdly, NIOSH says that it doesn't really
22 need the interviews. Instead, it can express a
23 professional opinion. We know that no two
24 construction workers are remotely alike in their
25 work history experiences. That is why safety and

1 health researchers often get frustrated when they
2 come onto a job site. We've seen it time and time
3 again. More importantly, NIOSH has not presented
4 us with a method by which it will do this. To
5 rule on dose reconstructions is not specific about
6 how this will be done for construction workers,
7 and the NIOSH team could not tell us how they are
8 doing this, so we have little confidence in this
9 regard. So this is my fourth request to you.
10 Review the procedures by which NIOSH will do
11 this specifically for construction workers. From
12 what I have said, you can see that we have
13 concerns about every step in the NIOSH decision
14 logic as it applies to construction workers, and
15 we have a clear and factual basis for these
16 concerns. It is not the first time they have been
17 exposed to NIOSH or to you, but let me say again,
18 you can't treat the problems that are unique to
19 construction as a side issue. You can't make up
20 answers as you go along. That's too arbitrary.
21 It is not fair to our claimants. You need a
22 unifying model to show how you're going to treat
23 construction workers. Thank you for your time.
24 **DR. ZIEMER:** Thank you very much. Next we
25 have Isaiah -- and I think it's Anfeld or Anfield.

1 Isaiah?

2 **MR. ANFIELD:** Good morning. Good morning.
3 I'm a member of local 1137 union, general
4 maintenance. I was a previous employee out at
5 duPont back in the eighties. What I would like to
6 know, as far as me personal-wise, I suffer what
7 they call Biller's (Ph.) Disease, and I use this
8 combine to help them things, lung cancer, even in
9 people who do not smoke, shortness of breath, loss
10 of appetite and weight to ease breathing. This is
11 a combine held. I would like to know (Inaudible)
12 disease asbestos, shortness of breath. Now this
13 is my treatment. I would like to know do -- I
14 would like to -- for this question to Dr. Ziemer -
15 - that's correct? I would like the answer -- How
16 would you like to confront this question. What
17 treatment do you have for (Inaudible) treatment at
18 this present time?

19 **DR. ZIEMER:** If I understood what you're
20 asking, what treatment is there for --

21 **MR. ANFIELD:** For asbestos and (Inaudible)
22 disease.

23 **DR. ZIEMER:** Beryllium disease.

24 **MR. ANFIELD:** And asbestos.

25 **DR. ZIEMER:** And asbestos.

1 **MR. ANFIELD:** Uh-huh.
2 **DR. ZIEMER:** I wonder if -- we have a couple
3 of physicians on the panel and maybe Roy or -- if
4 not Roy -- can you address that for us?
5 **DR. DEHART:** Only in general summary. I'm
6 Dr. Roy DeHart and you were complaining of asthma?
7 **MR. ANFIELD:** I am -- I am -- that's what --
8 that's what I'm treating my disease for as of
9 right now, but I'm up on beryllium, between that
10 and asbestos, but I'm taking over -- this is what
11 they call a combined (Inaudible) for the disease.
12 **DR. DEHART:** For asthma that is an
13 appropriate treatment. I don't know what kind of
14 inhaler you're using, but certainly --
15 **MR. ANFIELD:** Combined. Combined, that's the
16 name of it.
17 **DR. DEHART:** I can't be specific, but there
18 are both oral medications, as well as inhalation
19 medications, like the inhaler that you have,
20 that's appropriate for treatment. The second
21 issue was berylliosis, you have a beryllium lung
22 problem, as well?
23 **MR. ANFIELD:** I just have a disease and, you
24 know, it's borderline. I don't know which one is
25 what or -- it's between beryllium and asbestos.

1 **DR. DEHART:** Well, obviously you probably
2 need a physician to help make that diagnosis --
3 **MR. ANFIELD:** Yes, that's -- that's -- I mean
4 that's what I been through and that's why I'm on
5 it. That's why my doctor got me on this and I've
6 been to three or four doctors, so as of right now,
7 you know, that's what's -- they can come up with.
8 I'm -- I'm -- like I say, I'm taking a combined
9 vent inhaler at the present, right now, for the
10 treatment.
11 **DR. DEHART:** Yes. Well, the other item you
12 mentioned was asbestos exposure --
13 **MR. ANFIELD:** Asbestos.
14 **DR. DEHART:** -- asbestosis.
15 **MR. ANFIELD:** Yes.
16 **DR. DEHART:** The treatment for that is very
17 similar, depending how severe it is. They may
18 need to add some other medications to control it
19 if you're having real respiratory problems, real
20 breathing problems, but that's a decision that
21 your physician will need to make and talking with
22 them. We're not prepared to provide specific
23 treatment regimens because obviously we haven't
24 examined you, we're unable to at this point in
25 time take a medical history. But I would leave

1 that to your physician who's taking care of you.
2 And if it's necessary for him or her to refer you
3 to somebody else, they certainly can do that.
4 **MR. ANFIELD:** Okay, I've got one more
5 question. During the time that I was employed
6 with E.I. duPont, my insurance company was Aetna.
7 Now I want to -- I want to know why they jumped
8 the 'surance company when I was with Aetna, now
9 they got it with Wausau. How can that be?
10 **DR. ZIEMER:** I don't know that we know the
11 answer to that. I don't know if any of the local
12 people or the DOE folks can answer that. It has
13 to do with local insurance situation perhaps.
14 **MR. ANFIELD:** Well, during the time -- as far
15 as I know, E.I. duPont -- I was up under Aetna
16 Insurance Company. Now they got another 'surance
17 company called Wausau. I'm not affiliated with
18 Westinghouse.
19 **DR. ZIEMER:** Let me suggest that after our
20 session here that perhaps one of the NIOSH staff
21 people can find a little -- out a little more
22 about this. We don't know if we can be of help,
23 but we can certainly look into that.
24 **MR. ANFIELD:** Okay, thank you very much then.
25 **DR. DEHART:** One last question. Do you

smoke?

MR. ANFIELD: I have before, but that wouldn't have nothing to do with me catching the disease -- I mean with all the disease, you know --

DR. DEHART: So you --

MR. ANFIELD: -- all this. We've done all that and I would -- every doctor, you know, I asked them about cigarettes, they said not necessarily because people also that don't smoke is infected.

DR. DEHART: Okay. You're not smoking now?

MR. ANFIELD: No, I'm not.

DR. DEHART: That's good.

DR. ZIEMER: Next we have Bob -- is it Warner -- Warren, Bob Warren.

MR. WARREN: Hi, I'm Bob Warren. My address is Post Office Box 1367 in Black Mountain, North Carolina 28711. I'm a lawyer that had been representing claimants in the EEOICP process, both the lump sum cases and the Workers Comp cases, for over two years. And I would like to compliment NIOSH for having hired some very competent people who do the interviews. I think I've had all of the interviewers at least once. I know several

I've had five or six times. The problem with the interviews, as I see it, is that the claimants or their survivors don't have the information or can't remember the information needed to document the radiation exposure.

One thing that might help is to send a copy of the worker's radiation exposure records and/or the worker's site medical records to the worker or the survivors at the time when NIOSH sends out the interview form. Having some of these records to jog the memory of a worker or to allow the survivors to know what actually went on where that worker was working would be of tremendous help, I think, at least in production workers. I don't think it would help in construction workers, but whatever records you have would be helpful.

I had -- I do agree that the construction workers should be put in a Special Exposure Cohort because it's so difficult to document all the dangerous situations they're in. I have interviewed clients that were in the construction -- and they just have a variety of different experiences where somebody said go repair this valve or do something else or put a pipe in in a radiation zone, and that's just not documented.

1 I also agree with Knute Ringin's comments
2 that he made at your last meeting which I read on
3 your web site -- which I appreciate the
4 opportunity to be able to do that -- when he said
5 that the site profile documents were not
6 reflecting what went on at Savannah River Site.
7 And he specifically said that 83 significant site
8 history documents not referenced in the SRS
9 technical document are extremely relevant. I
10 think they're extremely relevant. And by not
11 using these documents, NIOSH has damaged its
12 credibility for fair treatment of the workers, and
13 I just think you need to look at that seriously.
14 One of the things not in the SRS technical
15 documents -- the technical document and the
16 amendments, is the practice at SRS of workers
17 eating contaminated plums, blackberries,
18 scuppernong grapes, peaches, pecans and even
19 eating fish out of the holding ponds. You can
20 appreciate the effects of these radioactive things
21 on the mouth, the throat, the stomach, the colon,
22 the bladder and even the prostate. And as far as
23 I know, NIOSH health physicists have not developed
24 procedures to deal with these cases.
25 One of the problems that I've had with