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

convenes

MEETING 52

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RADIATION AND WORKER HEALTH

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DAY TWO

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STEVEN RAY GREEN AND ASSOCIATES
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P R O C E E D I N G S

(8:30 a.m.)

WELCOME AND OPENING COMMENTS

DR. PAUL ZIEMER, CHAIR

DR. CHRISTINE BRANCHE, DFO

NEVADA TEST SITE SEC PETITION

1 DR. ZIEMER: Our first agenda item today is the
2 Nevada Test Site SEC petition. We're going to
3 hear initially from Mark Rolfes of the NIOSH
4 staff. We will then hear from the petitioners.
5 Laurie Hutton is the lead petitioner. We'll
6 also hear from Peter White and Paul Stednick,
7 and of course from Senator Reid. Then we will
8 also have a report from our Nevada Test Site
9 working group.

10 So let's begin then with Mr. Rolfes from the
11 NIOSH staff. Welcome.

12 **MR. ROLFES:** Thank you, Dr. Ziemer; thank you,
13 members of the Board.

14 **DR. BRANCHE:** One second.

15 **MR. ROLFES:** Okay.

16 **DR. ZIEMER:** Hang on, check the mike situation
17 here. Are you wearing a lavalier?

18 **MR. ROLFES:** Yes.

19 **DR. ZIEMER:** Yes, he has a lavalier mike.

1 **DR. BRANCHE:** It's on.

2 **DR. ZIEMER:** Okay, is it -- it's on. Okay.

3 **MR. ROLFES:** Okay. Thank you, everyone. Is
4 everyone able to hear me today?

5 **UNIDENTIFIED:** Yes.

6 **MR. ROLFES:** Thank you. Welcome, everyone. My
7 name is Mark Rolfes. I'm a health physicist
8 with the National Institute for Occupational
9 Safety and Health, Office of Compensation
10 Analysis and Support. I'm here today to
11 present to you the NIOSH findings of the
12 Special Exposure Cohort petition evaluation
13 report for the Nevada Test Site.

14 The Nevada Test Site came about because of a
15 need for a testing site within the continental
16 United States. A 1,375 square mile site was
17 chosen in Nye County, Nevada in early 1951.
18 Atmospheric testing began on January 27th, 1951
19 and was conducted at the site until July 17th,
20 1962. Beginning in 1963 nuclear testing was
21 conducted underground only. The last nuclear
22 test that was conducted underground was on
23 September 23rd, 1992.

24 The Nevada Test Site functioned to test nuclear
25 devices and to conduct other experiments vital

1 to the defense of the United States. They also
2 conducted research into the nuclear reactors
3 and nuclear rockets. They also researched
4 peaceful uses of nuclear energy, and also
5 served as a waste management repository.
6 NIOSH received the Special Exposure Cohort
7 petition on February 5th, 2007. We received
8 multiple attachments to the SEC petition on
9 February 22nd, 2007. SEC 84 qualified for
10 evaluation on April 4th, 2007, and a separate
11 SEC petition for the Nevada Test Site, SEC 70,
12 was merged with the main petition, SEC 84, on
13 April 10th, 2007. A Federal Register notice
14 was posted on April 24th, 2007, and NIOSH
15 issued its evaluation report on September 27th,
16 2007.

17 The proposed SEC class for the Nevada Test Site
18 was all employees of the Department of Energy,
19 or any Department of Energy contractor or
20 subcontractor, who worked in any areas of the
21 Nevada Test Site from January 1st, 1963 through
22 September 30th, 1992. The petition was
23 submitted to NIOSH on behalf of a class of
24 employees at Nevada Test Site.

25 In evaluating the submission or the petition

1 that NIOSH received, NIOSH has several sources
2 of information available to us. The Department
3 of Energy "Radiation Exposure History" data,
4 which we receive for every individual that has
5 a claim with NIOSH. We have the Oak Ridge
6 Associated Universities Technical Information
7 Bulletins and the Nevada Test Site site
8 profile. We also have on-site Rad-Safe
9 reports, radiation surveys and operating
10 procedure documents. We have additional
11 documents within the NIOSH Site Research
12 Database. NIOSH has conducted interviews with
13 former Nevada Test Site and Lawrence Livermore
14 National Laboratory employees and experts. We
15 have case files within the NIOSH claims
16 database, and we have documentation and
17 affidavits provided by the petitioners.
18 Within the NIOSH/OCAS Claims Tracking System as
19 of December 20th, 2007 NIOSH has received 1,539
20 claims from the Department of Labor which
21 require a dose reconstruction. 927 of those
22 1,539 have already had a dose reconstruction
23 completed. The Department of Labor has also
24 pulled 196 claims from NIOSH because they were
25 added to the Special Exposure Cohort for the

1 earlier time period during atmospheric testing
2 from 1951 through the end of 1962.

3 Specific to this petition from January 1963
4 through September of 1992, NIOSH has 1,411
5 claims which meet the current class definition.
6 Of those 1,411 claims, 460 have internal
7 dosimetry data and 1,392 have external
8 dosimetry data.

9 In support of the SEC petition for the Nevada
10 Test Site there were several petition bases and
11 concerns. These included hot particle
12 exposures, defeating universal badging, ambient
13 dose reconstruction, record verification and
14 validation, radiological incidents, internal
15 dose reconstruction, extremity dosimetry for
16 assemblers, and destroyed or lost records.
17 I'll go through each of these concerns in the
18 petition in a little bit more detail in the
19 next few slides.

20 The first petition concern that we evaluated
21 was that large hot particle doses have not been
22 evaluated. Hot particles and fragments which
23 were produced by the Nuclear Rocket Development
24 Station were easily detectable, well studied
25 and documented at Nevada Test Site. Bounding

1 information for dose reconstruction is included
2 in the Naval Radiological Defense Laboratory
3 report.

4 Furthermore, external dose to personnel would
5 have been recorded by film badges or whole body
6 dosimeters. The external doses to the re-entry
7 team personnel were documented in on-site Rad-
8 Safe reports for each operation.

9 Internal exposures can be bounded using
10 urinalyses and whole body count results.

11 The next petition concern was that workers
12 apparently did not wear dosimeters to prevent
13 registering doses in excess of administrative
14 controls.

15 NIOSH interviewed workers, and health and
16 safety, security and management personnel in
17 order to evaluate this. We determined that
18 non-compliance was not widespread. We had
19 about 13 occurrences indicated in 1,215
20 interviews which were conducted. This was
21 approximately one percent of the individuals.
22 Furthermore, dose reconstruction methodologies
23 exist based on the specific facts of an
24 individual's case.

25 There was a petition concern that the

1 resuspension model is not bounding or
2 scientifically defensible.

3 However, NIOSH does not use the resuspension
4 model for NTS dose reconstruction. This was a
5 draft methodology that was discussed with the
6 Advisory Board during site profile meetings.
7 NIOSH does, however, rely upon ambient air
8 monitoring and soil contamination data for the
9 Nevada Test Site dose reconstructions conducted
10 under EEOICPA.

11 There was a petition concern that the use of
12 average air concentrations in a dose
13 reconstruction is not claimant favorable for a
14 worker in an unknown location.

15 The environmental intakes of radioactive
16 materials which NIOSH assigns during a dose
17 reconstruction are based upon the highest
18 recorded air sample results. This concern does
19 not impact our ability to estimate radiation
20 doses, but relates to the methodology that is
21 used.

22 There was a petition concern that workers who
23 were no longer employed at the Nevada Test Site
24 still had DOE dosimetry readings.

25 We understand that this is possible. Post-

1 employment dosimetry results could have been a
2 result of an individual going on-site for a
3 visit for medical monitoring, a tour, an
4 option, perhaps. It also could have been a
5 result of committed internal dose calculations
6 from radioactive materials which were deposited
7 within the body. Once again, this does not
8 impact our ability to estimate radiation dose.
9 There was a petition concern that records used
10 by NIOSH had not been verified and validated.
11 NIOSH evaluates the completeness and adequacy
12 of data in accordance with 42 CFR 82.15. NIOSH
13 also performed a data validation review as part
14 of the SEC evaluation process.
15 By controlling external dose to personnel at
16 Nevada Test Site, internal dose potential was
17 minimized. NIOSH reviewed 100 workers' claims
18 with the highest recorded external doses at
19 Nevada Test Site. We found that 100 -- all 100
20 workers participated in the bioassay program.
21 There was a petition concern that NIOSH has no
22 method to estimate external doses to workers
23 involved in eight underground tests that
24 "vented," or those involved in pre-1965 drill-
25 backs.

1 External doses from ventings and drill-backs
2 would be captured by personnel external
3 dosimetry. For pre-1966 beta doses, NIOSH uses
4 documented measurements and recorded beta-to-
5 gamma ratios to assign a claimant-favorable
6 beta dose. In 1966 a major improvement was
7 implemented in the analysis of film badges in
8 order to determine beta exposures.
9 There was a petition concern that NIOSH has no
10 method to estimate unmonitored worker exposures
11 to iodine-131 from ventings.
12 NIOSH has cohort bioassay data which are
13 available and can be used to bound internal
14 doses to unmonitored personnel. Furthermore,
15 there is a bounding calculation documented
16 within the Nevada Test Site site profile which
17 shows how we would use air monitoring data to
18 reconstruct an individual's dose.
19 There were petition concerns that NIOSH lacks a
20 method to estimate internal dose prior to 1967,
21 and that whole body counting was not available
22 until 1967, and that full radionuclide coverage
23 was not in place until '67.
24 Data are available to bound internal dose from
25 1963 forward. Urinalysis data are available in

1 1963 and forward. Workers with the highest
2 risk of internal exposures were those who were
3 assigned to the bioassay program. Furthermore,
4 NIOSH has more than 300 -- 300 whole body
5 counts were conducted prior to 1967 using a
6 portable Helgeson monitor.

7 There was a petition concern that high-fired
8 plutonium oxide exposures from atmospheric
9 testing have not been investigated.

10 The presence of highly insoluble plutonium does
11 not impact NIOSH's ability to estimate internal
12 dose, but rather it affects our methodology
13 that we would use to make the calculations.
14 This methodology is documented in ORAU
15 Technical Information Bulletin 0049.

16 There was a petition concern that there was no
17 extremity dosimetry for bomb assembly workers.
18 NIOSH found that extremity dosimetry records
19 are in fact available. Extremity dose
20 calculations are only applicable when a cancer
21 is located on an extremity. Additionally,
22 NIOSH can apply claimant-favorable geometric
23 correction factors to the whole body dosimetry
24 results in order to estimate an extremity dose.
25 There was a petition concern that workers

1 report that monitoring and other records were
2 lost or destroyed.

3 NIOSH interviewed personnel knowledgeable of
4 records storage and retention requirements.
5 Dosimetry records used to estimate dose were
6 not destroyed. Some personnel rosters, forms,
7 meeting records, and other administrative
8 records were buried. However, the important
9 part is that these were not used -- or are not
10 used in dose reconstructions.

11 I would like to show a couple of sample dose
12 reconstructions for some of the issues that
13 were discussed in this SEC petition that we
14 received. The first is -- the first sample
15 dose reconstruction is for an individual who
16 worked at the Nuclear Rocket Development
17 Station involved in re-entry from 1966 through
18 1969. Following 1969 the individual became a
19 construction miner in the tunnels from 1970
20 through 1987. He was a male born in 1982
21 (sic), was diagnosed with lung cancer in 1999,
22 and was a current smoker at the time.

23 NIOSH recognizes that there was an internal and
24 external exposure potential at the Nuclear
25 Rocket Development Station. This individual

1 had a recorded external dose of 2.6 rem during
2 his NRDS work between 1966 and '69. He also
3 had a urinalysis and three whole body counts,
4 all of which were non-positive.

5 During this individual's time as a construction
6 miner in Area 12, working in the tunnels from
7 1970 through 1987, this individual received no
8 recorded external dose above the minimum
9 detectable amount. So in this case what NIOSH
10 would do would be to assign missed external
11 doses.

12 We also acknowledge that this individual may
13 have had potential exposures to radon and
14 thoron in an underground environment. So in
15 order to reconstruct these internal exposures
16 from radon and thoron NIOSH prorated the actual
17 number of months worked at the site in Area 12.
18 We applied an occupancy factor of 50 percent in
19 the tunnels. We applied radon concentrations
20 from G tunnel, which were .16 working levels,
21 and also assigned a thoron exposure based on a
22 ration of 1.75 to the radon.

23 For this partial radiation dose reconstructed
24 to the lung, NIOSH did not consider missed
25 internal doses from non-positive bioassay

1 results, and we did not consider neutron dose.
2 The assigned dose in a NIOSH dose
3 reconstruction for this individual -- we
4 assigned approximately 2.6 rem from external
5 recorded dose. We assigned 3.4 rem from
6 external missed dose. We assigned
7 approximately 400 millirem from X-rays that
8 were required as a condition of employment. We
9 assigned 11.19 working level months of radon.
10 And we assigned 79 rem to the lung from thoron
11 exposures. This resulted in a probability of
12 causation greater than 50 percent.

13 For sample dose reconstruction number two we
14 had a general laborer who was employed from
15 November of 1961 through April of 1968. This
16 individual worked in various location on-site
17 from 1961 through 1964 and 1967 through 1968.
18 The individual worked at the NRDS from 1965
19 through 1966. The employee was a female born
20 in 1943, who was diagnosed with skin cancer of
21 the upper arm, a squamous cell carcinoma, in
22 2001. For the purposes of estimating a
23 probability of causation, NIOSH needs ethnicity
24 information. This employee was a white, non-
25 Hispanic female.

1 Once again NIOSH acknowledges that there was an
2 external and internal exposure potential at the
3 Nuclear Rocket Development Station. The
4 employee had no positive external dosimetry
5 results from '61 through 1964, or from 1967
6 through 1968. The employee did receive
7 approximately 600 millirem at the NRDS in 1965
8 through 1966. Beta dose was not reported for
9 the NRDS work in 1965. No positive neutron
10 dose was reported for the NRDS work, either.
11 The individual also had three gross gamma
12 urinalyses and one whole body count, all of
13 which were non-positive.
14 NIOSH assigned the following external
15 exposures: A recorded photon dose to the skin
16 for 1965 and 1966 was assigned. Furthermore,
17 NIOSH assigned a beta dose to the skin using a
18 three to one beta-to-gamma ratio for 1965. We
19 assigned missed photon doses for all years of
20 employment from 1961 through 1968. We assigned
21 a missed neutron dose for each reported non-
22 positive badge cycle during the NRDS work in
23 '65 and '66. And finally, we assigned an
24 occupational medical X-ray dose.
25 For internal exposures which were assigned

1 NIOSH applied overestimating assumptions for
2 the work at NRDS. We assumed that this
3 employee was exposed to the limiting air
4 concentration at the NRDS for the entire two
5 years that -- or the entire time period that
6 the individual was at -- at the site. We
7 applied ambient intakes from 1963 through 1968.
8 No internal doses were assigned for the years
9 of 1961 or 1962 due to the previously-
10 designated Special Exposure Cohort. Missed
11 internal doses from three non-positive
12 urinalyses and a whole body count were also
13 assigned based upon claimant-favorable
14 assumptions.

15 **UNIDENTIFIED:** (Off microphone) Speak up,
16 please.

17 **MR. ROLFES:** Okay. The doses calculated from
18 1963 through the date of diagnosis in 2001.
19 This was an overestimate of radiation dose
20 which was reconstructed to the skin. NIOSH
21 considered all sources of radiation exposure.
22 The assigned dose exceeds that actually
23 received by the individual. NIOSH assigned a
24 missed photon dose of approximately 1.6 rem, a
25 recorded photon dose of approximately 600

1 millirem, a missed neutron dose of 400
2 millirem; a beta dose based upon a beta-to-
3 gamma ratio, which was 600 millirem. NIOSH
4 also assigned a medical X-ray dose of 450
5 millirem. An internal dose based upon
6 hypothetical assumptions equaled a 222
7 millirem, a missed internal dose of seven
8 millirem, and an environmental internal dose of
9 47 millirem. In all, we assigned a little over
10 four rem. This overestimate resulted in a
11 probability of causation equal to 2.01 percent.
12 NIOSH evaluates the petition using guidelines
13 in 42 CFR 83.13 and submits a summary of
14 findings in a petition evaluation report to the
15 Board and to the petitioners. NIOSH issued its
16 evaluation report of the SEC petition for
17 Nevada Test Site on September 27th, 2007.
18 As part of the evaluation process a two-pronged
19 test was established by EEOICPA and
20 incorporated into the regulations which NIOSH
21 uses. There are two questions that need to be
22 asked: Is it feasible to estimate the level of
23 radiation doses of individual members of the
24 class with sufficient accuracy. The second
25 question is -- is whether there is a reasonable

1 likelihood that such radiation dose may have
2 endangered the health of members of the class.
3 NIOSH found that the available monitoring data,
4 process descriptions and source term
5 information are adequate to complete dose
6 reconstructions with sufficient accuracy for
7 the proposed class of employees. Therefore,
8 the health endangerment determination is not
9 required under the regulations.

10 This slide summarizes the feasibility findings
11 for the Nevada Test Site SEC petition for
12 January 1963 through September of 1992. This
13 indicates that we believe dose reconstruction
14 is feasible for all sources of internal and
15 external exposures.

16 There is additional information and
17 documentation available for the Advisory
18 Board's review under the share drive folder:
19 "Document Review\AB Document Review\NTS\NTS
20 SEC".

21 And finally, I'd like to thank all former and
22 current Nevada Test Site workers for their
23 contribution to the security and to the defense
24 of the United States. Thank you.

25 **DR. ZIEMER:** Okay. Thank you very much, Mark.

1 I'd like to now ask if any Board members have
2 questions for you or have comments on the
3 presentation.

4 (Pause)

5 Dr. Melius.

6 **DR. MELIUS:** Yeah, I have one question
7 immediately -- I'm trying to find the place in
8 your slide -- but one point in your
9 presentation you referred to people's reports
10 of not being properly badged and so forth --

11 **MR. ROLFES:** Uh-huh.

12 **DR. MELIUS:** -- and reports of some data out of
13 your interviews? You've interviewed over 1,000
14 people about that? Yeah, I -- I've got it now.
15 Quote, 13 occurrences indicated in 1,215
16 interviews?

17 **MR. ROLFES:** Yes.

18 **DR. MELIUS:** Did you specifically ask in the
19 interviews about that information?

20 **MR. ROLFES:** Well, the majority -- the majority
21 of the interviews which were conducted were
22 telephone interviews that are conducted as part
23 of the dose reconstruction process at NIOSH.
24 There were approximately 1,200 which were based
25 on those telephone interviews and there are

1 questions in there that ask whether the
2 individual was monitored routinely or
3 intermittently at the site.

4 Additionally, we conducted in between 15 and 20
5 additional interviews in support of the Special
6 Exposure Cohort evaluation, specifically asking
7 if this had occurred and if individuals had any
8 knowledge of it. The approximately 20
9 individuals who we interviewed and specifically
10 asked this -- none of those individuals had
11 indicated that this practice had been adopted
12 by them.

13 **DR. MELIUS:** Yeah, but -- but in your 1,200
14 interviews there is -- you don't specifically
15 ask about this issue of -- you don't --
16 specific incidents or circumstances where
17 workers were not wearing dosimeters?

18 **MR. ROLFES:** It's not specifically called out,
19 no.

20 **DR. MELIUS:** Yeah.

21 **MR. ROLFES:** However, it does ask for any
22 information whether the badge was worn
23 routinely or intermittently --

24 **DR. MELIUS:** Yeah.

25 **MR. ROLFES:** -- so...

1 **DR. MELIUS:** I think that's a little bit
2 different and I --

3 **MR. ROLFES:** Yes.

4 **DR. MELIUS:** -- would advise you in the future
5 to sort of be a little bit more specific about
6 this --

7 **MR. ROLFES:** Okay.

8 **DR. MELIUS:** -- because I think it's...

9 **MR. ROLFES:** Okay. Thank you.

10 **DR. ZIEMER:** I suspect that interview that Mark
11 is referring to is the -- the -- the one that
12 has the standard questions --

13 **DR. MELIUS:** Yeah.

14 **DR. ZIEMER:** -- that they're not even allowed
15 to change those questions, I don't believe,
16 without going through OMB or some -- something
17 of that sort. Is that --

18 **DR. MELIUS:** And they -- they've had six years
19 to go to OMB to get it changed --

20 **DR. ZIEMER:** Yeah, right, if they wanted to --

21 **DR. MELIUS:** -- and it could have easily been
22 done, so I think that -- excuses a little bit,
23 but I --

24 **DR. ZIEMER:** Well, I think your remark
25 suggested that they should change that, but if

1 they do, they need to go through a process, I
2 believe, for that.

3 Okay, Michael.

4 **MR. GIBSON:** So Mark, these interviews, they
5 were the standard interview that every claimant
6 gets as part of the dose reconstruction --

7 **MR. ROLFES:** Correct.

8 **MR. GIBSON:** -- for every site.

9 **MR. ROLFES:** That's correct.

10 **MR. GIBSON:** (Unintelligible) side of those
11 interviews, how many interviews were conducted
12 with -- personally with site workers just to
13 gain general knowledge of the site and the
14 activities?

15 **MR. ROLFES:** Okay. Outside of the
16 approximately 1,200 interviews which were
17 conducted as part of the dose reconstruction
18 process, there were approximately 15 to 20
19 interviews that were conducted specifically to
20 ask this question in support of the evaluation
21 that was conducted for Nevada Test Site. So
22 there were about 15 to 20 additional interviews
23 that I know of off the top of my head right
24 now.

25 **DR. ZIEMER:** Additional -- additional question,

1 Dr. Melius?

2 **DR. MELIUS:** No, I -- I --

3 **DR. ZIEMER:** No. Other questions, comments?
4 Mr. Clawson.

5 (**NOTE:** During the following discussion the AV
6 equipment and/or telephone connection and/or
7 failure of telephone participants to mute their
8 phones resulted in an audible dialogue taking
9 place in the background, at times louder than
10 the speakers in the room. Transcription
11 reflects the best efforts of the reporter under
12 the circumstances.)

13 **MR. CLAWSON:** You gave the two examples here,
14 and I'm sorry that I've got my back turned to
15 you but I'm trying to just read through this.
16 You're talking about a lot of the information
17 that -- of missed records and so forth like
18 that, and I want to tell you what my issue with
19 this is. We brought up a special claim at the
20 Nevada Test Site where he had questioned
21 something, and it was amazing to me what the
22 contractor found on this. I mean they went
23 clear back and they found data coming out of
24 the tunnels.

25 We have other claimants here that have got

1 records that has been sent to them of
2 unbelievable information. And all of a sudden
3 now we have some we don't -- we don't have
4 records for, we're going to estimate this and
5 we're going to estimate that. I -- I'm -- I
6 apologize, but I'm a person that I like to deal
7 with facts and it's very hard for me to see
8 that we've got all this information in one area
9 and not into another. And data integrity, to
10 us, is very important. I'm not questioning the
11 methods that you're using or so forth like
12 that, but have we really exhausted all of the
13 efforts to be able to get the information from
14 the archives and -- and get the actual doses?
15 **MR. ROLFES:** We're continuing to look into the
16 issue that we had discussed at the site profile
17 meeting a couple of nights ago, and will
18 hopefully have discussions and try to fulfill
19 what the Advisory Board would like for us to --
20 **UNIDENTIFIED:** Whoever the lawyer is, please
21 mute your phone.
22 **MR. CLAWSON:** Thank you.
23 **DR. ZIEMER:** I wonder if the -- any of the
24 workgroup members have any comments relative to
25 this issue, which has to do in a sense with

1 data integrity and the issue of -- that we've
2 heard on a number of occasions, of individuals
3 who were --

4 **UNIDENTIFIED:** Your phone (unintelligible) --

5 **DR. ZIEMER:** -- apparently instructed or
6 suggested that they discontinue use of their
7 badge when they reached a certain working
8 limit. I know the workgroup looked at this
9 issue, and any particular comments on that?
10 Wanda Munn.

11 **MS. MUNN:** One of the facts that was not well
12 understood in this quarter until the working
13 group deliberations was the reality of
14 exchanged badges being such a common practice.
15 When we recognized that a part of the process
16 was to pull badges that were indicating
17 potential approach to regulatory limits and
18 replace that badge with another badge or with a
19 personnel ionization chamber for the period of
20 time of the entry, it became a little more
21 clear --

22 **UNIDENTIFIED:** Whoever's talking on the phone,
23 please mute your phone.

24 **MS. MUNN:** -- that type of thing occurred. The
25 knowledge of controlled entry into tunnels is

1 one that is key, I think, to many of the
2 concerns that people had expressed. The fact
3 that there was monitoring of all sorts going on
4 in the tunnels and that there are records of
5 who entered at what time, especially following
6 events that were scheduled, is very helpful in
7 terms of being able to identify information
8 that may not have been easily of record
9 somewhere else. It's gratifying to know that
10 most of those logbooks have been identified and
11 have either been scanned or are still
12 available, and that -- the loss of -- of
13 information was not as great as had been
14 originally feared at the time that the
15 workgroup undertook its investigations.

16 **DR. ZIEMER:** Dr. Roessler, did you try to raise
17 a question about the phone?

18 **DR. ROESSLER:** No, the phone line is very bad.
19 We have somebody speaking on the line and it
20 was very difficult for me to even hear Wanda.
21 You may have heard a woman's voice asking in
22 the background -- I heard her -- that an
23 announcement should be made to have people mute
24 their phones.

25 **DR. BRANCHE:** Actually if -- if the people who

1 are participating by phone could please mute
2 their phone until they're ready to speak, it
3 will allow everyone on line to hear and it will
4 also reduce the distraction for those of us in
5 the meeting room. Thank you.

6 **DR. ZIEMER:** Yeah, we were hearing -- just then
7 -- some background noises that -- apparently
8 that has disappeared now. That's fine. Thank
9 you.

10 **DR. ROESSLER:** It sounds better. Thank you.

11 **DR. ZIEMER:** Dr. Roessler, did you say you had
12 a question, or you did not?

13 **DR. ROESSLER:** No, I do not.

14 **DR. ZIEMER:** Okay, thank you. I'd like to
15 follow up that last one -- or Wanda's comments
16 then and ask -- or perhaps ask for clarity. So
17 if NIOSH receives -- or is doing a dose
18 reconstruction from a worker who indicates, as
19 part of the dose reconstruction process -- I'm
20 not just talking the initial interview, but
21 when you go back and you ask for whether they
22 have additional information -- and let's
23 suppose that individual says well, in fact I
24 was told to stop using my badge at some point
25 in a job, what do you do in that case?

1 **MR. ROLFES:** The first and most important thing
2 that we would have to do is take a look at the
3 DOE dosimetry records that we have, and take a
4 look at the facts of the case, and then from
5 there we would be able to determine what path
6 forward we should take for assigning a
7 potential unmonitored dose.

8 **UNIDENTIFIED:** Hello?

9 **DR. ZIEMER:** Well, it appeared that Wanda was
10 suggesting that there are supplemental records
11 in logbooks or other records beside the film
12 badge records that supplement or would -- would
13 at least address this issue in -- in some ways.

14 **MS. MUNN:** The workgroup has been given that
15 information and at least one very good
16 compilation of such data, yes.

17 **DR. ZIEMER:** Mr. Presley.

18 **MR. PRESLEY:** As chairman I was going to go
19 ahead and -- and tell what Wanda said was
20 exactly right. We found out from the
21 information that was given us that where a
22 person might have thought that they got a
23 missed dose, that NIOSH was able to go back and
24 find most of the time at least one, two or even
25 three records for that time period at that

1 particular site that collaborated (sic) dosage
2 for that individual person or what went on at
3 that individual site. They -- they did an
4 excellent job of finding this data.

5 **DR. ZIEMER:** Okay. Yes, Brad Clawson.

6 **MR. CLAWSON:** This -- this is what I'm saying,
7 and maybe I didn't say it clearly enough. It
8 amazes me that -- where this whole thing came
9 from was because there was questions of missed
10 dose and so forth like that. And as you made
11 the comment that we were -- the people were
12 requested -- they weren't -- they didn't use
13 their badges. One thing you need to realize is
14 in this industry it's never told to you not to
15 take your badge, it's suggested, because that
16 shows negligence and so forth and people --
17 people realize this. But as we found out on
18 the tour when we went out to the site -- and
19 the person that gave us this tour -- tremendous
20 knowledge and everything, 35 years out there,
21 so forth. When he was asked the question did
22 you ever go without your badge, his comment to
23 us was let me just put it to you this way: I
24 never let my badge get in the way of me
25 completing my task.

1 The issue that I have is we have a lot of
2 people that -- they're do-- they're using
3 people's -- other people's information and so
4 forth like that, and as a Board member I'm
5 understanding that, but it was amazing to me
6 the attention and the level of information that
7 we actually got because we called out one
8 person's name and said this individual has a
9 sworn affidavit that says this happened. So we
10 -- we asked -- Chew and Associates were
11 assigned to be able to get -- to be able to go
12 in and look at this information, and it really
13 amazed me, it totally amazed me the information
14 they got. They got log sheets coming out of
15 the tunnels. They got log sheets of all this
16 stuff, and it's because we brought up this
17 individual point. And what I'm suggesting is,
18 are we really working on getting all the
19 information that we want to be able to get. I
20 don't want somebody else's dose or anything
21 else like that. I want to know what dose I
22 received. But it surprised me, they had the
23 actual log sheets, clear back into the '60s.
24 And then all of a sudden we have other places,
25 '70s and everything else like that, that we

1 have missing information. And this comes back
2 to my whole issue of -- and data integrity.
3 This whole process that we've got set up is
4 based on -- to me, it's like a great big
5 computer. I'm -- I'm a layman, okay? I'm --
6 I'm just a nuclear fuel handler. It's -- if
7 you put garbage in, you get garbage out. And I
8 want to make sure that -- that we -- that I
9 stress that the data integrity of this is very,
10 very important. And I hope that all workgroups
11 and everything else like that are paying the
12 attention to detail that we should because it
13 amazed me. It totally amazed me, the actual
14 log sheets of them coming out of a tunnel in
15 1961, and then all of a sudden we're saying we
16 can't find this guy's dose? Why, that --
17 that's -- that's ludicrous to me. Or are we
18 looking at this that well, it's easier for us
19 to be able to estimate somebody's dose than to
20 really be able to get into the records? And --
21 and this has been my issue from the beginning
22 and I hope that NIOSH and -- and all of our
23 contractors, that we're really looking at this
24 because I want the actual information. And
25 people understand -- when you tell somebody

1 well, we're using coworker data and stuff like
2 that, I understand how it works. It's -- it's
3 even difficult for me, but you know what? I
4 want to know what I really got. I want the
5 papers that I show. Some people don't
6 understand that the -- the pencil dosimeters,
7 when you come out and they read a certain
8 amount, it may not be what you get on your TLD.
9 Those were inadequate in a lot of ways and so
10 forth like that, but I -- I just want to stress
11 that we need to look at the real data integrity
12 of this because I can truthfully say I was
13 totally amazed at the information they got.
14 And then for them to turn around and say but we
15 can't -- we haven't found any of this
16 information, I'm sorry, I -- I was dumfounded,
17 I really was.

18 **DR. ZIEMER:** So you're -- you're indicating
19 that in many of these cases the information is
20 there if they dig hard enough, even in -- in
21 these kinds of cases.

22 **MR. CLAWSON:** You know what I -- I really
23 believe we do, and -- and I don't want to call
24 anybody out by name, but I was able to talk to
25 a very lovely lady, and I looked at the

1 paperwork that she had that was sent to her,
2 all 3,500 pages of it, and it was amazing to
3 me. And her husband was working in the
4 tunnels. I saw nasal smears coming out of
5 there of 3,000 milli-- 3,000 counts. There was
6 -- there was badge information, there was
7 everything else there, and -- and I really
8 firmly believe that the information is there.
9 And you know what? I know these good people.
10 I know I've worked at many, many of the sites
11 and I've heard the same thing. These people
12 don't want somebody else's dose that are not
13 out there or anything else like that. They
14 want their dose. They want what they got and
15 they want to be compensated for what they did.
16 And they want to be recognized and it's hard
17 for them to be able to understand, to be able
18 to use -- other thing, and I understand what
19 NIOSH is doing, I really do. But I hope that
20 we are using all of our efforts with DOE,
21 everything else, to be able to dig up the
22 people's actual dose so that they have what
23 they have coming to them.

24 **DR. ZIEMER:** Thank you. Phil Schofield.

25 **MR. SCHOFIELD:** I'm agreeing with Brad's

1 comments. The level of detail that Mel was
2 able to bring out was incredible. I mean I
3 have seen very few times where they have been
4 able to go back into workers' history and dig
5 up so much information.
6 The problem is, this is for one gentleman. And
7 most of what he said in his affidavit was
8 backed up by those records. But the big
9 problem is, these people who are sitting there,
10 they're told well, we're going to have to use a
11 coworker because we can't find these records,
12 or they're saying well, we used these records
13 and such-and-such records. But these people --
14 all those records that they're using need to be
15 put in a reading room, available to the public,
16 so they can verify what NIOSH and DOL are
17 saying because I don't want to take your word
18 for it, if I'm a claimant. I want to see that
19 paperwork. I want to see what records you are
20 using. True, there are going to be cases where
21 coworker data is the only thing that is
22 available. But in many other cases I question
23 whether they're digging hard enough and why
24 this information is not available to the public
25 to look at their own records, to look at

1 coworkers' records and see --

2 **SENATOR HARRY REID**

3 **DR. ZIEMER:** Okay, Phil, I'm going to interrupt
4 you here and you can continue that thought.
5 The Senator is here and -- coming in to the
6 room, I think, right now.

7 (Pause)

8 Welcome, Senator Reid. Senator Reid, welcome
9 to the Advisory Board on Radiation and Worker
10 Health. We're pleased that you were able to
11 take time this morning to be with us and give a
12 statement, and we'll be pleased to hear that.
13 And I think to join you at the table we'll ask
14 the other petitioners to come -- that would be
15 Laurie Hutton, Peter White and Paul Stednick.
16 So welcome, Senator, and welcome, petitioners.
17 You may proceed.

18 **SENATOR REID:** I appreciate your recog--
19 allowing me to be here. This is public service
20 at its best, you folks doing this. You've done
21 -- you've had meetings, I understand more than
22 50 times, and I think that's commendable. We
23 hear a lot about public service, and most of
24 the focus is on people who run for office. But
25 most public service in this country is not

1 people who run for office, it's people just
2 like you, people who serve on planning
3 commissions, people who serve on tax
4 commissions and doing all these things without
5 a lot of glamour and attention. But it's what
6 President Bush -- not -- first President Bush
7 referred to as volunteerism, and that's what
8 this is, so thank you very much for your time.
9 I was born in Nevada, and I can remember as a
10 boy, and my home -- my home still -- is 60
11 miles from here. Probably from here even more
12 than that. From the city limits of Las Vegas
13 it's about 60 miles to Searchlight. And even
14 though we were 60 miles from Las Vegas, the
15 Test Site -- which is, you know, 70 to 90 miles
16 from here -- we would get up in the morning and
17 watch the glare in the sky of those aboveground
18 tests that went on. And sometimes you would
19 even feel it. Sound, as you know, bounces.
20 And sometimes the bounce would hit us in
21 Searchlight. But as the time has gone by, I
22 can still see that bright light, like a sun, in
23 the skies toward Las Vegas.
24 Now the people that conducted these tests were
25 always very careful, always very careful that

1 the wind was not blowing toward Las Vegas. In
2 fact, they were right, the wind wasn't blowing
3 to Las Vegas. But Lincoln County, Nevada and
4 southern Utah were really hurt badly with those
5 aboveground tests. The damage is now written
6 about and a special law was passed for the
7 downwinders. Books have been written about the
8 downwinders.

9 This is a little different situation. But
10 still the people that we're here asking that
11 you recognize as part of the victims of the
12 test site are people who are just as valuable
13 in winning the Cold War as were those people
14 who were involved in conducting the aboveground
15 tests.

16 I've been to the Nevada Test Site many, many
17 times. I've been in some of the tunnels where
18 the blasts were made. I've looked down the
19 shafts where the blasts took place. And when
20 we talk about about 1,000 tests being conducted
21 at the Test Site, most of us think there are
22 1,000 different holes, but that isn't the way
23 it was done. They found some of the holes
24 really good for testing, and they would conduct
25 many, many tests in those same holes.

1 And it reminds me kind of of my dad. My dad
2 was a hard rock miner, he worked underground.
3 And as a boy I went down with him. As a young
4 man I went down with him. And when, as he
5 would say, the holes were lit and charges went
6 off, had to be very careful how quick you went
7 back. That's why usually the final thing done
8 in a mine was the blasting. Because if you
9 went back too early, you would have all the
10 gases from the dynamite and they would get what
11 they called powder headaches. That's what they
12 called dynamite, powder. And some of the holes
13 that were poorly ventilated, you could go back
14 the next day and still get sick 'cause the air
15 was not fresh and pure.
16 It's kind of what these men faced at the Test
17 Site. They went back into the hole way too
18 soon.
19 I believe that if we reflect back just a little
20 while ago when my children are -- my two oldest
21 children -- I have five children.
22 (Unintelligible) and I had two children very
23 quickly, and then we waited seven years and had
24 three more, and we talk about the little kids
25 and the big kids. The big kids, they remember

1 the Cold War; the fear that all boys and girls
2 had was an atomic explosion, a hydrogen bomb
3 wiping them out, what would they do. Little
4 kids don't remember that. The little kids,
5 because of the Cold War ending, have different
6 fears.

7 But the Cold War, which is gone, was won by a
8 number of different people, different reasons.
9 We -- we recognize Ronald Reagan. No one who
10 held elective office was more anti-communist
11 than Ronald Reagan. But what did he do? His
12 first day in office he reached out to those
13 enemies of his in the Soviet Union and his
14 diplomats went out and he met with people he
15 didn't believe in and didn't particularly like,
16 but he was communicating with them all the
17 time. Ronald Reagan was one reason we lost the
18 Cold War, one of the big reasons we -- we lost
19 the -- we -- we won the Cold War. Ronald
20 Reagan was one of the big reasons. Not only
21 did he do his diplomatic efforts, but the
22 military was built up. The Soviet Union
23 couldn't maintain the build-up. But there were
24 others -- the -- others involved in this other
25 than President Reagan, and many believe that

1 one of the prime reasons we were able to
2 prevail is what went on here at the Nevada Test
3 Site and finding out about our nuclear weapons,
4 were they safe, were they reliable, did we know
5 how to take care of the weapons, did we know
6 what they would do.

7 And the answer is yes. We could tell, because
8 we conducted these tests here. And the longer
9 the testing went on, the better we got.

10 Because not only would we go in and -- in the
11 early years and look and see at the damage --
12 the aboveground tests, you can still go up
13 there and see what -- the bleachers are still
14 there where you could watch them. Buildings
15 would be gone, some things would remain and the
16 scientists would determine why some stood and
17 why some didn't.

18 But underground they could also determine a lot
19 of things that would have happened had these
20 been aboveground. And as the years went by,
21 with the computerization and I -- peop-- you
22 people on this Board certainly know more
23 scientifically than I do, but they could tell a
24 lot more because of the -- what they could do
25 with the computerization.

1 And we're still conducting tests at the Test
2 Site. We're still conducting tests, sub-
3 critical tests. What does that mean? We're
4 conducting tests in some of those same holes
5 that these people got sick in. We're
6 conducting tests there. And how are they
7 conducted now? Among other ways, the sub-
8 critical tests, they set off an explosion;
9 before it becomes critical, they stop it. And
10 with computerization they can tell what would
11 have happened had it gone critical. But
12 they're using the same holes. I've been in
13 them.

14 I feel confident that I did the right thing in
15 pushing for passing the Energy Employees
16 Occupational Illness Compensation Act. That's
17 why we're here today. But eight years later
18 I'm troubled and disappointed how the program
19 is failing some people at the Nevada Test Site,
20 some people who worked there.

21 I can remember when there were 11,000 people
22 worked at the Test Site. I can remember when
23 the road was called the Widow-maker, when
24 people -- that little two-lane road, the
25 traffic was so heavy, the deaths occurred so

1 often there it was called the Widow-maker.
2 The dose reconstruction process isn't working
3 for Nevada Test Site workers. That's what
4 NIOSH is using, but they're being -- in my
5 opinion -- short-sighted and unfair. This
6 Advisory Board -- I hope you acknowledge their
7 shortcomings with their evaluation. You've --
8 you really have to do that, it's so unfair of
9 what -- the decisions that have been made to
10 this point. I'm here with these petitioners.
11 They've worked very hard on behalf of their
12 families. They've faced, I believe, injustice,
13 and we have -- have a special petition that we
14 ask you to grant. That's why we're here. The
15 Board needs to understand that the badging
16 issue was a widespread practice. Workers did
17 not always wear these badges. These people
18 aren't lying. Their friends will come. We
19 have examples -- we picked out examples, but
20 there are a multitude of other people who will
21 say the same thing. Listen to what these men
22 and women here are saying, who are actually on
23 the ground working on our nations' nuclear
24 deterrent at the Nevada Test Site. They're the
25 ones who can tell you, in addition to whatever

1 sci-- other scientific information you need.
2 Take for example Peter White. Peter's sitting
3 here today, was directed not to damage his
4 badge again unless he wanted to find a job
5 somewhere else. I mean he's not making this
6 up. Others will verify what he said, what he
7 will testify to here today. He worked at the
8 Test Site from '85 to about 1990 as a welder,
9 pipefitter and foreman. The very first day he
10 started working at the Test Site, welding
11 sparks damaged his badge, then he had to be
12 issued a new badge the next day. He was told
13 by his supervisors never to damage a badge
14 again or else he'd have to find another job.
15 These were good jobs out there. People wanted
16 these jobs. They were high-paying jobs. They
17 were there because they wanted to work there.
18 It helped their families. He was told, as
19 others were told, just throw your badge in the
20 back of the truck; you don't need it. Peter
21 White, that's his story.

22 [name redacted] is a wonderful man and I have
23 to tell you I'm totally biased and prejudiced.
24 His son has worked for me for many years. His
25 son was a four-year All American football

1 player, played professional football. He still
2 works for me, a man of truth and veracity, just
3 like his father. His father didn't like to fly
4 in airplanes. He always rearranged his work
5 schedule -- worked at the Test Site -- so he
6 could drive and watch his son play football.
7 He was like, I guess, Coach Madden. He didn't
8 like flying, and so he went to a lot of trouble
9 and effort to watch his boy play football, as I
10 understand, having four sons of my own. He's
11 here in the audience today. He also was an
12 outstanding athlete in his younger days, played
13 professional football himself.
14 But he can tell you how supervisors would put a
15 coffee can at the entrance to the tunnels --
16 we've all seen them, the Folger's coffee cans.
17 Why were they -- why was the can there? To
18 throw your badges in bef-- when you went in the
19 tunnel. They were expected -- the workers were
20 expected to toss their badges in these buckets
21 before they were exposed to radiation while
22 serving their country. We all know why they
23 were asked to do this.
24 Now just a side note on [name redacted], to
25 show you the quality of people that are here,

1 he is a devoted church man. He is an executive
2 in his church, does everything he can to go to
3 church every day, and he's treated his family
4 accordingly, his friends and his neighbors.
5 Navor Valdez, he's in the audience today.
6 He'll tell you that he went in in a tunnel re-
7 entry in 1970. After five minutes into the
8 tunnel, his dosimeter read five rems. That's
9 the quarterly limit. He got five in a quarter,
10 you couldn't work there anymore. His whole
11 year the records show he had one rem of
12 exposure. Something's wrong someplace.
13 Even the lead physicist at the Nevada Test
14 Site, Jay Brady, admitted to directing workers
15 to, I quote, not get overexposed. Think about
16 that. These men and women were ordered to take
17 tremendous risks with their health and their
18 supervisors covered it up.
19 So reality and protocol are two different
20 things. And you, as Board members, need to
21 understand that. The National Institute relies
22 upon the site profile to perform dose
23 reconstructions. And shockingly, they haven't
24 even completed that. The site profile is
25 continually evolving. It's grossly incomplete,

1 and there's no way the Board can ignore this
2 when considering this petition. The internal
3 dose revision to the site profile hasn't even
4 been published, yet this agency move forward
5 with its evaluation of the petition anyway. We
6 should all be very careful of the National
7 Institute's judgment.

8 Also, just as a side note, we here in Nevada
9 have had some very bad experience with the
10 Department of Energy with Yucca Mountain, and I
11 don't need to go into detail about that. But I
12 repeat, the internal dose revision to the site
13 profile hasn't even been published, yet this
14 agency move forward with its evaluation of
15 petition anyway. We should all be skep-- spec-
16 - skeptical of the Institute's judgment that it
17 can estimate Nevada Test Site workers'
18 radiation dose without even having completed
19 how you're supposed to do that. Dose
20 reconstruction alone is not enough to ensure
21 that all workers are compensated justly.
22 That's why their testimony today is so vital.
23 Our intent, Congress's intent, was to provide
24 workers with timely, fair and adequate
25 compensation. I'm sad to report that when we

1 first started this almost eight years ago and I
2 would have a meeting with these people, I got
3 where I knew them pretty well. Many of them
4 are dead now. That's why we wanted, Congress
5 wanted, to provide workers with timely, fair
6 and adequate compensation, not for their
7 successors, but for them. Congress's intent
8 was to provide workers with timely, fair and
9 adequate compensation.

10 You know, we have something that's sweeping
11 this country, asbestos, mesothelioma, and one
12 of the problems we find with that is from the
13 time it's discovered till you die, the average
14 time is 18 months. And we have to find a way
15 to quickly compensate these people for this
16 terrible condition that they're faced with, and
17 that's the same here. Unless we grant them
18 special exposure status, we all know this is
19 not going to happen, they're not going to be
20 provided timely, fair and adequate
21 compensation.

22 So I'm deeply grateful for, first of all, your
23 accepting these assignments that you've all
24 accepted to be part of this Board, appreciate -

25 -

1 **UNIDENTIFIED:** Special exposure status.

2 **SENATOR REID:** -- your listening to me. This
3 is a very difficult issue that we're talking
4 about, not a situation -- we're not talking
5 about a chapter in a book, but we're talking
6 about the lives of people, human beings, that
7 have been hurt as a result of work they did for
8 our country. And I think that fairness
9 dictates that this petition should be granted.
10 Thank you very much.

11 **DR. ZIEMER:** Thank you very much, Senator Reid,
12 and I know your schedule's -- I know your
13 schedule is very full, and I don't know how
14 long you'll be able to be with us, but we're
15 going to hear from the petitioners immediately.
16 I know that you know they're stories, but we
17 welcome you to stay as long as you can, but if
18 you have to leave, we understand as well.

19 **SENATOR REID:** I could -- I know their stories
20 very well. I could give them to you, and I
21 think it's necessary -- want you to hear from
22 them and feel free to ask them questions. They
23 -- they are -- they are prepared to answer any
24 question that any of you might have. This is
25 not something that was drummed up by a trial

1 lawyer. This is something's drummed up by
2 people who have been -- I'm a trial lawyer,
3 don't have anything against trial lawyers, but
4 this is something that they -- they've done
5 this themselves and they're here speaking for
6 themselves. They don't need anyone
7 representing them and I want, again, to tell
8 you how much I appreciate your time and
9 attention.

10 **DR. ZIEMER:** I was going to say something about
11 trial lawyers, but discretion tells me I'd
12 better -- better not. Thank you --

13 **MR. CLAWSON:** (Off microphone) (Unintelligible)

14 **DR. ZIEMER:** -- no, thank you very much.
15 Again, let's all thank the Senator for being
16 with us today.

17 Now we'll hear from the petitioners, and let me
18 begin with Laurie Hutton, who is the lead
19 petitioner. Laurie, welcome.

20 **MS. HUTTON:** Ladies and gentlemen of the
21 Advisory Board, I'm honored to be here to speak
22 on behalf of the Nevada Test Site workers,
23 survivors and family members joining us today,
24 and the thousands more who could not be here.
25 My name is Laurie Hutton. I'm the lead

1 petitioner for the Nevada Test Site Special
2 Exposure Cohort petition, and the daughter of
3 former Nevada Test Site worker Orel Triplett.
4 My father worked at the Nevada Test Site from
5 January 30th, 1962 to September 30th of 1970.
6 He was diagnosed with lung cancer on August
7 1st, 1975 and passed away November 20th, 1975,
8 when I was only 16 years old. My father lost
9 his life because of the service for his country
10 during the Cold War.

11 Many of the workers here today suffer from
12 illnesses caused by their work at the Nevada
13 Test Site. Many more are too sick to be here
14 with us today. And let us not forget those
15 who, like my father, passed away because of
16 their service to our country. There are a lot
17 of workers who feel that the government is
18 waiting for them to die off so they don't have
19 to pay their claims. Sadly, there's a lot of
20 elderly widows who feel the same way. After 30
21 years of empty promises and false hopes, can
22 you really blame them?

23 I'm here today to tell you that Nevada Test
24 Site workers cannot and will not receive the
25 time (sic), fair and adequate compensation that

1 they deserve until we are granted Special
2 Exposure Cohort status.

3 As our petition explains, NIOSH relies on doses
4 -- reconstruction process that is fundamentally
5 flawed when applied to Nevada Test Site
6 workers. There were many reasons why Peter,
7 Paul and I believe that dose reconstructions
8 cannot be done for the underground testing
9 years, but I will not repeat them for you here
10 today.

11 Today I would like to focus on the most
12 compelling and convincing issue, the badging
13 issue. NIOSH refuses to admit that it was
14 common for Nevada Test Site workers to take off
15 their badges while working in the forward
16 areas. They say it was not a widespread
17 practice. Right now I would like to invite
18 Nevada Test Site workers who are here today to
19 please stand up if you took off your badges
20 while working in the radiated (sic) areas.
21 Ladies and gentlemen of the Board, these men
22 and women are here to show that NIOSH is wrong.
23 This was not only common, but was sanctified by
24 supervisors. These men were told not to wear
25 their badges. I urge you to hear their stories

1 of these men. They will tell you that they --
2 it -- what really happened at the Nevada Test
3 Site because NIOSH does not seem to have a
4 clue.

5 If you would like to be seated now at this
6 time.

7 Before I close I would like to bring an -- an
8 important issue concerning the existing special
9 -- special cohort. NIOSH has admitted it
10 cannot perform dose reconstruction for workers
11 employed at the Nevada Test Site before 1963,
12 yet partial dose reconstructions are being done
13 for workers who do not -- who did not work the
14 250 working days of employment. This is wrong.
15 Radiation does not take 250 days of exposure to
16 cause harm. One significant exposure can be a
17 death sentence. I ask the Board to rectify
18 this injustice by including the Nevada Test
19 Site workers in the expecial (sic) cohort --
20 expec-- the Special Exposure Cohort.

21 Thank you again for the opportunity. I hope
22 that you will do the right thing and grant us
23 membership to the SEC.

24 **DR. ZIEMER:** And thank you, Laurie. And then -
25 - is Peter going next, or --

1 **MR. STEDNICK:** Paul Stednick.

2 **DR. ZIEMER:** -- Paul -- Paul, you'll go next.

3 Thank you.

4 **MR. STEDNICK:** Okay. My name is Paul Stednick
5 and I went to work at the Test Site in 1966 and
6 left the Test Site in 1994. That's almost 28
7 years out there, and I was in the drilling
8 department for -- as a labor foreman for 26
9 years of the work out there. And I don't know
10 -- the people are familiar with the -- I know
11 the Test Site workers are familiar with
12 drilling. They drilled the holes and after
13 they detonated the event, why, they'd send a
14 drilling rig in there and get samples for the
15 different labs, the two different labs. And
16 after they was done with that, all this
17 equipment went to decon -- had to decon it
18 'cause it was all contaminated. The area was
19 contaminated, fenced off and everything else.
20 And as working on this special cohort, we was
21 asked to get ahold of some of the people from
22 the Test Site and find out some of their
23 problems and, you know, what they're fighting
24 for. And it's unbelievable some of the stories
25 that they would tell you that actually

1 happened. Anything that -- health-wise, that's
2 their personal business. They give me a
3 valuation of 47.17 on my dosimeter rating, and
4 a lot of the other people that -- we've gone to
5 other meetings all over, everybody is saying
6 well, what good's it be to compensate -- I mean
7 to have a 48 rating and you need 50 for medical
8 help in that.

9 And nowadays everybody needs their wife to work
10 to make ends meet, and some of us is getting
11 older as time goes and you want to make sure
12 that your wife or your -- the little bit of
13 money you're able to save is -- is -- don't
14 have to spend it on medical help. I lost a
15 right kidney from the Test Site. The reason I
16 found out I was -- I had a bad kidney is
17 because when I left the Test Site I did a more
18 thorough medical examination and that's when I
19 found it. And right now as -- I'm trying to
20 keep this one kidney going where -- once it's
21 gone, that's it, you know.

22 But in the drilling department there's a lot of
23 people that's been passed away that -- we
24 worked up in the -- you know, you talked about
25 asbestos. We had a mud additive that -- to

1 keep the heat down and they called it
2 Visbestos, and they used it up on the hill one
3 time and they said all you need is a respirator
4 -- paper respirator. And about every one of
5 them mud plant operators and all my laborers
6 has been passed away by now. But you know,
7 it's just -- we put a lot of hours in. Like
8 Senator Reid said, it's -- the Cold War was on
9 and we put a lot of hours in there and you go
10 out there and all them air samplers, they don't
11 get everything in the air that's gone away.
12 I was invited to listen to a NIOSH meeting one
13 time and one guy was telling another -- not to
14 mention any names -- telling another one well,
15 once the shot's gone, the wor-- the dirt isn't
16 disturbed. Well, that wasn't true. The --
17 around the location the dirt was disturbed, and
18 not only from wind but they'd go into -- to
19 another location, build another location, the
20 traffic over it and everything else. And we
21 took everything for granted that Rad-Safe was
22 taking care of everything. Well, it's -- it's
23 saying on my badge -- it's -- on my badge it's
24 -- my reading come back and I had zero on them.
25 How did they come up with 47.17 on my badge?

1 And I know I've been in contaminated areas for
2 26 years. It's all over out there. But a lot
3 of these people here are -- they're just like a
4 small fraction of the people that are asking
5 for compensation for what they did out there.
6 That's it.

7 **DR. ZIEMER:** Thank you very much, Paul. Then
8 we'll hear from Peter White. Peter?

9 **MR. WHITE:** Hello. Can you hear me okay?
10 Well, I never thought I'd have to set here in
11 front of anybody. I thought it'd be taken care
12 of. I thought when the program started that
13 the rules were set up and that's the way they'd
14 be followed. And just one rule after another.
15 Pretty soon in your life you just get wore out.
16 You worked out there and -- you worked out
17 there and did a job, and you did it like you
18 were supposed to. Then somebody asks, that's
19 supposed to help to support you, meaning
20 compensation or some other thing that they've
21 come up with, and you take it as being true.
22 Your whole life, that's how you're trained.
23 Somebody says they're going to help you and do
24 it, and it happens. And that's why I set here
25 and say it's -- it's plumb wore me out, just --

1 I've had the badge issue -- it's just like one
2 side can make up -- well, not really make up --
3 can have a set of documents. The other side
4 can have a set of documents. But the people
5 that went out there and busted their ass aren't
6 going to sit down and figure out how they're
7 going to work out a set of documents. Whatever
8 happens to them, it just happens to them.
9 Like Senator Reid said, the first day out
10 there, burnt a badge up 'cause of the welding.
11 To this day you still can't have a badge and
12 weld 'cause it rips the badge up, sparks and
13 stuff get on it. And you can't read the
14 goddamned thing. So they told me I don't ever
15 want to see you in here again getting a new
16 badge or you won't be working here. Go find
17 you another place to go to work. Well, I don't
18 want to bring up politics, but in that era
19 there weren't that many jobs. And what jobs
20 you had, you hung onto them.
21 I would just like when they do dose
22 reconstruction -- I don't think they can do it,
23 and I'm not a scientist, none whatsoever, but I
24 don't want to be judged on somebody else's
25 stuff. I want to be judged where I was when I

1 worked in NTS general Area 6. And if anybody
2 knows where that's at, that supports the whole
3 Test Site except 51. I go all over,
4 everyplace, and drive a truck to where you've
5 got to be. So for me to try to remember every
6 place that I was supposed to been, or had I
7 been, I can't remember them all. So I think
8 the SEC petition that we're trying to do is the
9 fairer thing for everybody involved, just
10 'cause of one reason -- one basic reason. And
11 it may sound cynical, but I didn't get up in
12 the morning to sound that way. The government
13 can produce any documents that it wants to
14 produce. An individual can't produce
15 documents. They don't have the know power to
16 really put them together. All I want is just
17 the truth and just a way to fix the things
18 that's happened to everybody and not be judged
19 on a individual basis 'cause you're out there
20 when somebody said do it, you did it. So
21 that's just about all I got to say. I'll
22 answer any of your questions, but it -- this
23 whole thing's wore me out.

24 **DR. ZIEMER:** Thank you. Thank you very much,
25 Peter. I -- I do -- I have been told that on

1 the phone Raili Glenn, who actually is a
2 petitioner for Lawrence Livermore but who also
3 has done work at the Test Site -- oh, she is a
4 petitioner on this one as well, okay, I -- I
5 had my information wrong, and so I -- I guess,
6 Laurie, with your permission, we'll hear from
7 her as well if that's -- yes, so Raili, are you
8 still on the line?

9 **MS. GLENN:** Yes, I am.

10 **DR. ZIEMER:** Yes. Please give us your
11 comments.

12 **MS. GLENN:** Okay. My name is Raili Glenn. My
13 husband, David Glenn, after he graduated
14 Washington State University, David got job at
15 Lawrence Livermore National Lab, 1966, doing
16 experimental and theoretical studies. David
17 worked in (unintelligible) group. He often
18 traveled to NTS, this site. He used lab plane
19 called Amy for transportation back and forth.
20 He was stationed at the Test Site for weeks at
21 a time, depending on the particular test.
22 David was (unintelligible) many nuclear tests
23 at NTS. David worked in tunnels that were damp
24 and water sweeping in. He had to get on his
25 hands and knees to install entire

1 (unintelligible) equipment, often way back in
2 the tunnels where he had to install his
3 instrument and remove them after the shot was
4 over and -- and take the reading on the gauges.
5 David dedicated his whole life to work in the
6 United States government research to keep our
7 country safe for another super power,
8 especially in time of Cold War. Our nation
9 space program would not be up in the scale like
10 it is today if he did not do nuclear testing.
11 They also benefited -- benefited from that.
12 David worked in NTS most contaminated areas,
13 like Yucca Valley, (unintelligible) Mesa, Area
14 12, 16 and 20. He protected -- no protec-- no
15 protective clothing was ever worn, and he often
16 got only three hours of sleep at night, and he
17 was on monthly salary and never -- and never
18 was not -- monthly salary, and there was no
19 overtime paid. If you calculate the hours he
20 spent work, he end up working for minimum
21 wages.

22 Early '80s family members and scientists -- of
23 scientists who spent lots of time in NTS are
24 invited to visit Nevada Test Site. Lab plane
25 Amy took us there. I was very excited to get

1 opportunity to go there. Then our tour guide,
2 [name redacted] (unintelligible), took us near
3 the Sedan crater which re-- resulted over 100
4 kiloton nuclear -- nuclear shot, [name
5 redacted] told us that we must move on because
6 if we stay here more than ten minutes we will
7 get too much radiation. How about the men who
8 worked there day after day? [name redacted]
9 (unintelligible) also died of cancer at his
10 early age, he was only 45 -- or 40, I'm not
11 sure, because he spent lots of time at NTS.
12 David had written publications on Danbury*
13 event, and that initial shot down the Nevada
14 Test Site and cut (unintelligible) and had
15 6,000 curies of radioactive materials
16 (unintelligible) atmosphere. The radia-- new -
17 - (unintelligible) include the fusion products
18 associated with the detonation of the device.
19 David did dyn-- dynamic and gas flow studies.
20 They're conducted over the wide range of exotic
21 high energy (unintelligible). For example,
22 (unintelligible) 500 (unintelligible) was used
23 close at the nuclear event and exposure
24 potential resulted from the exposure in the
25 area to the previous tests that had been done.

1 After Cold War (unintelligible) group was
2 called earth science department and last two
3 years David dedicated his work in nuclear
4 containment.

5 David also had health physics degree, so he was
6 aware that there was a danger of getting too
7 much radiation contamination, but he loved his
8 job and his country. Just like a soldier's
9 going into the war, knowing there is a danger,
10 but they also know if they get injured,
11 government will pay their medical expenses.
12 And if they die, their family get some
13 benefits. David had to pay all his medical
14 expenses, which totaled \$177,278. Common sense
15 tell me how can a person be working 25 years in
16 (unintelligible) hours and environment and not
17 get contaminated? At age 58 David was
18 diagnosed cancer, (unintelligible).

19 (Unintelligible) is a pre-leukemia
20 (unintelligible) bone marrow disease, which is
21 the same diagnostic (unintelligible) used NCI
22 and DOL as leukemia, and Dave's cancer turned
23 to leukemia.

24 Fifteen years is a long time to be on the
25 chemotherapy. It was hard for him and his

1 family. He had to take every day oral
2 chemotherapy (unintelligible), and also three
3 times a week he went to get injections. That
4 is not the way to spend your retirement, what's
5 supposed to be your golden years. David was
6 definitely suffering damages over the exposure
7 radioactive rays.

8 Thank you for letting -- listening, and I hope
9 you can bring this case to closure. Do you
10 have any questions?

11 **DR. ZIEMER:** Okay, thank you very much, Raili.
12 Let me ask, Board members, if you have any
13 questions at this time for any of the
14 petitioners, either comments or questions for
15 clarification.

16 (No responses)

17 Okay, apparently not. Thank you very much,
18 petitioners. We -- we do have a report from
19 our workgroup, but I think I'm going to have us
20 take our comfort break here for 15 minutes and
21 then we'll get the report from the workgroup.

22 (Whereupon, a recess was taken from 10:12 a.m.
23 to 10:40 a.m.)

24 **DR. ZIEMER:** We are going to reconvene if you'd
25 please take your seats.

1 (Pause)

2 Is -- are the phone lines open?

3 **DR. BRANCHE:** I'll ask.

4 **DR. ZIEMER:** We're reconvening. Gen Roessler,
5 are you on the line?

6 **DR. ROESSLER:** I'm on the line.

7 **DR. ZIEMER:** Mark Griffon, are you on the line?

8 (No response)

9 Gen Roessler or Mark Griffon.

10 **DR. ROESSLER:** Paul, this is Gen --

11 **DR. ZIEMER:** Okay, Gen, we hear you.

12 **DR. ROESSLER:** Okay, thanks.

13 **DR. ZIEMER:** Thank you. Now we're continuing
14 on the subject of the Nevada Test Site SEC
15 petition. We do have a Nevada Test Site
16 workgroup, and I wanted to point out that this
17 workgroup is charged with reviewing the site
18 profile. This is not a workgroup that is
19 addressing the petition per se, nor do they
20 make a recommendation per se on the petition.
21 They're going to give us their status as far as
22 the site profile review is concerned.

23 I also want to point out or remind the Board
24 that at our last meeting we tasked our
25 contractor, SC&A, to begin reviewing the SEC

1 petition issues. We do not yet have a report
2 from our contractor on that, so if -- is -- in
3 the Chair's judgment, we are not in a position
4 yet to take action on the SEC petition.
5 However, we do want to hear from our Nevada
6 Test Site workgroup, and then we will perhaps
7 get some estimate from our contractor as to
8 when we will have a report from them on the SEC
9 petition issues.

10 **UNIDENTIFIED:** (Off microphone)

11 (Unintelligible)

12 **DR. ZIEMER:** Oh, yes. I've been reminded,
13 before we have this workgroup review, that Phil
14 Schofield was in the middle of a comment.
15 Phil, I don't know if you had completed it or
16 if that thought is hanging mid-air, but let me
17 give you an opportunity to complete, if you
18 wish, the comment you were making -- if you can
19 remember where you were. I don't...

20 **MR. SCHOFIELD:** Just basically I want to say
21 that I would like to see the same level
22 documentation be available to the claimants so
23 that they can corroborate whatever is in their
24 file for their dose reconstruction. I mean if
25 you'd seen what Mel put together, it was an

1 incredible document, but how many of the
2 claimants have access to that kind of
3 information for their case. You know, it's a
4 two-edged sword here.

5 **DR. ZIEMER:** Okay, thank you very much. I
6 think what -- then what you're saying, and I
7 believe what Mr. Clawson was saying is that it
8 appears that in many cases the information is
9 there if -- if -- if we can dig for it
10 sufficiently to -- to actually get more precise
11 or more accurate individual dose
12 reconstructions than we might otherwise have by
13 the estimating procedure.
14 The Chair might also note, although there may
15 be exceptions to this, that in most cases -- in
16 most cases the probability of causation, we
17 know from experience, is higher where the
18 estimates are made, as opposed to the actual
19 numbers, because of the overestimating
20 assumptions made. That -- that is not to say
21 that we shouldn't try to get the actual data,
22 but keep in mind that in -- in most cases we've
23 seen that that tends to lower the assigned
24 values to the individual and thus affects the
25 probability of causation.

1 Now let us hear from the workgroup chaired by
2 Mr. Presley.

3 **UNIDENTIFIED:** Could -- could I interrupt for
4 just a second?

5 **DR. ZIEMER:** I'm sorry?

6 **COMBUSTION ENGINEERING SEC PETITION**

7 **MR. ROWE:** Hi, this is Frank Rowe with Senator
8 Joe Lieberman's office.

9 **DR. ZIEMER:** Oh, yes.

10 **MR. ROWE:** I apologize for interrupting you,
11 but based on the agenda I know that you may be
12 running a little bit late and some of us are in
13 line for Combustion Engineering. I was just
14 wondering if that was going to be happening any
15 time soon.

16 **DR. ZIEMER:** Hold on.

17 (Pause)

18 Actually we -- we have the flexibility to --
19 since we are behind schedule and you wanted to
20 address the Combustion Engineering issue, if
21 you would like to do that we'd be glad to do
22 that now.

23 **MR. ROWE:** That would be great because I know
24 that one of the constituents that the Senator's
25 been working with for, you know, more than five

1 years, you know, is also on the line, so that
2 would be helpful, but of course obviously --

3 **DR. ZIEMER:** Yes, we -- we indeed --

4 **MR. ROWE:** -- we don't want to set the dominos
5 --

6 **DR. ZIEMER:** -- will do that then. The Chair
7 will exercise that prerogative and we will move
8 immediately to this item on our agenda, at
9 least -- and we will return to it later, as
10 well, but -- because we not -- have not yet had
11 the NIOSH report on Combustion Engineering.
12 But we'd be pleased to hear from your office
13 and receive the comments.

14 **MR. ROWE:** Okay. Well, obviously I was more in
15 the position of, you know, trying to find out,
16 you know, the status of the petition, the
17 review of the petition (unintelligible) your
18 comments. I know Mr. Greenberg is on the
19 phone, who has done a tremendous amount of
20 research on this, and obviously it's been a
21 very frustrating process, like so many other
22 sites, trying to come up with the information
23 needed to make a determination on these claims.

24 **DR. ZIEMER:** Let me ask you if you received a
25 copy of the NIOSH petition evaluation report.

1 **MR. ROWE:** I -- I have (unintelligible) review.
2 Correct?

3 **DR. ZIEMER:** I'm sorry?

4 **MR. ROWE:** I'm sorry, I know it says evaluation
5 report. I've got a few things open here. But
6 that was the -- I apologize, I had that open
7 just a second ago; too many -- but yes, I do,
8 basically. And I wasn't sure what was going to
9 be addressed at this...

10 **DR. ZIEMER:** Well, as you'll note as you look
11 at the bottom line of that report, we have a
12 recommendation from NIOSH to include this group
13 as -- as part of the Special Exposure Cohort.
14 And the Board then would be acting on that
15 recommendation. But if you wanted to delay 15
16 or 20 minutes, we could have that report first.
17 I'll leave that to you.

18 **MR. ROWE:** That -- well, that will be fine.
19 You know, delaying it would -- in other words,
20 what I'm more interested in is the quality of
21 the answer, not the speed.

22 **DR. ZIEMER:** Okay. Then -- then we'll -- we'll
23 just proceed. We're going to have a very brief
24 report from the Nevada Test Site group, and
25 then we'll move immediately to the Combustion

1 Engineering report from NIOSH.

2 **MR. ROWE:** Okay.

3 **DR. ZIEMER:** Thank you.

4 **MR. ROWE:** All right, thank you. And I'm going
5 to sign off for just about 10, 15 minutes and
6 I'll be back on.

7 **DR. ZIEMER:** Very good. Thank you very much.

8 **MR. GREENBERG:** Yeah, I'll -- I'll do the same
9 thing as well.

10 **DR. ZIEMER:** We'll check with you when we come
11 back to Combustion.

12 **MR. GREENBERG:** Okay. Thank you.

13 **NTS (CONT'D)**

14 **DR. ZIEMER:** Okay, very good. Let's then hear
15 from Mr. Presley on the Nevada Test Site site
16 profile and the workgroup.

17 **MR. PRESLEY:** Again, I would like to thank the
18 working group, which is made up of Phillip
19 Schofield, Brad Clawson, Wanda Munn, Gen
20 Roessler and myself. We've been meeting for
21 about two years. Again I would like to say
22 that this is a report on the NTS site profile.
23 The NTS working group met face-to-face on
24 December the 19th, 2007 and January the 7th,
25 2008. December the 19th, 2007 the working

1 group received all 25 -- or reviewed all 25
2 comments with SC&A. All documents were closed,
3 with the exception of comment 11 and 20. Also
4 some comments listed as closed were noted as
5 having outstanding data that the working group
6 will be reviewing upon completion and making a
7 final closing decision on the comment or open
8 the comment for further review, either by the
9 working group or sending the document in
10 question to SC&A for their review and comment.
11 On January the 7th, 2008 the working group met
12 in Las Vegas in a late-night meeting to discuss
13 the review and findings of comment 11 and 20.
14 Comment 11 has to do with the correction
15 factors for external environmental dose due to
16 geometry of the organ related to the location
17 of the film badge, was discussed at length,
18 with one outstanding issue still unresolved.
19 This item is not just an NTS site profile
20 issue, but is considered to be an issue related
21 to more than one or two sites. This issue will
22 be discussed by SC&A and NIOSH, and agreements
23 will be worked out and the issue will again be
24 submitted to the working group for approval or
25 sent back for more work.

1 .01, PC 1, Section 6.301 when it comes out, and
2 we will make our final approval at that time on
3 this item -- on these three items.

4 Item 11 is still open.

5 Item 12 through 19 have been closed.

6 Item 20 was closed.

7 Item 21, 22 have been closed.

8 Item 24, we have reviewed and closed this item,
9 but the working group is still working --
10 waiting on this NTS-5, Revision 01, Section
11 5.6.3.2 for our review. We will be reviewing
12 this for completeness and we'll make our
13 statement when this is out.

14 Item 25 has been reviewed and closed, and we
15 have this statement:

16 We as a working group say that the comments or
17 issues that have been brought before us which
18 appear in the site profile are closed.

19 However, we as a working group feel that if new
20 issues arise or are shown to be incorrect, we
21 will act to request a review by our technical
22 contractor to assist the informa-- or to assess
23 the information appropriately. This working
24 group realizes that all site profiles are
25 living documents and subject to change. As new

1 data or information is found, the site profile
2 will be revised and this information will be
3 scrutinized for completeness, and we will
4 hopefully have a meeting to discuss the open
5 issues and to discuss our findings on the
6 revisions of these documents before the April
7 meeting -- the face-to-face meeting.

8 Are there any questions?

9 **DR. ZIEMER:** Okay. Dr. Melius.

10 **DR. MELIUS:** Yeah, I don't have any questions
11 for Bob's report but I do have a question as to
12 how are we -- how are we going to proceed on
13 the SEC if -- is Bob's workgroup going to
14 handle that or are we going to appoint a new
15 workgroup? What's our plans for that?

16 **DR. ZIEMER:** Well, this we can actually
17 determine here today. We tasked SC&A -- Lew,
18 can -- can you help me, was it at our last
19 meeting -- to -- to begin evaluation of the
20 SEC-related issues, and I'm looking to see if
21 John Mauro -- oh, John, there you are. Can you
22 tell us very quickly where SC&A stands on -- on
23 that, and then --

24 **DR. MAURO:** (Unintelligible) take the witness
25 (unintelligible) --

1 **DR. ZIEMER:** Yeah, there you are.

2 **DR. MAURO:** As you know, we have completed a
3 lot of work along the lines of the site
4 profile, many of which have a counterpart on
5 the SEC, so from that perspective we've made a
6 lot of progress because there's overlap. The
7 area -- but our actual work on the SE-- the SEC
8 petition acti-- where it is right now, a team
9 of people have reviewed the petition, have
10 reviewed the evaluation report. We have
11 prepared a matrix identifying all of the issues
12 and the inter-relationships between the -- the
13 petition, the current version of the site
14 profile which has been updated, and the
15 evaluation report. And so we're in a position
16 where now we've sort of gotten our arms around
17 what are the SEC issues that are at play.
18 The one area that has been receiving the most
19 attention over the recent two or three weeks
20 has -- has overlap in both areas, and that has
21 to do with the practice of leaving the badges
22 behind. So I would say -- but -- so -- where
23 we are now, we're still very much in the early
24 stages 'cause we were only authorized
25 relatively recently, but I do believe we've got

1 our arms around the -- the superstructure of
2 where the issues are. The framework has
3 developed, work has begun, and most -- the most
4 attention, though, has been placed on this what
5 we consider to be one of the more important
6 issues, the -- the film badge issue.

7 **DR. ZIEMER:** Now it appears to the Chair that
8 the existing workgroup is most up to speed on
9 the issues, having looked at the site profile
10 in great detail and since there does appear to
11 be a lot of overlap between the site profile
12 issues and the SEC issues. So my inclination
13 would be to ask the workgroup to address the
14 site profile (sic) issues as well, but I'm
15 certainly open to other suggestions if the --
16 if the members of the Board believe we should
17 go in a different direction, but keeping in
18 mind that we have a group of people who have
19 looked in great detail at the -- this -- issues
20 on this site. Brad, you have a comment? Then
21 Dr. Melius --

22 **MR. CLAWSON:** Yeah --

23 **DR. ZIEMER:** No, Brad?

24 **MR. CLAWSON:** Yeah, I -- I think it's a good
25 idea to be able to keep the working group

1 continuing on because the Nevada Test Site is a
2 very, very complicated issue, as all of us on
3 the working group know.

4 What I wanted to speak on a little bit, and I'm
5 just going to take a minute with -- I was asked
6 earlier where was I going with -- with my
7 questioning attitude or so forth like that.
8 The point that I want to bring up is that I
9 want to be assured that we are using all
10 avenues possible that NIOSH and everyone -- our
11 subcontractors and everybody are getting all
12 the information that they're able to get
13 because the film badge is a big issue. Billy
14 Smith -- I believe his last name's Smith -- he
15 made the comment to us about the badges. He
16 says out of over a million badges only one
17 percent of the badges showed any kind of
18 radiation. Well, you know what? That's great.
19 That may be showing something right there, that
20 these badges were being left outside, that out
21 of a million badges and what went on out there,
22 there's -- there's got to be able to be more.
23 And I just want to be able to be assured that
24 we are using all avenues, all possibilities to
25 be able to get the actual information that is

1 deserved to these people.

2 And -- and I also want to make a comment about

3 DOE. Now all of us that work in the industry

4 and deal with the federal government understand

5 -- you know what? We -- we do a lot of

6 paperwork and it's unbelievable to me that we

7 have so much missing data. In my industry as a

8 nuclear fuel handler, I can tell you where the

9 ore was mined for the fuel element that is

10 coming in to me. When a element comes in to

11 me, I have a complete box of information on

12 where it's been, what it's done, and it's --

13 it's kind of a travesty to me to the -- the

14 people that are working on this, the

15 information is not as relative and available

16 for them.

17 We're expecting widows of 80 years old or 70 or

18 whatever like that to be able to deal with

19 trying to get information that their families

20 could not even discuss because of

21 classification. These people took this that

22 they were at war. The secrecy and importance

23 of this was national security, and they never

24 broke that trust. They didn't tell their

25 family a lot of things.

1 We hear stories of people coming home and
2 undressing out in the garage because they did
3 not want their children around this. I want to
4 ask the DOE, and I want to publicly announce
5 this -- DOE should be helping these people. We
6 had a very good person, Libby White, and I
7 don't know where has gone from here. I know we
8 have Patricia, but they should be getting up
9 here and they should be able to try to help
10 these people be able to get information. We
11 are -- it -- it -- it's wrong. These people
12 don't have the access, they don't have the --
13 the processes and everything else like that,
14 and DOE Nevada or DOE Washington should be able
15 to be helping these people so that they can go
16 through this data, be able to retrieve this
17 information for them and be able to help them
18 get to their claim because one of the worst
19 things is the mystery of this whole thing. And
20 I hope that DOE will listen and will help these
21 people go forth with this. And I hope as a
22 Board, and you know as well as I do that I'm
23 going to push this issue even more, they get
24 the help from DOE.

25 **DR. ZIEMER:** Okay. Thank you, Brad. Phil, and

1 then Robert.

2 **MR. SCHOFIELD:** I'd like to just add one thing
3 to what Brad said, and a lot of personnel would
4 be helped if the current reports 5003(a) by
5 1003(b) reports were made available to
6 claimants or those who are helping them,
7 because many times that is the only
8 documentation some of these people will have of
9 things that happened to them that don't
10 necessarily show up on their badge, or maybe
11 they were doing a job where they weren't
12 supposed to be wearing a badge, or wasn't told
13 not to wear a badge, but they say well, this
14 incident happened. We came out of there
15 completely crapped up -- sorry, for the
16 language, but that's what most people refer to
17 it as. And as long as those reports are
18 classified and not released by DOE, a great
19 source of information is being hidden from
20 claimants.

21 **DR. ZIEMER:** Thank you. Robert? A comment
22 first from --

23 **DR. BRANCHE:** I would just --

24 **DR. ZIEMER:** -- from Christine.

25 **DR. BRANCHE:** -- encourage you, Mr. Schofield

1 and Mr. Clawson, when the DOE representatives
2 are here later on today, you can repeat your
3 comments at that time.

4 **MR. CLAWSON:** And -- and I -- I will, and I
5 appreciate that. I didn't realize she wasn't
6 here, so...

7 **DR. ZIEMER:** Robert?

8 **MR. PRESLEY:** At this time I -- I didn't
9 realize that DOE was not here and I will -- I
10 will hold my comments till DOE 'cause I want
11 them to hear it.

12 **DR. ZIEMER:** Okay, thank you. So -- Wanda, you
13 have a comment.

14 **UNIDENTIFIED:** Listening to the -- to the NTS
15 hearing.

16 **MS. MUNN:** Yes, I -- I do have a couple of
17 comments. Is the mike working? Yes.

18 **DR. BRANCHE:** Yes, the microphone is working,
19 but for --

20 **DR. ZIEMER:** Stay close to it.

21 **DR. BRANCHE:** -- those individuals who are on
22 the phone, if you could please mute your phones
23 when you're not speaking, it will help all of
24 us. Thank you.

25 **MS. MUNN:** I'm really sorry that the room is

1 not as full as it was before our break.

2 **UNIDENTIFIED:** It must be one of the --

3 **MS. MUNN:** I'm certainly glad to see that Mr.
4 Funk is still here and that some of the other
5 petitioners are.

6 **DR. ZIEMER:** Well, hold on a second.

7 **MS. MUNN:** I don't think that was the
8 petitioners.

9 **UNIDENTIFIED:** No.

10 **DR. BRANCHE:** If the individuals -- if the
11 individuals who are participating by phone
12 would please mute your phones we would very
13 much appreciate it.

14 **DR. ZIEMER:** Wanda thought that was one of
15 those laughter tracks or those cheering tracks
16 for what you're saying, but I think it was --

17 **MS. MUNN:** I knew it was not for me.

18 **DR. ZIEMER:** Proceed. Are all the phones muted
19 that are on line? Okay, thank you.

20 **MS. MUNN:** You know, we have an entertainment
21 channel that likes to say they know drama, and
22 I'm here to tell you, they don't know drama
23 until they've sat through one of these meetings
24 and listened to petitioners and studied the
25 information that's available to us and that's

1 available to you. They don't know what drama
2 is. This is real drama, where we are right
3 now. There are no script writers here. We
4 don't give a hang who's on strike in the
5 writers' union right now because this is not
6 scripted material. This is real life, and it's
7 your real life and it's our real life.
8 Those of us who work in this industry know the
9 debt of gratitude that we owe to our fellow
10 workers on every site in this country, and
11 especially to the workers at NTS site. We know
12 that. We understand what you've done. We also
13 understand your frustration with what has been
14 referred to here so many times as "the
15 government". I just feel that it's necessary
16 to remind us all once in a while that the
17 government is just a group of people who have a
18 job to do and we encounter people with a
19 bureaucratic mindset that sometimes make it
20 difficult to communicate with them, and
21 sometimes make it very difficult for us to get
22 the information that we want or the information
23 that we need. And I -- we understand the
24 frustration that's involved here.
25 We want you to know that you are appreciated.

1 You are appreciated enormously, and --

2 **UNIDENTIFIED:** (Unintelligible)

3 **MS. MUNN:** -- one of the things that's not
4 discussed often when we talk here is -- is what
5 you have given us. You've not given us just
6 the ability to say we won the Cold War. That
7 part of it is over. What you've also given us
8 is information, scientific information that
9 could not have been gotten any other way. Now
10 you -- you did that for us. The petitioners,
11 the people who worked on this site, provided
12 for our nation basic ground-level information
13 about radiation and about how it works, what
14 weapons were capable of providing and how much
15 it provided. When we talk about radiation, we
16 can't just talk about how many counts there
17 were or what the levels were. We need to know
18 what kind of material was involved and we need
19 to know the energies of those things. That's
20 the kind of information that your work has
21 provided, so that we know exactly the worst
22 that could have been there. You gave us the
23 information for that. That's what all that
24 drilling back was about, was to bring out the
25 samples so that we knew exactly what was there.

1 Now I don't know it; I haven't seen the record.
2 You don't know it; you haven't seen the record.
3 But it's known, and it is known in a way that
4 makes it possible for the people who work with
5 the information to be able to determine what is
6 the worst exposure you could have gotten when
7 we can't determine what you exactly got because
8 we can't tell exactly where all you were at
9 what time. Nevertheless, the information
10 that's there makes it possible to determine the
11 worst you possibly could have gotten, and
12 that's the instruction that's been given to our
13 dose reconstructors at NIOSH. If you can't
14 determine the exact person -- and as Brad says,
15 everybody wants to know what's my dose exactly.
16 If that can't be done for whatever reason,
17 because you had the kind of supervisor that you
18 shouldn't have had, who did not protect you the
19 way you should have been protected and the way
20 the people who were running the show really
21 wanted you to be protected, if that happened to
22 you, that doesn't change the fact there's
23 information that tells us what's the worst that
24 could have happened when you were there in that
25 tunnel.

1 So I -- I guess I just want to thank you again
2 personally, and I want you to know when we make
3 the decisions that we make on this Board, we
4 try to do it with the best science that we can.
5 When we have the information that can give us
6 what we call an upper bound, the worst case
7 that can happen, then that's our fallback
8 position. If all else fails, we have that to
9 work on. I want you to know that there are
10 people who have been -- who have -- have gone
11 through the dose reconstruction process from
12 NTS and they have been judged to be
13 compensated. Over \$84 million dollars has been
14 paid out for people on this site alone. So I
15 can't let this -- this discussion about the
16 site go without again thanking you for what
17 you've done and reminding you that all of us
18 who have anything to do with nuclear
19 technology, whether it's weapons technology or
20 whether it's beneficial medical uses or power
21 production, those of us who work with radiation
22 all the time understand your concern and we are
23 not ignoring what you're saying. I don't
24 believe any of us distrust what you say. We
25 know you bring us information as you see it and

1 as you know it. I just want you to know that
2 we're doing the best we can to make a fair and
3 scientifically defensible decision when we make
4 it. Thank you.

5 **DR. ZIEMER:** Okay. Thank you, Wanda. Well
6 said. Other comments?

7 (No responses)

8 Okay. Again I'll repeat, in a sense, the Chair
9 is -- is recommending that we assign the
10 workgroup the responsibility of following up
11 with our contractor on the SEC-related issues.
12 Any objection to that on the part of the Board
13 members, and is the workgroup willing to do
14 that? Mr. Presley?

15 **MR. PRESLEY:** Let me make one -- let me make
16 one comment. As you all know, I have to have
17 some surgery March the 4th, and will probably
18 be down for four to six weeks. I just want to
19 make sure that you understand that I will not
20 be at the next meeting. I will be there by
21 telephone, but if you put me as chairman of
22 this, I want to -- I want to make sure that
23 everybody understands that.

24 **DR. ZIEMER:** And Robert, I think you as chair
25 have the prerogative of assigning one of your

1 workgroup members to serve as a chair pro tem
2 if needed, so -- any objections? If I hear
3 none, I'm going to proceed on that basis, to --
4 to having the workgroup have this
5 responsibility. Wanda?

6 **MS. MUNN:** You may want to check with Dr.
7 Roessler.

8 **DR. ZIEMER:** Gen Roessler, yes?

9 **DR. ROESSLER:** I am on the line and I'm willing
10 to continue. I'm also going to be having
11 surgery, but I don't think it's going to put me
12 out very long, so yes, I'm definitely
13 interested in continuing.

14 **DR. ZIEMER:** Thank you. Okay, are any other
15 members of the workgroup having surgery? Okay,
16 we're going to have -- we still have some that
17 are still mobile and -- okay, thank you. We'll
18 proceed on that basis.

19 Now we want to move immediately to the
20 Combustion Engin-- well, let me make one other
21 comment.

22 So on behalf -- or for the local folks here,
23 the implication of this is that the Board will
24 not take action today on the NIOSH
25 recommendation for SEC -- or their

1 recommendation is that SEC status not be
2 granted for this workgroup (sic) because they
3 believe they can reconstruct dose. The Board
4 will not take action on that recommendation
5 today. That will be delayed until we hear from
6 our contractor and the workgroup has an
7 opportunity to evaluate the SEC-related issues
8 and -- and come to us with a recommendation.
9 They have indicated that they're hopeful they
10 can complete that by the time of our next face-
11 to-face meeting, which will be in April and
12 will take place in Amarillo, Texas 'cause we'll
13 be visiting the Pantex area at that time, and I
14 don't know that there's necessarily a guarantee
15 that they will be ready at that time but that's
16 at least a -- an operating goal. So I want to
17 make sure the local folks are aware.

18 **DR. WADE:** If history is any teacher, this
19 process sometimes takes quite a bit of time so
20 I wouldn't create any heightened expectation
21 that this will be closed at the next meeting.

22 **DR. ZIEMER:** I say that's a kind of a target,
23 but not a guarantee. Thank you very much.

24 **COMBUSTION ENGINEERING (CONT'D)**

25 So let's move on then to Combustion

1 Engineering, and LaVon Rutherford is going to
2 present the material from Combustion. And then
3 we also will have an opportunity to hear from
4 the petitioners, but I want to make sure that -
5 - that they are back on the line.

6 **MR. GREENBERG:** Yeah, this is Dan Greenberg.

7 **DR. ZIEMER:** Okay, Dan, you're back on the line
8 -- and anyone else? Was someone there from
9 Lieberman -- Senator Lieberman's office as
10 well? Or was it -- Daniel, were you the only
11 one on the line earlier?

12 **MR. GREENBERG:** Frank Rowe from Lieberman's
13 office was going to join us. He may have just
14 gotten caught up in a phone call.

15 **MR. ROWE:** Oh, hi, this is Frank Rowe again. I
16 apologize (unintelligible) --

17 **DR. ZIEMER:** It sounds like Frank is on the
18 line. Frank, are you there?

19 **MR. ROWE:** I am here and I -- I meant to hit
20 the mute button; I hung up instead, so --

21 **DR. ZIEMER:** Okay. Then --

22 **MR. ROWE:** -- operator error.

23 **DR. ZIEMER:** Okay, we're going to proceed then
24 with the report from NIOSH on the Combustion
25 Engineering SEC petition, so --

1 **MR. ROWE:** Thank you.

2 **DR. ZIEMER:** -- this is LaVon Rutherford from
3 NIOSH.

4 **MR. RUTHERFORD:** Thank you, Dr. Ziemer --

5 **DR. BRANCHE:** (Off microphone) (Unintelligible)
6 --

7 **DR. ZIEMER:** Hang on.

8 **DR. BRANCHE:** -- so that everyone can hear
9 LaVon's (on microphone) presentation, if you
10 could please mute your phones. And for those
11 of you who are in the room, if you could please
12 turn your phones off or silence them. Thank
13 you.

14 **MR. RUTHERFORD:** Again, thank you, Dr. Ziemer
15 and the Board, for giving me this opportunity
16 to speak on behalf of NIOSH and our evaluation
17 of Combustion Engineering SEC petition.
18 Combustion Engineering SEC petition was
19 submitted to NIOSH because NIOSH determined a
20 dose reconstruction was not feasible for a
21 given claimant. They submitted their petition
22 requesting SEC status. We used that initial
23 petitioner's claim as our initial boundaries.
24 We expanded the boundaries of our -- during our
25 evaluation process to determine the proper

1 class that -- after completing the evaluation.
2 Most of you know -- had seen this before. We
3 have a two-pronged test. We evaluate is it
4 feasible to reconstruct the dose with
5 sufficient accuracy for a given class. Once we
6 made that determination, if we determine it is
7 feasible, then we do not go to the next step.
8 If we determine it's not feasible, then we have
9 to determine health endangerment -- if there's
10 a reasonable likelihood there's health
11 endangerment.

12 A little background on Combustion Engineering.
13 Combustion Engineering is located in Windsor,
14 Connecticut, which is near Hartford. It was a
15 contractor for the Atomic Energy Commission
16 starting in the late 1940s -- or in the 1940s.
17 Early work that was done for the Atomic Energy
18 Commission was non-radiological work that was
19 not covered -- or is not considered cover if
20 you -- covered. If you go to the DOE facility
21 database, the activities that were conducted at
22 that time were considered non-nuclear or not
23 towards the -- not considered to fit within
24 this EEOICPA program.

25 Radiological -- actual covered activities for

1 EEOICPA began in 1965. Those activities
2 covered -- covered activities continued until
3 1972.

4 The processes relevant to the class -- as most
5 of you know, Combustion Engineering was an
6 Atomic Weapons Employer, therefore we -- we
7 have to be able to reconstruct the covered
8 exposure, but we also have to be able to
9 reconstruct any exposures that occurred on that
10 site at that time, whether they were -- if
11 they're included within that boundaries -- the
12 covered site boundaries.

13 At that time at Combustion Engineering there
14 was research and development of nuclear fuel,
15 there was fabrication of nuclear fuel from
16 high-enriched uranium, construction of naval
17 reactor prototypes, fabrication of low-enriched
18 uranium assemblies, and shipping of uranium to
19 Fernald. The sources relevant to the class are
20 uranium compounds from fuel fabrication,
21 production and shipping activities, research
22 and development.

23 We also had indication from FUSRAP surveys that
24 were taken and from other documents cobalt-60 -
25 - there may have been cobalt-60 research and

1 development, which is consistent with what you
2 would expect. Cobalt-60 is, you know, the crud
3 from reactors. It's present and they may have
4 been doing studies because they wor-- they did
5 have re-- prototype facilities for the naval --
6 for the Navy at that time.

7 During our process to determine if dose
8 reconstruction was feasible, we did a number of
9 data captures. There was formal requests to
10 the current operator. We went to the Nuclear
11 Regulatory Commission; DOE Germantown, which
12 archives; National Archives; OSTI, which is
13 Office of Scientific and Technical Information.
14 We had interviews and we also did internet
15 searches.

16 Dose -- or actually data available for dose
17 reconstruction -- our internal monitoring data,
18 we had two uranium bioassay samples from a
19 single individual that were less than the
20 detection limits.

21 We had no workplace breathing zone or general
22 area monitoring data for the covered period.
23 We have a 1964 report that indicates that
24 breathing zone -- or that air sampling was
25 taking place. And they actually had a annual

1 average within that 1964 report, prior to the
2 covered period that we're talking about, that -
3 - but there is no actual individual sample
4 data. There's no inf-- no data that indicates
5 how -- how air sampling was performed or where
6 it was performed. And again, we have no data.
7 We have ventil-- ventilation effluents from the
8 1964 report as well. However, we have no
9 samples from 1965 to 1972.

10 Obviously our criteria -- we look at bioassay
11 data first. You know, we want that urine
12 sampling, we want the whole body counting,
13 things like that first. After that we look at
14 air data, or follow that up with source term
15 information.

16 We looked for source term information for the
17 different activities that were occurring at
18 Combustion Engineering during the covered
19 period. We were able to uncover the actual
20 shipping data for the uranium shipments to --
21 did you lose me? -- for the uranium shipments
22 to Fernald.

23 We -- however, we have no source term data for
24 the other activities that were conducted at
25 Combustion Engineering.

1 Nor do we have detailed proc-- typically when
2 you go to the source term level of hierarchy
3 you also have to get good process description
4 to support -- to -- to develop an exposure
5 model. We have no detailed process
6 descriptions for the activities conducted at
7 Combustion Engineering.

8 We do have some good FUSRAP data if you looked
9 at the files -- the Board looked at the files
10 that were -- that we put on the Board's drive.
11 The FUSRAP data looks -- if you look at it you
12 will find there are maps in there that identify
13 where activities were conducted, and -- and it
14 identifies -- you can get a general layout of,
15 you know, locker rooms, fuel fabrication, and
16 you also find out that a lot of the A-- the AEC
17 work and the commercial work was conducted --
18 that could be conducted in the same buildings.
19 External monitoring data, we have external
20 monitoring data for four claimants. Two of the
21 claimants had monthly results and the other two
22 had annual summaries. And you know, from that
23 external data that we do have, and there is a -
24 - a folder, again, on the Board's folder. It's
25 called "monitoring data" that shows you the

1 data that we do have. And from that -- the
2 little data that we do have, you can see that
3 there was a -- a -- a external exposure
4 potential. We had individuals with five rem,
5 13 rem exposures, so...
6 However, NIOSH has been unable to cover any
7 radiation surveys for the covered time period.
8 Again, we have FUSRAP data from when they had
9 stopped and they prepared for D&D that has --
10 has both internal/external monitoring data, but
11 we have nothing during the covered period.
12 And as indicated previously, we have no source
13 term data -- information for Combustion
14 Engineering except for the shipments of uranium
15 to Fernald.
16 A little overview. We were unable to obtain
17 sufficient information to complete dose
18 reconstruction for an existing claim. From
19 that, as I said earlier, we have to evaluate
20 what are the real boundaries of the class, what
21 -- we have this petitioner that we can't
22 reconstruct his dose. At what -- you know,
23 when did the -- our inability to reconstruct
24 dose start and when did it finish, so we looked
25 at that.

1 On October 5th, 2007 a claimant was notified
2 dose reconstruction was not going to be
3 feasible and we gave them a Form A to submit
4 for a Special Exposure Cohort petition. The
5 petition was submitted on October 9th.
6 Our conclusions -- feasibility conclusions,
7 NIOSH lacks monitoring data, process or source
8 term information sufficient to estimate
9 external and internal radiation doses for
10 Combustion Engineering employees for the period
11 of January 1, 1965 through December 31, 1972.
12 Again, that's the entire covered period.
13 NIOSH believes it has sufficient information to
14 estimate the external dose from medical X-rays.
15 Health endangerment, NIOSH determine it's not
16 feasible to reconstruct dose, and that evidence
17 indicates that workers in the class may have
18 accumulated intakes of uranium and other
19 radionuclides during the covered period.
20 Our determination is that we cannot reconstruct
21 all doses from uranium, other radionuclides --
22 internal doses -- or external doses from beta-
23 gamma and neutron. However, we will use the
24 data that we do have for individuals. If there
25 are individuals that -- you know, the two

1 individ-- the four individuals that we have
2 external monitoring data that are within the
3 class period, we will use their external
4 monitoring data for partial dose
5 reconstructions if they do not meet the other
6 criteria for SEC. And again, we will use any
7 individual monitoring data that we uncover from
8 this point on to reconstruct partial doses for
9 -- for claimants that do not fall into the SEC.
10 Our -- our proposed class definition -- and I
11 am -- we have had some lessons learned and
12 discussions with Department of Labor over some
13 of these past SECs with just -- just in the
14 last day that I am going to make a slight
15 recommendation to change this class definition
16 that we are proposing. We had proposed all
17 Atomic Weapons Employees who were monitored, or
18 should have been monitored, for exposure to
19 ionizing radiation while working at Combustion
20 Engineering site -- and you can read the rest
21 of that.

22 The monitored or should have been monitored in
23 this evaluation is for all members on site
24 should have been monored -- monitored, was our
25 determination. We -- we are going to change it

1 to be consistent with the Mound recommendation,
2 which is going to say all Atomic Weapons
3 Employees who worked at Combustion Engineering
4 site, and remove the monitoring or should have
5 been monitoring, so that is my suggestion at
6 this time.

7 Our recommendation again, for January 1, 1965
8 through December 31st, 1972, NIOSH finds
9 radiation dose estimates cannot be
10 reconstructed for compensation purposes.
11 And that's it.

12 **DR. ZIEMER:** Okay. Thank you, LaVon. I'm
13 going to take a minute and see if the Board has
14 questions, and let me start with one, and we
15 have a couple of others, it appears.

16 Somewhere the FUSRAP program, which is the
17 remediation program, was able to uncover
18 information about where things took place.

19 **MR. RUTHERFORD:** Right.

20 **DR. ZIEMER:** And I'm wondering, since there's
21 apparently -- you were not successful in
22 characterizing this site very well.

23 **MR. RUTHERFORD:** Right.

24 **DR. ZIEMER:** Were there -- were there any
25 references or reports that FUSRAP used that

1 were not available to you? Or -- you see what
2 I'm getting at?

3 **MR. RUTHERFORD:** Yeah, I know what you're
4 getting at.

5 **DR. ZIEMER:** I mean how did they --

6 **MR. RUTHERFORD:** Yeah.

7 **DR. ZIEMER:** -- determine where things took
8 place --

9 **MR. RUTHERFORD:** Uh-huh.

10 **DR. ZIEMER:** -- in this darth (sic) of -- or
11 this absence of information?

12 **MR. RUTHERFORD:** You know, I -- I don't know.
13 I know that we exhausted a lot of resources
14 looking for information by going --

15 **DR. ZIEMER:** Well, in the FUSRAP reports
16 themselves, did they reference any documents
17 that were not available to you; that's sort of
18 what I'm asking. 'Cause I was a little
19 surprised to learn that they were able to at
20 least identify buildings where things took
21 place. That means there had to be some --

22 **MR. RUTHERFORD:** Right.

23 **DR. ZIEMER:** -- references to some kind of
24 processes.

25 **MR. RUTHERFORD:** I know I -- me personally, I

1 did not go down each and every one. And you've
2 also got to remember the FUSRAP study was done
3 in what, '96 -- or '94 to '98, and that a lot
4 of the information in FUSRAP was also on
5 processes that occurred in 1972 to 1994, so the
6 -- if you look at what was in -- you know, in
7 the report, there's a lot of generalities in
8 the FUSRAP report when you look at AEC work and
9 the work in that '65 to '72 period. There is
10 no details at all, it's very general. And the
11 work didn't stop in '72. The work continued --
12 the fuel fabrication continued, that type of
13 work. So the documentation in support of those
14 activities would have easily been -- you know,
15 would have had a greater chance of being
16 available.

17 Now I did not go through each one of the FUSRAP
18 references and verify that we had all them
19 documents, or -- and -- and that's something I
20 could have asked our contractor to go back and
21 take a look and see how many of those we -- we
22 have -- you know, how many -- or -- or are
23 those -- or are there many of those that we
24 don't have, and based on their title could --
25 would they be of any relevance to us.

1 **DR. ZIEMER:** This is kind of the reverse
2 situation of what we often have --

3 **MR. RUTHERFORD:** Sure.

4 **DR. ZIEMER:** -- where NIOSH says we can
5 reconstruct dose and the Board says well, can
6 you really. Here you say you can't.

7 **MR. RUTHERFORD:** Right.

8 **DR. ZIEMER:** And I think we also have to say
9 well, can you really not.

10 **MR. RUTHERFORD:** Uh-huh.

11 **DR. ZIEMER:** Is there really no information out
12 there, so that's the nature of my question.

13 **MR. RUTHERFORD:** Sure.

14 **DR. ZIEMER:** Let's hear from Brad and then from
15 Jim.

16 **MR. CLAWSON:** LaVon, one of my questions was --
17 because I am on the -- Chair for the Fernald
18 group, what type of uranium product was shipped
19 to -- to Fernald? Do we -- do we have any
20 information on that?

21 **MR. RUTHERFORD:** Yes, we actually have the
22 enrichments, the actual gram amounts and Mark
23 was the one -- Mark Rolfes was the one who gave
24 me that information, and it's all on a database
25 that's a database that Mark has. And it was

1 low-enriched -- if I remember correctly, and
2 Mark's not in the room right now, but -- it's
3 in the report, but I believe it was low-
4 enriched uranium, roughly two percent if I
5 remember correctly.

6 **MR. CLAWSON:** Okay. I -- I just -- you
7 understand why that was interesting to me.

8 **MR. RUTHERFORD:** Sure.

9 **MR. CLAWSON:** Thank you.

10 **DR. MELIUS:** Yeah, I have a comment, then a
11 question. The comment pertains to -- to your
12 comments, Paul, and -- again, I was also
13 surprised that there was so little information
14 available on -- on the site 'cause seemed to me
15 maybe it -- what I'm familiar with is more
16 recent -- is that there was, though -- though I
17 will say that in the absence of access to good
18 monitoring data -- it's not a question of just
19 having any information, it's having sufficient
20 to be able --

21 **MR. RUTHERFORD:** Exactly.

22 **DR. MELIUS:** -- to put together a -- an
23 estimate of the site and, much as we found with
24 Lawrence Livermore, where some ways was -- you
25 know, was lots of information but not

1 sufficient to sort of describe operations and
2 procedures enough to be able to estimate the --
3 the doses and -- and so forth, but I -- I --
4 again, I think it's something we need to -- to
5 try to be comfortable with before we can ac--
6 accept the recommendation.

7 My question's more of a general question, and I
8 actually meant to ask it for the Lawrence
9 Livermore situation also, but is -- is it your
10 policy in situations where there is some
11 personal monitoring data available for
12 individuals who are in a SEC but are not
13 eligible 'cause usually the type of cancer --
14 to use the available personal monitoring 'cause
15 same -- same issue came up there. I was
16 thinking that -- where there's -- was a fair
17 amount of monitoring on some individuals --

18 **DR. ZIEMER:** Yeah, I think we've had that
19 before, but Larry, if you would, for the
20 record.

21 **DR. MELIUS:** Yeah.

22 **MR. ELLIOTT:** Yes, that is our policy, if the
23 data has no -- if the data integrity is
24 established, it's not corrupt in any sense,
25 yes, we would use that for partial dose

1 reconstructions.

2 **DR. MELIUS:** Okay. Tha-- I just --

3 **DR. WADE:** (Off microphone) (Unintelligible)

4 Mallinckrodt way back when (unintelligible) one
5 of the reasons for the recommendation was that
6 the data (unintelligible).

7 **DR. MELIUS:** Yeah. No, no -- no, no, it's not
8 a question of whether it's suffi-- being
9 satisfied it's not -- we know it's not
10 sufficient for individual dose reconstruction,
11 but it may be helpful for a partial dose
12 reconstruction for a person with a non-SEC
13 cancer and I just didn't know it -- was -- how
14 -- how you handled that. I just couldn't -- we
15 couldn't remember -- we were talking about it
16 at lunch the other day.

17 **MR. ELLIOTT:** No, for the partial dose
18 reconstructions, if the individual data exists,
19 we would use it to the best advantage of the
20 claimant.

21 I have a comment on the FUSRAP thing, though.
22 Remember that -- that the Formerly Utilized
23 Site Remediation Program is conducted by DOE to
24 clean up sites, and they can use the contract
25 language, so that may have been all they needed

1 to establish that AEC work was done in that
2 time period and later on. But --

3 **DR. ZIEMER:** Well, I think LaVon told us that
4 they established where certain processes were
5 done in certain buildings, and that was what --

6 **MR. ELLIOTT:** But it may not have --

7 **DR. ZIEMER:** -- triggered in my mind to say how
8 did they know that.

9 **MR. RUTHERFORD:** Yeah, and if you look --
10 actually if you -- if you look back at the
11 FUSRAP information, a lot of the -- is
12 interviews. It was interviews that were
13 conducted at that time that they talked about -
14 -

15 **DR. ZIEMER:** As opposed to reports and --

16 **MR. RUTHERFORD:** Reports.

17 **DR. ZIEMER:** -- data sources and -- I
18 understand.

19 **MR. ELLIOTT:** So they may have that, but they
20 wouldn't necessary have exposure monitoring or
21 air monitoring information.

22 **MR. RUTHERFORD:** And I do think Dr. Melius
23 brings up a very good point. We -- we've dealt
24 with Lawrence Livermore and some of the other -
25 - when you have commingling activities, you

1 know -- although most of these activities were
2 uranium, if you have commingling activities, it
3 does create a little more difficulty from your
4 modeling perspective.

5 **DR. ZIEMER:** Yeah. Any other questions for
6 LaVon?

7 Okay. Yes, Dr. McKeel.

8 **DR. MCKEEL:** Paul, may I make just one comment
9 about the FUSRAP program to remind everybody
10 that in 1997 it was turned over for the
11 remediation activities from DOE to the Army
12 Corps of Engineers. And I think you mentioned
13 for Combustion Engineering that those FUSRAP --
14 that work was done between '94 and '98. So one
15 -- one source might be Army Corps of Engineers
16 for that information, and sometimes they just
17 may have different databases and sources. So
18 that's just something that could be followed
19 up.

20 **DR. ZIEMER:** Thank you for that comment.
21 I do want to allow -- Board members, if you
22 don't have any -- Jim, do you have an
23 additional comment? No.

24 **DR. MELIUS:** I'm sorry.

25 **DR. ZIEMER:** We do want to have an opportunity

1 for the petitioners and also the Senator's
2 office to comment. Dan Greenberg, are you
3 still with us?

4 **MR. GREENBERG:** Yes, I am. Yeah, I
5 (unintelligible) --

6 **DR. ZIEMER:** You have some comments? And then
7 we'll hear from...

8 **MR. GREENBERG:** Yes, I do, a couple of
9 comments. One is -- so if we looked at
10 Combustion Engineering and -- in the buildings
11 and the -- you know, as was mentioned, the Army
12 Corps of Engineers that are -- that's working
13 on the site for site cleanup, the site and the
14 site contamination that's currently there, the
15 building and the building that my father worked
16 in still exists, has not been torn down because
17 of the contamination. So that remediation is
18 still ongoing. There's no one in the building,
19 but it's still being worked. So -- I mean I
20 know that there was talk of certain time frames
21 of FUSRAP working on it, but I want everyone to
22 realize, and for the record, that starting in --
23 -- I think it was '94, that FUSRAP Army Corps of
24 Engineers, that site is still being remediated.
25 And yes, you're right, the northeast district

1 is still working on that site and in their
2 database has information. The relevance of
3 that information, who knows, because of the
4 current age and relevance back to, you know,
5 '65 to '72, what have you.

6 My concern is, quite frankly, the fact that we
7 submitted our application back in September,
8 2001. DO-- DOL received that application back
9 then. Since then I haven't seen any movement
10 whatsoever regarding this application. I know
11 that there's been work supposedly done on it.
12 The number on the tracking that I have is 1650,
13 a very low number. But quite honestly, I don't
14 see any -- any productive work being done by
15 this agency. And I want resolution. My family
16 wants resolution. We want closure to this
17 item. I've written letters to the President.
18 I've written letters to the Secretary of Labor.
19 I've involved the Senator's office. And I will
20 continue to do that until I get resolution. To
21 me, it's unacceptable to now be in the year
22 2008 and to still not have resolution on this
23 item. I'm done with my comments.

24 **DR. ZIEMER:** Okay, thank you very much. Is
25 someone from Senator Lieberman's office still

1 on the line?

2 (No responses)

3 I wonder -- I think we're trying to make
4 contact. Is Jason trying to make contact with
5 -- does someone from Lieberman's staff, do you
6 know, wish to make a comment or have any
7 questions?

8 **MR. BROEHM:** Frank Rowe from Senator
9 Lieberman's office was on the phone earlier.
10 He had a meeting outside of the office and so
11 my understanding from an e-mail is that he just
12 left and is I think maybe planning to try to
13 listen in by his cell phone. But in case he's
14 not able to join the Board, I just wanted to,
15 you know, express the sentiment that he was
16 hoping to express and I think may have briefly
17 in his remarks earlier. And that is just that
18 his boss, Senator Lieberman, is hopeful that
19 the process will expedite the relief to
20 claimants who have been waiting so long for a
21 positive outcome. So -- and if he joins, maybe
22 he can make some additional comments on his
23 own.

24 **DR. ZIEMER:** Okay. Thank you very much. Board
25 members, we have a recommendation here from

1 NIOSH. We -- we can take action, if you wish,
2 at this time. It would be in order to have a
3 motion on this particular recommendation.

4 Dr. Melius.

5 **DR. MELIUS:** If it's okay with my fellow Board
6 members, I'd like to offer a long motion. I've
7 actually had time to compose our letter, so --

8 **DR. ZIEMER:** The long motion is the form in
9 which our recommendations to the Secretary
10 normally exist, by at least tomorrow, and
11 you're speeding this up is what I gather, but -

12 -

13 **DR. MELIUS:** Yeah.

14 **DR. ZIEMER:** -- here's the motion then.

15 **DR. MELIUS:** Yeah. The Board recommends that
16 the following letter be transmitted to the
17 Secretary of Health and Human Services within
18 21 days. Should the Chair become aware of any
19 issue that, in his judgment, would preclude the
20 transmittal of this letter within that time
21 period, the Board requests that he promptly
22 informs the Board of delay and the reasons for
23 the delay, that he immediately works with NIOSH
24 to schedule emergency meeting of the Board to
25 discuss this issue.

1 And I'll read the proposed letter.

2 The Advisory Board on Radiation and Worker

3 Health (the Board) has evaluated SEC Petition

4 00099 concerning workers at the Combustion En--

5 Engineering facility in Windsor, Connecticut

6 under the statutory requirements established by

7 EEOICPA and incorporated into 42 CFR Section

8 83.13 and 83.14. The Board respectfully

9 recommends Special Exposure Cohort status be

10 accorded to all Atomic Weapons Employees who

11 worked at the Combustion Engineering site in

12 Windsor, Connecticut from January 1st, 1965

13 through December 31st, 1972, for a number of

14 work days aggregating at least 250 work days

15 from -- or in combination with work days within

16 the parameter established for one or more other

17 classes of employees in the SEC. The Board

18 notes that although NIOSH found that they were

19 unable to completely reconstruct radiation

20 doses for these employees, NIOSH believes that

21 they are able to reconstruct external doses

22 from medical exposures for workers at -- at the

23 facility.

24 This recommendation is based on the following

25 factors:

1 People working at Combustion Engineering
2 facility during this time period worked on
3 research production activities related to
4 nuclear fuel and nuclear weapons production.
5 The NIOSH review of the available monitoring
6 data, as well as the available source term and
7 other information, found that they lacked
8 adequate information necessary to conduct
9 accurate individual dose reconstructions for
10 internal doses and external doses (other than
11 medical) at Combustion Engineering facility
12 during the time period in question.
13 Number three, NIOSH determined that health may
14 have endangered for these Combustion
15 Engineering facility workers. The Board
16 concurs with this determination.
17 Enclosed is supporting documentation from the
18 recent Advisory Board meeting held in Las
19 Vegas, Nevada where this Special Exposure
20 Cohort was discussed. If any of these items
21 are unavailable at this time, they will follow
22 shortly.

23 **DR. ZIEMER:** You heard the motion. Is there a
24 second?

25 **MS. MUNN:** Second.

1 DR. BRANCHE: Jim Melius?
2 DR. MELIUS: Yes.
3 DR. BRANCHE: John Poston?
4 DR. POSTON: Yes.
5 DR. BRANCHE: Paul Ziemer?
6 DR. ZIEMER: Yes.
7 DR. BRANCHE: Robert Presley?
8 MR. PRESLEY: Yes.
9 DR. BRANCHE: Michael Gibson.
10 MR. GIBSON: Yes.
11 DR. BRANCHE: Josie Beach?
12 MS. BEACH: Yes.
13 DR. BRANCHE: Phillip Schofield?
14 MR. SCHOFIELD: Yes.
15 DR. BRANCHE: James Lockey?
16 DR. LOCKEY: Yes.
17 DR. BRANCHE: Gen Roessler?
18 DR. ROESSLER: Yes.
19 DR. BRANCHE: Dr. Ziemer, you and I will have
20 to speak with Mark Griffon off-line to get his.
21 DR. ZIEMER: Yes, under our procedures on -- on
22 votes -- substantive votes such as
23 recommendations to the Secretary, members who
24 are not present at the time of the vote are
25 given the opportunity to vote, and we will

1 secure Mark Griffon's vote before the final
2 documents go in to the Secretary.

3 Then I declare that the motion does carry.

4 It's unanimous, with the exception of the --
5 Mark Griffon's vote's not yet being obtained.
6 There are no abstentions, and the motion
7 carries.

8 So I can report to the petitioners that they
9 Board is recommending Special Exposure Cohort
10 status for this class. A similar
11 recommendation goes from NIOSH. These two
12 recommendations go to the Secretary of Health
13 and Human Services, who will make the final
14 recommendation to Congress. Our -- our
15 recommendations are just that. They are
16 advisory. The Secretary makes the final
17 determination.

18 **SCIENCE ISSUES UPDATE**

19 I'm looking at my watch here to -- kind of want
20 to ask Dr. Neton if we have time for the
21 science issues update. We have allowed 30
22 minutes on the agenda. Do you -- some might
23 get anxious for lunch at noon, but how much
24 time do we need?

25 Okay, we're going to at least start it, and if

1 we don't have people leaving in the middle of
2 it why we'll be fine.

3 So this is an update on what we have designated
4 as science issues, and Jim will remind us again
5 what those are and what the status is of
6 various issues of the -- in this category.

7 **DR. NETON:** Thank you, Dr. Ziemer. I know I
8 have a tendency to be long-winded, but I -- I
9 assure you that I can finish this in much less
10 than a half an hour.

11 We'll switch gears here and talk about
12 something not necessarily related to the
13 Special Exposure Cohort, and that is the
14 science issues that NIOSH has on its table.
15 This has been sort of a -- become a semi-
16 regular agenda item that I most recently
17 reported on at the last Board meeting in
18 Naperville.

19 Just to refresh your memory, we have two
20 classes of science issues. One is those
21 related to the risk models and one related to
22 the dose reconstruction process. We have seven
23 risk model issues and ten dose reconstruction
24 issues. We believe that we have completed
25 three out of those ten dose reconstruction

1 issues, and have either issued Technical
2 Information Bulletins or are in the process of
3 finalizing Technical Information Bulletins for
4 three out of the ten.

5 What I'd like to report to you today is our
6 progress on the science issue related to
7 workplace ingestion. This slide provides an
8 overview of what the issue is. Ingestion, as
9 we all know, is one of the three major routes
10 of entry to the body in the workplace. That is
11 either through inhalation, ingestion or direct
12 entry into the body through a puncture wound or
13 absorption, so it is a pathway that needs to be
14 considered in all dose reconstructions.

15 And it also must be specifically modeled when
16 bioassay data are unavailable. When we have
17 access to bioassay data, whether it's an
18 individual's monitoring records or a coworker
19 model, we can do a dose reconstruction and then
20 assume the most claimant-favorable pathway to
21 reconstruct the person's dose, whether that be
22 ingestion or inhalation. Most of the time, as
23 we're aware, the inhalation pathway dominates,
24 although in some situations ingestion may --
25 may be a higher dose.

1 And I'd also like to bring out that it is most
2 applicable at Atomic Weapons Employer sites.
3 We typically have, as you've seen in -- in many
4 of these site profiles, bioassay data for --
5 for many of the Department of Energy sites, if
6 not all. We at least have some information.
7 But at the Atomic Weapons Employer facilities
8 we rarely have access to decent bioassay
9 information, so -- so keep in mind that this is
10 -- this is specifically where -- where the
11 ingestion model is -- is important.
12 To address this issue early on, in 2004 OCAS
13 put together a Technical Information Bulletin -
14 - that is TIB-9 -- that addressed the issue of
15 how we estimate ingestion in the absence of
16 bioassay data. This document was reviewed by
17 Sanford Cohen & Associates as part of the
18 normal procedures review. But in fact this
19 issue has also arisen in a number of other
20 forms because, as a global issue, it shows up
21 in many dose reconstructions where it's applied
22 in Atomic Weapons Employer dose
23 reconstructions. It also showed up quite
24 noticeably in the Bethlehem Steel site profile
25 evaluation process. So it's definitely an

1 issue that cross-cuts a number of different
2 sites.

3 As part of the review, though, the basis of the
4 TIB-9 model was questioned by SC&A, and it was
5 really questioned on two fronts. One was --
6 and I'll get into this a little later, but our
7 ingestion model is based on a knowledge of a
8 surface concentration that is derived from the
9 air concentration at the facility. And
10 secondly, once we know the surface
11 concentration, does it really accurately
12 account for how much a person could ingest in
13 the workplace once we know what's on the
14 surface depo-- what's deposited on the
15 surfaces. And I'd like to speak to those two
16 issues today.

17 This model -- this is a box model that shows
18 simplistically what the ingestion model would
19 look like. You see the top box talks about
20 some deposition on the surface. I don't have
21 it on this diagram, but you could imagine
22 material blown into the air by some work
23 process, depositing on a surface, and then it
24 either gets onto your hands and ingested from,
25 you know, hand going to the mouth; peri-oral

1 surfaces, such as the lips, or directly from --
2 from licking your fingers. It could be
3 ingested that way.

4 There's also contamination that can enter the
5 body via deposition onto food products -- cups
6 sitting out in the open, sandwiches, that sort
7 of thing. And it was -- we know -- it's been
8 well-documented in early days, especially at
9 the AWE facilities, it was not necessarily
10 prohibited to have people be eating in the work
11 environment.

12 So this is a fairly simple model. One of
13 SC&A's issues was that our model was fairly
14 simplistic and it didn't really have a pedigree
15 associated with it. I mean we felt we made
16 some very reasonable assumptions, but we really
17 just couldn't prove to them that we felt that
18 this model covered the waterfront properly.
19 I've talked about the issue of settling
20 material onto food or drink and the transfer to
21 contaminated surfaces. And the second bullet
22 on this slide talks -- speaks to what the crux
23 of the ingestion model is in TIB-9. It's a
24 fairly simplistic calculation, there's --
25 there's only a five-page Technical Information

1 Bulletin, but we made some basic assumptions
2 about the settling velocity of material that's
3 blown into the air, how -- how it would deposit
4 on the surfaces, and the number of transfers.
5 That is, how many times a person would touch
6 the surface and eat the material. The bottom
7 line is that the amount of ingestion, in
8 picocuries per day, is equal to .2 times the
9 air concentration in the facility in picocuries
10 per cubic meter. You'll just have to take my
11 word for it that the units work out here. I
12 didn't show all the conversion factors that go
13 in here, but that .2 has several conversion
14 factors built into it.

15 But as -- as you can see from the equation,
16 though, ingestion is totally dependent, in this
17 model, on the relationship between the activity
18 in the air and surface contamination. We went
19 this route specifically because the data
20 available for surface contamination at the AWE
21 facilities is exceedingly sparse. They did a
22 lot of -- a reasonable amount of air sampling
23 in a number of facilities, but very rarely did
24 they go through and actually measure the
25 surface contamination deposit around the

1 facility.

2 Well, as part of the evaluation of the

3 Bethlehem Steel site profile we went back --

4 the comment that was raised on the Bethlehem

5 Steel site profile, we went back and

6 empirically evaluated the relationship. You

7 know, could we -- could we show that there was

8 any sort of relationship between air

9 concentration and surface concentration. And

10 this graph shows a plot of the few available

11 datapoints we could find -- there's three, four

12 five -- there's eight datapoints that we have

13 plotted here that show, at least on this scale,

14 that there is a relationship from the data that

15 we could find -- it's somewhat intuitively

16 obvious, I would think, that the higher the air

17 concentration, the more material you're going

18 to have deposited on the surface.

19 Where this may break down, though, is in

20 situations where you have acute versus chronic

21 exposure scenarios. For example, you could

22 find data in the literature that says if I run

23 the -- if I -- if I run my process two days,

24 you'll have a certain amount in the air and

25 certain contamination measured on the surface.

1 If you run it for a month and don't clean the
2 floor, you're obviously going to have more
3 contamination per surface area than you would
4 based on what you would observe in the air.
5 So I'd like to stress that this model has
6 application for sort of the unique -- unique
7 situations of AWEs where they tended to be sort
8 of acute exposure scenarios. They go in for a
9 day or two, do some work, generate some air
10 concentration and the material deposited on the
11 ground. That's what these points represent.
12 But -- but clearly they -- they are distributed
13 fairly closely about the line.
14 Okay. So we believe that we do have a
15 relationship that we can demonstrate between
16 surface contamination -- I mean air
17 concentration and surface contamination.
18 But then the next point is, though, how good is
19 the model that -- in TIB-9 that talks about
20 going from what's on the surface to how much
21 you ingest per day. This became a big point of
22 discussion with SC&A over -- over an extended
23 period of meetings. And I have to say, it's
24 been a -- been an interesting scientific
25 discussion we've had on this.

1 Well, we -- to look at this issue, we went back
2 and did a literature review and pulled out over
3 35 applicable references on, you know, what are
4 the -- what kind of behavior is there in the
5 workplace that leads to ingestion and how much
6 -- you know, how big is the surface area of the
7 hand and what fraction is -- is transferred
8 from touching, per touch, how many touches per
9 hour, those sort of things. And it was our
10 original intent, and I think I presented this a
11 while ago to the Board, to develop our own
12 empirical model. I mean we have -- we know
13 these little box models and we could -- we
14 could -- we could develop our own model. But -
15 - and we were going to do this for uranium
16 because remember, this is -- this issue is
17 predominantly -- is only applicable at Atomic
18 Weapons Employer facilities, and uranium is the
19 big radionuclide of concern, although it would
20 not necessarily -- it would also more than
21 likely be applicable to other radionuclides.
22 So we were going to do this based on
23 coefficients and transfer factors found in the
24 reviewed literature.
25 But in our evaluation, we uncovered a document

1 put out by the Nuclear Regulatory Commission --
2 that is NuReg/Contractor Report Number 5512,
3 which is also known familiarly as RESRAD-Build.
4 Those of you in the D&D business probably know
5 this document pretty well. But what RESRAD-
6 Build is -- it was developed by the Nuclear
7 Regulatory Commission to evaluate doses from
8 occupancy of contaminated buildings. They --
9 they did what we were going to do already, and
10 it seemed to us that it's more appropriate to
11 use a peer-reviewed model already that's in
12 place, that the work had been done and
13 scientifically validated and such. So we went
14 about trying to see how our TIB-9 model
15 compared to the RESRAD model.
16 This -- the RESRAD model is a probabilistic
17 model in the sense that they give you a range
18 of values with distributions. It runs very
19 much like the IREP model dose, Monte Carlo-
20 based model. But it provides for an effective
21 transfer rate for ingestion per day in the
22 workplace, or per hour. And again, they were
23 based on a review of the literature. In fact,
24 most of the literature that we uncovered was
25 already cited in this RESRAD-Build program.

1 And if you go down through their derivation,
2 the default value in their model for ingestion
3 is a log-uniform distribution with values that
4 range from 2.8 times 10 to the minus fifth, to
5 2.9 times 10 to the minus fourth metered
6 squared per hour. That's kind of a funky unit
7 to get your hands around, but what that really
8 says is about every hour in the workplace you
9 would ingest about the size of two postage
10 stamps of material. So you know, whatever
11 contamination is spread there, however heavily
12 contaminated it is, you would ingest out of
13 that one square meter something equivalent of
14 about the size of two postage stamps. That's
15 kind of the way I like to look at it.

16 So we wanted to go -- we wanted to -- to
17 determine does this RESRAD-Build model and TIB-
18 9 -- or do they fit closely together or are we
19 way off base. So we went about and did this
20 simple comparison, which is we took the air
21 concentration data that you see in the first
22 column in dpm per cubic meter, and we estimated
23 what surface contamination would have been
24 present in the workplace using the TIB-9 model.
25 That is, how much surface contamination would

1 be there. And then we went and calculated --
2 on the far right-hand column, using TIB-9 --
3 what the hourly ingestion rate would be in dpm
4 per hour. And then, in the second from the
5 right-hand column, we took the RESRAD model and
6 ran it using that same surface contamination
7 and generated the range of values that RESRAD
8 would predict. Remember, the values ranged
9 from 2.8 times 10 to the minus fifth to 2.9
10 times 10 to the minus fourth. And
11 interestingly enough, even our simplist-- with
12 -- even giv-- with our simplistic model, the
13 TIB-9 values were very consistent, we believe,
14 with the RESRAD distribution. If you look at
15 the highest contamination, which is 48,800 dpm
16 per cubic meter, which is something around 700
17 MAC air, it's a really high concentration, we
18 would predict that the person would breathe in
19 or we would assign about 1220 dpm per hour
20 ingestion, and the ranges in RESRAD go from 119
21 to 1233. I think in all cases our value is
22 either within the range or higher than the
23 RESRAD model would -- would assign. Which was
24 comforting to us to see that, you know, even
25 though our model was based on somewhat

1 simplistic assumptions, we're in -- very much
2 in the right ball park and we believe it's --
3 it's an appropriate model.

4 So let's talk a little bit, though, about what
5 -- what's the significance of ingestion. I
6 probably should have maybe staged this earlier,
7 but ingestion doses are a small fraction of the
8 dose from inhalation for all -- for all of our
9 dose reconstructions. And that is because the
10 gastrointestinal absorption fraction is small.
11 It ranges from .02 to .002 -- that is, of what
12 you ingest, anywhere from .2 percent to 2
13 percent of the material, depending on how
14 soluble it is, gets taken up into this --
15 becomes systemic, gets absorbed across the GI
16 tract. So you could eat a fair amount of
17 uranium, and 98 percent of it, or more, doesn't
18 become absorbed. You do get a GI tract dose,
19 of course, but no -- no systemic dose.
20 We calculated the committed doses to organs
21 other than the GI tract, and we used committed
22 because it was difficult to bracket this with
23 annuals, but the 50-year dose to organs other
24 than GI tract are less than .7 percent of those
25 due to inhalation. That is, if we assumed all

1 the dose was due to inhalation, most -- you
2 know, the G-- the -- the committed dose from
3 ingestion is a very small fraction of the dose
4 from inhalation, so we're not missing much
5 dose. I mean we're assigning with TIB-9, but
6 keep in mind that the doses are small. And the
7 maximum committed GI tract dose -- the GI tract
8 dose of course is going to be higher because it
9 does pass through the GI tract. The highest
10 value we could come up with was it'd 3.4
11 percent of the inhalation dose, and that would
12 be for type S material.

13 Another thing I'd like to point out when we
14 talk about the significance is that when we
15 apply the TIB-9 model we assign the high -- we
16 take a distribution of air samples to estimate
17 a person's inhalation intake and we -- we
18 typically use or almost always use the 95th
19 percentile of the air sample distribution to
20 estimate their inhalation intake. Well, we
21 take that same 95th percentile air
22 concentration to infer what the surface
23 concentration would be. So we believe, in this
24 respect, our model is conservatively estimating
25 the surface deposition because we're assuming

1 that the worker is 100 percent of the time in
2 this 95th percentile air concentration and the
3 material is depositing around the surface areas
4 where he's working. And we also assume that
5 the ingestion occurred at this location for the
6 entire day, as I said. So we believe that,
7 even with TIB-9, we're making some pretty
8 conservative assumptions about -- about the
9 intake.

10 So with all that being said, I think I can
11 conclude that the ingestion doses of course
12 does require knowledge of the process specific
13 surface contamination levels. Those are very
14 sparse in the Atomic Weapons Employer data.
15 I've gone through most of the AWE sites and
16 this is about the extent of the data we can
17 find, what I presented in that one linear plot.
18 Given that they're sparse, we need to have some
19 way of -- of inferring what they would be,
20 given an air concentration data. We believe
21 the relationship does exist. We've
22 demonstrated that. And TIB-9's derived values
23 compare favorably with those in the RESRAD
24 model, which we were quite comforted to see.
25 And that's it, so I'd be happy to answer any

1 questions.

2 **DR. ZIEMER:** Thank you, Jim. Let's see if we
3 have any questions on that. Jim Lockey.

4 **DR. LOCKEY:** One question. You said cubic
5 meter versus two postage size, is that -- is
6 that for dpm? Is that how that analogy was?

7 **DR. NETON:** No, it's -- it's the fraction --
8 just think if you're standing on a one-square
9 meter plane, you would in effect ingest two
10 postage stamps square -- you know, couple of
11 square inches out of that -- out of that square
12 meter every hour you're standing there.

13 **DR. ZIEMER:** What -- whatever the total
14 activity, that --

15 **DR. NETON:** Whatever --

16 **DR. ZIEMER:** -- fraction of it. Is that --

17 **DR. NETON:** If the activity had 500 dpm per
18 cubic meter, you would ingest a small fraction
19 of that cubic meter.

20 **DR. LOCKEY:** Okay. Thank you.

21 **DR. NETON:** It's -- it's an interesting unit.
22 It works out -- the math works out, though.

23 **DR. ZIEMER:** Yeah. Wanda.

24 **MS. MUNN:** Is this model applicable across the
25 board for all isotopes of uranium?

1 **DR. NETON:** We believe so. I mean we -- we --
2 I'm -- I can't think of any condition why it
3 wouldn't be applicable.

4 **MS. MUNN:** Yeah.

5 **DR. NETON:** It may break down, though, when --
6 you know, uranium has a certain mass. When you
7 get into very high enrichments of uranium or
8 high specific activity material like plutonium,
9 you've kind of got to wonder because then
10 you're not really dealing with a mass model,
11 you're dealing with some --

12 **DR. ZIEMER:** Yeah, intuitively you would think
13 if the specific activity was, for example, real
14 high, that this might depart from --

15 **DR. NETON:** Right.

16 **DR. ZIEMER:** -- what you've shown.

17 **MS. MUNN:** But -- but then that's unlikely in
18 AWEs --

19 **DR. ZIEMER:** Right.

20 **MS. MUNN:** -- anyway. Yeah, thanks.

21 **DR. ZIEMER:** Other comments or questions?

22 **DR. ROESSLER:** Paul, this is Gen.

23 **DR. ZIEMER:** Gen Roessler, go ahead.

24 **DR. ROESSLER:** I have a question of Jim. In
25 your slide number three where you showed the

1 general box model, what is your reference for
2 that?

3 **DR. NETON:** You know, that's a good question.
4 I think we actually -- this was put together
5 with some help from folks from EG&G, and I
6 think -- I can't be certain of that. I can
7 find that out for you, though.

8 **DR. ROESSLER:** I think when SC&A questioned the
9 pedigree of the model -- of course I know they
10 were probably referring to numbers and so on,
11 but it seems that -- I guess I would like to
12 see that this model came from somewhere like
13 ICRP or --

14 **DR. NETON:** Well --

15 **DR. ROESSLER:** -- something like that.

16 **DR. NETON:** Yeah, I think -- I think the model
17 itself is somewhat generic. And I think if you
18 compared this to what's in RESRAD you'd see the
19 same things. I mean there -- there's only so
20 many ways ingestion can get into the body. And
21 what really is -- is that, as you mentioned,
22 under -- under review here is the constants
23 that go between those boxes, what is the
24 fractional uptake at each juncture and how many
25 times does one do that. In other words, like

1 how many times do you -- you touch the surface
2 and lick your lips per hour. There -- believe
3 it or not, there's a lot of studies that have
4 been done on this, not necessarily all
5 radiation-related. Many of them are industrial
6 hygiene type studies, but there's a fair amount
7 of data out there on this issue.

8 **DR. ROESSLER:** Okay. Thank you.

9 **DR. ZIEMER:** Aside from resuspension, which
10 puts it into the inhalation category, so --

11 **DR. NETON:** Yes, resuspension is another issue
12 and we're working on that issue as well.

13 **DR. ZIEMER:** Jim.

14 **DR. LOCKEY:** One other -- one other question.
15 This is based on uranium in particular, I take
16 -- (unintelligible) -- your model?

17 **DR. NETON:** The RESRAD model itself is not
18 based on uranium, but we intend to apply it to
19 uranium at AWE facilities.

20 **DR. LOCKEY:** Right. Okay.

21 **DR. ZIEMER:** Jim.

22 **DR. MELIUS:** I was just going to as-- this is -
23 - I mean this is a common model used in risk
24 assessment, lead -- you know, childhood lead
25 poisoning, it -- it comes up a lot in some

1 other -- other situations like that.

2 **DR. ZIEMER:** Thank you.

3 **DR. NETON:** What I didn't mention was that this
4 analysis is going to be written up into a
5 Technical Information Bulletin and then would
6 be available for review by the Board --

7 **DR. ZIEMER:** Very good.

8 **DR. NETON:** -- when we complete that.

9 **DR. ZIEMER:** Thank you. Any other comments on
10 this?

11 (No responses)

12 Okay. Thank you. We're ready to recess for
13 lunch. Do we have any housekeeping issues
14 before lunch? Okay, we're -- we'll take an
15 hour break -- let's see, we're not due back
16 till -- well, we ha-- Yeah, we ha-- yeah, we'll
17 take an hour break for lunch, and try to return
18 shortly after 1:00 p.m. Thank you.

19 (Whereupon, a recess was taken from 12:05 p.m.
20 to 1:25 p.m.)

21 **DR. ZIEMER:** We're ready to reconvene if you
22 would please take your seats.

23 If there's no objection, we -- Board members,
24 we'd like to proceed immediately to the reports
25 from the Department of Energy and Department of

1 Labor, and then we'll go back and pick up the
2 SC&A '08 tasks and the issue of selection of
3 Board contractor for future years.

4 **DEPARTMENT OF ENERGY UPDATE**

5 So let us first then receive the report from
6 the Department of Energy, an update, and Dr.
7 Worthington is here. Patricia, we welcome you
8 again, be pleased to hear from you now.

9 **DR. WORTHINGTON:** Good afternoon. Can you hear
10 me okay? It's good -- good? Okay.

11 Again, it's my pleasure to join you this
12 afternoon. I wanted to bring you some
13 greetings from Mr. Glenn Podonsky. He's the
14 chief of the Health, Safety and Security
15 organization. This program is one of his
16 highest priorities. He couldn't be here today
17 but he asked me to be here, and I have with me
18 today Gina Cano and Greg Lewis. They're also
19 working on this program. Many of you know
20 them. They've been very active and very
21 enthusiastic about the work for some time now,
22 so we look forward to giving you an update.
23 We had an update a few months back, actually
24 out in Chicago, and I'll give you some similar
25 kinds of information, more of an update towards

1 the end of the year, how things have changed,
2 and we'll be happy to address any questions
3 that you may have about the -- the program.
4 Certainly we're very pleased to be here. Dr.
5 Ziemer, Dr. Wade, members of the Board, members
6 of -- from Department of Labor and from NIOSH
7 and the -- the great workers and citizens that
8 are here, again, this is a very important
9 program to us and so we want to give you some
10 insights in terms of what we've been doing.
11 It's been a very interesting year. It's been a
12 challenge for us, as well as for many of the
13 other organizations across the country. We
14 worked for an entire year on a continuing
15 resolution. It certainly brought some unique
16 challenges with it as well, and we've had some
17 changes in terms of the numbers and so forth in
18 the program and so you'll see some of those
19 things as I go through this afternoon.
20 The role of the Department of Energy is
21 primarily to work with NIOSH and to work with
22 Department of Labor to make sure that
23 information needed by the workers regarding
24 claims -- they're made available. So we're
25 basically supporting, we're facilitators, to

1 make sure you receive the information that you
2 need to move forward.

3 There are a couple of things that we do. One
4 is that we respond to Department of Labor and
5 NIOSH's request for information related to
6 individual claims. And as I go through the
7 discussion today you'll see that that's a very
8 big part of what we do, looking for the
9 employment verification and exposure records.
10 We provide support and assistance to DOL and
11 NIOSH and the Advisory Board regarding research
12 and retrieval of various documents. And then
13 we research issues related to EEOICPA regarding
14 covered facilities and their time frame
15 designations.

16 A little bit about the activities and the
17 numbers. Again, as I said, it's been a very
18 aggressive year, a lot of requests and quite a
19 bit of work from a large number of people at
20 the sites and in headquarters.

21 We had nearly 22,000 individual claims, and
22 that's certainly quite a big number of claims.
23 In terms of the breakdown for those, you'll see
24 the employment verifications for Department of
25 Labor, about 8,000 this year; 5,000 dose

1 documents for NIOSH, and then we had about
2 9,000 document acquisition requests that we
3 worked on this year.

4 The next one is the number of requests, and
5 what I wanted to do first is to go directly to
6 the very last bullet on that slide, which is
7 the one that's certainly shaping what we can do
8 and how we've been responding. And you'll see
9 that the percentage increase for -- from 2006
10 to 2007 was 32 percent. That's a huge increase
11 in terms of the kinds of things that we're
12 requested to do. And again against this
13 backdrop of this challenge of working against
14 the continuing resolution. The total number of
15 records requested and completed for FY 2006 was
16 nearly 17,000, and the total number for 2007,
17 as I indicated earlier, 22,000. So it's been a
18 -- quite an increase in the number of things
19 coming to us for -- for our -- our support.
20 I want to focus on this slide in terms of the
21 total requests completed for FY '07, talk a
22 little bit about that and what it actually
23 means, the kinds of things going on. These
24 include all of the individual requests
25 completed by DOE. This would include DRs and

1 employment verifications from DOL, as well as
2 from NIOSH. And as you can see, there
3 certainly was an increase in the number, and we
4 believe that the increase could be actually
5 more significant than indicated on the -- on
6 the chart. As you know, as we worked towards
7 the end of the year we had, in some cases, to
8 kind of pull back a little bit and set some
9 priorities in terms of what we were doing, and
10 so those numbers could actually be much higher.
11 NIOSH requests completed for FY '07 is the next
12 slide that you see here. This gives you an
13 idea in terms of over the last 12 months, the
14 kinds of things that we've done, from the
15 average of 350 at the start of the year to 450
16 in November. Again, certainly those numbers
17 possibly could have been higher towards the end
18 of the year, so you see that we're seeing a
19 significant increase in -- in the requests.
20 I want to talk a little bit about some things
21 that DOE is doing, the different kinds of
22 activities. Again, our support and
23 coordination for activities with Department of
24 Labor and with NIOSH, we -- we have a
25 significant effort with Department of Labor on

1 what we call the site exposure matrix. It's a
2 gathering of information to help them support
3 their activities. We want to certainly support
4 the Board in terms of things that they request
5 and they need. And we recognize the importance
6 of having good site profiles. We want to make
7 sure that we get the -- the information to you
8 so that you can move forward on that. And then
9 recognizing that, when there are Special
10 Exposure Cohorts, that we work with you on
11 those activities.

12 A little bit about some -- continuing on the
13 DOE activities and the NIOSH activities, here
14 are some things that we've been working on over
15 the last few years, and I think I've talked
16 about that a little bit in the last slide so
17 I'll go to the next one.

18 I mentioned the site exposure matrix, things
19 that we do to work with Department of Labor so
20 they can gather information. This slide is
21 just intended to give you sort of a picture in
22 terms of the number of places that we've
23 actually looked and worked with those
24 organizations on over the past year.

25 Here are some things that we've done in terms

1 of records research support. That again is a
2 significant area, and you'll see the large
3 number of activities that we've -- we've done
4 with NIOSH and ORAU in 2007. Records research
5 support for the Advisory Board, you see the
6 ones here, and we would hope that we've been
7 supportive of those areas over the -- the last
8 year.

9 A little bit about our -- our responsibility,
10 one of the key things for DOE is to research
11 and maintain the covered facilities database
12 and we've been doing that. We have the 343
13 covered facilities that cover the DOE
14 facilities, AWEs, as well as the beryllium
15 vendors.

16 Here are some activities that we've been doing
17 over the last year. You'll hear more about
18 Chapman and Dow tomorrow. Certainly these
19 things require some innovative approaches in
20 terms of looking for -- for documents and doing
21 searches, and trying to provide information, to
22 answer questions and to make our relevant
23 information available to both NIOSH and -- and
24 DOL.

25 A little bit about the Office of Legacy

1 Management, and it's an office with the
2 Department of Energy. They -- they have unique
3 skills and expertise in terms of doing record
4 researches and record retrievals and -- and
5 looking at processes and trying to determine
6 what information may be relevant. And they've
7 been working very close with us to serve as one
8 of our primary research arms to help deliver
9 the information and to answer the questions
10 that we have before us. And so we expect as we
11 move into 2008 that we will continue that close
12 relationship with -- of Legacy Management. We
13 believe it's been productive and it's helped us
14 to facilitate getting responses to some of
15 those key areas.

16 Again, we believe that DOE's role in terms of
17 interfacing with the various organizations --
18 that it's critical to -- to help these
19 organizations to be successful in -- in
20 certainly carrying out their mission. We've
21 looked for opportunities, we've looked for ways
22 that we can improve the program, and we -- we
23 certainly welcome, as always, comments from --
24 from any of you on how we might be able to do
25 that. I've talked about utilizing in-house

1 expertise regarding Legacy Management. We've
2 had regular conference calls with various
3 organizations to gather information, answer
4 questions, and to figure out how we can
5 coordinate better. We -- we've established a
6 POC. I think many of you have interfaced with
7 Greg Lewis, or people in your organization have
8 done that. Greg is our point of contact for
9 those various coordinations of -- of -- of
10 information. And we think that's working well
11 and we certainly look for, you know, more
12 feedback on how we might be able to improve in
13 those areas.

14 Again, we've been working close with DOL on
15 this SEM project, and we have, again, our own
16 internal POC in that area. We've -- we've done
17 something this year and we-- we're looking to
18 get more feedback from you on that, and that's
19 we initiated training sessions. We probably --
20 maybe training might not be the best way to
21 characterize it, but it was an opportunity for
22 us to bring together all of the key players and
23 to sit down and talk about the process from A
24 to Z, and what are the kinds of things we need
25 to do as we enter the process. You know, how

1 do we move forward, the kinds of data, and to
2 make sure that people familiar with the DOE
3 process. And so we -- we believe that that's
4 been successful and we want to continue with
5 that.

6 I probably should take an opportunity at this
7 moment to kind of talk a little bit about why
8 it's important for us to do these interactive
9 sessions in terms of training or making people
10 familiar with the DOE sites. As you know, our
11 role in terms of record retrieval and record
12 research is based on looking for documents for
13 -- you know, back from -- from some decades
14 ago, in some cases. And the -- the
15 organizations having responsibility for
16 collecting and preserving the data -- certainly
17 they were done in different ways with different
18 levels of maturity and rigor and formality
19 associated with those. And so often there are
20 nuances associated with the various sites in
21 terms of the processes of record retrieval, how
22 they gathered information. We wanted to make
23 sure that as we move out on those projects that
24 we make sure that people are familiar with that
25 and that we're -- we're providing all the

1 information to make it as smooth and as timely
2 as possible.
3 We've conducted audits at three of the sites to
4 evaluate record process and contractor
5 efficiency. We believe for the most part that
6 people are doing a good job, given the systems
7 that they have, that are already there, that
8 are in place, the things they've inherited as
9 they move forward with these activities. And
10 so we want to continue to do that. We want to
11 go to some additional sites, but we believe the
12 feedback that we're getting, you know,
13 indicates that people are doing a good job and
14 that, where there's opportunity for
15 improvement, we recognize that and we're able
16 to move forward and to address those concerns.
17 That's kind of where we are in terms of the --
18 of the big picture on DOE's role in -- in
19 trying to make sure that we can do researches
20 and retrieval and -- and provide information,
21 whether it's individual or whether it's about
22 classes. And I'll be happy to answer any
23 questions about next steps or processes or
24 provide more detailed information on the things
25 that we've been working on or have completed.

1 **DR. ZIEMER:** Thank you -- thank you very much,
2 Dr. Worthington. And it appears that there's a
3 growing effort to be more proactive in
4 addressing those records issues, and we
5 appreciate that.

6 We have a number of comments. We'll start with
7 Brad Clawson, then Josie Beach.

8 **MR. CLAWSON:** I apologize for having my back to
9 you, but if I don't Ray gets upset when I talk
10 -- you know, the mike.

11 **DR. WORTHINGTON:** I can hear you okay so it
12 should work.

13 **MR. CLAWSON:** I -- I -- I appreciate hearing
14 that we're -- we're doing so much better on
15 record retrieval and so forth like that, but as
16 we've had through these -- this comment, one of
17 the things that is bothering me, and in your
18 slide we were talking about with DOL and the --
19 the contractors and so forth, the problem that
20 I have is this is overwhelming. As a workgroup
21 I know what we go through in getting
22 information and so forth, and I do realize that
23 it's very hard. But I put myself in the -- the
24 situation of a 80-year-old widow that I have --
25 I don't know what my husband did because it was

1 classified. I don't have a lot of this
2 information. Are there any things that we're -
3 - are doing as -- as DOE to be able to outreach
4 to be able to help these people be able to
5 retrieve this information, because this is --
6 this is even hard for us as Boards, and as --
7 as NIOSH or anything else like that to be able
8 to get some of this information, and is there
9 anything that we're doing to be able to help
10 the claimant from DOE because, you know, as I
11 realize there's a lot of things that go on,
12 it's very difficult to get this information and
13 -- and I'm just wondering if there's anything
14 that DOE is doing to be able to assist with
15 this.

16 **DR. WORTHINGTON:** There are a number of things
17 that we're doing, and then I'll ask Gina and
18 Greg -- if there are some things that I'm
19 leaving out -- if they would point them out as
20 well. In terms of classification where people
21 might be seeking information that's classified,
22 we are working on developing a process that
23 would be friendlier to those kinds of things.
24 We want to -- we've been working with the
25 headquarters classifiers and we're trying to

1 make them available so that they can go to the
2 sites and help to expedite -- it also would
3 save cost, but also to expedite going through
4 the classified information to make sure that
5 information is available.
6 We also are trying to get smarter about doing
7 targeted researches, and so we're asking that
8 when individual workers meet with NIOSH or
9 others that they provide as much information as
10 possible so that we -- 'cause we actually go
11 through various sources -- would look for more
12 information to target the research so that
13 we're able to -- if an individual said that
14 these are the kinds of things that we worked on
15 in the past, that we're able to go to those
16 places to look for those documents to make sure
17 that they are available. We believe that the
18 things that we're -- that we're gathering from
19 like SEM activities, or other things that would
20 characterize the sites, make us smarter about
21 activities and processes that were conducted in
22 the past and so that when individuals even
23 mention a key word or a key time frame or key
24 activities, we're able to maybe go to those
25 specific documents that we believe are ones

1 that would provide more insights on that. So I
2 think that we're gathering a lot more -- more
3 data and a lot -- a lot of things to make us
4 smarter so that we can expedite those kinds of
5 things.

6 And Greg and Gina, I don't know if there are
7 some new initiatives that we are doing, or
8 improved ones, that I should point out or -- or
9 not.

10 **MR. LEWIS:** No, I agree.

11 **DR. ZIEMER:** Use the -- you'll have to use the
12 mike for our recorder, please. Give your name,
13 as well.

14 **MR. LEWIS:** Greg Lewis from DOE. And I would
15 say I agree. The only thing I can say is it's
16 not always a one-size-fits-all on the search.
17 I mean there are certain places we search, but
18 based on the information provided, both by the
19 claimant and things that our POC identifies in
20 that claim, they do search different locations
21 where -- where they think their -- their
22 likelihood of there being records, so while we
23 do have a standard set, you know, if there's --
24 there's no other information provided or not an
25 extensive amount with the claim, we will search

1 a number of locations. Certainly if we have
2 other things, we will go that extra step to --
3 to try to locate additional records that would
4 be specific to that individual or where they
5 might have worked or what they might have done,
6 so --

7 **DR. WORTHINGTON:** I think Greg is pointing out
8 the fact that we're trying to -- as he said,
9 not a one-size-fit-all, but to look at the
10 information to see where the information is
11 driving us rather than to set a path in the
12 beginning in terms of where we ought to look
13 for the records.

14 **DR. ZIEMER:** Thank you. Josie, and then Jim.

15 **MS. BEACH:** Yes, within your records research
16 support slides I didn't notice a bullet for
17 Nevada Test Site. Is there a reason for that?

18 **DR. WORTHINGTON:** In terms of record --

19 **MS. BEACH:** Just records that you have searched
20 out. That's what I took those three --

21 **DR. ZIEMER:** Yes, you --

22 **MS. BEACH:** -- to be --

23 **DR. ZIEMER:** -- highlighted a number of areas,
24 and it was a little noticeable to us here
25 today, since we've been talking about Nevada

1 Test Site records, that that didn't appear on
2 either of the two lists that you gave us --

3 **MS. BEACH:** Actually three --

4 **DR. ZIEMER:** --- for some reason.

5 **MS. BEACH:** -- three lists.

6 **DR. ZIEMER:** Or three lists.

7 **DR. WORTHINGTON:** I -- I don't -- we talked
8 about those big projects that were nearing --

9 **DR. ZIEMER:** The lists may not have been --

10 **DR. WORTHINGTON:** -- that were nearing
11 completion or nearing maturity, but we have had
12 record verifications, individual kinds of
13 activities that we've responded to for Nevada.
14 We probably ought to look at those slides and
15 see if they -- they do need to be tweaked to
16 reflect that. Thank you.

17 **DR. ZIEMER:** Dr. Melius.

18 **DR. MELIUS:** Yeah, I apologize if this issue's
19 come up earlier -- I had to step out for a
20 second -- but we -- we've had problems at the
21 Hanford site due to the continuing resolution
22 and that's provi-- you know, been a significant
23 hold-up in terms of access to necessary records
24 from that site for our review of the site
25 profile and the SEC evaluation. With the

1 omnibus budget package and everything being
2 passed, is that now -- should that now free up
3 the funding that's necessary for records
4 retrieval there?

5 **DR. WORTHINGTON:** I'm going to provide some
6 information, and then the three of us actually
7 -- Greg and Gina and myself -- we were on the
8 phone I guess about ten minutes before we
9 arrived here to make sure that we have the most
10 recent status regarding Hanford because there
11 was some questions on that yesterday, so we'll
12 try our best to be able to answer that.

13 In terms of the funding for Hanford, there is
14 some funding at Hanford now. We expect to send
15 out in January another document that will allow
16 some additional funding. And then by February
17 to be able to hopefully release all the funding
18 that was originally budgeted for for the actual
19 Hanford site. And as I mentioned on some
20 earlier slides, we've had significant increase
21 in terms of the data requests and searches or
22 whatever, things that were not actually
23 budgeted for in the previous years. They
24 weren't envisioned in terms of the level of
25 funding. And so at Hanford, while we had some

1 funding there, it was not funding that would be
2 adequate to address all the needs on the table
3 at this time. And so we've been working with
4 NIOSH and others to set some priority on the
5 kinds of things that we could do with the
6 limited funding that we had. And the number
7 one priority was to focus on the individual
8 claims first. That's how we set the
9 priorities. And then based on the funding
10 level that we had, we kind of worked through
11 what are the other things that we can do. We
12 believe that we will have an improvement in the
13 funding. We'll have some additional relief by
14 February, some additional funding in January,
15 and then we have to begin to address this
16 overall concern about the actual funding.
17 Again, the projections in previous years --
18 they certainly were low compared to what it is
19 that we actually are confronted with today in
20 terms of what we have to do, so we have to be
21 able to figure out how to get our arms around
22 that and how we can fund those things at a --
23 at a higher level. And Greg and Gina, anything
24 else coming out of that -- that call that we
25 had? I think that -- that's pretty much where

1 we are.

2 **DR. MELIUS:** Can -- can I follow -- yeah -- no,
3 I -- I appreciate that, I appreciate the
4 difficulty. I think what we were -- had
5 problem at Hanford is now that with the -- both
6 the site profile review but also the SEC
7 evaluation, we are requesting a lot more
8 information, I mean in sort of turning our
9 attention to that site, beyond just individual
10 dose reconstructions. And turns out as part of
11 this, NIOSH is doing considerable revisions to
12 their dose reconstruction methods, or at least
13 looking into that, particularly for neutron
14 exposures. So we have sort of their requests
15 for records, we have requests from our
16 contractor to look at other records that are
17 necessary to evaluate the SEC, and I think at
18 this point we just would like, you know -- if
19 we can work out and coordinate it -- we've been
20 holding up on the requests from our contractor
21 for records there, hoping that with the
22 continuing resolution, the issue being put
23 aside, that the funding would be freed up, but
24 -- but there is -- there will be a significant
25 demand and it is holding up not only -- it may

1 not -- to some extent it may be individual dose
2 reconstruction, but certainly the -- the -- the
3 SEC review there, we can't go forward. So I
4 would hope that we could get some attention
5 there and coordination. I mean -- appreciate
6 you being willing to follow up, but I don't
7 think we need additional information now but
8 just as long as we can get it coordinated and
9 moving forward.

10 **DR. WORTHINGTON:** And I do want to comment a
11 little bit on the coordination piece. That's
12 something that we believe we've already started
13 to address. We've tried to work with all the
14 organizations. We were looking to have some
15 entrance activities with the sites, bringing
16 everybody together initially to kind of
17 understand the -- the real impacts and the
18 kinds of things that are needed such that in
19 some cases we're only asking for the
20 information once, or that there's some idea
21 when they're looking for the other information,
22 you know, where we are po-- where it's possible
23 that we have a -- you know, a -- a list of
24 things that -- that you would want in terms of
25 the Board and your contractors to work on

1 those. So we're working hard on the
2 coordination.

3 The new things that we're starting up I think
4 will have a better chance. The other ones
5 we're kind of back-fitting and reaching back
6 and trying to make sure that we can -- can look
7 at what we have already and how we can improve
8 and get those things out. We recognize that
9 this certainly is a challenge and it's --
10 certainly people are aware of it at -- at the
11 high levels and we will try to figure out how
12 best to -- to get to the bottom of this. But
13 it will probably not be easy, but we're working
14 it.

15 **DR. ZIEMER:** Thank you. Mr. Presley.

16 **MR. PRESLEY:** This morning Larry Elliott gave
17 us a overview of the NIOSH responses. One of
18 the things that Larry Elliott talked about was
19 that they had 170 cases that the documents were
20 over 60 days overdue; 120-plus of these cases
21 or documents were from one single location.
22 I'd like to see you all kind of look into that.
23 That's 75 percent of the documents they need
24 from one location. And it may be part of the
25 continuing resolution or -- we don't know, but

1 that might be some -- one you might want to
2 look into.

3 **DR. WORTHINGTON:** We certainly will keep trying
4 to improve that. I believe we -- we know the
5 site and actually, you know, while we speak of
6 it as a single site, it is a site where -- the
7 record retrieval is coming through one
8 location, but there are many sites and many
9 programs associated with it. And also the --
10 again, sometimes at a given site for a process
11 you may have to go 16, 20, 25 different places
12 in order to get that. So in some cases it's
13 quite complicated.

14 Also if I could go back to this -- and I hate
15 to keep bringing it up, but to go back to this
16 vision in the past -- in the previous years in
17 terms of the level of funding that would be
18 required to do this. The sites themselves have
19 very small operations and -- and so even when
20 we -- when we come to them with these huge
21 requests, they're very small -- one, two,
22 three, four individuals, if they're lucky, that
23 are focused on that. So we -- we are certainly
24 bombarding them with huge requests. And in
25 some cases, you know, they've had to bring on

1 additional people where the funding was
2 allowed, but also we're working on, as far as
3 the classification things are concerned, we're
4 trying to bring in people from headquarters
5 that could help facilitate and expedite that
6 part of the review. But again, we -- we
7 appreciate all the comments and we will
8 continue to try to work and improve these
9 things.

10 **DR. ZIEMER:** Very good. Phil Schofield.

11 **MR. SCHOFIELD:** Yeah, I've got a concern here,
12 and that's -- Libby White, before she moved on,
13 was trying to get clearances for some of the
14 Board members and some of our contractors are
15 running into problems having access to records
16 because they've -- their clearances have
17 expired. What is DOE doing on this so that
18 these issues are being addressed -- how are
19 they being addressed now?

20 **DR. WORTHINGTON:** In terms of clearances or
21 access to the sites, we have to always follow
22 the protocols or requirements at that site.
23 And I'll ask Gina and Greg if they have some
24 additional comments on the back and if they
25 could provide them for further clarity. But I

1 believe that the requests for Board members --
2 for clearances, that they've been submitted,
3 you know, to DOE and that we've been working
4 through those. And in some cases they're
5 already completed or whatever. But any time if
6 you feel something that something fell through
7 the crack or whatever, you know, please bring
8 it to our attention. But certainly we
9 recognize that the Board members and in some
10 cases their contractor need access and we
11 forward those on for -- for processing. But we
12 will be, again, required to follow the overall
13 protocols of the -- of that site in terms of
14 access requirements.

15 And Libby was very gracious -- we certainly
16 miss her, but she was very gracious as she
17 moved on to science, you know, to brief us on
18 any open issues, and I believe that we have,
19 for the most part, addressed any access issues.
20 But if there's something that's pending that
21 somehow or another we're not aware of, please
22 make us aware of today so that we can get with
23 our folks and -- and expedite those things and
24 locate those -- those -- those files that
25 somehow or another didn't go through the

1 process.

2 **MR. SCHOFIELD:** Possible I'd like to speak to
3 you a little later off the record then.

4 **DR. WORTHINGTON:** Yeah, I -- I welcome that.
5 Thank you.

6 **DR. ZIEMER:** Thank you. Other comments or
7 questions?

8 **DR. WORTHINGTON:** Thank you very much for your
9 attention.

10 **DR. ZIEMER:** Thank you again, Patricia. Next
11 we'll hear an update on Department of Labor
12 activities from Jeff Kotsch. Jeff, welcome
13 back.

14 (Pause)

15 Before Jeff starts let me double-check and
16 confirm that Gen Roessler is on the line.

17 **DR. ROESSLER:** I'm on the line.

18 **DR. ZIEMER:** Thank you. Did Mark Griffon get
19 back?

20 **UNIDENTIFIED:** (Unintelligible)

21 **DR. ZIEMER:** Gen, we cannot hear you.

22 **UNIDENTIFIED:** (Unintelligible) was denied, but
23 I don't know, it's up to you (unintelligible) -

24 -

25 **DR. BRANCHE:** Please mute your phone unless

1 you're speaking. Thank you.

2 **DR. ZIEMER:** Again I'll ask if Mark Griffon is
3 on the line.

4 **UNIDENTIFIED:** (Unintelligible) the same coming
5 down in the morning (unintelligible) that stuff
6 and --

7 **DR. ZIEMER:** Gen, is that you speaking?

8 **UNIDENTIFIED:** -- (unintelligible) I'm telling
9 you --

10 **DR. BRANCHE:** Excuse me, for those of you who
11 are participating in the -- in the meeting by
12 telephone, if you would please mute your line,
13 there's someone whose line is open and we're
14 hearing a lot of background information about
15 your personal business. Thank you.

16 **DR. ZIEMER:** That seemed to work.

17 **DR. ROESSLER:** Paul, this is Gen Roessler.

18 **DR. ZIEMER:** Yes, Gen.

19 **DR. ROESSLER:** I -- I -- in trying to operate
20 this complicated phone, I disconnected but I --
21 I'm back on and I'm now on the regular phone
22 rather than the earphone so I think you can
23 hear me better.

24 **DR. ZIEMER:** We can hear you very well.

25 **DR. ROESSLER:** Okay, thank you.

1 (unintelligible) earlier (unintelligible)
2 different reasons. But also (on microphone) it
3 would be helpful to have the SEC evaluation
4 reports on there rather than just the
5 presentations so that we can refer back to the
6 -- right now all there is is -- most of them
7 are the PowerPoint presentations, not the full
8 evaluation reports.

9 **MR. PRESLEY:** (Off microphone) (Unintelligible)
10 when we can't get on line and pull that stuff
11 (unintelligible) --

12 **DR. MELIUS:** Exactly, yeah.

13 **DR. ZIEMER:** Or -- or send them by e-mail in
14 advance.

15 **DR. MELIUS:** Well, it -- it just would be
16 helpful to know. I don't object to getting --
17 I just need to know what to bring with me, what
18 to put on the computer. I -- I was expecting
19 those to be on the thing, and since we can't
20 get them on line here very easily, I think it's
21 -- it's more important.

22 **MR. PRESLEY:** (Off microphone) I didn't bring
23 anything (unintelligible).

24 **MS. MUNN:** The real -- the real problem is not
25 having access to our usual wireless capability

1 in the conference room. That's --

2 **DR. BRANCHE:** This -- this -- this room is
3 prohibiting your ability?

4 **MS. MUNN:** This -- well, this particular
5 facility does not provide wireless
6 communication in the conference rooms.

7 **DR. ZIEMER:** It does, but it's...

8 **UNIDENTIFIED:** (Off microphone)
9 (Unintelligible) \$49 per person, yeah.

10 **MS. MUNN:** Per person.

11 **UNIDENTIFIED:** \$50 per day per person.

12 **MR. KOTSCH:** Thanks, Brad.

13 **DR. ZIEMER:** Are we set?

14 **MR. KOTSCH:** Yep. Sorry -- sorry for the
15 delay.

16 **DR. ZIEMER:** Let's proceed now with Department
17 of Labor status -- or update.

18 **MR. KOTSCH:** Good afternoon to the Board, to
19 the claimants of the program, to our associates
20 with Energy and NIOSH, its contractors and the
21 Board contractors.

22 One thing I wanted to just state at the
23 beginning is that we have at this meeting a
24 member -- the Director of our Las Vegas
25 Resource Center in attendance, as long -- as

1 well as three members of our Seattle District
2 Office, including Christy Long, who's our
3 District Director, here talking with claimants
4 if they -- to -- to answer questions or address
5 issues. And that's -- we started that up again
6 in Chicago and it seems to be a useful thing,
7 along with the NIOSH PHAs. And Larry's helped
8 facilitate us to do that and we think that
9 works out pretty well.

10 The DOL portion of the program actually has two
11 parts. Part B, which is primarily what we're
12 involved with here, that's the portion of the
13 program that deals with cancers, silicosis,
14 beryllium sensitivity, beryllium disease. That
15 part of the program became effective in July of
16 2001, and as of -- I think all our slides are
17 dated December 25th, 2007. As of that date
18 we've had 60,213 cases involving 87,464 claims.
19 And for those who haven't heard me say this
20 before, the difference in those two numbers is
21 simply because a case can have more than one
22 claimant in the -- in the event of a survivor
23 claim. Of all those claims, 39,330 involve
24 cancers; and 26,002 of those cases have been
25 referred to NIOSH for dose reconstructions.

1 The other part of the program that DOL deals
2 with that's not -- is -- is the Part E program,
3 which was enacted in October of 2004 by
4 Congress. There we have 50,012 cases, of which
5 25,884 were transferred over from Department of
6 Energy under their old Part D program in June
7 of 2005. That part of the program is all toxic
8 exposures, asbestosis, all the other conditions
9 other than cancers.

10 The compensation program to date, or at least
11 the end of 2007, has issued \$3.2 billion in
12 total compensation; \$2.2 billion of that have
13 been paid for Part B claims, \$1.7 billion for
14 cancer, \$272 million for the RECA claims that
15 is also adjudicated by the Department of
16 Justice, \$939 million have been paid for Part E
17 claims, and \$187 million in medical.

18 The total payees under the program are 36,653,
19 of which -- and the percentages are there. The
20 cancer cases are 32 percent, the RECA's are 15,
21 Part Es are 23. The other Part Bs are the sil-
22 - like I said before, the silicosis, the -- the
23 beryllium sensitivity, the chronic beryllium
24 disease.

25 **UNIDENTIFIED:** Yeah, I wish to find out that

1 order that had (unintelligible).

2 **MR. KOTSCH:** Now as far as the Part B cancer
3 case status, we've had 39,330 cases involving
4 60,237 claims. We've had 30,000 -- almost
5 31,000 cases in final decisions. That's about
6 79 percent. A little under 2,000 with
7 recommended but no final decisions. That is --
8 those would be cases that would be with our
9 Final Adjudication Branch, which is the point
10 in time where the claimants have the
11 opportunity to submit additional information or
12 object to the -- to the recommended decision if
13 it's a denial.

14 We're showing 400 -- I'm sorry, 4,332 cases at
15 NIOSH. Our numbers always differ a little bit
16 from Larry's because of the -- some of the
17 nuances in our tracking systems, as well as the
18 time we take the snapshot of the -- the case
19 numbers. And we've got 2,074 cases pending
20 initial decision. That is they're in the --
21 they're in the initial development stages at
22 Labor as we develop for survivor information,
23 medical information, employment information.
24 The breakdown for the cancer case final
25 decisions is shown in this slide. There've

1 been 11,111 final approvals, and 19,024 final
2 decisions for denial. In the breakdowns on the
3 right side, moving left to right, the yellow
4 column is about 3,200 for non-covered
5 employment. The green is the 11,546 that have
6 had dose reconstructions with POCs less than 50
7 percent; 2,803 for insufficient medical
8 evidence; 1,114 for non-covered conditions,
9 which would generally now be covered under the
10 Part E, or at least addressed under the Part E
11 program; and 361 for ineligible survivors.
12 Related to the NIOSH referrals, this case
13 status for those -- that category, we're
14 showing 26,002 referrals to NIOSH. We've had
15 19,656 returned; 2,000 -- a little over 2,000
16 of those were withdrawn for various reasons
17 that we did not require that they have a dose
18 reconstruction. So that left the number of
19 17,652 dose reconstructions and about -- little
20 less than 3,000 rework requests. And we're
21 showing 4,336 initial referrals at NIOSH for
22 dose reconstructions. So the percentage is
23 about 74 for completion of dose
24 reconstructions.
25 Dose reconstruction case status, we're showing

1 16,000 about 700 with dose reconstructions;
2 14,000 -- about fourteen and a half thousand of
3 those have final decisions, and a little less
4 than 2,000 have recommended but no finals. And
5 we have about 400 pending a recommended
6 decision. Again, we've received the dose
7 reconstruction. The District Offices are
8 proceeding through with final reviews for those
9 be-- as they write the recommended decisions.
10 It's -- it's -- it's at that point often that
11 we get -- which may trigger into the reworks,
12 where we get additional information, as -- as
13 Larry mentioned yesterday, related to
14 additional cancers, additional employment,
15 maybe different -- or additional survivors that
16 may result in that dose reconstruction having -
17 - dose reconstruction having to be returned for
18 a -- for a rework.

19 The new SEC-related cases, in regard to that,
20 we've had 1,495 withdrawn from SEC review after
21 NIOSH and DOL worked together to formulate the
22 list of cases that we think are affected, and
23 then we withdraw those cases and then DOL does
24 the actual review to determine whether the --
25 each case meets the criterion of the class --

1 criteria of the class. From that we've had
2 1,326 final decisions, or about 93 percent of
3 those; 59 have recommended but no finals; 43
4 are pending, that's -- they're in the review
5 process; and we've had 67 closures, meaning
6 that they basically didn't meet what we thought
7 -- you know, they didn't meet the intent of the
8 class and just went back into the -- into the
9 process again.

10 So the case-related compensation is -- as far
11 as numbers goes -- \$917 million in
12 compensation. That's for 9,513 payees in 6,145
13 cases. We've had \$748 million on 5,004 dose
14 reconstructed cases. We've had \$169 million on
15 the added SEC cases. That involves 141 (sic)
16 cases for -- involving 2,434 payees.

17 And then what we often do in -- at meetings for
18 sites that are up for SEC evaluation or of some
19 other interest to the Board, we just give some
20 numbers. Combustion Engineering, the left --
21 we have cases or -- and claims are in
22 parentheses. For Part B and E there were 78
23 cases. NIOSH performed four dose
24 reconstructions. We had 11 Part B decisions by
25 DOL; two Part B approvals, one Part E approval.

1 And total compensation for Parts B and E was
2 \$4,000 -- I'm sorry, \$425,000.
3 For Lawrence Livermore National Lab we had
4 1,905 cases, 421 dose reconstructions by NIOSH,
5 621 final decisions resulting in -- final B
6 decisions resulting in 215 B approvals, 173
7 Part E approvals, for a total of \$37 million in
8 total compensation for Part B and E.
9 For Mound we had 1,396 cases for both Part B
10 and E. NIOSH performed 271 dose
11 reconstructions and DOL issued 486 final Part B
12 decisions, which 140 were approvals. We had an
13 additional 121 Part E approvals for \$27
14 million.
15 Nevada Test Site, we had 5,064 cases for both
16 Part B and E. NIOSH performed 996 dose
17 reconstructions. We had 1,674 Part B final
18 decisions, of which 638 were approvals. We had
19 another 546 Part E approvals, for total
20 compensation of -- for Parts B and E, of \$120
21 million.
22 Texas City was there, it's -- I don't think
23 it's on our agenda here so I won't discuss
24 that, other than the fact that Part E only
25 applies to DOE facilities, so in the case of

1 Part -- I'm sorry, in the case of Texas City
2 Chemicals, that was an AWE. Part E wouldn't
3 apply to that anyway.

4 And that's it for the update. Any questions?

5 **DR. ZIEMER:** Thank you again, Jeff, very much.
6 Board members, do you have questions? Josie.

7 **UNIDENTIFIED:** Wow, what's that?

8 **MS. BEACH:** In regards to your slide, Jeff. I
9 just have a question on the Linde site. In
10 December it was redesignated from an AWE site
11 to a DOE site. Can you give us a little
12 background or why that occurred, and if -- if
13 that decision is final?

14 **MR. KOTSCH:** I think -- I'm not -- I know this
15 decision is final. I unfortunately don't
16 always keep up with some of that -- those kinds
17 of things 'cause they're on the other side of
18 my -- of our shop there. I don't know if
19 anybody else can provide guidance or
20 information. That decision is final. I think
21 they just reviewed, you know, the information
22 there and decided that there was -- there was a
23 need for a change in the -- the -- what do you
24 call -- the classification for that site. I
25 don't know if Larry or -- I -- I have to admit,

1 I don't remember all the details for that.

2 **MS. BEACH:** Is it possible to get back to the
3 workgroup and let us know that?

4 **MR. KOTSCH:** Oh, yeah, yeah, we can do that.
5 Got a question from a woman last night who had
6 -- we talked after the public session and I
7 need to follow up on that information because,
8 like I said, I'm unfortunately not as familiar
9 as I probably should be on -- on that
10 particular thing.

11 **DR. ZIEMER:** Yes, that was an individual who
12 basically raised that question during the
13 public comment period, and we indicated that
14 probably that was a question that needed to go
15 to Labor and/or DOE because those are the ones
16 involved in making those determinations.

17 **MR. KOTSCH:** Right. But I've got that
18 information from --

19 **DR. ZIEMER:** And she has followed up --

20 **MR. KOTSCH:** Yes.

21 **DR. ZIEMER:** She told me she did --

22 **MR. KOTSCH:** Okay.

23 **DR. ZIEMER:** -- follow up with you, so at least
24 that first step has been made.

25 **MR. KOTSCH:** But we'll get back to the

1 workgroup.

2 **DR. ZIEMER:** Dr. Melius.

3 **DR. MELIUS:** That information should be given
4 to the whole Board 'cause it's an area that's
5 still confusing to -- to many of us,
6 understanding how these designations are made,
7 and I think it'd be useful.

8 My question, Jeff, is among the whatever it is,
9 4,400 claims remaining at -- that NIOSH is
10 working on, includes I believe it is 44 that
11 are among the first 5,000 that came in that are
12 five or six years old, and just wondering if
13 Department of Labor had a position on sor--
14 sort of be ultimately responsible for
15 processing claims in this program on -- on
16 whether those -- something ought to be done to
17 move those claims along. It seems to me that
18 five or six years is an unacceptable amount of
19 time for a compensation claim and certainly is
20 far out of the norm for any of the programs
21 that I know about within the Department of
22 Labor. So do you have any comment on that?

23 **MR. KOTSCH:** I -- I mean all I can say is we're
24 -- the -- NIOSH is responsible for performing
25 the dose reconstructions once we've shipped

1 **DR. ZIEMER:** I know that we need to have David
2 here for the next item on the support
3 contractor. Are we able to move ahead on this
4 one --

5 **DR. WADE:** Yes, we are, I can --

6 **DR. ZIEMER:** -- in the absence of David?

7 **DR. WADE:** I can give Christine the phone and
8 she can talk to David.

9 Let me proceed with the item of tasking the
10 Board's contractor for this fiscal year. We've
11 talked about this at the last two Board
12 meetings, one the call, and the meeting before
13 that. And we're making progress. I'll -- I'll
14 provide an introduction to my comments to say
15 that we do want to keep SC&A fully tasked.
16 They have a cadre of very capable professionals
17 on staff and I -- I think it's incumbent upon
18 us to consider that as we task them with new
19 work. That doesn't mean we should spend money
20 foolishly. So that's background for my
21 comments.

22 What I'd like to do is talk about each of the
23 tasks under the SC&A contract, and in some
24 cases there are decisions for you to make; in
25 some cases there is not.

1 Let me start with the simpler ones, and that
2 would be Task IV, which is the review of
3 individual dose reconstructions. You know, we
4 do about 60 a year. The subcommittee met
5 yesterday and offered the potential of 60 cases
6 to be reviewed this year. That would -- that
7 would be the whole brace of cases to be
8 reviewed this year. One of the problems -- or
9 two of the problems is that it could be that
10 the Board, when you hear the subcommittee's
11 proposal, might not agree with some of them, in
12 which case we would need to find some more
13 cases. We might also find, once those 60 are
14 taken to DOL, that some are in adjudication and
15 would be inappropriate for review. But right
16 now the subcommittee is prepared to bring to
17 you 60 cases. That would complete all of the
18 assignments necessary for SC&A this year in
19 terms of cases to be reviewed.

20 There is the need for the review of two blind
21 cases -- last year, we owed two -- and the
22 subcommittee decided on two blind cases to be
23 reviewed by SC&A. There are two blinds to be
24 done this year. That remains for the
25 subcommittee to choose those cases and to make

1 the assignment.

2 I think on Task IV we're well on our way to
3 fully tasking the contractor. It well might be
4 if some of those 60 fall off the table, it
5 might be necessary on the September 20th call,
6 for example, to add another five, six, ten, to
7 complete the brace of 60 for this year. So
8 that's Task number IV.

9 John, nothing to add? Okay.

10 **DR. ZIEMER:** Okay. Let me interrupt here. So
11 right now this is just a description of the
12 tasking. We will have an opportunity later to
13 actually review the -- the list of --

14 **DR. WADE:** Of 60.

15 **DR. ZIEMER:** -- 60 being recommended by the
16 subcommittee.

17 **DR. WADE:** Right.

18 **DR. ZIEMER:** And let me just make sure, in
19 preparation for that, will -- do all the Board
20 members have the lists from which those
21 selections will be made?

22 **MS. MUNN:** I think so.

23 **DR. ZIEMER:** So we probably are going to need
24 that before we have that in our work session
25 tomorrow.

1 **DR. WADE:** Okay, we can provide that this
2 evening.

3 **DR. ZIEMER:** Or -- yes, right.

4 **DR. WADE:** I can also indicate the 60 that have
5 been selected from those lists, so then the
6 full Board can have them.

7 **DR. ZIEMER:** Oh, okay. Some have it already.

8 **DR. WADE:** I think it was distributed, but
9 we'll distribute it again. Maybe this time
10 Mark --

11 **DR. ZIEMER:** I just want to make sure that --
12 that the Board members have those -- if you
13 don't, let Lew know -- the lists from which the
14 60 have been selected, and then they will give
15 us the designations for each of the 60 from the
16 list.

17 **DR. WADE:** So just to prepare, there are two
18 lists. There's a list of all cases, and then
19 there's a list of best estimate cases, and the
20 subcommittee selected from both.

21 At 10:45 tomorrow on the agenda is that
22 subcommittee report out.

23 **DR. ZIEMER:** Okay. Now hold on, we're having
24 problems with the phone lines again.

25 Gen Roessler, are you still on the line?

1 (No responses)

2 **DR. BRANCHE:** Okay. Apparently, Dr. Ziemer,
3 we've -- we've -- we're the ones who were
4 kicked off the line, so David Staudt is trying
5 to get back in and we need to take a minute to
6 get back --

7 **DR. ZIEMER:** Okay.

8 **DR. BRANCHE:** -- get the line back on.

9 **DR. ZIEMER:** Okay, so --

10 **DR. WADE:** Have we done that?

11 **DR. BRANCHE:** We're doing it. He said it's
12 going to take a few minutes to re-engage --

13 **DR. ZIEMER:** Okay, so --

14 **DR. BRANCHE:** -- so can we take --

15 **DR. ZIEMER:** -- just stand by. Just stand by.
16 If you need to take a break, just do that
17 individually but we're just going to stand by
18 here a minute.

19 **DR. WADE:** All I was going to do was walk you
20 through each of the tasks and tell you what --
21 what's done, and in some cases some things
22 could be considered to be done.

23 (Pause)

24 (Whereupon, a recess was taken from 2:25 p.m.
25 to 2:45 p.m.)

1 **DR. ZIEMER:** Okay, we'll now come back to
2 order. I've just confirmed that those on the
3 phone, including Dr. Roessler and David Staudt,
4 can hear us. We are returning to the -- the
5 item on the agenda called Task '08 -- or FY '08
6 tasks for Sanford Cohen & Associates, and Dr.
7 Wade had just completed describing Task IV and
8 the selection of 60 dose reconstruction re--
9 cases to review. I think, Dr. Wade, if you
10 want to continue from that point, let's
11 proceed.

12 **DR. WADE:** Just for David's benefit, where we
13 are on Task IV is the subcommittee made a
14 preliminary selection of 60 cases to be
15 reviewed this year. They will be presented to
16 the Board tomorrow. We always have the
17 possibility of some of those cases falling off
18 the table based upon the fact that they're in
19 adjudication or the Board might not approve
20 them, in which case we would have to find the
21 number of cases of those 60 that fell off the
22 table, add those to SC&A's plate so we'd have
23 the full 60 for this year.

24 The subcommittee did recommend two blinds to
25 SC&A. Those two blinds really fill slots that

1 were available from blind reviews last year, so
2 the subcommittee has to come up with two new
3 blind reviews for SC&A this year. But Task IV
4 is well underway to being fully prescribed.
5 Let's talk about Task III, which is the
6 procedures review. That's been a very active
7 and ongoing workgroup. John Mauro informed us
8 when last we met that there's -- there's not
9 much free board there, but maybe there's free
10 board to do three, four, five additional
11 procedures. We talked to the procedures
12 workgroup. They would rather wait the
13 assignment of those procedures to see how
14 things unfold because, as they do their
15 business, they are learning of additional
16 procedures and so there's some free board
17 there, not a lot, and that's where that stands.
18 Jim?

19 **DR. MELIUS:** I could ask this to my neighbor
20 here, but -- are we going to have a report from
21 the procedures workgroup at -- 'cause I mean --

22 **DR. ZIEMER:** Yes, we'll have a report from --

23 **DR. MELIUS:** -- one -- one thing that might be
24 --

25 **DR. ZIEMER:** -- all the workgroups.

1 **DR. MELIUS:** -- one things might be helpful
2 including in deciding that is sort of -- I mean
3 I've not been involved and I'm not really
4 familiar with what they've been doing and I --
5 I think, as we found with the case reviews,
6 it's helpful to sort of bring back to the full
7 Board and get --

8 **DR. ZIEMER:** Right.

9 **DR. MELIUS:** -- flavor of how -- how we go
10 forward with that. Not that I question the job
11 that they're doing, but...

12 **DR. ZIEMER:** Yes, we will have a report
13 actually from all the workgroups tomorrow --

14 **DR. MELIUS:** Okay.

15 **DR. ZIEMER:** -- either a status report or an
16 update, as the case may be. And certainly if -
17 - if -- as a result of those reports, if
18 there's something significant to impact on
19 tasking, we can certainly identify that.

20 **DR. MELIUS:** But -- but I'm sort of looking to
21 -- can we come to sort of closure on some of
22 our reviews in some way for the full Board to -
23 -

24 **DR. ZIEMER:** Yes.

25 **DR. MELIUS:** -- weigh in, that's...

1 **DR. ZIEMER:** Yes.

2 **DR. WADE:** Okay, let's go to Task V, which is
3 the SEC task. When we let the contract for
4 this year we assumed that there might be six
5 reviews that the Board would ask its contractor
6 to do. When John reported to you last time, he
7 indicated that they have underway now out of
8 this year's funding the NTS review -- this is
9 the NTS underground petition that you heard
10 earlier today. You assigned SC&A yesterday a
11 Mound review. John indicates to me that he has
12 free board for three additional SEC reviews.
13 It was the wisdom of the Board when last we
14 talked to wait on those assignments to see what
15 comes your way. I would say to you when LaVon
16 Rutherford presents tomorrow his report on the
17 status of SEC petitions, you'll start to see
18 that there are some building up in the queue,
19 such as Pantex or Texas City Chemical or Santa
20 Susana Field Lab, that you might want to give
21 your contractor a jump start on and allow them
22 to start to -- to review background material in
23 anticipation of a petition evaluation report
24 that will be out there.
25 I'm not advocating that you do that. I'm not

1 advocating you do it now. I'm just saying
2 think about that tomorrow when LaVon presents
3 to you. Giving SC&A an ability to review
4 background material before a petition hits that
5 they're likely to have to review can help the
6 process in terms of time efficiency.

7 John or Arjun, anything you'd like to add
8 there?

9 **DR. BRANCHE:** Please come to the microphone if
10 you do.

11 **DR. ZIEMER:** Okay. So --

12 **DR. ZIEMER:** Hang on, hang on, Phillip has a
13 comment.

14 **MR. SCHOFIELD:** While we're talking about tasks
15 for SC&A for the next year I would like to
16 throw in something here that -- e-mail that Dr.
17 Dan McKeel sent out. Says (reading) Dr.
18 Ziemer, Board members Advisory Board on
19 Radiation Worker Health, may I respectfully ask
20 that you please consider having SC&A review the
21 six-part Weldon Spring plant site profiled June
22 2005 during the 2008 fiscal year. I believe
23 assigning SC&A site profile reviews for
24 particular sites is scheduled for final
25 discussion during Las Vegas meeting January 8th

1 through 10th -- excuse me. I have listened
2 carefully and believe that this major DOE site
3 has not really been considered for a site
4 profile review the last few years. Weldon
5 Spring merits such a review based on the total
6 number of claims, which is larger than several
7 sites being currently considered by the Board
8 for Fiscal Year 2008 SC&A review. As the Board
9 is well aware, Mallinckrodt Destrehan where the
10 uranium division operated before moving St.
11 Charles County received the first SE-- SEC
12 petition award. Many Destrehan Street workers
13 moved to the Weldon Spring plant to continue
14 their employment in the MCW uranium division.
15 Abundant testimony and Board meeting
16 transcripts from both MCW Destrehan Street and
17 Weldon Spring workers during the MCW SEC
18 deliberations in 2005/2006 showed that many
19 practices that led to the Destrehan Street SEC
20 continued at Weldon Spring. This is another
21 reason the site profile should be reviewed by
22 SC&A. Weldon Spring off-site operations such
23 as those of General Steel Industries and Dow
24 Madison in Illinois are not accurately or
25 completely covered in the Weldon Spring site

1 profile. For example, there are many other
2 aspects of the existing WS site profile that
3 merit re-examination by the Board's contractor.
4 Ms. Brock originally submitted a joint SEC for
5 the Destrehan Street plant for the Weldon
6 Spring plant that NIOSH split in two. The
7 Weldon Spring SEC was apparently never re-
8 submitted. Therefore all compensation decisions
9 for workers at the Weldon Spring plant are made
10 based on the June 2005 site profile that has
11 never been formally reviewed by SC&A. I am
12 asking the Board consider addressing this
13 oversight. Dr. Dan McKeel.

14 **DR. WADE:** Thank you. That serves as a perfect
15 segue into the next task I was going to
16 discuss, which is --

17 **DR. ZIEMER:** Yeah, well, let --

18 **DR. WADE:** -- site profile review.

19 **DR. ZIEMER:** -- let me mention here, and we
20 want to distinguish between the SEC reviews
21 where there is an actual petition and the site
22 profile reviews. We will have an SEC sort of
23 update from -- from LaVon tomorrow. I -- I'm
24 thinking that the memo you just read -- I
25 either distributed it to everyone, or Dan did,

1 I forget which it was --

2 **DR. WADE:** It was distributed.

3 **DR. ZIEMER:** -- but -- but everyone has that so
4 we're aware of that memo and we want to take
5 that into consideration with others that are
6 coming down the pick --

7 **DR. WADE:** Right.

8 **DR. ZIEMER:** -- so that we can kind of
9 establish priorities on these, 'cause there are
10 many -- not just that one, but there are many
11 others, as well, we need to be looking at.
12 Thank you.

13 **DR. WADE:** Okay. So -- John?

14 **DR. ZIEMER:** John?

15 **DR. MAURO:** Yeah, one issue -- when you raised
16 the question regarding Task V and the SEC -- I
17 was taking some notes earlier when you were
18 discussing Lawrence Livermore. Now you did --
19 certainly did not task us with this, but I just
20 wan-- I noticed that there was some question
21 regarding cutoff point -- I think it was 1973 -
22 - because at that point certain data became
23 available, and for that reason there was a
24 judgment made that the SEC would cover a
25 certain time period which would end in 1973. I

1 know there was some discussion regarding that.
2 I -- I -- I thought it would be appropriate
3 just to remind.

4 **DR. ZIEMER:** I -- I think we -- on Lawrence
5 Livermore we asked the SEC subcommittee (sic)
6 and we did -- we asked -- actually authorized
7 them to task -- or we tasked, I forget which it
8 was, in fact, to assist in that issue, that
9 very issue, so that's on the table as well and
10 --

11 **DR. MELIUS:** Yeah.

12 **DR. ZIEMER:** -- make a note of that.

13 **DR. WADE:** Good.

14 **DR. ZIEMER:** Add that to this list that -- that
15 Lew talked about with the Mound and the NTS.

16 **DR. WADE:** Right, this was to -- to review the
17 coworker models for that -- that site.
18 Okay, so let's -- let's go now to the most
19 complicated task and that's Task I, that's site
20 profile review. When we started the year we
21 told SC&A to expect four new site profiles to
22 be reviewed. We've assigned them now Sandia
23 and ANL-East. They're also reviewing TBD-6000,
24 6001, and Appendix BB to those TBDs under Task
25 I. John tells us that that ongoing work

1 largely consumes his resource as he started the
2 year.

3 New paragraph, though, John also tells us that
4 he has about \$800,000 that he holds in reserve
5 to complete the reviews of site profiles that
6 have been started by SC&A but not completed by
7 the Board.

8 **DR. MAURO:** Yeah. The way I refer to it is
9 the-- these are reports that we've delivered.
10 However, we've never really started the
11 closeout process. So there is -- they're
12 sitting on your shelf, but we have not
13 initiated a closeout. And what I do is, for
14 every deliverable like that I -- I put 400 work
15 hours into the bank, so to speak, saying the
16 day may come when we're going to have to end--
17 engage the closeout process. So in effect I
18 have about \$800,000 that I have on ice, so to
19 speak.

20 **DR. WADE:** Now again, if that money is spent in
21 the review of new site profiles, then it's not
22 available for the closeout process. On the
23 other hand, there is some benefit to
24 considering new materials. We just heard from
25 Phillip, Dr. McKeel's suggestion for Weldon

1 Springs. I asked John in anticipation of this
2 meeting to recommend additional sites that he
3 thought would be appropriate for site profile
4 review. Again, you've -- this information's
5 been shared with you. He recommended possibly
6 Brookhaven Laboratories, LBNL and Santa Susana
7 Rocketdyne as possible site profile review
8 candidates. So now the Board faces this
9 question: Do you give SC&A new site profiles to
10 review and spend into the reserve that is held
11 for the closeout of site profiles already
12 completed, their initial review, or do you wait
13 and see how things progress.

14 **DR. ZIEMER:** Let me add to that as you think
15 about the question which Lew has asked, which
16 is partially rhetorical, but maybe not so
17 rhetorical, and that is that one scenario would
18 be that there's a new contractor next year.
19 I'm not suggesting there will be, but we have
20 to ask that question. And if that occurred,
21 would we not still want the present contractor
22 to be the one closing out those reports that
23 this contractor has delivered. And so I would
24 ask -- for David Staudt, for example, if there
25 were a new contractor, can the old contract be

1 continued, maybe even overlapping, to allow the
2 closeout process to go to completion on those
3 items already delivered?

4 **MR. STAUDT:** Yes, Dr. Ziemer, we could give
5 SC&A a no-cost extension to complete those
6 activities.

7 **DR. ZIEMER:** And were that to occur, then it
8 would behoove us to make sure that we had that
9 capability. That is, John has earmarked those
10 funds for that purpose. If we eat into those,
11 we could have a dilemma.

12 Okay, Jim Lockey.

13 **DR. LOCKEY:** Just for my own education, why
14 aren't some of these being closed out? Just
15 give me the history on that 'cause I don't
16 recall.

17 **DR. ZIEMER:** We don't have enough Board
18 subcommittees -- or workgroups to -- to work on
19 all of these and -- I mean we -- we have the
20 reports, the evaluation reports -- or not
21 evaluation reports, the reviews, site profile
22 reviews. We have a number of these. And in
23 the press of doing all the other things -- SECs
24 and site profiles where we have pressing
25 issues, and dose reconstruction reviews and so

1 on -- it's just been a backlog and we -- you
2 know, we have taken those items which press
3 upon us, either through the -- through our own
4 priorities or through priorities that in some
5 way are thrust upon us politically or there are
6 certain pressures to get certain sites done.
7 So all of these things taken together, I mean
8 there's a lot of work for this Board and --

9 **DR. LOCKEY:** That I understand, I just --

10 **DR. ZIEMER:** Right.

11 **DR. LOCKEY:** -- how many are there, do you
12 know?

13 **DR. ZIEMER:** Well, in fact that was the reason
14 we were going to have at each meeting the
15 tracking, and I'm not sure if we have that --

16 **DR. WADE:** We'll have that tomorrow, but John
17 can answer that question.

18 **DR. ZIEMER:** Right.

19 **DR. MAURO:** Right now there are 12 site profile
20 reviews that we've completed and delivered, but
21 there is -- has not been any action on engaging
22 them and closing them out.

23 **DR. ZIEMER:** Yeah. And -- and this also is
24 impacted by even NIOSH's ability to maintain
25 the workload, particularly on the continuing

1 resolution process that's been thrust upon them
2 this past year to maintain the -- the workload.
3 I mean part of that process is not just us,
4 it's -- NIOSH has to respond, then we have to
5 get together with the workgroups and do the
6 resolution process. So it's an extensive
7 consumer of time by us, by SC&A and by NIOSH.

8 **DR. LOCKEY:** I take it, because if we have 12
9 we're behind now, we're going to be further
10 behind next year. And so maybe the Board needs
11 to look at that and come to some kind --

12 **DR. ZIEMER:** Well, this is one of the reasons
13 that we -- we have suggested that we may need
14 additional Board members in the future to help
15 --

16 **DR. LOCKEY:** That's --

17 **DR. ZIEMER:** -- share the load. How many
18 workgroups are each of you on?

19 **DR. LOCKEY:** Right.

20 **DR. ZIEMER:** And those are meeting more
21 frequently. Some of you feel like you have a
22 second home in Cincinnati.

23 **DR. LOCKEY:** And I think that -- I think we
24 need to have discussion about that 'cause we're
25 not -- if -- if we're 12 behind now, we're

1 going to be 15 behind next year, and so we need
2 to come to some kind of solution to this issue.

3 **DR. WADE:** You could stop assigning new site
4 profiles and work the backlog that way, or you
5 could take some other step. That's really what
6 we're talking about here is to -- what you'd
7 like to do.

8 **DR. ZIEMER:** Okay, we have a comment. Wanda
9 and Jim.

10 **MS. MUNN:** A sense of good stewardship would
11 seem to dictate that we not do anything to
12 interfere with -- with the wisdom of having set
13 aside funds for closeout activities. The
14 procedures group has been able to work very
15 well with our contractor in terms of getting
16 these things to reasonable fruition. In most
17 cases when we still have items on our list,
18 they are well-documented and -- and have been a
19 little slow in closure for the last few months
20 because we're in the process of reformatting
21 what we're doing and have spent a great deal of
22 attention to that.

23 Because of the excessive amount of work that's
24 been involved in Proc. 6000 -- in the -- in the
25 6000 and 6001 and appendices issues for our

1 contractor, the preference here would be for us
2 to wait until tomorrow to take a look at any
3 possible additional -- or possibly even later
4 than tomorrow, to put any more on the
5 contractor's plate than we have already given
6 them, unless they specifically request us to do
7 so. It's just a matter of using the -- the
8 personnel that we have to the best end.

9 **DR. ZIEMER:** Well, and also keep in mind the
10 other side of that is, as we get into funding
11 for the year ahead -- I mean this year, which
12 is the '08 year -- we don't want them sort of
13 sitting there idle. So to the extent -- so
14 it's -- it's a balance between making sure we
15 have the funds to do closeout, and still move
16 ahead because there is work -- other work to be
17 done. And if they're ready to do it and have
18 personnel and funds available, we want that to
19 occur also. Jim.

20 **DR. MELIUS:** Yeah, several comments. First of
21 all, to Jim Lockey's question, I don't think
22 it's an issue of just the Board's lack of
23 resources. I think it's much more complicated
24 than -- than that. I mean I think NIOSH itself
25 has limited resources. That's been compounded

1 by the contracting problems with ORAU, but --
2 but even among -- there's limited number of
3 NIOSH staff that are engaged in -- in the
4 resolution of -- of these site profile and SEC
5 reviews and all the other issues that are on--
6 ongoing and so -- just a limited number of time
7 for meetings and so forth. And I think all of
8 us on workgroups have had to delay because of
9 that, either in terms of people being available
10 or in terms of the kind of work that can easily
11 get done between meetings to -- to -- to get
12 accomplished. And as I said, the contracting
13 issues have -- have made that e-- even -- even
14 -- even worse. So I'm not sure that -- that
15 there's a simple solution to it and I'm not
16 sure -- it could get worse, but it -- there are
17 also just a limited number of sites to -- to
18 deal with so at some point it -- so run out.
19 The other thing that we have to remember,
20 though, that -- that is I think becoming a maj-
21 - or it has -- is a major problem with the site
22 profile closeouts is that the site profiles
23 continue to change. And in some cases what
24 we've reviewed some time ago, or SC&A reviewed,
25 is -- is essentially meaningless because the

1 chapters have been -- had significant
2 revisions. In the case of the -- the Hanford
3 site profile, the -- the major issue in that
4 being the neutron exposure is going through a
5 whole series of revisions. When we first met
6 about the site profile review, NIOSH was
7 engaging in a revision. Then when the SEC
8 evaluation came up, they're now in a set -- new
9 revision. That's been held up because of this
10 records access issue at Hanford because of the
11 continuing resolution. So for us to proceed --
12 yeah, we've been proceeding extremely slowly on
13 trying to close out that site profile simply
14 because what are we -- you know, we close out
15 something in the past but it's already changed
16 -- and do that. So I think one of the things I
17 -- I think we need to seriously look at and I
18 think I -- you know, we've all been -- at least
19 I've been delinquent in -- in putting down on
20 paper is is there some better way of tasking
21 SC&A to -- or whoever our contractor will be,
22 to -- to review these. Could we segment them
23 more -- rather than trying to do a whole site
24 profile, should we focus on what are maybe the
25 key parts of a site profile or at least have --

1 maybe have some more flexibility in being able
2 to deal with issues as they come up. The thing
3 we have very little control on is the SEC
4 petitions, so we can have a great schedule for
5 doing site profiles and then someone throws in
6 a -- you know, we -- we may have designated a
7 particular site profile as not being high
8 priority bec-- you know, we don't think it
9 needs to be dealt with, there are not many
10 cases or whatever. Then you throw in a
11 petition and suddenly we've got to pay
12 attention to that and there -- there's a lot
13 more time pressures for -- for ad-- addressing
14 that petition and therefore that site prof--
15 profile review. But I -- I do think it would
16 be -- behoove us to try to, you know, think
17 about -- we talked about it a little bit at the
18 last meeting -- how can we -- is there a better
19 way, rather than having site profile reviews
20 and SEC reviews, of -- of tasking our
21 contractor to -- to be assisting us in -- in
22 doing this that would be more efficient. May
23 not, maybe it's too complicated, but -- but
24 maybe the -- one of the things we can start out
25 with next time -- I know this is sort of the

1 next issue on the agenda -- is -- is tasking a
2 contractor to develop a -- a schedule and sort
3 of really look -- look at the -- the overall
4 status of, you know, site profile reviews,
5 SECs, what -- you know, what -- what's on our
6 plate and come up with a -- a way of, you know,
7 committing resources to that in order to -- to
8 most efficiently deal with that. Again,
9 probably no perfect way, given -- given what
10 goes on.

11 Finally, I just want to pick up on Phil's point
12 and so forth and -- and actually also point
13 about wh-- what if SC&A doesn't get the -- the
14 next contract, how -- you know, we have this
15 closeout -- the Weldon Springs is, you know,
16 related to Mallinckrodt, which SC&A has spent a
17 lot of time on it and I -- I -- and effort and
18 has a fair amount of expertise. There are
19 differences and -- in terms of I think process
20 as well as time frame, but -- but they're not
21 totally dissimilar and I think the -- I'd hate
22 to lose that expertise there, so -- so I think,
23 even though we don't have at present time an
24 SEC petition pending on Weldon Springs, I think
25 that -- that we ought to give it some priority

1 or think about that in terms of -- of a site
2 profile review assignment if -- if only on the
3 chance that SC&A doesn't get the next contract.

4 **DR. ZIEMER:** Thank you. Jim, did you have an
5 additional comment?

6 **DR. LOCKEY:** A comment -- what Dr. Melius just
7 said. I -- I agree with what he's saying. I
8 think maybe the use of the term "closeout" --
9 maybe there's another term. Maybe some of
10 these actually can be closed out because we
11 don't anticipate any changes and there's
12 nothing on the horizon. But other ones, such
13 as what Jim was talking about, rather than
14 putting them in the closeout category we put
15 them in an active review category or revision
16 category that we expect these to be revised on
17 an ongoing basis as additional information
18 comes up, and allocate some of the funds to
19 help with that process.

20 **DR. WADE:** Coming out of Dr. Melius's
21 discussion and now speaking as Technical
22 Project Officer, not as your Designated Federal
23 Official, I think the SEC engine is running,
24 and you can see things happening there. You
25 can anticipate what they are. You can

1 anticipate the need for your contractor to
2 review certain things. That, played against
3 the fact that SC&A has staff now available,
4 would lead me to think that possibly looking at
5 what's coming down the SEC pike and making some
6 early assignments to SC&A would be a good
7 thing. That doesn't preclude assigning another
8 site profile -- Weldon Springs if that's your
9 choice -- but I do think there is some merit to
10 considering using the potential that's there in
11 anticipation of what will indeed likely be SEC
12 work that you're going to ask your contractor
13 to do.

14 **DR. ZIEMER:** Jim, additional comment?

15 **DR. MELIUS:** Just add along those lines, one
16 thing we're trying on the Hanford site profile
17 is more frequent consultations between all the
18 parties involved, so we've had some --
19 essentially two sort of fairly quick technical
20 meetings/conference calls just to update on
21 where status of -- of where people are in terms
22 of work that's ongoing, trying to break down
23 the reviews into small pieces rather than in
24 trying to do, you know, a complete site profile
25 or complete -- complete SEC evaluation review

1 so that we can keep the process going. And
2 then at the same time trying to involve the
3 petitioners and other worker representatives
4 from that site in the process so their input is
5 -- can be focused on the parts that we're
6 working on now rather than -- than, you know,
7 expecting them to, you know, address everything
8 all at one time, but also gives them some time
9 to -- to think about -- 'bout what kind of
10 input would be helpful and what, you know, sort
11 of resources -- experiences to draw on that
12 would be most useful to tha-- to that -- that
13 part of the review. And I think in the long
14 term that may be more -- more efficient. We're
15 going to try it out and appreciate the help
16 from, you know, Larry's staff and everybody --
17 Arjun and the other people at SC&A to make that
18 work, but...

19 **DR. ZIEMER:** And that particularly will be the
20 case on these large complex sites.

21 **DR. MELIUS:** Yeah.

22 **DR. ZIEMER:** Savannah River will be another
23 such case -- would be less so perhaps on sites
24 like Pinellas, which are, in a sense, much more
25 straightforward I think.

1 Okay, other comments? Lew, do you have --
2 where -- where are we, as far as you're
3 concerned, at this point?

4 **DR. WADE:** I would like, before we leave Las
5 Vegas, to have the Board consider whether or
6 not you would like SC&A to begin its review of
7 an anticipated SEC situation. I think the
8 trigger for that'll be LaVon Rutherford's
9 presentation --

10 **DR. ZIEMER:** Right.

11 **DR. WADE:** -- tomorrow where he lists them.

12 **DR. ZIEMER:** I think after LaVon's
13 presentation, and we have some Board working
14 time, we can in fact develop such tasking --

15 **DR. WADE:** And once you do that --

16 **DR. ZIEMER:** -- and -- and -- yeah, once the
17 SEC part is taken care of, we can look at
18 others.

19 **DR. WADE:** -- then you can look at the site
20 profile issue as to whether or not you would
21 like to in some way task them.

22 **DR. ZIEMER:** Right.

23 **DR. WADE:** I think this is exactly the
24 discussion --

25 **DR. ZIEMER:** The dose reconstruction review

1 part is, in a sense, defined. It needs some
2 tweaking, but that'll be defined. We'll get
3 the SEC work identified. Then we can see where
4 we are in terms of site profile.

5 **DR. WADE:** My -- my small DR discussion, which
6 I had with the subcommittee yesterday, is that
7 when you started out you said two and a half
8 percent would be a reasonable review number.
9 If you're looking at 20,000 DRs, you're looking
10 at 500 DR reviews. You've just crossed the 200
11 line. Now maybe that's good. Maybe you want
12 to think about that.

13 **DR. ZIEMER:** Well the early pace was rather
14 slow. The first 20 took a long time. Now we
15 have the process pretty well down, although in
16 terms of coming to closure, that has also been
17 impacted by other activities. I mean in -- we
18 really have only closed out and sent to the
19 Secretary reports on the first 60 cases, and
20 we're up to eight -- we have 160, so we have
21 another 100 that you've already reviewed but
22 the Board has not closed out.

23 **DR. WADE:** Mark is preparing and has in draft a
24 review of the first 100 cases. He shared that
25 with the subcommittee, so you know, progress is

1 being made there. You could accelerate your
2 activity there. Again, when the subcommittee
3 sits and looks, though, it's finding difficulty
4 coming to enough best estimate cases to warrant
5 review. I mean, you know, they -- in the early
6 work, you did a lot of over- and
7 underestimates, and the subcommittee feels that
8 that's not the most productive thing to
9 continue to do. So you're bumping into the
10 boundaries all around, but it's okay.
11 I do like Dr. Melius's discussion of some sort
12 of strategic pause. How you want to do that
13 and when you want to do that, you know, we
14 serve at your pleasure.

15 **DR. ZIEMER:** Well, I think that's a good thing
16 for us to ponder. It may be that you would
17 look at items in terms of sort of a topical
18 approach rather than, you know, looking at the
19 whole site. In fact, one could do this across
20 the board, whether it's neutron dosimetry or
21 what, and -- and look at a number of those.
22 But that's off the top of my head. I'm not
23 proposing that at this point, but something to
24 think about, is there another way to approach
25 what we do other than simply say okay, it's

1 this site and this site and this site, and then
2 you get that done and find the first site's
3 already been modified and so your findings,
4 even as you're getting ready to resolve them,
5 have no meaning because what you found is not
6 in effect anymore anyway, so that's part of the
7 issue.

8 Another comment.

9 **DR. MELIUS:** Yeah, in that regard -- mention
10 that is something maybe to task as part of the
11 new -- new contract, but -- but is it something
12 we could do as part of the current contract.
13 Again, you know, possibility SC&A doesn't get
14 the contract, may be much better to draw on
15 their experience in having gone through the
16 process and their familiarity with it rather
17 than wait until, you know, a new contractor
18 came in and would have -- I mean there'd be a
19 learning curve, et cetera, and --

20 **DR. ZIEMER:** Well, and in fact --

21 **DR. MELIUS:** -- and also I think there's a need
22 from our perspective --

23 **DR. ZIEMER:** -- let me suggest that a
24 possibility under Task I would be to ask the
25 contractor to give some input as to whether or

1 not that -- are there some alternate ways to
2 conduct the Task I tasks, which are site
3 profile reviews. I mean it seems to me -- and
4 David, you can input on this -- do we need a
5 new task or --

6 **DR. WADE:** And we have a project management --

7 **MR. STAUDT:** I don't think you need a new task,
8 but -- no, I would do it under number one, if
9 you can.

10 **DR. MELIUS:** Uh-huh, but -- but -- excuse me,
11 but Larry I think -- I don't know if Larry's
12 still here or if he's left -- good, Jim can
13 com-- can commit to this, but is that they're
14 in the process of -- of sort of thinking of
15 their work plan for next year and -- and so
16 forth, so it would be good in terms of them
17 having input and providing information, so look
18 at that work plan, bring that together with
19 where we are with site profiles and SE-- SEC
20 reviews -- no, I was laughing -- I was kidding
21 with Ji-- Jim earlier about we're going to get
22 him to commit to a lot of things quickly for
23 the next meeting while -- I guess Larry had to
24 go back to Cincinnati, so...

25 **DR. WADE:** David, a generic question, if I

1 might. I mean do we have the capability under
2 the project management task to --

3 **MR. STAUDT:** Lew, I -- I was just going to
4 interrupt you --

5 **DR. WADE:** -- ask SC&A to do some strategic
6 thinking?

7 **MR. STAUDT:** -- to suggest that. Yes, you do
8 have that flexibility.

9 **DR. WADE:** Okay.

10 **MR. STAUDT:** Yeah, that's -- really could fall
11 underneath of John's purview under that task.

12 **DR. WADE:** Okay. So I think under the project
13 management task we have the ability to ask SC&A
14 to do some strategic thinking, even beyond just
15 a site profile issue.

16 **DR. ZIEMER:** Yeah, and I don't think we're
17 tasking at this moment. John's making a note,
18 but we are thinking about this, and tomorrow
19 after you've had a chance to think about it, we
20 can formalize something.

21 **DR. WADE:** Yeah, to --

22 **DR. ZIEMER:** Okay, Robert Presley has a
23 comment.

24 **MR. PRESLEY:** I think we've talked about this
25 before, and I think John's probably working on

1 some of this. We've already talked about
2 setting aside some overlying issues like the
3 220-day (sic) issue for different sites,
4 radionuclides for -- you know, we've got that
5 problem with all sites. We've got the same
6 problem with everybody not wearing their badge
7 or missed dosage and things like that. There's
8 things like that that I believe that you all
9 could probably come up with a pretty easy list
10 that -- and say okay, this falls into that
11 category and maybe we need to look at that as
12 one thing and then take that out of all of the
13 site profiles. Because I know some of those
14 things get pretty lengthy, and if we have to do
15 some of them for each and individual site
16 profile, we'd spend a lot of money and time.

17 **DR. MAURO:** There's no doubt out of the 23 site
18 profile reviews that we've completed there's --
19 there are recurring themes. We've probably
20 come up with a list of -- these are -- these
21 are the ones that happen over -- types of
22 things you mentioned a few, so that -- that's
23 certainly something that will -- that emerges
24 directly from our experience on doing all
25 these. And another concept I think it's

1 important to keep in mind is one of the
2 benefits we have from having the Hanford site
3 profile done, having the Nevada Test Site and
4 Fernald, all of those put us in the position
5 that allowed us to take a new strategy on the
6 SEC reviews. Under Dr. Melius' direction, for
7 example, we're coming at SECs in a different
8 way than we did originally. It's -- it's very
9 focused. It's because we understand from what
10 ba-- because of the site profile review, we're
11 in a position to quickly say okay, I think we
12 understand where the -- where the hot button
13 items are that really will have some play on
14 the SEC side of the house, so we zero right in
15 on those and then we iterate -- that is, we
16 will -- under the direction, for example, of
17 Dr. Melius, we will investigate certain lines
18 of -- certain lines of issues, feed it back to
19 the workgroup and get further direction. So we
20 have -- to a certain degree, have taken a new
21 strategy, but only as it applies to SECs. Our
22 strategy that we're using right now on site
23 profile is still the old conventional way. We
24 put out this big book, you know.

25 **DR. ZIEMER:** And I don't think we're

1 necessarily suggesting that that's wrong.

2 We're simply saying is -- think about is there
3 another way that strategically would be useful
4 as we go forward.

5 Another comment.

6 **DR. MELIUS:** While we're discussing sort of how
7 do we do things more efficiently, I --
8 something I suggested before and think we still
9 need to consider it, you may think otherwise,
10 one is -- is there some way -- should we have
11 more subcommittees and be able to rely on them
12 for taking more actions, and that would reduce
13 the amount of time that the full committee
14 needs to deal with things. We've talked about
15 it, for example, for dealing with 83.14
16 petitions, which we started to get a number of,
17 it's slowed down, I think largely because of
18 the ORAU contract issue. I -- I think that
19 they're going to start -- being more of those
20 soon. Each one of those takes now an hour,
21 hour and a half to go through during a meeting,
22 and so we can -- you know, if we have three or
23 four a meeting, there goes a day at -- you
24 know, three-quarters of a -- of a day to -- to
25 just deal with those. And I really think

1 they're -- they're straightforward and if a
2 subcommittee was charged with doing those, I --
3 I think we could accomplish more and could
4 probably deal with actually -- you know, talk--
5 talking to the petitioners and so forth rather
6 again having to spend the time during the --
7 the meeting, and still allow the -- the public
8 part of -- of the -- the process.

9 I also think we need a better way for our
10 working groups to report back and sort of
11 summarize and present the material. We -- I
12 think that was one of the problems we ran into
13 with Rocky Flats. It was just difficult 'cause
14 the workgroup has done -- and we -- we have lot
15 of our workers that are doing a lot of good
16 work and a lot of detail work within -- and how
17 do we get that information back before the --
18 the full committee in an efficient way so that
19 we don't have to repeat that, but at the same
20 time, members that aren't on that workgroup,
21 you know, are -- are comfortable with -- with
22 what the decisions are and -- and have some --
23 you know, appropriate amount of -- of input and
24 -- and -- and time to get -- get questions.

25 And I think we need to think of a way of either

1 getting reports or some -- some way of doing
2 that, beyond just the up-- the updates are
3 helpful, but I have no idea of what Bob, you
4 know, is doing with the NTS thing. Not that --
5 you know, I know they're busy and I know
6 they've done a lot of work, but -- but I -- you
7 know, I can't follow that and -- and --

8 **MR. PRESLEY:** And I -- I don't -- I don't -- I
9 don't think that you -- I don't think you'd
10 want me sitting here for half a day and tell
11 you what each one of those comments was over
12 and over.

13 **DR. MELIUS:** Exactly, but at some point when we
14 have to come to grips, like with the -- the NTS
15 SEC evaluation thing, we're going to need some
16 way of understanding what you've accomplished
17 in that, what you've reviewed, and then making
18 sure that -- that we're all -- you know, have a
19 level of comfort and are -- and may -- you
20 know, other questions are -- can be answered
21 that -- that -- that are up -- and so I -- I
22 think those are some things we need to think
23 about, do -- do -- should we have a
24 subcommittee on procedures? We have a lot of
25 procedures under review. We need some way of

1 coming to closure on those. Is it -- is it --
2 should we make Wanda's --

3 **MS. MUNN:** Whoa!

4 **DR. MELIUS:** -- workgroup into a subcommittee -
5 -

6 **DR. ZIEMER:** And -- and -- and --

7 **DR. MELIUS:** -- to allow for some more --

8 **DR. ZIEMER:** -- indeed we have a number of
9 workgroups where it appears -- and procedures
10 is a good example -- where it appears that they
11 may have an ongoing mandate, just as the dose
12 reconstruction does. In which case, almost by
13 definition, they -- they fit the description of
14 a subcommittee and they require a formal
15 charter, rather than a workgroup, which is ad
16 hoc and is supposed to come to closure in a
17 semi-finite period of time.

18 Actually the SEC group, your --

19 **DR. MELIUS:** Yeah.

20 **DR. ZIEMER:** -- workgroup, probably is
21 attaining that status as well. So there may be
22 several like this, as opposed to a workgroup on
23 a particular site -- we'll say the Ames site,
24 which the work was done and it's -- somewhat
25 briefer time period and it fits the -- the

1 description of what a workgroup is supposed to
2 be. It's supposed to be ad hoc and be --

3 **DR. MELIUS:** Uh-huh.

4 **DR. ZIEMER:** -- not a recurring thing that
5 meets for five years and -- and --

6 **DR. MELIUS:** Right, there's no reason that we
7 couldn't have two or three subcommittees
8 meeting at the same time and --

9 **DR. ZIEMER:** Exactly.

10 **DR. MELIUS:** -- or Ray could run back and forth
11 or something, I don't know.

12 **DR. WADE:** We await your instruction in terms
13 of the desire for subcommittees. There is no
14 problem in terms of developing the charters.
15 You just need to tell us what you want us to --

16 **DR. ZIEMER:** Right, and actually the way we're
17 operating in terms of minutes and announcing
18 meetings and so on would no change, so we can -
19 - we can slide into that a little more easily
20 than we might otherwise anyway.

21 **DR. WADE:** Just -- just for the new
22 subcommittee chairs to realize, the only
23 difference would be we need a *Federal Register*
24 notice for a subcommittee; we don't for a
25 workgroup. That will add a little bit of rigor

1 and time to announcing a subcommittee meeting,
2 but it's no big deal.

3 **DR. MELIUS:** But -- but the subcommittees could
4 have workgroups.

5 **DR. ZIEMER:** Subcommittees can also have
6 workgroups, if needed.

7 Jim Lockey?

8 **DR. LOCKEY:** Dr. Melius -- Jim Melius, are you
9 suggesting -- I -- I just want to be clear on
10 this. Are you suggesting that there be
11 subcommittees of the current Board members, or
12 -- or you're adding additional people to the
13 Board? Or that subcommittees -- new appoint
14 meets -- new appointments who serve at the
15 discretion of the Board? I'm trying to
16 understand what you're proposing.

17 **DR. MELIUS:** I -- I don't know what the rules
18 are, but the -- ex-- exactly, but I'm
19 suggesting subcommittees made up of current
20 Board members. Obviously we --

21 **DR. ZIEMER:** We're not in a position to add
22 members to --

23 **DR. MELIUS:** Yeah, yeah --

24 **DR. ZIEMER:** -- to this, and I don't think --

25 **DR. LOCKEY:** Well, but it gets -- it gets back

1 to the issue --

2 **DR. ZIEMER:** A subcommittee could have a -- a
3 consultant of some sort, but --

4 **DR. WADE:** It could indeed.

5 **DR. LOCKEY:** But --

6 **DR. ZIEMER:** -- subcommittee members have to be
7 members of this Board, I believe. I'll ask --

8 **DR. WADE:** Correct.

9 **DR. MELIUS:** We have a --

10 **DR. ZIEMER:** -- counsel to --

11 **DR. LOCKEY:** Well, it --

12 **DR. ZIEMER:** I don't know, Emily or Liz, am I
13 correct in that statement, that subcommittee
14 members would have to be members of this Board,
15 but they could have --

16 **MS. HOWELL:** A federal --

17 **DR. ZIEMER:** -- consultants and --

18 **MS. HOWELL:** A federal advisory board can have
19 subcommittee members that do not sit on the
20 main board. However, those are also going to
21 have to go through the appointment process and
22 be appointed by the President, affirmed by the
23 Secretary and all of that. So there could be
24 members of a subcommittee that didn't sit with
25 you all, but you cannot appoint those persons.

1 **DR. ZIEMER:** And they'd have to go through the
2 White House in any event, which is not --

3 **MS. HOWELL:** It would take --

4 **DR. ZIEMER:** -- an easy thing.

5 **MS. HOWELL:** -- a couple of years.

6 **DR. MELIUS:** Yeah, but -- but you can have -- I
7 mean you -- just theoretically, I'm not
8 suggesting this, but you could have workgroup
9 members that are not members of the committee.

10 **DR. WADE:** Correct, you could have -- the
11 workgroup could ask ad hoc people to come and
12 support their efforts. That could be done.
13 They wouldn't be members of the Board. They
14 wouldn't be voting members. They really
15 provide staff support.

16 **DR. MELIUS:** Yeah.

17 **MS. HOWELL:** Right, and there's -- there's a
18 difference between ad hoc members of the
19 working group versus staff support, which Lew's
20 talking about and you've talked about,
21 additional contract staff or hired staff in the
22 past, and those are two different things, so --

23 **DR. MELIUS:** Yeah -- ye-- yeah, no, I --

24 **MS. HOWELL:** Okay.

25 **DR. MELIUS:** But I'm not -- again, I'm not sure

1 that -- those be efficient for this, but I'm --
2 was thinking it was -- we have one
3 subcommittee. We could have another one, maybe
4 -- you know, three -- you know, three
5 subcommittees or whatever, I don't think
6 there's any real limit to it, but that could
7 meet, you know, among the current Board members
8 and so forth.

9 **DR. ZIEMER:** Now one other thing that might be
10 helpful and working group chairs -- would be if
11 there are reports, particularly reports that
12 impact on the business of a particular meeting,
13 it actually would be helpful if we had those in
14 advance. Now one of the problems of course is
15 if the workgroup is meeting just prior to the
16 Board meeting, such as the Rocky Flats -- not
17 Rocky, the Nevada Test Site workgroup. Your --
18 your outcomes are not available till -- at the
19 Board meeting, but in essence if we're to act
20 on issues in a meeting, it's very important
21 that we have workgroup reports in advance, so
22 that's another part of the whole issue.
23 It's one thing to have an update -- yes, this
24 workgroup met and we're doing this. It's
25 another thing, if they have particular issues

1 that we're going to debate in a meeting, to
2 know what those are in advance and not hit them
3 cold.

4 **DR. MELIUS:** But -- but --

5 **DR. ZIEMER:** Dr. Melius.

6 **DR. MELIUS:** But we -- we certainly could task
7 our contractor to prepare reports for us --
8 those things.

9 **DR. ZIEMER:** But again --

10 **DR. MELIUS:** Wanda was kicking me --

11 **DR. ZIEMER:** But again, that means -- again,
12 that means that the workgroup -- the work of
13 the workgroup involved has to be done well in
14 advance of a meeting, not, you know, that
15 morning or something like that.

16 **DR. MELIUS:** Wanda just accused me of totally
17 confusing everything.

18 **DR. ZIEMER:** Okay, other comments in general on
19 the issue of tasking the contractor?

20 **DR. WADE:** I would like to make a general
21 comment, and you -- you're -- you're laboring
22 with all kinds of very difficult issues. I'd
23 be remiss if I didn't remind you of the
24 tremendous productivity and output of this
25 Board. I've been involved with a number of

1 FACAs, and I've never seen a FACA that -- that
2 has taken on and processed so much work with
3 such quality. So there are ways to improve
4 what you do, certainly, and you should work
5 hard at that. But don't, in that difficult
6 discussion, lose sight of the tremendous work
7 that you have done through your current
8 structure. I think you can do better work,
9 always we can do better work. But don't lose
10 sight of the fact that you've done a tremendous
11 job in supporting those people who have no
12 voice, the -- the petitioners and the
13 claimants.

14 **DR. ZIEMER:** Thank you. Words of encouragement
15 are also welcome.

16 Is there anything else at this point -- we'll
17 have the opportunity to formalize some tasks
18 tomorrow, but any other input at this point?

19 (No responses)

20 **UPDATE ON SELECTION OF BOARD SUPPORT CONTRACTOR**

21 Okay. Now the next item will be an update on
22 the selection of the Board support contractor.
23 I'm wondering if we need to take our break
24 first or if --

25 **DR. BRANCHE:** David Staudt is on the line.

1 **DR. ZIEMER:** David is on the line.

2 **DR. WADE:** Yeah, David's on the line, so --

3 **MR. STAUDT:** I -- yeah, I think this will be
4 very brief, Dr. Ziemer.

5 **DR. ZIEMER:** Okay. Well, why don't we proceed
6 and we'll hear from David, and then have
7 additional discussion as needed.

8 **MR. STAUDT:** Well, I -- I think we're -- we're
9 at the point now where the Board has reviewed
10 the -- the draft Statement of Work and the
11 evaluation criteria, and I believe we're at the
12 point where we were going to ask the Board, you
13 know, to -- to allow us to go ahead and proceed
14 with the normal procurement process that CDC
15 has. And it's about a six-month process, give
16 or take a little bit of time. And we are
17 anticipating once again that we're going to
18 have several Board members that are going to
19 sit on the Technical Evaluation Panel.
20 And the one difference from last time, Dr.
21 Ziemer, is I don't believe there's any need to
22 have the pre-proposal conference that you ha--
23 that you participated in Cincinnati. There is
24 a tremendous amount of information out there
25 for any bidder -- potential bidder to review,

1 so that -- that will certainly make things a
2 little bit easier this time.

3 I don't know ri-- right now that we need
4 anything else from the Board. I mean we
5 certainly can provide an update in a couple of
6 months, as we go through the process, but I --
7 Lew, I think -- I think we're pretty much on
8 track.

9 **DR. WADE:** One more opportunity -- this is the
10 third meeting we've -- we've talked about it.
11 There is a draft Statement of Work that you've
12 had and I've given you a hard copy of. There
13 is an evaluation plan we've talked about, this
14 is the third meeting. We did receive one
15 comment from a Board member. Mr. Presley
16 submitted a comment that really goes to the Q
17 clearance requirements for the contractor.
18 Again, one last bite out of the apple, if -- if
19 there are things that the Board would like to
20 suggest, this is an opportunity to do that.
21 We'd always take suggestions from individual
22 Board members, but now we're getting close to
23 the time when we would put this announcement
24 out on the street.
25 Also remember that we have made public

1 announcement of our intentions and will
2 continue to do that so that no one can accuse
3 us of not doing this in -- in the broad light
4 of day.

5 David, when would you anticipate going on the
6 street with this announcement?

7 **MR. STAUDT:** I think just to go through the
8 normal review cycle time here it's going to --
9 it's probably going to be about two months, I
10 think, before we get through that and get all
11 those approvals before it actually -- actually
12 goes out. And then -- and then there's a
13 synopsis that hits -- that -- that gets
14 published, and then that basically is a summary
15 of what -- what's going to happen, and then
16 that has to be out for 15 days and then after --
17 -- at that 15-day mark, then we can officially
18 release the solicitation. And that is going to
19 be out on the street probably for -- we can do
20 it for as -- as minimal as 30 days, but will
21 probably be out there for 45 days.

22 **DR. WADE:** So again, for the Board's timing, if
23 the Board wishes to comment as a board today,
24 that's fine.

25 **MR. STAUDT:** Yeah, --

1 **DR. WADE:** Individual comments --

2 **MR. STAUDT:** -- we -- we welcome any comments,
3 up until the time we actually release the
4 solicitation.

5 **DR. WADE:** And you think --

6 **MR. STAUDT:** And then after that, then it gets
7 a little tricky, but certainly any -- any input
8 is -- is welcome up to that point.

9 **DR. WADE:** So the --

10 **MR. STAUDT:** And I -- and we would not --
11 matter of fact, I would -- I would not even
12 release the solicitation without letting the --
13 one -- one more, you know, option for the --
14 for the Board to make comments, so they'll be
15 informed on when it's going out.

16 **DR. WADE:** Yeah, there is a Board call
17 scheduled for February 20th, so that's within
18 the space you have for receiving comments.
19 Correct?

20 **MR. STAUDT:** Absolutely. Absolutely.

21 **DR. ZIEMER:** Okay, let me ask -- is the
22 Statement of Work dated September 2007 the
23 latest version? Does -- and does that include
24 Mr. Presley's change?

25 **DR. WADE:** It is the latest version. It does

1 not yet include Mr. Presley's comment. It will
2 when we modify, but it does not at this point.

3 **DR. ZIEMER:** Okay.

4 **DR. BRANCHE:** Wait till after this Board
5 meeting.

6 **DR. ZIEMER:** That's fine. I just want to make
7 sure and ask -- Board members, do you all have
8 a copy of the draft Statement of Work? And you
9 have the opportunity individually to make
10 comments. They don't automatically get
11 accepted, I don't think. I think David or
12 some-- someone would have to judge that they
13 have merit, I suppose.

14 **MR. STAUDT:** Yes, and this -- and you know, I -
15 - I just want the Board to understand that, you
16 know, this -- everything's got to be reviewed
17 internally here through -- through the --
18 there's a lot of people that look at it within
19 the CDC. You have the normal procurement
20 staff, plus you also have the legal staff, and
21 then others who review it that -- you have to
22 look at the Statement of Work and the
23 evaluation criteria and everything else that's
24 in that that's going to be in the solicitation,
25 so there is a potential that they -- they may

1 have comments and we'll just have to see at
2 that -- at that time.

3 **DR. ZIEMER:** Now the -- the actual document --
4 I think what we have to ask in terms of the
5 full Board is are there items in this document
6 that the Board, as a group, feels need to be
7 amended in some way, either added to, deleted
8 or otherwise modified. The -- the statement is
9 -- it has a description of the purpose of the
10 contract, which is fairly straightforward, and
11 the background of the contract.

12 Part of it is really c(3), I think, which is
13 the contract tasks. Although if there are
14 problems with earlier sections, we certainly
15 want to identify those. But if in the contract
16 task sections we -- we see issues -- and -- and
17 this is divided up into the dose reconstruction
18 reviews, the site profile and procedures
19 reviews, the SEC petition work, and the dose --
20 and then there's details on each of those --

21 **DR. WADE:** Right.

22 **DR. ZIEMER:** -- then it's important that we
23 identify those and give that feedback to Da--
24 to David. And I guess I would ask, Board
25 members, it may be that you haven't had a

1 chance to fully focus on this. We could
2 certainly suggest, if you wanted to -- to
3 revisit this tomorrow during our work session,
4 you could. But if you have items now that
5 you've already identified that you think need
6 to be discussed and brought -- brought forward,
7 let's also give you the opportunity now to do
8 that. Or if any of you, after having reviewed
9 it, if -- if you feel it is complete in the
10 sense that it adequately describes what the
11 tasks of our contractor will be and -- and yet
12 has sufficient flexibility for us to also move
13 in other directions, because we have found I
14 think that some degree of flexibility is
15 useful, it -- it will also be helpful for
16 individuals to indicate that they believe that
17 this is adequate. I think we need to know, you
18 know, one way or the other, is this adequate,
19 is it not adequate, or what changes should be
20 made.

21 **DR. WADE:** Dr. Melius.

22 **DR. MELIUS:** I have some comments.

23 **DR. ZIEMER:** Okay, we have a couple of
24 comments. First Dr. Melius.

25 **DR. MELIUS:** The Melius/Munn team here. The --

1 **DR. ZIEMER:** Is this good cop/bad cop or is
2 this --

3 **DR. MELIUS:** I don't know --

4 **DR. ZIEMER:** -- bad cop/good cop or is it --

5 **DR. WADE:** Bad cop/bad cop, I think.

6 **DR. MELIUS:** Yeah. The -- I'm withholding the
7 cookies till -- no, that -- the first comment
8 is -- and again, it's no reflection on Dave
9 Staudt or any actions done recently with this
10 contract, but -- but I do think we need to be
11 sen-- sensitive to the situation that CDC/NIOSH
12 is letting a contract to review their own work.
13 And -- and that's mandated by Congress and that
14 -- that this review is supposed to be
15 independent of the agency and -- and so forth.
16 So I -- I think it's important that we have
17 transparency to -- to the process and, you
18 know, recognizing the need for the various
19 layers of review as this contract gets -- goes
20 through the bureaucracy at -- at NIOSH/CDC, I
21 think -- I think we understand that, but -- but
22 I think it'd be important that the Board
23 members all see the -- the final product before
24 it goes out on the street and -- just so we can
25 say that we've seen it and that it doesn't

1 violate sort of the ability of the Board to be
2 able to have its contractor work independently
3 of -- of -- of the agency in reviewing the
4 agency's work. So I think if you can keep --

5 **MR. STAUDT:** Yeah, this is Dave. Yeah, we'd be
6 more than happy to share the -- if you would
7 like the final -- the final draft version of
8 the --

9 **DR. MELIUS:** Yeah.

10 **MR. STAUDT:** -- solicitation before it would go
11 out, would that -- would that -- would that
12 take care of your concerns?

13 **DR. MELIUS:** Tha-- that would be fine, and then
14 I think as -- as -- if we're submitting
15 individual comments or suggestions, that those
16 be shared widely, then if -- you know, on the
17 off-chance that one of us objects or something
18 to a particular change, that -- that we -- we
19 have some sort of process to that that doesn't
20 require a full Board meeting or anything --

21 **DR. ZIEMER:** Let me insert here, if this is
22 reasonable, David -- if -- if changes are
23 suggested, if they could be acknowledged and if
24 they're -- particularly if -- whether they're
25 accepted or rejected, if we -- if we would have

1 kind of a feedback to the Board. For example,
2 Mr. Presley made this recommendation and we've
3 added it, or Mr. Clawson made this
4 recommendation and we haven't added it, or
5 whatever it is and -- and if it isn't accepted,
6 maybe the reasons why. I don't want to
7 overburden it, but I think it would be helpful
8 to sort of be able to say that yes, the Board
9 input has been heard and here's how it's
10 affected things.

11 **DR. WADE:** Or Board member input.

12 **DR. ZIEMER:** Yeah, or Board member.

13 **DR. MELIUS:** Yeah. Secondly is a procedural
14 issue, I don't believe Mark Griffon's on the
15 phone, but I think it's important that our dose
16 review -- dose reconstruction review committee
17 -- subcommittee get some input into this, and I
18 don't believe they have any suggested changes
19 for how we would do dose reconstruction
20 reviews, but if they do, in terms of the
21 procedures or clar-- you know, changes that --
22 that they get some input into this so I think
23 if we can -- someone can get back to Mark or
24 whatever to do that -- I don't know if they
25 discussed it yesterday or -- or what, I'm not

1 part of that process, but I -- again, I'd just
2 like them to be -- make sure we've consulted
3 them, and particularly Mark, about -- about
4 that section of the -- the Statement of Work.

5 **DR. WADE:** I would suggest that Christine and
6 David call Mark and discuss it with him.

7 **DR. MELIUS:** Yeah, and then my -- my third, and
8 this is a suggested change, is that we include
9 some method in the Statement of Work in terms
10 of the review of the site profiles and in terms
11 of the review of the SEC evaluation reports
12 that would allow us to do that in an
13 incremental fashion, as we've talked about
14 earlier, rather than having them be assigned to
15 do, you know, whatever it is, three site
16 profile reviews per year or what-- I can't
17 remember the exact numbers in -- in that and so
18 many SEC evaluation reports, that we allow that
19 same amount of work to be broken up into
20 smaller increments. Now -- now I don't know
21 how to quite do that in terms of the -- to
22 describe those in terms of the contract, but my
23 thought would be that we include in both of
24 those sections of the Statement of Work some
25 statement to the effect that this work may be

1 broken down in a way that, you know -- that
2 rather than doing a complete site profile
3 review, they would be foc-- doing just parts of
4 the review. I think for purposes of sort of,
5 you know, responding to the -- the contract and
6 sort of being able to gauge the level of work
7 and to be fair to other people that might be
8 bidding on -- on -- you know, submitting to
9 this contract that -- they'd want to be able to
10 look at -- at what's been done so far and
11 understand that and -- I don't think we
12 necessarily need to try to rewrite that --
13 totally rewrite that, but I do think it's
14 important that we provide some clarification
15 that this work may be assigned in a different
16 way.

17 **DR. ZIEMER:** Let me insert at this point, and I
18 think this speaks to the flexibility issue,
19 that it may be that the contract could be
20 worded in such a way that -- for example, that
21 the -- there is the equivalent of some number -
22 -

23 **DR. MELIUS:** Yeah.

24 **DR. ZIEMER:** -- of site profiles done. For
25 example, the equivalent of six might be 12

1 halves or something. I don't -- I don't want
2 to spell it out too much, but maybe we can get
3 some flexible wording in there that allows us
4 to assign portions of site profiles in such a
5 way that the total equals the equivalent of --

6 **DR. WADE:** If I can --

7 **DR. ZIEMER:** -- something.

8 **DR. WADE:** -- refer you to the la-- the very
9 last sentence on the page, the site -- the
10 Statement of Work. We attempted to do that for
11 the SEC petitions. It says: In a given year
12 of contract performance it is anticipated that
13 the contractor will review three complete SEC
14 petition and an aspect or aspects of three
15 other petitions.

16 Now we could make words like that --

17 **DR. ZIEMER:** Something -- something --

18 **DR. WADE:** -- in the --

19 **DR. ZIEMER:** -- like that, yeah.

20 **DR. WADE:** -- site profile section.

21 **DR. ZIEMER:** Something like that.

22 **DR. MELIUS:** I noticed that and I think it's --
23 that -- I think it's a little bit beyond what's
24 called for there, but it's along the line and I
25 think the same kind of language should be in

1 the --

2 **DR. WADE:** Site profile?

3 **DR. MELIUS:** -- site profile review section and
4 -- and then I just think it would be -- allow
5 us better -- and I -- I think it'd -- you know,
6 it's again more transparent in terms of the --
7 the contracting process and so forth.

8 **DR. WADE:** David, I think we can accept that
9 recommendation right now, can't we, and --

10 **DR. ZIEMER:** Let me just get some consensus
11 here from the Board if that sort of thing seems
12 to be agreeable. I'm looking for nodding
13 heads. No -- okay.

14 **DR. WADE:** Sorry.

15 **DR. ZIEMER:** We're going to hear -- we're going
16 to hear maybe -- we're going to hear another
17 view, but Wanda, go ahead.

18 **MS. MUNN:** The concern when writing contracts
19 and legislation, initiatives -- for anyone
20 who's had experience doing that, it's very
21 clear that the more instructive you become, the
22 more difficult the process becomes for the
23 individuals who are attempting to meet it. As
24 long as the contract does not preclude
25 undertaking these projects in a different

1 manner, then for us to identify something other
2 than what we've been working with in the past
3 has a tendency to create more expectations and
4 more limitations than we already have.

5 Perhaps David can help tell us whether there's
6 anything in this wording that precludes our
7 doing what we were just talking about doing,
8 from the Board's standpoint.

9 **DR. ZIEMER:** Good. Well, I think this is
10 actually a good cop/good cop situation. You --
11 you're supporting the flexibility -- in other
12 words, the idea that we don't want to preclude
13 some other ways of doing things.

14 **MS. MUNN:** Absolutely.

15 **DR. ZIEMER:** But perhaps not having to spell
16 out exactly how that is going to be done.

17 **MS. MUNN:** My concern is the more things we
18 spell out, the less flexibility we are likely
19 to have, as long as the circumstances do not
20 preclude --

21 **DR. ZIEMER:** Okay, well --

22 **MS. MUNN:** -- our changing (unintelligible).

23 **DR. ZIEMER:** -- let me ask David to speak to
24 that, then we'll hear from Brad, then we'll
25 hear again from Jim. David?

1 **MR. STAUDT:** Well, I -- well, I think, you
2 know, it starts right away from the -- the type
3 of contract that we've -- we've been working
4 with, and I think it's been working well. It's
5 a cost reimbursement contract 'cause we really
6 can't define specifically what's going to
7 happen as these tasks do change over time. And
8 it really comes down to the wording that's in
9 the actual individual task orders. So I think
10 we -- we have all the flexibility the -- the
11 Board needs at that time to -- to either be too
12 descriptive or -- or -- or you know, give the
13 flexibility. And we're really looking for the
14 -- the outcome of allowing S-- whatever
15 contractor that's going to be to -- to perform.
16 And we just need to let them know what we
17 needed done, not so much how it's going to be
18 done. So we -- we don't want to tie anybody's
19 hands and -- and be too restrictive.

20 **DR. ZIEMER:** Okay, thank you. Brad?

21 **MR. CLAWSON:** You know, I -- I agree with -- I
22 agree with everything that's being said, but
23 one of the things that I worry about -- we have
24 a very good relationship with SC&A. They --
25 they -- they've been in long enough -- know

1 what we mean. I would hate to see a new
2 contractor come in and us start to cut these
3 site profiles or something up like that and --
4 and have them say well, no, wait a minute, this
5 -- this isn't what it says. We didn't agree to
6 this. So that'd be the on-- only my concern
7 about not -- not getting something in writing
8 of -- of -- of being able to do it. That --
9 that's my --

10 **DR. ZIEMER:** I -- I think David has just told
11 us, though, that the reality is it's the
12 individual tasking that's going to specify what
13 work is done, so -- as opposed to the
14 generalities of the main contract -- the task
15 orders themselves, which are not here, spell
16 out specific work. Is that -- correct?

17 **MR. STAUDT:** That's -- that's correct.

18 **DR. ZIEMER:** All right.

19 **DR. WADE:** I think it would be honest in this
20 document, if we anticipate that the site
21 profile task might involve very focused reviews
22 of aspects of site profiles, that we send some
23 signal to that effect. I think it can be done
24 with very few words.

25 **DR. ZIEMER:** Jim?

1 **DR. MELIUS:** Yeah, I -- I think it's
2 appropriate to inform the people bidding on
3 this contract that -- about the ways that you
4 may assign work. And again, I don't think it
5 limits the flexibility or the ability to -- to
6 do it in a way -- and as Dave says, the -- you
7 know, the specifics are -- are dealt with in --
8 in terms of, you know, awarding specific tasks
9 at the time -- after the contract's been
10 awarded, so -- so I think it's just adding some
11 language indicating that we may assign this in
12 a different way and we ought to be -- and
13 truthful that -- and straightforward if that's
14 the way we're going to consider doing it.
15 Now if we don't want to do it that way, then I
16 think we need to have a discussion, you know,
17 now about how we're going to approach these.

18 **DR. ZIEMER:** Dave, I think all of the comments
19 that you've heard, though, speak to assuring
20 that there is sufficient flexibility in the
21 contract to allow for different modes of doing
22 some of these tasks. And I think you're
23 telling us that there is --

24 **MR. STAUDT:** Ab-- absolutely, there's
25 absolutely --

1 **DR. ZIEMER:** -- and if there's some additional
2 words that could be added to even emphasize
3 that, perhaps that can be done as well.

4 **DR. WADE:** We'll take that as -- certainly take
5 that under advisement and we -- we'll take this
6 as a formal discussion. We'll respond to the
7 discussion with a modification, or a non-
8 modification, in an e-mail from David.
9 Before you're done, though --

10 **DR. ZIEMER:** Any other items, though?

11 **DR. WADE:** Well --

12 **DR. ZIEMER:** That's one. Others on -- on this?

13 **DR. WADE:** -- the -- I'd love to -- for the
14 Board to start to think about three Board
15 members who would join the evaluation team.

16 **DR. ZIEMER:** Well, before we do that --

17 **DR. WADE:** I know Mark is--

18 **DR. ZIEMER:** -- I want to see if there's other
19 comments on the contract -- or on the -- on the
20 proposed contract words here, or the Statement
21 of Work. Jim Melius.

22 **DR. MELIUS:** Yeah. Only a possible -- I
23 thought that the -- I'm satisfied certainly
24 with the draft evaluation criteria, and I think
25 that's appro-- appropriate, if only -- want to

1 bring that up for this focused discussion, if
2 we need any on that.

3 **DR. ZIEMER:** Well, yes, that's a-- that's
4 another piece of it, and I think it's important
5 for the Board, if -- to register either way, if
6 they're satisfied with it or dissatisfied, and
7 you've indicated you believe that is
8 appropriate. And others may wish to comment on
9 that. Jim is referring to the evaluation
10 criteria now.

11 **DR. WADE:** Right, this document that you have.
12 Hopefully it adds up to 100 percent. And then
13 there is a past performance element of plus or
14 minus 20 points.

15 **DR. ZIEMER:** Well, let me ask if there's any
16 other comments, pro or con, on either of these
17 documents. Anything else on the Statement of
18 Work?

19 (No responses)

20 Anything else -- words of support or concern
21 about the evaluation criteria?

22 (No responses)

23 Again, I -- without calling for a formal vote,
24 I'm going to ask if there are any concerns with
25 the evaluation criteria. If there are not, I'm

1 going to take that as a consensus that the
2 Board is -- is satisfied with those criteria.
3 Gen Roessler.

4 DR. ROESSLER: Yes, I am --

5 DR. ZIEMER: Any comments on either document?

6 DR. ROESSLER: No.

7 DR. ZIEMER: Thank you. Does that designate
8 satisfaction, disinterest or any other --

9 DR. ROESSLER: Are you asking me?

10 DR. ZIEMER: Yeah. We're -- we're trying to
11 put you on the spot, Gen.

12 DR. ROESSLER: I know you --

13 DR. ZIEMER: You said you had no --

14 DR. ROESSLER: -- are, you're trying to --

15 DR. ZIEMER: -- comments, are you --

16 DR. ROESSLER: -- find out if I --

17 DR. ZIEMER: -- okay with it?

18 DR. ROESSLER: I'm okay with it.

19 DR. ZIEMER: In -- in Lake Wobegon, okay is
20 above average, so she likes it.

21 DR. WADE: Paul, Dr. Lockey.

22 DR. ZIEMER: Yes, Dr. Lockey.

23 DR. LOCKEY: One question. When I look this --
24 corporate experience, maybe you can explain
25 what is meant by that 'cause there's no

1 explanation.

2 **DR. ZIEMER:** Well, I -- I think the corporate
3 experience gives some -- as I understand it,
4 would give some credit to the existing
5 contractor's had experience working with this
6 Board, does it not?

7 **DR. WADE:** Right, the corporate experience is
8 made up of two components, conflict of interest
9 plan and then the work history. So those two
10 components make up the corporate experience,
11 and ten -- ten plus 15 is 25 points overall.
12 Medical doctors.

13 **DR. LOCKEY:** Didn't see it.

14 **DR. ZIEMER:** Okay. Now on the issue of Board
15 participation, the -- the Chair would like to
16 learn what Board members, if any, are
17 interested -- this is just an indication of
18 interest because obviously we cannot have 12
19 Board members on this.

20 **DR. WADE:** We could. There is no -- no, I
21 asked David Staudt particularly, and --

22 **DR. ZIEMER:** Well, I think if we have 12, we
23 have to have an open Board meeting, don't we?

24 **DR. WADE:** Well, that's --

25 **DR. ZIEMER:** I don't think we're going to have

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DR. WADE: Not if the -- Mark Griffon has told -- has left with me his proxy. He would like to be --

DR. ZIEMER: Oh --

DR. WADE: -- on the Evaluation Panel.

DR. ZIEMER: -- okay. I'd like Christine or -- you or Lew make up a list of those interested.

DR. WADE: So Mark's on the list.

DR. ZIEMER: Okay, Phillip Schofield is interested.

MR. SCHOFIELD: Yeah, I have no life, so...

DR. ZIEMER: Get a life.

DR. WADE: Bradley.

DR. ZIEMER: Bradley Clawson. Any others?

DR. WADE: The Chairman has indicated at one point.

DR. ZIEMER: I'd certainly be glad to do it. If we have enough, I'll -- I'm --

DR. WADE: Well, four is a nice number.

DR. BRANCHE: You would make four --

DR. ZIEMER: Jim would like Wanda to be on it, Wanda would like Jim to be on it.

Anyone else on the Board wish to be part of this evaluation -- what's the proper name of

1 the group, the --

2 **DR. WADE:** Technical Evaluation Panel.

3 **MR. STAUDT:** Technical --

4 **DR. ZIEMER:** -- Technical Evaluation --

5 **MR. STAUDT:** -- Evaluation Panel.

6 **DR. ZIEMER:** -- Panel.

7 **DR. WADE:** David, four is acceptable, is it
8 not?

9 **MR. STAUDT:** Yes, that's a very reasonable
10 number.

11 **DR. BRANCHE:** Then our four are Phillip
12 Schofield, Bradley Clawson, Mark Griffon and
13 Dr. Ziemer.

14 **DR. ZIEMER:** Thank you.

15 **DR. BRANCHE:** That's it.

16 **DR. ZIEMER:** Okay, Dr. Wade, do we have any
17 more --

18 **DR. WADE:** No --

19 **DR. ZIEMER:** -- business on this item?

20 **DR. WADE:** No, I don't believe so. David, do
21 you need --

22 **DR. ZIEMER:** David, any further --

23 **DR. WADE:** -- anything else at this point?

24 **MR. STAUDT:** No, I'm -- I'm good. Thank you
25 very much.

1 Okay, we do have someone from Senator Schumer's
2 office on the phone, as well.

3 **SEC PETITION STATUS UPDATES: BETHLEHEM STEEL COMPANY**

4 Our next item of business is an update on some
5 SE-- SEC petition items and issues. These are
6 more in the form of status reports. First on
7 the list is Bethlehem Steel. And in this
8 particular case we had particularly assigned
9 the issue of sur-- use of surrogate data to a
10 workgroup, and Dr. Melius will give us a quick
11 update on -- on that one.

12 **DR. MELIUS:** My peanut gallery here. I'm
13 getting it from both sides now, I -- I can see
14 how we did the seat assignments so -- thought
15 you were headed back -- no -- John.

16 The surrogate data working group has met -- we
17 -- SEC has -- SE-- SCA has re-- produced two
18 reports for us. The initial was an inventory
19 of sort of the use of surrogate data in various
20 procedures, site profiles, so forth. I believe
21 that one's been recently transmitted to the
22 entire Board.

23 Sec-- second one dealt with some of the
24 technical issues and review -- evaluation
25 issues involved with the use of surrogate data.

1 I believe that's still in clearance? I don't
2 know if that's been -- not -- not been cleared
3 yet, so that should be out shortly.

4 I am tasked, along with some help from John and
5 -- and Mark Griffon, to produce a report for
6 review by the workgroup, eventually by the
7 Board, that would be a -- I think some--
8 something similar to the type of report that we
9 did on the SEC evaluation report that --
10 talking about some of the criteria and -- that
11 we would use -- utilize in terms of evaluating
12 the use of -- of surrogate data, essentially a
13 set of guidelines for that -- and doing that.
14 And I -- I will confess that I was trying to
15 get that done a few weeks ago, just before the
16 holidays, and have been late with doing other
17 things and so hopefully will have that done by
18 the end of this month, circulated and -- either
19 for discussion at our February conference call
20 or -- or I guess it's early April we have a
21 Board meeting and we should be able to discuss
22 it there.

23 **DR. ZIEMER:** Right. Now that particular
24 report, although in -- in general is a -- or is
25 intended to be a somewhat generic report, but

1 so...

2 **MR. BROEHM:** Okay. So this is the letter from
3 Senator Charles Schumer from New York to the
4 Advisory Board.

5 (Reading) Thank you for the opportunity to
6 address the Board on the question of the use of
7 surrogate data in the site profile for the
8 Bethlehem Steel facility in Lackawanna, New
9 York. I appreciate the careful consideration
10 that the Board is giving this issue, both
11 through its creation of the working group and
12 through the continued discussions of the full
13 Board.

14 As I've done before, I would like to take this
15 opportunity again to urge the Board to
16 acknowledge the shortfalls in data for the
17 Bethlehem site and to grant the petition to add
18 it as a class to the Special Exposure Cohort.
19 I strongly believe that in constructing the
20 site profile for the Bethlehem facility the
21 National Institute for Occupational Safety and
22 Health was forced to rely too heavily on
23 surrogate data from Simonds Saw and Steel
24 Company in Lockport, New York.

25 Over the years former employees of Bethlehem

1 Steel have called into question the
2 similarities between their employer and
3 Simonds. If their concerns prove well-founded,
4 then the site profile for Bethlehem has not
5 been accurately reflecting the conditions to
6 which these men and women were exposed.
7 In any situation where the site profile cannot
8 predict the causation of disease, and when it
9 cannot be used in such a way as to consistently
10 decide ambiguous cases in the claimant's favor,
11 the profile must be considered ineffective and
12 should be replaced with a class of the SEC. My
13 concern for the use of surrogate data in the
14 profile for Bethlehem Steel is larger than my
15 fear that the profile is not appropriately
16 determining causation. In addition to that
17 concern, I feel that the former employees of
18 Bethlehem Steel are being subjected to a
19 difficulty with this profile that workers at
20 other facilities are not.
21 The Bethlehem Steel site profile was
22 constructed very early in NIOSH's experience
23 with the dose reconstruction, and the Institute
24 could not have been reasonably expected to know
25 what normal parameters for surrogate data would

1 be in the hundreds of facilities it has since
2 analyzed across the country. With the
3 knowledge that comes with hindsight, it is now
4 obvious that the degree to which the Bethlehem
5 profile relies on surrogate data is an
6 aberration from the standard site profile.
7 With this acknowledgement I think it is only
8 appropriate for the Board to recognize that
9 Bethlehem Steel warrants the designation of a
10 class in the SEC.

11 As you are all very well aware, the men and
12 women whose claims are here at stake are the
13 veterans of our nation's long Cold War. Their
14 service and sacrifices have kept us safe, and
15 it is our obligation as a country to repay
16 their service in the small way afforded by the
17 Energy Employees Occupational Illness
18 Compensation Program. These Cold War heroes
19 are aging and ill, and every day that we delay
20 granting their petition is another day that
21 their country refuses to honor their sacrifice.
22 I urge you to grant this SEC petition as
23 expeditiously as possible. Thank you very much
24 for your time and for your consideration of
25 these brave men and women's application. I

1 wish you the best of luck in your
2 deliberations, and I hope for a prompt and
3 positive decision.

4 **DR. ZIEMER:** Okay. Thank you very much, and
5 let me ask if any of the Senator's staff
6 members have additional comments that they wish
7 to make at this time.

8 **MR. WALKER:** Dr. Ziemer, this is Eddie Walker
9 calling.

10 **DR. ZIEMER:** Yes, Ed?

11 **MR. WALKER:** And I'd -- I've got a comment that
12 I'd like to make that -- after listening to
13 what has been going on here. On that Bethlehem
14 site prile -- profile, I think it should be
15 brought to light that when I started out, which
16 is six years ago, it was my understanding that
17 a site profile was to be performed, but into a
18 technical base document, and from that you'd
19 use dose reconstruction. And one of the very
20 important issues and one of the main issues was
21 talking to site experts on the job. And I
22 wanted to bring it to light that that was never
23 done at Bethlehem Steel. It's documented at
24 one of our meetings that one of the people from
25 NIOSH said they have talked to nobody, and this

1 is 18 months after we were being denied on a
2 technical base document that had false
3 information in it. I think that's very
4 important. With all the issues that I brought
5 up in the past and most of them been kind of
6 discredited, there's a lot of issues that never
7 really were answered properly.

8 One of them -- I just wrote NIOSH a letter and
9 I just got a response a couple of weeks ago,
10 December 19th, is about the types of uranium
11 rolled. It seems to me if a site profile would
12 have been performed properly we would have
13 known what we were handling. The letter I got
14 from NIOSH says that the uranium -- the
15 recycled uranium was scrap, and that's not what
16 the report says that I got this from, and I
17 submitted that report to NIOSH.

18 Since then I've got another report that also
19 states in 1949 they were anticipating rolling
20 recycled uranium. The report that I got back
21 from NIOSH on the 19th says that we didn't
22 start rolling possibly, but they -- it did
23 admit that we possibly rolled recycled uranium
24 and the type -- types of substances and
25 isotopes are in it is clearly explained in the

1 document that I found from the AEC printed out.
2 And I would -- I would really like to know, or
3 have somebody contact me -- don't have to do it
4 immediately, but -- does SC&A know about all
5 these issues that I have had.

6 I also uncovered where I can prove that for 30
7 years that plant was never touched, never
8 cleaned up. And Simonds Saw they attempted to
9 clean up and Simonds Saw is still off-limits.
10 They can't sell the property because of the --
11 of uranium deposits -- radiation found on it.
12 Bethlehem Steel was never cleaned up -- to this
13 day has never been cleaned up. Granted,
14 Simonds Saw had produced more billets than we
15 did, had -- had done more work. But still and
16 all you're talking working with recycled
17 uranium and -- and I would hope that somebody
18 from NIOSH or somebody would look into this --
19 or from the SC&A -- to see just what went on
20 with my information that I just discovered.
21 That's all I have to say for now, so thank you
22 very much for giving me a chance to comment on
23 it, you and the Board.

24 **DR. ZIEMER:** Okay. Thank you, Ed. Again let
25 me ask if any of the staffers from Senator

1 Schumer's office have comments as well.

2 (No responses)

3 Wonder if they're -- are they on the line?

4 (No responses)

5 **SEC PETITION STATUS UPDATES: BLOCKSON**

6 Okay. Then let us move to Blockson. And Wanda
7 Munn, you have a report for us?

8 **MS. MUNN:** Yes, I do. I have put together a
9 very simplistic four slides, none of which are
10 startling in any way or contain any information
11 that you don't already have.

12 The first of the slides that I wanted to show,
13 on the off chance there's someone here other
14 than staff and us, is -- oh, go ahead -- is the
15 working group members. The first four members
16 were the initial members of the group.

17 Bradley's been with us for several months now
18 and is I think as up to speed as much as any of
19 the rest of us.

20 There were two petitions I believe, merged into
21 one, that were qualified in 2006. The
22 Technical Basis Document that would serve as
23 our site profile was produced and -- and --
24 very shortly thereafter and then withdrawn
25 because there was additional information and

1 some confusion about the process that had been
2 undertaken. It was reissued in early -- in
3 late 2006 and in January of 2007 our technical
4 contractor responded to our request for a
5 review and provided six technical items that
6 were at issue to be questioned.

7 The workgroup began its efforts at that time,
8 and we have had two specific workgroup meetings
9 -- I mean worker -- worker outreach meetings
10 near the Blockson site to have an opportunity
11 to talk to the people who actually worked at
12 the site and had a great deal of knowledge with
13 respect to it. Out of the half-dozen items
14 that were identified as -- as technical issues,
15 we fairly rapidly closed four of them with
16 pretty much a technical team interaction
17 between the NIOSH technical folks and the
18 Sanford Cohen & Associate people.

19 The workgroup itself has met either face-to-
20 face or telephonically I believe seven times.
21 The two most persistent issues that took the
22 longest deliberation were issues revolving
23 around what actually happened to the thorium in
24 this process, and there was concern about the
25 lack of written data with respect to how the

1 process was performed. So as a part of the
2 technical team review we sought expert advice
3 from chemists who were familiar with this
4 process to reassure ourselves that it was in
5 fact the wet process and that the information
6 that was being given to us by the workers
7 themselves was really quite accurate and quite
8 helpful. We were able to establish that the
9 areas were known where the process took place,
10 that time period was quite discrete, and that
11 there was security available during the period
12 of time that this occurred.

13 At the final steps of our deliberations we had
14 asked that white papers be presented from
15 NIOSH's review of the documentation and then
16 ultimately a final report from the technical
17 contractor with respect to the outstanding --
18 the -- the final outstanding issues that we
19 had. Our contractor issued a final report at
20 our request, which was published -- forwarded
21 to us and cleared in December of 2007, leaving
22 no unresolved issues for the permanent record.

23 It was assumed at that time that we would be
24 recommending that we look at what NIOSH's
25 recommendation had been, and that we accept

1 that. It's my understanding that Dr. Melius is
2 -- still has some reservations with respect to
3 the robust nature of the data, so I am unable
4 at this time to make that statement across the
5 board. But I would nevertheless request that
6 our technical -- that our NIOSH folks give us
7 the benefit of a quick review of what their
8 recommendation was prior to the time that we
9 began this.

10 Jim, can you do that for us -- Jim Neton?

11 **DR. NETON:** I'll -- I'll be brief. Just a few
12 introductory remarks before I get to our
13 recommendation. To our knowledge, we are in
14 complete agreement with SC&A on all issues
15 related to the Blockson Chemical evaluation
16 report, and the only outcome that resulted in a
17 change to our site profile was that we modified
18 the site profile to allow for the existence of
19 solubility class M and S in -- for thorium in
20 Building 55.

21 We have modified the site profile that was
22 reissued in late November, and that's been made
23 available to the Advisory Board, as well as the
24 petitioners. In addition to that, we made sure
25 that the petitioners had a copy of SC&A's final

1 report that was issued also at the end of
2 November.

3 Just to refresh your memory, I -- we -- NIOSH
4 presented the revised evaluation report for
5 Blockson Chemical at the Board meeting that was
6 held in Richland, Washington last July, and
7 this is the summary slide that we presented at
8 that time, which is the feasibility of dose
9 reconstruction. And our opinion at that time
10 was, and still is, that the monitoring records,
11 process descriptions and source term data
12 available are sufficient to estimate radiation
13 doses with sufficient accuracy for the class of
14 -- proposed class of employees. And this is
15 our summary slide that -- that indicates which
16 types of dose reconstructions are feasible. In
17 this case we believe that we can do internal
18 exposure for uranium and associated progeny, as
19 well as radon and thorium and progeny, and we
20 can do dose reconstructions for external
21 exposure to beta-gamma and occupational medical
22 X-rays. That was our position at the July
23 meeting and -- and we still hold that position.
24 **MS. MUNN:** Thank you very much, Jim. I
25 appreciate that.

1 **MS. PINCHETTI:** Okay. Well, I submitted
2 Petition 58 on behalf of [name redacted], and
3 his coworkers in Building 55. He worked at
4 Blockson for 44 years and was in Building 55
5 working predominantly double shifts the entire
6 -- you know, over a ten-year uranium contract
7 period. He was then hospitalized for three
8 consecutive weeks during this time, in April of
9 '61, and it took me four years to find his
10 medical records. And in the records the ICD-7
11 codes didn't even match the written diagnoses
12 and, because [name redacted] was sworn to
13 secrecy about the Blockson project, he didn't
14 even tell the physician what material he was
15 working on. So while he was in the VA hospital
16 he was given atropine, which is a medication
17 used to treat exposure to nerve agents, and
18 compazine, which is a cancer treatment drug.
19 In researching all the requirements for all
20 these petitions and applications over the past
21 eight years, I recall a reference to rural
22 physicians typically not being as familiar with
23 toxic occupational exposures and how to treat
24 them, so [name redacted] was never diagnosed
25 with cancer or any of the selected illnesses

1 which qualify for compensation. And as a
2 result of the work that NIOSH is doing, there
3 appears to be no question that Blockson
4 employees were exposed to radiation. It's also
5 been verified that [name redacted] was in
6 Building 55. I think they cite his urinalysis
7 sample on page 29 of the September '06 SEC
8 petition evaluation as one of the samples that
9 had his name on it. These urine samples appear
10 to be the only attempt at monitoring the
11 radiation. There were no dosimetry badges or
12 external monitoring done, you know, during that
13 time. Soil samples and readings on equipment
14 30 to 40 years later may not be valid
15 indicators of the amount of exposure, either,
16 due to the regular environmental factors such
17 as the humidity, tornadoes and the below-zero
18 wind chills that, you know, have gone on since
19 then.

20 In the technical data report there's a lot of
21 references to estimations, probabilities,
22 assumptions. Throughout the years the EEOIC
23 bill appears to have morphed into something
24 that Hillary Clinton referred to in her written
25 comments submitted at one of the previous NIOSH

1 Bethlehem Steel meetings that it morphed into
2 something that it wasn't meant to be.
3 There's now a list of excluded, non-compensated
4 illnesses which greatly exceeds the list of the
5 illnesses that are covered. Radiation
6 poisoning is going to affect different
7 individuals differently. If someone's already
8 genetically predisposed to develop cancer,
9 uranium exposure is only going to accelerate
10 that development. If [name redacted] wasn't
11 treated when he was and as aggressively as he -
12 - as he was, his illness would have mostly
13 developed into a cancer. Instead he suffers
14 from several related illnesses with a
15 diminished quality of life. So it's not a
16 matter if he was exposed, became sickened or
17 was sick enough, but he didn't have the right
18 sickness.

19 So I want to avoid this sounding like an appeal
20 to his denials, but rather this is a request to
21 review how it has come to be that some
22 employees qualify and some don't. This isn't a
23 monetary issue since receiving the compensation
24 is not going to bring back one's health nor
25 one's spouse or parent. I believe the original

1 intent of President Clinton's EEOIC law was to
2 acknowledge that measures were not taken to
3 protect the employees, and that their health
4 was put at risk for the benefit of the country.
5 At the signing of the law I don't believe there
6 was a list of excluded, non-covered illnesses,
7 nor was there such an extensive list.
8 Also I'd like to comment about Dr.
9 Worthington's reference to all the lists and
10 references that they go back to. On the
11 Department of Labor web site there is a list of
12 all the medical conditions with no readily
13 known associations to occupational chemical
14 exposures, and it lists the ICD-9 code. Back
15 in the '60s it was an ICD-7 code. And so the
16 codes and the written descriptions aren't going
17 to match if they're reviewing, you know,
18 medical records from back then -- from
19 diagnoses from back then.
20 Soon-to-be-President Obama, when he spoke at
21 one of the Board meetings, he recommended that
22 the delay in distributing the compensations
23 end, one of the delays being trying to
24 reconstruct all the dosages. I would hope this
25 doesn't go down in history as another

1 embarrassment of how the government treats its
2 people. The past eight years for me has felt a
3 little torturous, but -- and I haven't even
4 been one that was personally exposed to the
5 radiation.

6 I don't think anyone can sit in an office
7 workgroup and expect to conceptualize exactly
8 the work conditions and health care
9 availability that was present 50 years ago, nor
10 the degree to which the resulting illnesses are
11 negatively affecting people and their families
12 mentally, emotionally and financially.

13 Although I don't feel accurate dose
14 reconstruction can occur, despite the extensive
15 efforts on the parts of NIOSH, the Department
16 of Energy and Labor, but if the Board does
17 decide not to accept Blockson as a Special
18 Exception (sic) Cohort I would ask that they
19 re-evaluate each individual case, with the
20 understanding that if employment is verified
21 and if they've decided that exposure and dose
22 reconstruction can be determined, then keep in
23 mind that all bodies are not going to process
24 similar environmental toxins in the same
25 manner, nor can we expect that all doctors in

1 the 1950s and '60s to have been equally well
2 versed in identifying the signs and symptoms of
3 the covered occupational illnesses. This would
4 not be a decision where decisions are based on
5 -- like Greg with Department of Energy stated
6 earlier -- one size fits all.

7 In sum, I'd like to thank you for all the work
8 you've done -- NIOSH and the workgroup -- and
9 for the opportunity to speak today.

10 **DR. ZIEMER:** Okay. Thank you, Kathleen. Let me
11 ask also if either Dennis Kellogg or Rosemary
12 Malone are on the line. They are also
13 petitioners from Blockson.

14 (No responses)

15 Okay. Apparently not. I -- I note that there
16 perhaps is not unanimity on the workgroup in
17 terms of the path forward, but it was mentioned
18 that Dr. Melius -- that you had some concerns.
19 Did you want to share those as well?

20 **DR. MELIUS:** Believe there are at least two
21 outstanding issues related to Blockson. The
22 one issue is the one I brought forward, relates
23 to the -- I think it's a report that SC&A
24 issued following our last workgroup meeting, I
25 think it was issued the end of November. Is

1 that correct, John, something like that. And
2 that -- that issue is -- some documentation
3 related to an issue I raised which was
4 basically about the robustness of the available
5 sampling data for the -- the Blockson work
6 force. I continue to have some questions about
7 it. They're not addressed in compl--
8 adequately addressed in the SC&A report and I
9 think they may very well be addressed, but --
10 but that's going to take a direct review of --
11 of the data, which I guess I will end up doing.
12 The second issue relates to the methods used
13 for estimating radon exposures at Blockson.
14 That was an issue that was actually raised by
15 Mark Griffon and is, again, I don't think
16 completely addressed in the report. I've asked
17 Mark to also look at that issue again and see
18 if he is satisfied. Fortunately (sic) he's not
19 here and so I don't know -- can't -- can't
20 speak for him in terms of -- of where he has in
21 terms of looking at that -- that report.

22 **DR. ZIEMER:** Okay.

23 **DR. MELIUS:** So I guess in summary I'm not
24 ready -- personally ready to decide one way or
25 the other on -- on Blockson at -- at this

1 particular meeting.

2 **DR. ZIEMER:** Board members, do any of you have
3 questions or comments --

4 **DR. ROESSLER:** Paul, this --

5 **DR. ZIEMER:** -- relative to --

6 **DR. ROESSLER:** -- is Gen. I have a comment.

7 **DR. ZIEMER:** Yeah, Gen, go ahead.

8 **DR. ROESSLER:** I'm on the workgroup, and I
9 assume that the transcript is not out yet on
10 our last meeting, but it was my understanding
11 that at that meeting all issues were cleared.
12 I thought Dr. Melius agreed that everything was
13 in order, so I'm somewhat surprised at this
14 point that the issues have resurfaced. And I
15 just wanted to get that on the record.

16 **DR. ZIEMER:** Okay. Thank you. Did you want to
17 respond to that, Jim. You had your flag up
18 there again.

19 **DR. MELIUS:** Yeah, I certainly do want to
20 respond. I don't particularly being -- called
21 to be un-- appreciate being called untruthful.
22 I would only indicate that in the last meeting
23 that I clearly indicated that John Mauro and
24 SC&A had not satisfactorily addressed a
25 question I had actually raised at -- think the

1 initial -- one of our initial calls or meetings
2 about -- workgroup meetings about this, and
3 that would -- had to do with the integrity and
4 robustness of the monitoring data. John
5 acknowledged he had not addressed that yet and
6 I asked for that to be addressed in writing,
7 which it was done in the November -- I believe
8 the report that they issued in the end of
9 November.

10 **DR. ROESSLER:** Okay, Jim, I want to go on
11 record, too. I don't think I called you
12 untruthful. It was just my recollection that
13 you had agreed to all the issues and said they
14 were resolved, but perhaps I'm not remembering
15 correctly.

16 **DR. ZIEMER:** Board members, are there any other
17 questions that any of you have for Wanda or for
18 Jim at this point?

19 **MS. MUNN:** Dr. Ziemer --

20 **DR. ZIEMER:** Yes, Wanda.

21 **MS. MUNN:** -- I'd like to comment that, as I
22 see the issue now, the workgroup has fulfilled
23 its charter. We have done what we were asked
24 to do, and the contractor has done what they
25 have been asked to do. They have accepted the

1 resolution of the issues that were raised as
2 presented to them by the agency. Until Dr.
3 Melius and supposedly his colleagues take a
4 look at whatever information is available, I
5 have no feel for how the workgroup can go
6 further on this. My personal instinct would be
7 to recommend that we accept the NIOSH position,
8 and I'm prepared to make a motion to that
9 effect if the Board wishes to hear it and
10 wishes to vote on it at this time. If they do
11 not, then I would request that we have some
12 concept of when we might have a response from
13 Dr. Melius and from Mr. Griffon.

14 **DR. ZIEMER:** Let me point out and remind the
15 Board that in a previous vote on Blockson there
16 was what I'll describe as a stalemate. I think
17 we were actually split 50/50 on this particular
18 petition. That being the case, perhaps it
19 would not be inappropriate to allow the review
20 of the data -- I'm sorry, am I wrong there?

21 **DR. NETON:** Point of clarification, that was
22 Chapman Valve, I believe.

23 **DR. ZIEMER:** Oh, okay, not -- not Blockson, I'm
24 sorry, yeah. I'm thinking of the wrong one.
25 So -- so that did not occur.

1 **MS. MUNN:** No.

2 **DR. ZIEMER:** Okay. Thank you for -- for
3 correcting that. What I was -- what I was
4 trying -- trying to determine in my mind was
5 whether it would be useful to vote at this time
6 when all the members of the working group have
7 -- have not indicated that they feel that the
8 issues have been fully closed, and perhaps to
9 allow at least Dr. Melius a chance to look at
10 that data. But certainly a motion can be made
11 and can be acted on. Jim.

12 **DR. LOCKEY:** Jim -- Dr. Mel-- I -- I just need
13 some clarification. Does SC&A -- on the two
14 points you raised, did they address those two
15 points to your -- are they -- did SC&A say that
16 the data is robust and that the radium -- the
17 radium issue has been addressed or not? I --
18 it's -- I'm not on this workgroup --

19 **DR. MELIUS:** Yeah, what -- what --

20 **DR. LOCKEY:** -- so I don't have a clear --

21 **DR. MELIUS:** Yeah.

22 **DR. LOCKEY:** -- it's not clear to me here.

23 **DR. MELIUS:** Well, the radon issue was really
24 one raised by Mark, and I -- you know, I can't
25 speak completely to whether they addressed all

1 his concerns. He had actually sent an e-mail
2 to the working group some -- some time ago
3 about that particular issue and I haven't -- I
4 didn't have a chance to talk with him while he
5 ws here. And as you know, he's been distracted
6 -- some other issues -- personal issues to --
7 to deal with recently.

8 My particular issue relates to the monitoring
9 data that's available for the -- the Blockson
10 workers. The SC&A report, which they just came
11 out with recently, all it really did in regards
12 to that issue was they did provide a report
13 regarding the methods that were used for the
14 monitoring at the laboratory. They did it,
15 however they didn't address some of the
16 statistical issues related to the monitoring of
17 those employees. I believe it's something like
18 120 samples over about a five-year period. It
19 may or may not be adequate, but all they did
20 was quote some partial data from NIOSH's
21 report, did not provide, you know, a complete
22 independent assessment. It may be fine, it may
23 not. I just wanted to have the opportunity to
24 look at it myself and decide that. I was
25 hoping that SC&A would provide more detail on

1 that. They didn't. I think the easiest way to
2 resolve it is to just go and look at it, and
3 which I will do.

4 **DR. ZIEMER:** Okay, we have a comment from
5 Josie, then I think Dr. Wade has a comment as
6 well.

7 **MS. BEACH:** I would also like a chance to
8 review some of the work from the workgroup.
9 When there's a issue between the working group,
10 I think it's important for us to have the
11 information to make the decision as well in
12 front of us.

13 **DR. ZIEMER:** Thank you. Lew Wade.

14 **DR. WADE:** Well, Josie stole my thunder.
15 That's what I was going to say. I do think
16 it's appropriate, given the fact that there's
17 an opened issue here, that first Dr. Melius and
18 Mark be given an opportunity to look at the
19 materials they've -- they've requested. And if
20 they would like, make comment either to the
21 working group or back to the Board.

22 In anticipation of a discussion, I think it's
23 only fair that the -- the Board be given the
24 full record of these documents, transcripts of
25 the workgroup meetings, have all that

1 information at their hand before we discuss
2 this on the record, possibly leading to a vote.
3 I think -- again, these are difficult issues.
4 I think we best serve those who -- who we're
5 here to serve by seeing that there is full
6 disclosure and information available to the
7 Board before it makes a judgment as important
8 as this.

9 **DR. ZIEMER:** In that connection, the Chair
10 would also like to make sure that we indicate
11 on the agenda items where there will be a vote
12 versus simply an update. I -- I think,
13 although the petitioners were on the line today
14 and we appreciate that, we want to make sure
15 that in cases where we are ready to vote that
16 we have prior assurance that the petitioners
17 are -- will be available, number one; and
18 number two, that the Board has access to any
19 information where there are perhaps questions
20 that have some resolution issues that need to
21 be addressed. Difficult for the Board to
22 adjudicate, as it were, if there are
23 differences in the -- in the workgroup's
24 report.

25 Further comment?

1 **MS. BEACH:** Can you say before the meeting that
2 we have that information?

3 **DR. ZIEMER:** Well, that was what I was
4 implying.

5 **MS. BEACH:** Thank you.

6 **MS. PINCHETTI:** This is Kathy Pinchetti again.

7 **DR. ZIEMER:** Kathy?

8 **MS. PINCHETTI:** Can I also just clarify that
9 those 120 samples, those were of -- I think
10 they said 22 to 25 of the workers. I don't
11 know how many employees there were throughout
12 the entire plant, but it was my understanding
13 that it's not just Building 55 workers now.
14 There's Building 40 and I think it was expanded
15 to include employees in other parts of the
16 plant.

17 **DR. ZIEMER:** Okay, thank you.

18 **MS. PINCHETTI:** But the 120 samples were only
19 out of Building 55 and the 25 or so workers in
20 there.

21 **DR. ZIEMER:** Okay. Thank you very much. Sure,
22 Wanda.

23 **MS. MUNN:** There was some concern over where
24 the thorium might have gone. It was very clear
25 where the uranium went. This was a wet

1 extraction process. A small amount of uranium
2 was extracted from phosphate processes. There
3 was concern at one time that if the thorium did
4 not follow the uranium, that it might have gone
5 in off-streams to other buildings. And at that
6 time other buildings were considered. It was
7 concluded that the thorium did in fact follow
8 the uranium. That was the expert opinion of
9 the chemists who are familiar with this
10 process, which alleviated much of the concern
11 with respect to potential thorium extraction.
12 Those samples were analyzed at HASL and were --
13 with a high degree of confidence were
14 recognized as being appropriate and adequate to
15 cover the issues at hand.

16 If we are going to extend our overview of this,
17 and the Board -- all of the Board members want
18 to review all of this documentation, it seems
19 only fair to me that we establish a time when
20 we will in fact do this. And if all the Board
21 members want to read these documents, I urge
22 them please do read them all. And if we can
23 identify when we will be able to say we've read
24 this and we will or will not accept it, it
25 would be only fair to the claimants for us to

1 establish some time-certain for them.

2 **DR. ZIEMER:** Very good. Thank you. And Brad
3 Clawson.

4 **MR. CLAWSON:** I was -- I was just going to make
5 a suggestion that be-- before we make votes or
6 anything else on this that -- that the Board
7 does have an opportunity -- as I threw out
8 earlier, just a suggestion. As we make a
9 matrix and so forth through that, maybe we
10 might be allowed the time and the petitioners
11 to be able to understand we are going to make a
12 vote on it, but be able to go through with the
13 Board, through the matrix, of what the issues
14 were and how they were taken care of and so
15 forth. I know this'd take -- on a lot of them
16 -- on the matrix and so forth like that -- 20
17 or 30 minutes to be able to go through them and
18 explain where we went through it and so forth
19 like that and give the Board the opportunity,
20 the ones that are not on the working group, to
21 be able to understand a little bit more of the
22 process that we have gone through to be able to
23 resolve these issues.

24 **DR. ZIEMER:** And Brad, I think you're speaking
25 even generically, not just about this

1 particular issue --

2 **MR. CLAWSON:** Not --

3 **DR. ZIEMER:** -- because I think you've
4 expressed something similar, for example,
5 Nevada Test Site --

6 **MR. CLAWSON:** Correct.

7 **DR. ZIEMER:** -- where in the final report,
8 those of us who are not privy to the various
9 items in the list, may need to have some
10 identification of what those issues were and
11 how they were resolved.

12 **MR. CLAWSON:** Yes, I -- I'm just -- I'm just
13 speaking generically, not for any one site or
14 anything else like that, but what I'm trying to
15 do is try to alleviate the issue of the
16 workgroup just coming and giving us a small
17 overview of it, be able to help us understand
18 the process that we went through for it and --
19 and what the correct evaluation was. I think
20 it'd make everybody on the Board feel a lot
21 more confident with -- with what we're making a
22 vote on and -- and how we're doing it.

23 **DR. ZIEMER:** And -- and that can certainly be
24 done and I -- I would be hopeful if -- in
25 taking Lew Wade's suggestion, if in -- it

1 appears, Jim, that if we go forward with --
2 with actually deferring action until you have a
3 chance to review the data, that you would input
4 that -- your assessment. I -- I think you need
5 to input -- put that to the workgroup and then
6 they can incorporate that if -- if the
7 workgroup agrees or defers. And -- and I --
8 let me point out that it's always useful if a
9 workgroup all concur on something. But if they
10 don't, that's fine, too, and there can be, you
11 know, different views on a workgroup. That's
12 all right. But to bring the issues forward so
13 that the full Board can understand them and
14 then we can make a final judgment, and I think
15 that's what Josie's asking for as well, so...
16 **DR. MELIUS:** Can I make both a specific --
17 **DR. ZIEMER:** Sure.
18 **DR. MELIUS:** -- comment, then a generic one?
19 The specific comment is -- is that that would
20 be the intent, and then if there's an issue
21 that needs to be discussed by the workgroup,
22 then we would have another workgroup meeting.
23 I would -- I would just add that the issues
24 that I'm raising are issues that are covered --
25 are the types of issues that are -- we

1 considered important when we did the SEC, you
2 know, rev-- evaluation review report that --
3 you know, matrix that we sort of set up in
4 terms of how we did it and, for whatever
5 reason, it -- that's -- those have not been
6 completely covered in this particular
7 situation, yet they may be, you know, shortly;
8 they may not be, I don't know -- do that. So I
9 would agree with that.

10 Secondly, I think, again, echoing what -- what
11 Brad said, I think this calls for -- you know,
12 we need to have a specific sort of closeout
13 procedure for dealing with these situations.
14 They go on for a period of time. There's some
15 people that are familiar with them. Some
16 people -- with the -- what's happening at site
17 -- others -- others are not. We need a
18 procedure that assures that we have some sort
19 of a presentation or report that the rest of
20 the Board can refer to, that that information
21 is also shared with the petitioners and they
22 have the opportunity to not only review what
23 materials have been -- you know, should be
24 available to them -- so forth, as well as the
25 conclusions of the -- the workgroup and that

1 they have the opportunity to comment on that
2 be-- before we -- we close out and -- and that
3 information gets them. I'm not sure what the
4 status is of SC-- C&A's latest report, if
5 that's been closed out and provided to them. I
6 --

7 **UNIDENTIFIED:** (Off microphone)
8 (Unintelligible)

9 **DR. MELIUS:** It has? Okay.

10 **DR. ZIEMER:** Well, I -- I would suggest that we
11 anticipate a vote on this at our next face-to-
12 face meeting in April, that -- at least work
13 toward that as the -- as the goal, and I'll ask
14 Wade and Christine to -- Dr. Wade and Dr.
15 Branche to put that on the agenda. If for some
16 reason, after the review, if the workgroup
17 reaches a point where they believe that
18 additional time is needed, they would -- could
19 let us know in advance. But otherwise, if --
20 if we could have such a report at the next
21 meeting, indicating what the issues are and how
22 they are resolved. And if there are
23 differences, those can be voiced as well. Is
24 that agreeable with everyone?

25 **MR. CLAWSON:** Yes.

1 **DR. ZIEMER:** So we will put that on the agenda
2 for the next meeting, hopefully for action.
3 And make sure the petitioners are kept in the
4 loop as well.

5 **NTS BADGES**

6 We are almost out of time. In fact I had added
7 one other thing. Dr. Lockey had a suggestion
8 for some issues relative to -- particularly for
9 the NTS site, but I think we can do that during
10 our working time tomorrow, unless you --
11 because we need to have a break here be-- for
12 dinner before the public comment period. How
13 long did you need, Jim?

14 **DR. LOCKEY:** Oh, I -- I think -- you know, I've
15 talked to SC&A, I've talked to NIOSH, I think -
16 - don't think it will take that long.

17 **DR. ZIEMER:** Okay. Jim has a proposal relative
18 to the NTS SEC petition, and this would -- this
19 would fall into the workgroup, Mr. Presley, and
20 I think Jim has talked to you about this as
21 well. But Jim, tell us your proposal here.

22 **DR. LOCKEY:** I also spoke to Mark about it. In
23 -- in some of the work that I do personally in
24 our -- in our research endeavors, we have to go
25 back and reconstruct historical exposures, and

1 there's different methodologies of doing that.
2 But in relationship to the -- to the Nevada
3 Test Site, there is a lot of data available,
4 and the data exists in relationship to badge
5 measurements, exists in relationship to PIC,
6 exists in relationship to area measurements.
7 And looking at the issues that were raised by
8 the Senator in regard to badges not being worn,
9 et cetera, I think it's reasonable to ask
10 NIOSH, and perhaps our (unintelligible) group,
11 to do this on a parallel basis, to go back and
12 gather that data, gather the badge data, the
13 PIC data, the area samples both -- and
14 individuals that have asked for dose
15 reconstructions as well as in those individuals
16 that have not asked for dose reconstructions,
17 and to see how that data is correlated over
18 time. If -- if -- if it's -- if it's vigorous
19 data, if it's good data, it should have some
20 kind of correlation. But it has to be done on
21 a time -- stratified on time and it has to be
22 done stratified on job tasks and on location at
23 the Nevada Test Site. If that data is rigorous
24 data and it's fairly correlated, then it's some
25 indication that we're getting good data. If

1 it's not, then there's a problem existing.
2 The second thing that can be done is that that
3 data then can be correlated with what Brad was
4 talking about, with the extensive data that
5 apparently is exis-- is available at the
6 Department of Energy. They can take a random
7 sample of that data and reconstruct it and --
8 and see how it correlates with the exposure
9 data that's been gathered and see if there's
10 some type of correlation.
11 And then the third thing that can be done, from
12 a statistical perspective, we can look at the
13 badge data that's been maxed out, see how many
14 actual badge samples have been maxed out and
15 see how that is distributed, again over time
16 and place and job tasks at the Nevada Test
17 Site, and see if that distribution is
18 reasonable or unreasonable. This is something
19 that is -- is -- I think NIOSH is -- is
20 certainly capable of doing it 'cause they do it
21 in other type of occupational settings, and I
22 think -- speaking with SC&A, I think they're
23 also very capable of doing it. I think it will
24 help us resolve the issue as to lost badges or
25 misplaced badges or badges where workers were

1 instructed perhaps by the supervisors not to
2 wear...

3 **DR. ZIEMER:** Okay, I -- Board members, you've -
4 - you've heard the -- sort of the concept here
5 that Jim has in mind, which is a sort of a
6 statistical way of addressing whether or not
7 the issue of the badges set aside is extreme or
8 minimal. It doesn't fully answer the question,
9 but in any event, it's not clear to the Chair
10 how big this task is, both in terms of what
11 NIOSH would do -- and we do not task NIOSH, but
12 we can request things -- nor the extent of the
13 task for our contractor. I don't have a feel
14 for what we're talking about in terms of data
15 recovery and analysis, particularly if it goes
16 beyond the -- the actual cases that are under
17 review and goes to the whole -- the whole body
18 of -- of the data. So does -- does anyone have
19 some feel for this and is this something that
20 can be reasonably done? I think we'd like to
21 hear from -- maybe from NIOSH, from SC&A. I --
22 I think before we task anybody, we need some
23 feel for its do-ability and their -- and what
24 it involves.

25 **DR. MAURO:** To a certain extent this process

1 has begun, because our previous workgroup
2 meetings -- our concern had -- that came
3 directly off the SEC petition where there were
4 several affidavits that indicated that this
5 practice was widespread. One of the
6 suggestions made during the working group
7 meeting, well, we -- I think we have a handle
8 on the problem, and we discussed this during
9 our working group meeting, and that is if -- if
10 we can go in and -- and sample workers over the
11 -- a particular time periods that are of
12 interest, and that was -- you know, this was in
13 the 1960s, and -- and pull their PIC data --
14 this is the Pocket Ionization Chamber data --
15 and let's say we have a number of these. We
16 talked about this during the workgroup meeting.
17 I believe you were there. And then we said
18 okay, now we've got a set. And then -- and
19 then we say okay, now let's take a look at the
20 -- the film badge readings, and the expectation
21 being listen, if we have ten, 15, 20 randomly-
22 selected or -- or -- PIC data that have
23 positive readings, you know, above background,
24 and then we go ahead and take a look at the
25 film badge readings for those same time

1 periods, you -- the expectation would be -- in
2 general, when you get a high PIC you should be
3 getting -- that month, let's say that cycle --
4 you should probably be getting some positive
5 high reading. You know, if you start to get a
6 lot of high PICs and you get all zeroes,
7 something isn't right. So this was a
8 suggestion that was made at the workgroup
9 meeting. That work was done by Mel Chew &
10 Associates and reported on at the last
11 workgroup meeting, and it turns out they --
12 they went ahead and -- and did just that for 25
13 ran-- samples. Now -- where -- and it turns
14 out the place they got their samples was from
15 workers who went into tunnels. As it turns
16 out, the workers that went into the tunnels --
17 it was the right place to look because that's
18 where you got positive readings. That is,
19 readings that actually showed up as a positive
20 reading on the PIC.

21 And now we did not review the data because the
22 data was presented to all of the working group
23 during this meeting that we held, and at 25 out
24 of 25 was reported by Mel Chew & Associates as
25 having positive correlation. That is, we got a

1 -- we got a high PIC, we got a high film badge.
2 And -- and there was a lot more to -- it was
3 ver-- it was much richer than that, as you had
4 mentioned. It was -- extremely rich dataset.
5 Now the reason I'm saying all this is that I
6 believe the stage has been set, at least in the
7 case of that time period -- for those group of
8 workers at that time period that went into
9 tunnels. Now what we -- and effectively what
10 I'm hearing is that well, good, I think that we
11 -- we've gone a long way toward let's say
12 exploring whether or not there's robustness or
13 -- or consistency between PIC and film badge
14 data. And what I'm hearing is that -- I don't
15 know the level of effort that was involved when
16 Mel Chew & Associates did that, but they did do
17 it. Now in theory, that type of analysis --
18 which I would believe -- in my opinion, did a
19 very nice job on addressing the issue as it
20 applies to tunnel workers at that time period.
21 The question becomes well, there are other
22 categories of workers. We know we've been
23 hearing a lot about, for example, welders
24 whereby it was a practice -- now maybe not
25 because of high exposures, but because of

1 concern that they might damage the films. I
2 mean there was -- these are -- this -- this is
3 the material we're getting and -- and the --
4 during the meeting the -- the other evening, we
5 know that a lot of folks felt that that was a
6 widespread practice. Well, what I'm -- what
7 I'm hearing is that there's a strategy to get
8 at this problem, and that is by coming up with
9 some kind of nested sampling program -- by
10 time, perhaps job category, location -- for the
11 time period of interest, and run the same type
12 of tests that Mel Chew & Associates did, but on
13 a broader basis, capturing a larger set of
14 stratified samples. It would be a statis--
15 properly statistically designed so that you
16 would beforehand come up with some sense of --
17 of the level of statistical power you would
18 hope to achieve.

19 Now, to answer your question about how long
20 will it take, and I guess I would have to ask
21 Mel Chew & Associates because they just did it.
22 They did 25 cases that they sampled from for
23 tunnel workers. I don't know how -- how
24 intense an effort that was, so I can't answer
25 that. But in concept, what was just described

1 to us by Dr. Lockey is a very powerful approach
2 to coming to grips with a very difficult
3 problem.

4 **DR. ZIEMER:** Jim, did you have some comments on
5 this as well?

6 **DR. NETON:** I -- I don't have too much to add
7 other than I think the concept is a sound
8 scientific concept to explore, although I have
9 no idea how long this would take. I think what
10 we're proposing to do is somewhat -- a little
11 different than what Mel Chew & Associates
12 undertook, and I would propose that we have --
13 be given some time to think about how long this
14 would take, meet with the working group that's
15 been assigned to this and discuss this maybe in
16 a technical conference call or something
17 (unintelligible) that matter to scope out the
18 issue. But I -- I do think it has merit, but I
19 -- I really have no idea, you know, how much
20 time this would take.

21 **DR. ZIEMER:** And I don't think that we
22 necessarily need to task you to do this. I
23 think it was important for Dr. Lockey to get
24 the idea on the table so that both our
25 contractor and NIOSH can be aware of it. And

1 as the workgroup goes forward, I think they
2 have the -- they are empowered under the
3 present tasking to incorporate this if they
4 think it's -- it's appropriate. And perhaps as
5 you go forward and NIOSH gives it some thought
6 about how they would go about it and what the
7 effort would be, if necessary they could come
8 back and get some additional tasking. But I
9 think under the present task, Lew, as I would
10 understand it, they're completely free to
11 pursue this. But I wanted to make sure that
12 the idea got on the floor so that it had some
13 visibility and there will be now an
14 expectation, at least, that you have looked at
15 this conceptually and then determine whether
16 you can proceed on it.

17 **DR. MAURO:** I -- I would just like to offer
18 probably the first step would be to come up
19 with a -- almost a proposal. In other words, I
20 think this is the way to come to grips with
21 this problem, the de-- what would the design
22 be, what would you sample, what time periods,
23 what categories of workers, how many samples
24 would be collected that -- and then that -- so
25 there wouldn't be a large effort put in, but it

1 would -- it would take it the next step, then
2 you would have an opportunity -- and -- and --
3 and I think this would be done -- and certainly
4 NIOSH would look at it --

5 **DR. ZIEMER:** Right.

6 **DR. MAURO:** -- and -- and then we move forward
7 from there.

8 **DR. ZIEMER:** Right, and you can work with the
9 workgroup on this and then, if necessary, come
10 to the Board. I think we have a comment from
11 Dr. Melius, then Mr. Gibson.

12 **DR. MELIUS:** Well, I mean I think it's a very
13 important issue for -- that we need to deal
14 with it at the si-- Nevada Test Site in some
15 way. It's a major concern we need to -- I
16 think the credibility of our final
17 determination will be dependent on that. I am
18 a little bit skeptical and concerned about
19 trying a statistical approach. One -- one is
20 trying to explain it after we do it, but
21 secondly is that a lot of the statistical
22 approaches assume some sort of random
23 distribution. And if one has some sort of
24 intentional bias in terms of the way that these
25 data are censored or something, badges not used

1 or whatever, it -- it really can dramatically -
2 - you can end up with very misleading results
3 when applying a statistical model to it and --
4 that may be overcome. There may be -- there
5 are techniques for doing that, but I think one
6 has to be careful about it and I would -- we
7 may want to consult with a statistician -- does
8 some of this type of work before we, you know,
9 implement the final product 'cause it's not
10 looking for natural distributions or whatever.
11 We're looking for someplace where there's --
12 these distributions are altered in some way, so
13 we can be fooled by -- by correlations. You
14 know, there -- there can be correlation between two
15 -- two sets of -- of exposure data, but it may
16 -- one can still be censored in some way
17 because the, you know, badges were taken off
18 when they got to a certain -- people stopped
19 using badges at a certain level of exposure or
20 something, so how we approach that I think has
21 to be done fairly carefully before we do it. I
22 think it's definitely worth considering as an
23 approach, though.

24 **DR. ZIEMER:** Thank you. And Michael?

25 **MR. GIBSON:** Paul, this sounds to me like -- I

1 know it's associated with Nevada Test Site, but
2 it's more in the lines of the coworker data
3 stuff and things like that, so I don't know if
4 it's something that should be tied directly to
5 the NTS workgroup and maybe shouldn't go to the
6 coworker data workgroup, or even the full
7 Board.

8 **DR. ZIEMER:** And I don't know the answer to
9 that at this point. I think, insofar as they
10 would use the Nevada Test Site in -- perhaps as
11 a -- as a pilot operation using that data, it
12 has some immediate applications. But perhaps
13 if the methodology develops, it could be
14 generalized to other areas.

15 Mr. Presley.

16 **MR. PRESLEY:** I think that Paul's exactly
17 right. The one thing that I do -- would -- I
18 would like to say is if -- if we do task
19 someone to do this, I would like to see SC&A
20 and NIOSH work together on this. I want to get
21 -- if it comes back to -- to the working group,
22 I want to get one report that's concise. I
23 don't want to have to start going back and
24 forth, back and forth, back and forth on this
25 subject. So I would like to ask, if we do

1 something like this, that we work together and
2 we get a report that -- that we get that says
3 this happened, finally. And I don't mean to be
4 derogatory to anybody about that, but that's --
5 I mean what we're after now is trying to get
6 stuff done as timely and as costly as we
7 possibly can --

8 **DR. ZIEMER:** Cost effec--

9 **MR. PRESLEY:** -- cost effectively.

10 **DR. ZIEMER:** Okay. Okay. Any other comment?
11 Dr. Melius or --

12 **DR. MELIUS:** No, I'm sorry.

13 **DR. ZIEMER:** -- Dr. Lockey, okay.

14 **DR. LOCKEY:** Mike -- Mike, one -- one comment
15 to address your issue. When we had talked is
16 the methodology that -- that possibly would be
17 developed to approach this then should be
18 standardized and -- and perhaps does have
19 applicability to other sites 'cause this issue
20 that's -- that's been raised about Nevada Test
21 Site is not unique to Nevada, and it may apply
22 to other sites also. So a -- a methodology to
23 look at the robustness of the data, how
24 consistent the data, I think is -- is
25 important, taking consideration the limitations

1 that Dr. Melius said. That is, when you find
2 data that's consistent across time, across job
3 tasks, across positions, that gives you a lot
4 of reassurance that you're getting fairly good
5 data. If it's inconsistent, then that raises
6 all kinds of red flags.

7 **DR. ZIEMER:** Okay. Jim?

8 **DR. NETON:** I think that's a very good
9 suggestion, but I would caution the -- the
10 working -- or the Board that -- NTS is sort of
11 -- is unique in a certain sense that we have
12 access to these control point logs that have
13 simultaneous PIC data and TLD or film data that
14 happen to be computerized in many respects. We
15 haven't seen that very frequently at other
16 sites, and we tried the approach at Rocky
17 Flats, if you remember, looking at data as it
18 ramped up and as people approached the control
19 limit -- you know, did it taper off -- and all
20 that proved to us was that either people were
21 pulled out of the workplace or they didn't wear
22 their badge. We couldn't really tell. So the
23 statis-- that particular statistical approach
24 was -- was not very fruitful for us.

25 **DR. LOCKEY:** Okay.

1 **DR. ZIEMER:** Thank you. Michael, another --
2 okay.

3 Other comments?

4 (No responses)

5 Okay, thank you very much. I think that
6 concludes our business for this afternoon.
7 We're going to reassemble at 7:30 for the
8 public comment period --

9 **DR. WADE:** (Off microphone) (Unintelligible) --

10 **DR. ZIEMER:** -- and a quick comment before you
11 go.

12 **DR. WADE:** When you get back to your place
13 tonight you'll find two stacks of list of dose
14 reconstructions. Circled in there will be the
15 recommendations of the subcommittee. You don't
16 have to look at it tonight. You'll have it.
17 It'll be presented to you tomorrow. But when
18 you see that material in front of you, that's
19 what it'll be.

20 **MR. PRESLEY:** (Off microphone) Where's that --
21 tonight (unintelligible).

22 **DR. WADE:** You'll find it on your place
23 tonight.

24 (Whereupon, a recess was taken from 5:25 p.m.
25 to 7:30 p.m.)

1

PUBLIC COMMENT

1 **DR. ZIEMER:** Good evening. Good evening,
2 everyone. We're going to begin our public
3 comment session. Just make sure you're in the
4 right part of the hotel. This is the Advisory
5 Board on Radiation and Worker Health. This is
6 not one of the entertainment shows that you
7 paid big money for. But seriously, we're
8 pleased to have you -- many of you here.
9 I notice in looking at the commenters' list for
10 this evening, a number have already commented
11 to the Board and I'm going to give preference
12 first to those who have not previously
13 commented. Otherwise, I will take things in
14 the order that -- that people have signed up.
15 For those who may not have been here at our
16 other sessions, I do want to remind you that
17 this Board is an advisory board. We advise the
18 Secretary of Health and Human Services. We are
19 not employed by NIOSH or Department of Labor.
20 We are an independent advisory board. So we're
21 here to conduct the business of the Board,
22 which has to do with a sort of oversight of the
23 program, and part of that oversight is gaining
24 input from the constituents, those who are
25 claimants that -- and -- and that input helps

1 us in our evaluation of how the program is
2 working or how it is not working, depending on,
3 sometimes, one's point of view.

4 We do have some ground rules, one of which is
5 to limit the comments to ten minutes, and I
6 want to remind -- and I did yesterday -- remind
7 you again, that's not a goal to be achieved,
8 but an upper limit. So if you can keep your
9 remarks more concise, that's -- particularly
10 helps those who are toward the end of the
11 commenters when others may be getting a little
12 weary this time of day.

13 We do have some other ground rules and I -- we
14 have as our Designated Federal Official here
15 tonight Dr. Christine Branche, and Dr. Branche
16 will read for us the official ground rules of
17 the public comment period. Christine?

18 **DR. BRANCHE:** Thank you. And for those of you
19 who are present in the meeting, there are
20 copies of our policy on redaction. We've also
21 provided them -- and most of you have sat
22 towards the back, but we actually have them on
23 the seats in the fro-- in the front rows, the
24 first three rows of the meeting room, if you'd
25 like your own copy.

1 I'm going to read this to you for the pur-- for
2 the purposes of the people on the phone, as
3 well.

4 If a person making a comment gives his or her
5 name, no attempt will be made to redact that
6 name in the transcripts.

7 NIOSH will make reasonable steps to ensure that
8 individuals making public comment are aware of
9 the fact that their comments -- in this case
10 this evening, your comments -- including their
11 name, if provided, will appear in a transcript
12 of the meeting posted on a public web site.

13 Such reasonable steps include, first, a
14 statement read at the start of each public
15 comment period stating that transcripts will be
16 posted and names of speakers will not be
17 redacted, such as what I'm doing now.

18 A printed copy of the statement mentioned --
19 that I just mentioned will be displayed on the
20 table where individuals sign up to make public
21 comment.

22 A statement such as that which I've already
23 expressed will also appear in the agenda for
24 the Board meeting when it is posted on the
25 NIOSH web site.

1 And a statement such as what I've already
2 provided will appear in the *Federal Register*
3 notice that announces the Board and
4 subcommittee meetings.

5 If an individual is making a statement --
6 excuse me. If an individual, in making a
7 statement, reveals personal information such as
8 medical information about themselves, that
9 information will not usually be redacted. The
10 NIOSH Federal -- FOIA --

11 **UNIDENTIFIED:** Freedom of Information --

12 **DR. BRANCHE:** -- thank you -- Freedom of
13 Information Act coordinator will, however,
14 review such revelations in accordance with the
15 Freedom of Information Act and the Federal
16 Advisory Committee Act and, if deemed
17 appropriate, will redact such information.
18 All disclosures of information concerning third
19 parties will be redacted.

20 And lastly, if it comes to the attention of the
21 Designated Federal Official -- and that's the
22 part that I'm playing this evening -- that an
23 individual wishes to share information with the
24 Board, but objects to doing so in a public
25 forum, then the Designated Federal Official

1 will work with that individual in accordance
2 with the Federal Advisory Committee Act to find
3 a way that the Board can hear such comments.
4 Thank you.

5 **DR. ZIEMER:** Okay. Thank you very much, Dr.
6 Branche. We'll now proceed to the list of
7 commenters and we'll begin tonight with Anne
8 Snyder. Anne, are you here?

9 (No responses)

10 Okay, I'll -- I'll come back and check in a
11 little while.

12 How about Lela Dupont?

13 **MS. DUPONT:** (Off microphone) That's me, but I
14 must have (unintelligible).

15 **DR. ZIEMER:** Okay, I -- I know sometimes
16 people, in -- in registering, if you get to the
17 wrong book, you've signed up for making comment
18 rather than registering, so that may have
19 happened to you, Lela. I'm sorry about that
20 and I'll remove you from that list.

21 Doris -- it's G-y-o-n-d-y? Doris, okay, thank
22 you.

23 **MS. GYORODY:** Ladies and gentlemen, my name is
24 Doris Gyorody and I want to thank you for
25 giving me this opportunity to speak. My

1 husband Frank started to work for the Test Site
2 December of 1988 and worked for the Test Site
3 until April 1999. His original job was Tonapah
4 Test Range, and then was relocated after two
5 and a half years.

6 My husband had a Q clearance, so therefore I
7 never knew where he worked or what he did. He
8 always said if I told you where I worked or
9 what I did, I'd have to shoot you, so therefore
10 I never knew, even after he left there. My
11 husband was a dedicated worker who received an
12 outstanding service award for his employment.
13 On January 16th, 2006 at the age of 58 my
14 husband was diagnosed with highly aggressive
15 Stage IV bladder cancer, and was treated by the
16 director of the Nevada Cancer Institute, Dr.
17 Nicholas Voglezang, who served on the editorial
18 boards of *Cancer*, *Cancer Research*, *Journal of*
19 *Clinical Oncology*, and is the author of 385
20 scientific publications. He states in a letter
21 that he wrote for my husband that it is his
22 professional opinion that Frank's exposure to
23 radiation at the Test Site would be a risk
24 factor. The latency period from radiation
25 exposure to development of cancer can be as

1 short as five years. However, in some cases it
2 can be as long as 40 years.

3 Frank and I were not made aware of the NIOSH
4 and dose reconstruction until after he was
5 diagnosed. My husband's health deteriorated
6 rather quickly. He had major surgery. He
7 almost bled to death. He had 35 rounds of
8 radiation, had a bowel obstruction, and he went
9 from 150 pounds to 80 pounds, and was in a
10 clinically -- medically-induced coma his last
11 ten days of life to control the pain he was in.
12 I'm telling you this so that you realize you
13 are dealing with people, not just statistics.
14 He was unable to give the Department of Labor
15 or myself an accurate statement with all of the
16 locations he worked at and the names of his
17 supervisors. I contacted one of the
18 contractors for the Test Site and could not get
19 confirmation of his employment. When I
20 contacted the Department of Labor I was told
21 that the burden of proof of his employment and
22 job locations was my responsibility. When I
23 did contact one of his supervisors to ask for
24 verification, I was denied that. He still
25 works for a contractor and did not want to get

1 involved in this case.

2 I am a young woman who is not a scientist or
3 government employee, but I do realize with any
4 government entity the wheels turn slowly. I
5 ask that you please expedite this process for
6 all of us, because I am becoming painfully
7 aware that my two daughters will receive the
8 compensation rather than me because my case
9 might not be resolved in my lifetime.

10 I thank you all again for giving me this
11 opportunity to speak.

12 **DR. ZIEMER:** Okay. Thank you, Doris, for
13 sharing that with us.

14 Andrea Matson-Morse? Andrea.

15 **MS. MATSON-MORSE:** (Off microphone)

16 (Unintelligible)

17 **DR. ZIEMER:** Could you use the mike so we
18 can...

19 **MS. MATSON-MORSE:** This is a board I put
20 together, it has my husband down in the hole --
21 shot, has him here, and then a month before he
22 passed away. These are stickers that they put
23 on the shots after they arrived out at the Test
24 Site and they -- as the gentleman explained to
25 me here -- checked in, and then they put them

1 on with the name of the shot.

2 **DR. ZIEMER:** Okay. And let's go ahead and pass
3 that around, if we could.

4 **MS. MATSON-MORSE:** I wish I could speak as
5 eloquently as this lady did. I was married to
6 my husband 22 years and he worked for EG&G and
7 then Bechtel laid him off in '97. He worked
8 from 1988 to '97.

9 I'm just -- I wanted to let you know of some of
10 the situations that have happened out there.
11 (Unintelligible) had a situation with his badge
12 that it -- his dosimeter badge changed color,
13 and some men came up and they grabbed it and
14 they took it away and they were gone for a few
15 hours and they came back with a new one. And
16 when he kept questioning him, he says listen,
17 my badge changed, you know, something's going
18 on here. Oh, never mind, don't worry about it;
19 it's nothing. And the more he questioned, they
20 just kind of shoo-shooed him off and wouldn't
21 answer anything.

22 And then in one of my conversations with NIOSH
23 I was told that something big had happened out
24 there and he was -- my husband was in that area
25 at that time at one of the tunnel shots, but

1 that it was up to me to prove what had
2 happened. And also this individual that had
3 told me that all of his dosimeter readings,
4 everything, were missing and were gone. I
5 commented, you know, how do I prove this? This
6 is a highly classified area; how does a spouse
7 prove any of this? And he says it would be up
8 to me.

9 The men at the tunnel shots would always
10 comment how -- inside the tunnels -- they're
11 very wet and it was water leaking out of pipes.
12 And they'd always say oh, yes, the water's hot
13 -- meaning radioactive. Their boots were
14 getting soaked, they were getting wet, and my
15 husband would always tell me about these
16 situations.

17 He didn't talk a lot about different things
18 because he took big pride in his job, but
19 certain things that bothered him, he would.
20 Another time in the tunnels all the --
21 supposedly all the electricity went out and
22 they made the men sit in there for two and half
23 hours in the dark, and they weren't allowed to
24 move, anything. When it went out they had to
25 stay right where they were at.

1 And then I just want to put -- by denying these
2 workers who gave of themselves for the
3 betterment of our freedom of our country and of
4 medical technology and other scientific
5 technology -- which a lot of the tests were,
6 including medical technology and these other
7 items, other than just defense -- you know,
8 they sacrificed a lot and this is -- it's -- to
9 put them through this, the people who are still
10 with us, and through the families for having to
11 fight for the ones who are passed, it's very
12 frustrating.

13 I had an incident with someone that came from
14 Washington, D.C. I had my children with me and
15 they called me in to have a hearing. I was
16 talking to the woman -- when I first walked in,
17 she looked at me and says well, gee, you're
18 awfully young -- like that had a bearing on if
19 I could move forward, whatever. And then after
20 I did the talk and everything with them, she
21 says well, at least you had him 22 years. Her
22 name was [name redacted].

23 This is how people are being treated. The more
24 information you give, the harder you're
25 treated.

1 know we have that name right -- yeah, you're
2 up, Brenda. Thank you.

3 **MS. SIECK:** Good evening, ladies and gentlemen.
4 I know I was here last night and spoke. I'm
5 here actually to speak for a gentleman who
6 could not be here tonight. His name is [name
7 redacted]. He lives in Spokane, Washington
8 now, and he did a -- a statement that I wanted
9 to read to the panel tonight. I'm giving you
10 all a copy so you'll see what I have.
11 The first -- top copy actually is from [name
12 redacted], who actually is worn out from
13 speaking and getting letters in the mail. I
14 just wanted to reiterate something on some
15 paperwork I gave to you last night.
16 If you'll notice at the bottom of the e-mail
17 that she sent to Senator Reid, I just wanted to
18 point out a situation that she had, an
19 appointment with I believe it was NIOSH. I
20 think she had to go downtown to a court
21 building to have this meeting, and on that
22 hearing she was told by the officer that any
23 questions pertaining to the dose reconstruction
24 was off limits. So she asked the question
25 anyway, how does the government reach its

1 conclusions regarding the dose reconstruction.
2 And the hearing officer turned off the recorder
3 and told us what he was about to say was off
4 the record. He proceeded to tell [name
5 redacted], [name redacted] that was with her
6 and a coworker of my father, [name redacted],
7 that nobody really understands the dose
8 reconstruction report and that he himself could
9 not read the dose re-- the dose reconstruction
10 report.

11 The hearing officer was a very young man and
12 admitted that he was not familiar with the
13 Nevada Test Site or what happened up there many
14 years ago. So [name redacted] witness, [name
15 redacted], that was with her had to give him a
16 history lesson before they could begin the
17 hearing.

18 She had called a -- several agencies, including
19 Department of Radiation at UNLV, to talk to
20 professor about the dose reconstruction report
21 that she had on my dad, Ronald C. Bain, and she
22 was told that it is impossible to read this
23 report because the government has manipulated
24 this report to always conclude in the
25 government's favor. So every time that she had

1 to send in claim forms and attend meetings or
2 hearings regarding this matter, she was
3 basically forced to relive all the painful
4 memories of losing my father and seeing what he
5 had to endure the last years of his life. And
6 basically the only reason that she does
7 continue to do this is because my dad told her
8 to, and she does appreciate that -- you hearing
9 us, you hearing me last night, and that's it on
10 that matter.

11 For [name redacted], who cannot be here
12 tonight, I'm not sure who has a copy of this,
13 if it's the U.S. Department of Labor, but it
14 was submitted -- I know NIOSH has it, and I
15 just wanted to read to you -- maybe take about
16 five minutes.

17 (Reading) I, [name redacted], Test Site
18 employee -- gives his badge number -- am making
19 a statement regarding his employment at the
20 Nevada Test Site.

21 He says he first worked at the Nevada Test Site
22 in Area 9 as a carpenter apprentice, second
23 year. This was for about two or three months,
24 around April 1966. He worked in the areas
25 around 9 where the shops and offices were.

1 These would include Areas 9, 10, 8, 2, most of
2 which were sites of above-ground tests prior to
3 1963.

4 He says (reading) I didn't return to the Test
5 Site until 1968 when I first worked underground
6 in the tunnels in Area 12 and Area 16. The
7 first tunnel I worked in was N tunnel. I
8 believe there was at least one nuclear test in
9 N tunnel prior to my arrival. I know there
10 were areas we were told to stay out of because
11 of the contamination. The supervisors told us
12 not to cross any yellow rope, and stay out of
13 the water that was flowing in the piss ditches.
14 These were small open ditches that were dug
15 next to the rib, or the side of the drift.
16 These were used to pump the water out of the
17 different drifts, including the drifts where
18 they had previously (sic) tests that were
19 contaminated. The water was then pumped down
20 from the portal, or the front of the tunnel, to
21 the settling ponds down away from the work
22 areas. These ponds all had radiation hazard
23 warning signs attached to yellow rope that made
24 a fence all the way around the ponds. Every
25 tunnel I worked used this same system for

1 removing the water from contaminated and non-
2 contaminated areas.

3 Between 1968 and '76 I worked a very active
4 tunnel -- actually he says I worked every
5 active tunnel -- in Area 12, E tunnel, G
6 tunnel, N tunnel and T tunnel, and also the
7 last event to be conducted in 16 tunnel.

8 In 1970 I was a carpenter welder working on
9 swing shift E tunnel in December when Baneberry
10 vented. We didn't know it had leaked, so we
11 reported for work and at the 100 gate, which is
12 the main gate, they told us to report to
13 Building 112, which was job assignment. They
14 told us to go back home and they would call us
15 back when we could go back to work. About the
16 middle of January, 1971 they called me back to
17 work because our tunnel was a priority. They
18 wouldn't let us take our vehicles past the 200
19 gate access to the forward areas because of
20 contamination to the forward areas. We had to
21 get on a school-type buses in Mercury and ride
22 the buses about 20 miles into Area 1 on Orange
23 Road just past CP-6 to Rad-Safe station. We
24 got out of that bus and went into and suited up
25 in cotton anti-Cs -- he's got coveralls in

1 parentheses -- gloves, rubber boots, then got
2 another bus past -- got onto another bus past
3 the Rad-Safe station where it was contaminated
4 and rode that bus up to E tunnel portal and
5 went underground. We had to keep the anti-
6 contamination suits on in the tunnel while we
7 worked because when Baneberry vented the
8 radiation cloud went up into Area 12 and they
9 didn't shut off the tunnel ventilation system
10 when they evacuated Area 12, so it sucked the
11 radiation into the tunnel, contaminating them.
12 The steel we were welding on was obviously
13 contaminated like everything else, but they
14 never issued us any masks or respirators.
15 After a week or so they told us welders we
16 weren't to be issued the coveralls because at
17 the end of each shift our coveralls were all
18 burned full of holes, so from then till it was
19 cleared -- or declared safe, none of us welders
20 wore the anti-Cs, only the clothes we wore
21 every day to work and took home to our families
22 to be washed. So it seemed they were more
23 concerned about their coveralls than they were
24 the workers or their families' health. All of
25 the tunnels I worked in had previously (sic)

1 nuclear explosions in them except for T tunnel,
2 and it was brand new at that time. I first
3 worked there. The only thing that was
4 contaminated was the area down below where we
5 built a building and a yard for the
6 electricians. This area was badly contaminated
7 because I, J and K tunnels below -- actually,
8 the tunnels blew -- out of the front of the
9 tunnels, spewing radiation and debris over a
10 half to three-quarters of a mile distance
11 across a small valley. T tunnel was located
12 about a quarter to a half-mile west of I, J, K
13 tunnels on the same face of the mountain.
14 T tunnel was an extremely wet tunnel. I can't
15 recall how much water was pumped out hourly,
16 but it was a lot. Much of the tunnel we worked
17 in was like being in a rain forest. This
18 caused a great problem when the nuclear device
19 was detonated because of the pressure created
20 by the super-heated steam from the water. I
21 was told by a friend that worked Holmes &
22 Narver that the gas steel (sic) door had leaked
23 almost -- and almost ruptured. This is the
24 last plug and access door in the main drift.
25 The only thing keeping everything from coming

1 out of the mouth of the tunnel like I, J and K
2 did. Of course everything from the gas seal
3 door back contaminated -- actually he says of
4 course everything from the gas seal door back
5 was contaminated. This was all supposedly
6 cleaned up before we went back into work on the
7 new drift behind the gas seal door. On the
8 next event in there we built a thick plug in
9 the tunnel drift be time -- between the gas
10 seal door and the other drifts to help ensue
11 the integrity of the gas seal door. This plug
12 was called the hasty plug. I believe they
13 called it that because it was a last-minute
14 decision because they were afraid of a repeat
15 of the first event, and that the gas seal door
16 wouldn't hold this time.

17 Every tunnel we worked in was contaminated to
18 one degree or another. Probable the worst was
19 E tunnel. The main drift for the first event
20 there was so contaminated with radiation that
21 they had to abandon it and dig a new drift for
22 it about 300 or 400 feet to the west of the new
23 one to the old one. We had occasion to use the
24 bypass and old drift for egress on different
25 occasions but I can't remember exactly how many

1 times. There was a period of approximately
2 three to four weeks we were working back in the
3 area in E tunnel where they had previously had
4 a nuclear detonation. We were building
5 bulkheads, which were concrete forms that were
6 six feet to ten feet thick, and pouring
7 concrete to seal off the crosscuts and bypass
8 drifts that led to the contaminated areas. We
9 were close enough into the Ground Zero that
10 some of the steel seats (sic) were deformed and
11 the rough cuts, which were three inches by 12
12 inches, wood lagging was burned and charred.
13 The steel sets and lagging are like a half-oval
14 that goes from the floor up the rib side of the
15 tunnel and over the top form of the wall and
16 sealing the barrier for loose rock. We welded
17 things to these sets and rock bolt plates to
18 install our forms and brace off -- brace off
19 of. This steel was contaminated with
20 radiation, as was everything else, yet we
21 weren't provided with masks or respirators. As
22 carpenters welders we were required to furnish
23 our own hand tools, hammers, squares, nail
24 aprons, pry bars, tape measures, hand saws, et
25 cetera, because they weren't able to use any

1 of their own hand tools and they weren't able
2 to remove anything from that secured area. The
3 entire area secured -- was secured it to
4 control entry and exit through Rad-Safe
5 station. Every morning we went into the Rad-
6 Safe area and suited up with coveralls, rubber
7 boots, gloves and then everything was taped up
8 so we couldn't remove the gloves or boots
9 without tearing off that special tape. The
10 front and crotch of the overalls was taped over
11 the zippers so we couldn't unzip them. If you
12 smoke, you couldn't have cigarettes with you.
13 If you chewed tobacco, you couldn't have that
14 with you. They told us not to touch our faces
15 or get our gloves hands -- gloved hands around
16 our mouths. In addition to our regular film
17 badges that we normally carried that were
18 changed about every 30 days, but were changed
19 as I believe lunchtime and quitting time every
20 day. We also carried dosime-- dosimeters that
21 have a constant reading that was checked every
22 time we came out into the Rad-Safe station.
23 Any time we needed to get a drink of water, go
24 to urinate, have a cigarette or chew of tobacco
25 or gum, we had to get all undressed at the Rad-

1 Safe station and get our dosimeters read and
2 had sample swabs of our clothes and faces and
3 hair and hands. They were also checked with a
4 Geiger counter before we could do anything
5 else. These were the conditions we worked in
6 there every day till the work was finished.
7 I have this highlighted on the last page.
8 (Reading) When we finished doing the above
9 work, we took all of the hand tools, welding
10 leads, helmets, extension cords, grinders, Skil
11 saws, all of these tools and everything else we
12 used were loaded on cars on the trains and
13 taken outside. We watched as they were taken
14 out where there was a big pit dug and they were
15 dumped in the pit and buried by a bulldozer.
16 They were too contaminated by radiation to use
17 again.
18 All of these things took place in the tunnels
19 of Area 12 where myself and coworkers like
20 Ronald C. Bain worked on a daily basis. Ron
21 and I worked together as carpenter welders and
22 went from tunnel to tunnel. We worked together
23 from around 1971 or so till the latter part of
24 1975 when I left the tunnels. I can't remember
25 the exact dates of all these things because we

1 never kept records of the dates and what we
2 did. The work was classified and you couldn't
3 even tell your families what you did or exactly
4 where you did it. The only ones who knew were
5 the government, and they aren't talking.
6 There were other things that were just as bad,
7 and maybe a lot worse than that that I
8 mentioned that happened to me and my coworkers
9 like Ron Bain and others, but these happened
10 over 30 years ago and more. We believed them
11 when they told us it was safe. We believed
12 them when they told us they would not put us in
13 harm's way. And they lied to us. They won't
14 take any responsibility or blame for the
15 mistakes that made -- that cost Ron Bain and a
16 lot of other people just like him the loss of
17 their lives, and to their families the loss of
18 them. Most of the families have suffered great
19 financial, and even homes and such have been
20 lost. The government has a chance to step up
21 to the plate and to do the right thing rather
22 than to dodge the issue and waste more millions
23 of dollars on studies that benefit no one
24 except the people doing those studies.
25 Ron Bain and I became close friends in the last

1 part of his life. He still felt like what he
2 did up at the Test Site was important and made
3 a difference. We talked about it a few times.
4 Maybe we were just naive. I hate to think so
5 because that would mean that too was just part
6 of being the big lie and Ron Bain died for
7 nothing. He deserved better than that.

8 These statements are (sic) facts are true to
9 the best of my ability to remember them as they
10 happened. [name redacted].

11 Thank you very much.

12 **DR. ZIEMER:** Thank you very much, Brenda, for
13 sharing that on behalf of [name redacted].
14 Deb Jerison? Is Deb here tonight? Yes. Thank
15 you.

16 **MS. JERISON:** My name is Deb Jerison. My
17 father, James Goode, worked at Mound as a
18 research physicist from 1949 to 1957. He died
19 in 1960 at the age of 36, leaving a widow and
20 four small children. [name redacted] filed her
21 claim with EEOICPA in February of 2002. In May
22 2005 she received her first draft dose
23 reconstruction and asked for my health -- help.
24 Right now she's in a nursing home recovering
25 from a fall and in generally frail health.

1 We're currently awaiting our fourth dose
2 reconstruction, after submitting yet another
3 batch of documentation of additional
4 radiological exposure. Ironically, my dad's
5 cancer is a non-compensable cancer and he
6 worked with thorium and radium, so the new
7 information I worked so hard to find will
8 probably be wasted as his thorium and radium
9 exposure will now be discounted. My father had
10 a finely-honed sense of irony. Perhaps he
11 would have enjoyed that. I'm not so sure my
12 mother will, however.

13 This being said, I do wish to thank NIOSH and
14 the Advisory Board for recommending an SEC for
15 Mound workers from October 1st, 1949 to
16 February 28th, 1959. This will help many
17 claimants who have been struggling for years to
18 be paid.

19 In a way this SEC is a continuation of the
20 Monsanto SEC, as the workers moved from the
21 Dayton Project to the Mound site as buildings
22 were completed, bringing their research and
23 work with them. I'm concerned that the dates
24 used for this class may inadvertently eliminate
25 some eligible claimants. Workers were working

1 at Mound prior to the October 1st, 1949 date.
2 I did a quick search last night to see how
3 early I could place workers on the Mound
4 complex. A more thorough search might come up
5 with earlier dates. Floyd Hertweck's *T-*
6 *building Structural History and Process Summary*
7 *Background Document* states the first occupants
8 moved into T-building on March 15th, 1948. I
9 list several other documents here. *Mound*
10 *Quarterly Report for General Research* was
11 available for April 1949. Some of these are as
12 early as I think July of '48.
13 Likewise, the February 1959 cutoff date may be
14 a bit premature. A November 1st, 2000
15 document, *Report of Non-Intrusive*
16 *Characterization of SW-19, the Old Cave*, states
17 the cleanup was completed in the old cave in
18 March 1959 and that the most conservative
19 estimated indicated that a maximum of five
20 curies of actinium-227 and 12 curies of radium-
21 226 could still have been present. If my
22 memory serves me, they also unexpectedly found
23 actinium around 2005 while cleaning up T-
24 building.
25 I was also very glad to hear that NIOSH will be

1 reviewing records from the 1990s
2 decommissioning and deconstruction era. This
3 was a very difficult time for Mound workers in
4 many ways, and I have heard many stories of
5 inadvertent contamination by unmonitored
6 workers who thought they were working in a safe
7 area, only to find that the materials they were
8 handling were contaminated.

9 There's some other areas that the NIOSH report
10 didn't identify as being problematic which need
11 to be considered.

12 The occupational medical X-ray discussion in
13 the NIOSH response states that as there's no
14 proof that photofluorography was used at Mound,
15 it's assumed that it was not. In a supposedly
16 claimant-friendly program, wouldn't it be more
17 reasonable to assume Mound used
18 photofluorographic X-rays until proved wrong,
19 other than the other way around? Also, the
20 section states that it's assumed that one X-ray
21 was done per year. In the early years at least
22 it was customary to have X-rays done at six-
23 month intervals.

24 I do not feel as confident as NIOSH that the
25 monitoring data at Mound is complete. There

1 are large gaps in my father's monitoring, even
2 though he continued to write papers on
3 radionuclide research during the missing years.
4 And there is at least one mistake where data
5 was transferred from the card file to the
6 PORECOM database, as well as incorrect data in
7 the tritium MESH database, if my memory is
8 correct.

9 In talking to a Mound health physicist I'm
10 still convinced that the neutron tracking
11 problem has not been sufficiently addressed.
12 He was very convincing in explaining why the
13 corrections made so long after the fact could
14 not be correct.

15 The same gentleman was also very disturbed that
16 the neutron problems with the classified
17 devices program in the SM-building during the
18 1960s was not even mentioned in NIOSH's
19 response. He wondered if the problem was that
20 NIOSH did not have the clearance to get into
21 appropriate classified records. Both these
22 areas surely need more exploration.

23 Another area that disturbs me is that NIOSH
24 relies so heavily on compilations of data
25 rather than going to primary sources. Even

1 someone like [name redacted] could not be
2 expected to remember clearly everything that
3 happened 40 or 50 years before. Along with
4 this, I'm curious why NIOSH used an outdated
5 version of the Wayne King document,
6 *Radionuclides by Location*, rather than the most
7 current one.

8 On the issue of contaminated buried records,
9 NIOSH states that MJW retrieved 43 of the 435
10 contaminated boxes from Los Alamos, and the
11 bioassay data these boxes contained was already
12 -- had already been microfilmed. I can't
13 follow how knowing what was in less than ten
14 percent of the boxes tells us anything about
15 what was in the other 90 percent.

16 One other area I haven't had time to explore
17 that might be important in an SEC is
18 incineration and the open burning of
19 radioactive materials at Mound. I would
20 encourage that this area be explored.

21 The units used to measure radiation on some of
22 the Mound Laboratory radiation exposure
23 records, Form 1015, are ambiguous. Some
24 records give measurements in "reps" rather than
25 the more common "rems". When I questioned

1 NIOSH about this I was told that this was a one
2 -- that there was a one-to-one conversion
3 between the two. According to *Control of*
4 *Radiation Hazards in the Atomic Energy Program*,
5 from 1950 on page 11, reps have a different
6 measurement scale depending on the type of
7 radiation measured. Although NIOSH's
8 assumption of a one-to-one conversion is
9 accurate with gamma or beta radiation, it would
10 be vastly inaccurate when applied to photons,
11 neutrons or alpha radiation. Perhaps this is
12 moot with the SEC, but it will still matter to
13 claimants who have to undergo dose
14 reconstruction.

15 I also have a question about how the term
16 "claimant-friendly" is defined. In a letter
17 from Larry Elliott dated December 1st, 2006 Mr.
18 Elliott states: Your father's dose est-- your
19 father's dose estimate contains a number of
20 claimant-favorable assumptions that produce an
21 overestimate of the radiation dose. These
22 assumptions cannot be used if they result in a
23 POC between 45 to 49.9 percent. Instead, a
24 more realistic estimate would have to be used,
25 that would most likely lead to a lower estimate

1 of dose.

2 How can this be called claimant favorable when
3 the assumptions are only used when they're not
4 productive to the claim? A more correct term
5 would seem to be "dose reconstructor
6 favorable," as the only reason I can think of
7 for this type of assumption is to make the dose
8 reconstruction quicker and easier for the
9 person doing the calculations.

10 Also, I would like to add my voice to what many
11 others have said in the last few days. Getting
12 information and documents from Department of
13 Energy is very, very difficult. The burden of
14 proof is on the claimant, and DOE, as well as
15 DOL, actively withholds information the
16 claimants need. Even when a claimant gets
17 documentation and gives it to NIOSH or DOL, the
18 information is often ignored or discounted. I
19 really don't see how it's possible for a
20 claimant who is ill, elderly, or both, to do
21 what must be done to meet the burden of proof
22 for a claim.

23 Thank you for giving me this chance to share my
24 concerns, and thank you all for your hard work.

25 **DR. ZIEMER:** And thank you very much, Deb.

1 Next we'll hear from [name redacted].

2 **UNIDENTIFIED:** He's not here.

3 **DR. ZIEMER:** Oh, he's not here tonight? Okay.

4 Dan McKeel -- Dr. McKeel here? Yes. Thank
5 you.

6 (Pause)

7 Thank you.

8 **DR. MCKEEL:** Good evening. I'm Dan McKeel,
9 representing the Southern Illinois Nuclear
10 Workers. My remarks tonight concern a status
11 report from my view as a co-petitioner for the
12 Dow SEC 00079.

13 First item is that on November the 27th DOE
14 announced publicly that they had received
15 additional documents from Livermore and NNSA
16 that related to Dow. DOE was reviewing these
17 documents. I have asked DOE several times
18 without being answered what these documents
19 contain and asked when they could be released.
20 Point two, DOE told me the FBI had not been
21 asked to interpret their findings with respect
22 to the five TDCC Dow-Mallinckrodt purchase
23 orders in their first report. DOE then
24 requested orally that the FBI is-- issue a
25 revised report concentrating on particular

1 passages that bear directly on the type of
2 magnesium alloy Dow Madison sold to
3 Mallinckrodt's uranium division. The FBI,
4 according to DOE, promised to furnish their
5 revised report to DOE on or about the week of
6 December the 24th. That report has been
7 delayed and I have not received it prior to
8 this meeting. I have requested a delivery
9 date.

10 Point three, Senator Obama's office furnished
11 me with a document from DTIC that referenced
12 Dow magnesium-thorium alloy, and I quote, HM
13 21XA-T8, end quote, the exact identifier we
14 believe is referenced under the Mallinckrodt
15 AEC purchase order TDCC-316 issued to Dow
16 Madison. A copy is attached to this comment.
17 SINEW and I, as Dow co-petitioner, continue to
18 believe we have presented DOL and DOE with
19 multiple affidavits and Mallinckrodt purchase
20 orders that should be sufficient to establish
21 that some of the thorium activities at Dow
22 Madison were in fact AEC-related. This
23 information should be sufficient for DOE to
24 modify the Dow Madison facility description and
25 for DOL to extend the Dow Madison coverage

1 period to at least 1998. Thorium remains at
2 the plant, and will until the current thorium
3 license decommissioning under Illinois
4 Emergency Management Agency and Pangea Group is
5 completed. Illinois is an agreement state with
6 the NRC, so actually the thorium production
7 period extends later than 1998. The FUSRAP
8 cleanup by the Army Corps of Engineers involved
9 only Building 6 uranium and not thorium.

10 Point five. I would also like to bring to your
11 attention that the SC&A evaluation of the NIOSH
12 Dow SEC 79, to my knowledge, has never been
13 formally presented to the Board or discussed by
14 the Board. This important document was posted
15 on OCAS web site several months ago.

16 Tomorrow's session on the Dow SEC would be one
17 opportunity to have the report reviewed by SC&A
18 in order to complement whatever information DOE
19 has to share with us.

20 Point six. I am aware of escalating secrecy
21 and the lack of transparency in the Dow SEC
22 extension proceedings. If this matter had been
23 handled properly, the Board could and should
24 have been presented with the information it
25 needs to vote on the Dow SEC 79 extension to

1 cover '61-1998 by the January meeting, this
2 meeting. This vote thus will be delayed at
3 least until the April Board meeting.

4 Point seven. There remain six unanswered
5 questions by DOE that I made to DOE and DOE has
6 not answered them. There remains a response to
7 my July letter to DOE that I await. And a
8 final report of my April 17th, 2007 FOIA
9 request to CDC Atlanta regarding two remaining
10 items about the NIOSH evaluation report of SEC
11 79.

12 Point eight. Issuance of a subpoena for Dow
13 Madison records under Section 73-84W of the Act
14 has been an issue for the Dow SEC extension.
15 Accordingly, I wrote to DOL twice asking for a
16 simple definition of whether subpoenas can be
17 issued only to private companies or also to
18 government agencies. I received no answer.
19 Then I asked NIOSH the same question and was
20 referred back to DOL. My fourth attempt was
21 referred to the DOL Solicitor's Office. The
22 question itself has not yet been answered. It
23 seems that a straightforward question such as
24 this could be answered right away this many
25 years into the compensation program.

1 Point nine. On January the 8th, 2008,
2 yesterday, I received from Robert Stephan of
3 Senator Barack Obama's staff a two-page letter,
4 copy is attached, of the same date from Glenn
5 B. Podonsky, HHS -- HSS director at DOE, to
6 Peter Turcic at DOL stating that DOE now
7 accepts Dow Madison as an AWE site based on
8 evidence they have concerning thorium-magnesium
9 plates supplied during 1958, 1959 to
10 Mallinckrodt for use in atomic weapons. It is
11 my hope that Dr. Worthington will describe this
12 letter tomorrow and the specific evidence that
13 is the basis for it. That evidence could
14 include the revised FBI report that I was told
15 had not been received by DOE as of Friday,
16 January the 4th, 2008. I had not previously
17 been informed of several meetings that led up
18 to the issuance of this dramatic disclosure
19 letter, even though I have been in constant
20 touch with the HSS office since last May
21 advocating extension of the Dow SEC 79 to cover
22 the period 1961 to 1998. This DOE letter
23 validates our position and research presented
24 formally to the Board on May 4th of last year,
25 2007. I hope an explanation will emerge why it

1 has taken eight full months to achieve this
2 result. Before the Board can vote on the Dow
3 SEC extension I presume that several more steps
4 must take place to accommodate the fact that
5 Dow Madison is now considered by DOE to be an
6 AWE based on thorium operations that partly
7 overlap the Mallinckrodt uranium contract that
8 is the basis for the present SEC class which
9 extends from 1957 to 12/31/1960. And those
10 steps are, one, DOE will have to change the
11 official facility description in its databases
12 for the Dow Madison, Illinois site to include
13 AEC-related thorium operations; two, DOL will
14 have to agree to modify the coverage period;
15 three, both DOL and DOE will have to coordinate
16 with NIOSH and set limits for the non-separable
17 thorium mixed waste stream residual
18 contamination period. The ending year 1998
19 when uranium was cleaned up was suggested, but
20 the thorium remained on site at the Madison
21 site during the thorium license decommissioning
22 project now being carried out by IEMA and the
23 Pangea Group. Thorium was widespread
24 throughout the Madison plant in June 2005, as
25 evidenced by the Pangea report I brought to the

1 Board's attention last May 4th.

2 Fourth, NIOSH will have to re-examine the
3 thorium production and residual contamination
4 period after 1960 to see whether they are able
5 to reconstruct radiation doses during that
6 period. NIOSH has no individual monitoring
7 data for this site, and there is no site
8 profile, nor is there an appendix related to
9 TBD 6000. NIOSH will then have to present its
10 new findings to the Board.

11 Fifth and last point, the Board will have to
12 hear the presentation of the SC&A review of the
13 NIOSH SEC 79 evaluation report, including the
14 results of the SC&A outreach meeting held in
15 East Alton, Illinois on June the 20th, 2007.
16 That SC&A report itself has flaws that must be
17 addressed, including the fact that the 83.14
18 SEC petitioner is not the Simmons Cooper Law
19 Firm. Major problems were the workers have
20 identified about accuracy of the 1957
21 Silverstein document and mention of several
22 building numbers that were never present at Dow
23 Madison as but a few examples of needed factual
24 corrections. I will -- I will, and -- as well
25 as my group, SINEW, pledge to work with all

1 three agencies so the Board may be in a
2 position to vote on the Dow SEC petition
3 extension by its next meeting in April of 2008.
4 Thank you very much.

5 **DR. ZIEMER:** Thank you very much, Dr. McKeel.
6 [name redacted]. Is [name redacted] here?

7 **UNIDENTIFIED:** [name redacted] won't be here.

8 **DR. ZIEMER:** Oh, will not be here, thank you.
9 John Taylor?

10 **UNIDENTIFIED:** Taylor?

11 **DR. ZIEMER:** Yes, uh-huh.

12 **MR. TAYLOR:** (Off microphone) (Unintelligible)
13 name is John Taylor and I worked
14 (unintelligible) the rock from 1969 through
15 August of 1992. I was (unintelligible).
16 Before that I was (unintelligible). I lost an
17 eye (on microphone) two back injuries, and I
18 lost my hearing. When I filed for my cancer,
19 my chronic rhinitis, my heart problems, my
20 (unintelligible), the nodules, the deep
21 scarring in my lungs, the State denied me
22 because they were paying disability on these
23 other maladies that I had, so I filed for a
24 stay. And in 1999, because I had a -- for two
25 decades I had an association helping injured

1 workers in this state, I'm a 47-year resident,
2 Senator Reid and Representative Givens*
3 listened to me and I wrote an outline. I got a
4 pass for 200,000 for us people, the House
5 Judiciary reduced it to 150,000, took out the
6 dependents, made it worse for us for the
7 silicosis, and the fight was on. Many of you
8 might not be aware, there are no verbs in the
9 law. I've hammered away, wrote letters,
10 there's no verbs in the law to have the
11 bureaucrats, the DOL, do anything in a time
12 frame to help us people. And what I've heard
13 here the last couple of days is the same thing
14 I'm involved in right now with my claim. The
15 people are wanting to have the facts of their
16 claim, the law applied to the facts of their
17 claim. And if you can bear with me a minute,
18 I'll read you something really simple out of
19 *Black's Law Dictionary*. Due process of law
20 implies the right of the person affected
21 thereby to be present before the tribunal which
22 pronounces judgment upon the justice (sic) of
23 life, liberty or property, in its most
24 comprehensive sense; to be heard, by testimony
25 or otherwise, and have the right of

1 controverting, by proof, the (sic) material
2 fact that bears on the question of right and
3 every (sic) matter involved. If any question
4 of fact or liability be conclusively presumed
5 against him, this is not due process of law.
6 And that's what NIOSH is doing, and I'm after
7 them right now -- been that way for the last
8 year -- just to give me some of my records.
9 I've got some of them, and if any of you have
10 seen those records, they're IBM cards. And
11 they've got our dose -- doses on them. I've
12 got some. Yet a young lady by the name of
13 Martha DaMarre that works over here at DOE --
14 or she works for Bechtel and now the National
15 Securities Association -- writes zeroes on all
16 of our dose reconstruction and don't give up
17 these records. And I've never seen this in our
18 State Worker's Compensation program, not --
19 I've seen them hold back a little evidence, but
20 I've never quite seen anything -- that's why I
21 came down here tonight. I think we should be
22 able to see those records.
23 I'm sick because I steam-cleaned radioactive
24 equipment in '71 and 2 as an apprentice. There
25 was no rad safe decon pad. Us crafts, we

1 steamed off all these muckers and everything
2 that was underground, they'd bring it out and
3 we'd steam it off just wearing DOE clothing or
4 anything we could. There was no monitors.
5 They had a high-pressure washer, one of the
6 guys, and they told me -- they says put your
7 badge under your clothing, you're getting it
8 contaminated. Go down to the change house for
9 the miners and change when I had all this
10 silica all over me that was radioactive. They
11 took my boots one time and didn't want to pay
12 me. Lot of things -- just on and on.
13 And [name redacted] testified to something that
14 I was really involved in. You had roughly 900
15 underground shots, most of them down there in
16 the Yucca Valley, some of them up on the mesa.
17 There's probably a minimum of 100 emplacement
18 holes out there with metal plates over them
19 that haven't been used, so you're talking about
20 1,000 holes in the ground. Right?
21 Okay, to get those holes in the ground, dozers
22 and scrapers that I repaired had to make a
23 swath in the desert. Then the drow* rigs,
24 which in the '70s and '80s -- there was about
25 six or seven of them. They jack them up, we

1 put these (unintelligible) buggies which was 8-
2 foot-long tracks up against them and they
3 broke, broke, broke because of the weight of
4 dragging these drow* rigs through that desert.
5 So you had 1,000 resuspensions about of the
6 dirt to begin with. Then you have another
7 1,000 resuspensions of that dirt moving those
8 drow* rigs. Then you have another 1,000
9 resuspensions over the two decades when they
10 set up those pads. Those pads are two -- two
11 football fields long, the event pads. Then you
12 have the post-shot pads. Then you have the
13 blades, the scrapers, doing all those dirt
14 roads because there's only two roads. There's
15 the Mercury Highway and the old Orange Road.
16 They didn't pave Rainier Mesa up to Area 20
17 until 1987, so all we worked in was
18 contaminated dirt, every day. And my lungs'll
19 bear it out, deep scarring. I'm a non-smoker.
20 And when they talk about safety, over at T
21 tunnel in 1986, Mighty Oak, when it vented,
22 they didn't know what to do. This is the most
23 expensive -- if you've ever seen pictures of
24 it, it's beautiful. It's a safe tunnel, in
25 that sense, but it was contaminated. So they

1 took white paint and painted it from the portal
2 all the way back past the gas seal doors. And
3 the running joke on the Test Site was they used
4 lead-based paint.

5 All the locomotives that I worked on had
6 permanent radioactive stickers on it, and they
7 kept saying don't cut on them with a torch.
8 Finally my foreman stuck up for me and the
9 other guys and they got rid of them, buried
10 them down there with the rest of the stuff that
11 they buried over the years, which everything
12 was buried down in the -- the holes down in
13 Area 3 containment.

14 But there's a lot of things that we were
15 involved in that was just nasty work. And I
16 just wanted to touch again that I really think
17 that we need to see these records. Now they
18 said -- Mr. Michaels, DOE in 1999 or 2000, said
19 if they don't have them, we'll give you the
20 benefit of the doubt. Well, I kind of chuckled
21 at that. But what really needs to be done is a
22 little bit more looking at the records and
23 giving us our evidence. That's -- anybody have
24 any questions?

25 **DR. ZIEMER:** Okay. Thank you very much. One

1 individual who wished to make comment, Carol
2 Pittaro, is not able to be here tonight, but
3 she did leave a written statement. I'd like to
4 have that read into the record, so we will do
5 that at this time. I believe her last name is
6 spelled P-i-t-t-a-r-o. So this is the
7 statement that Carol Pittaro left with us.

8 **MS. CHANG:** (Reading) Dear Board, I apologize
9 for not being here to read my -- read this
10 myself. I left at 4:00 p.m. for a doctor's
11 appointment. Thank you, Carol A. Pittaro.
12 Petitioner Carol Pittaro on behalf of husband
13 Anthony J. Pittaro, deceased November 4th,
14 2001, from AML, acute myelocytic leukemia,
15 employed by REECo -- R-E-E-C-o -- at NTS, 1984
16 through '93.
17 Anthony worked in Mercury for his first
18 assignment. When his Q clearance came through
19 he was transferred to Area 51. During his time
20 at NTS he was transferred to Tonapah, Nevada
21 for a short time. He began in construction and
22 later switched to maintenance.
23 My claim has been denied numerous times,
24 stating he did not work in a covered area.
25 According to my knowledge, the whole of the NTS

1 is a contaminated area. Radiation does not
2 disappear. The wind blows the soil around in
3 the air.

4 (A), dose reconstruction cannot be correct
5 because of not having correct input, especially
6 after hearing the info stated by the
7 petitioners today. Remember, garbage
8 in/garbage out versus NIOSH denials;

9 (B), how can NIOSH deny passage of the SEC
10 after hearing from the petitioners today
11 regarding not wearing badges;

12 (C), Combustion Engineering, NIOSH cannot do
13 dose reconstruction properly;

14 (D), EG&G in (sic) parent company of REESCo
15 (sic), inadequately (sic) handling of
16 statistical information in many areas, lost
17 records;

18 (E), I have just learned that my claim does not
19 have much of a chance of approval since Anthony
20 worked mainly at Area 51.

21 A subpart of (E), (a) non-covered area; (1), he
22 worked on the flight line; (2), he worked in
23 Mercury, Nevada; (3), he worked for a short
24 time in Tonapah; (4), he worked all over Area
25 51.

1 Now I am being advised that Area 51 is not
2 covered under the SEC petition. Do I have a
3 leg to stand on?

4 Area 51 is a huge area and I don't believe this
5 area should be excluded. Fairness, please.
6 Include Area 51.

7 Thank you for reading this and also for
8 assisting in this effort.

9 Her contact information is here. I won't read
10 it aloud, but I'll give it to the --

11 **DR. ZIEMER:** Yes, and if you'd leave that copy
12 with the court reporter also, that would be
13 good. Thank you.

14 That -- that completes the requests for public
15 comment that I have this evening. I do want to
16 let you know that the Board will be convening
17 again tomor-- oh, do we have --

18 **UNIDENTIFIED:** Hello?

19 **DR. ZIEMER:** -- another comment, some --

20 **UNIDENTIFIED:** Yes.

21 **UNIDENTIFIED:** (Off microphone)

22 (Unintelligible)

23 **DR. ZIEMER:** You certainly may. Please
24 approach the mike.

25 **DR. BRANCHE:** We have someone by phone.

1 DR. ZIEMER: Oh, do we have someone --

2 DR. BRANCHE: Is there also someone who would
3 like to make a statement by phone?

4 UNIDENTIFIED: This thing get taller?

5 DR. ZIEMER: We'll check again after this
6 gentleman --

7 DR. BRANCHE: Is there someone on the phone who
8 would like to make a comment also?

9 UNIDENTIFIED: Yes.

10 DR. ZIEMER: Okay. Hang on and we'll catch you
11 right after this gentleman.

12 UNIDENTIFIED: Thank you.

13 UNIDENTIFIED: He can go first if he wanted to.

14 DR. ZIEMER: No -- no, I --

15 UNIDENTIFIED: I would also like to make a
16 comment on the phone.

17 DR. ZIEMER: Okay, we'll catch the phone
18 comments after you're completed here.

19 MR. VASCONI: Okay. My name is William
20 Vasconi. I've been here (unintelligible) --

21 DR. ZIEMER: Could you spell your last name --
22 spell your last --

23 MR. VASCONI: V-a-s-c-o-n-i.

24 DR. ZIEMER: Thank you.

25 MR. VASCONI: It is not Irish. I went to work

1 at the Test Site in 1964. The first four years
2 was as a radiological technician and monitor.
3 I also worked there for ten years in
4 construction and I worked with the -- the
5 construction workers on getting vent sites
6 ready for detonation. The individual spoke a
7 little bit earlier is true. We had 928 nuclear
8 devices detonated at the Nevada Test Site.
9 Twenty-four of them was with Great Britain
10 before they went to Australia, but 928 -- 100
11 of them was atmospheric, the other 100 (sic)
12 was underground.
13 Now through those years we had an ungodly
14 amount of people working out there. At one
15 point we had 11,200 people. Our last event was
16 in September of '92, 15 years ago.
17 The point I would like to make is I noticed
18 this evening when I come in that -- let me read
19 this -- the National Institute for Occupational
20 Safety and Health has basically denied the
21 Nevada Test Site workers Special Exposure
22 status. I want you to reflect on the fact that
23 irregardless of -- with our weapons program and
24 our -- our making everything up, the Nevada
25 Test Site's where they were detonated. The

1 Nevada Test Site is where the exposures to
2 individual workers was at.

3 Now out there at Nevada Test Site you had a
4 bunch of good ol' boys -- I'm talking about
5 construction workers, et cetera. You know, the
6 Test Site paid for a lot of college educations,
7 paid for a lot of houses, paid for a lot of
8 divorces. But the bottom line on it was we
9 were patriotic. We were special. We was doing
10 something for our nation. We brought down the
11 Soviet Union as well as anybody 'cause
12 economically they couldn't keep up with what we
13 were doing at the Nevada Test Site. But you
14 talk about flag-raisers, patriotic people, we
15 were there.

16 I worked in Rad-Safe and what -- some of the
17 things you heard tonight are true. There was
18 events out there -- those sets in those tunnels
19 were as tall as these ceilings. On one event
20 in particular we got no experiments back from
21 it, 'cause I worked with experiments, too. We
22 walked -- we went back in there on re-entries
23 with Scott and McKay* air packs, full -- full
24 air. And we opened the bolts on those blast
25 door-- on that one blast door, and the water

1 seal come all the way around and it took us
2 weeks to drain that tunnel out, completely out
3 the front of it, down the portal, into storage
4 tanks. And indeed, it was a hot radiated area.
5 But there was a lot of cases where odd things
6 happened, and I won't get into all of them, but
7 just like getting samples from workers
8 underground. You know, hard rock miners didn't
9 have another mine to go to. They were working
10 at Nevada Test Site making more damned money
11 they'd ever seen in their lives. If their
12 radiation limits got to a point, you would have
13 to get a security guard to go in there with you
14 'cause they'd hide those dosimeters, they'd
15 hide those film badges so they didn't get any
16 more radiation on them.

17 Folks, I'm here to tell you, those records are
18 there. Those records -- when I worked at Rad
19 Safe, every individual that come on to event
20 site went on the rosters. Everything that
21 happened was in a logbook. When we reached
22 total depth, it was on there. Those records of
23 who worked in the tunnels, who worked on those
24 vent sites was written, 'cause I wrote some of
25 them. Don't let DOE or anybody else convince

1 you those records aren't available. Oh, my,
2 indeed they are.

3 And you -- you're dedicated. I appreciate your
4 efforts as an advisory board, but don't let
5 this thing at the Test Site die. My God, those
6 men out there did you a job, and you damned
7 sure ought to be proud of them.

8 Thank you very much.

9 **DR. ZIEMER:** Thank you. We have I think two
10 individuals on the phone that wish to speak.
11 Is that correct?

12 **MR. RAMSPOTT:** That's correct, Doctor. John --

13 **DR. ZIEMER:** Let's go ahead -- identify
14 yourself and proceed, thank you.

15 **MR. RAMSPOTT:** Doctor, it's John Ramspott in
16 St. Louis.

17 **DR. ZIEMER:** Oh, John, yes, thank you. Go
18 ahead.

19 **MR. RAMSPOTT:** I appreciate the opportunity to
20 address the Board again. And on behalf of the
21 workers at General Steel Industries would like
22 to thank you again for considering and
23 authorizing the SC-- or -- SC&A review of
24 Appendix BB, which is forthcoming, as I
25 understand. We remain committed on our

1 original critiques of Appendix BB and certainly
2 request, which you have now given us,
3 assistance and another look at that appendix by
4 certified experts. We received a reply to the
5 critique from NIOSH. I also appreciate the
6 fact that we did get that. That certainly
7 gives us a place to start in order to get more
8 accurate information. I know it's hard to find
9 this information so I'm not trying to second-
10 guess anyone, but I do know that with the two
11 meetings held in Collinsville, Illinois, the
12 first early meeting being an SC&A worker
13 meeting, people were actually on the site,
14 worked with the Betatron, worked in the plant;
15 and the outreach, which was the NIOSH outreach
16 meeting. Both of those meetings contributed
17 very much important new information or
18 additional information. I thank both of those
19 organizations for having people come to
20 Collinsville, Illinois so they could talk to
21 the workers. They definitely showed everyone
22 great respect. The families felt like someone
23 was there to actually listen to their story.
24 I'd also like to thank the Department of Labor
25 for getting the name of the site correct now.

1 It's taken a while, but there are actually some
2 people being paid now. The site name has
3 always been an issue. That appears to be
4 corrected now.

5 I'd also like to thank the Department of Energy
6 for helping us get documents that help us I
7 think understand what a Betatron did when it
8 impacted uranium. There's a lot of important
9 information that was made available through
10 their efforts and we certainly appreciate that.
11 I personally have spent two and a half years
12 collecting, researching and sharing quite a
13 great deal of information with everyone. I
14 hope now we'll see the results of that. I
15 appreciate everything that I guess all
16 agencies, all individuals, have done to help
17 get the answer to some of the questions that I
18 presented in August of 2005 in my first public
19 comment. And some of those -- I won't make it
20 lengthy, but what happens when a Betatron 25
21 million volt X-ray beam impacts on uranium;
22 what happens when a Betatron X-ray beam hits
23 steel alloys that contain various elements;
24 what happens when the back-scatter from that
25 said device goes through thin doors into

1 occupied areas. Those are the kind of
2 questions that we looked forward to getting
3 answers from. We know it's been looked at and
4 hopefully when that becomes public, that
5 report, we'll have an opportunity to have some
6 input -- if the Board of course deems
7 appropriate, so we might have some input on
8 those results and be able to take a look at it
9 and discuss it. I'm not familiar with the
10 exact review process, but if there is an
11 instrument like that which we would be entitled
12 or invited to participate in, we'd certainly
13 like to do that. And if it was ever possible
14 to have -- in the St. Louis area so actual
15 workers could be there, we would certainly
16 appreciate it.

17 And again, I thank everyone for their efforts.
18 I think we're in a down stretch. I think the
19 efforts everyone's put into this -- finally
20 going to come to fruition and I appreciate your
21 time. Thank you very much.

22 **DR. ZIEMER:** Thank you, John. And of course
23 those reports will be made public and you will
24 have opportunity, if you wish, to comment on
25 them as well.

1 Let's see, we have one other individual on the
2 line, do we?

3 **UNIDENTIFIED:** Yes, can you hear me?

4 **DR. ZIEMER:** Yes, please identify yourself and
5 proceed.

6 **MS. HOYT:** Thank you. My name is Rosemary
7 Hoyt.

8 **DR. ZIEMER:** Okay.

9 **MS. HOYT:** H-o-y-t.

10 **DR. ZIEMER:** Yes.

11 **MS. HOYT:** I am a petitioner for SEC petition
12 00057 at Hanford. I have a question. Is the
13 180-day requirement met if a portion of the SEC
14 is approved?

15 **DR. ZIEMER:** That's a legal question that I'm
16 not sure I can answer. I'm looking to see --
17 okay, we have -- counsel for NIOSH is here.
18 Hold on, Rosemary.

19 Okay. Thank you.

20 **MS. HOMOKI-TITUS:** I certainly don't normally
21 address public comment. That's not a question
22 that we've answered, nor have we looked at it,
23 and we would definitely need all the specifics
24 regarding that case.

25 **DR. ZIEMER:** Okay. Rosemary, we -- we don't --

1 we don't have an official legal opinion at this
2 point. I think counsel for NIOSH will look at
3 this question and will try to get you an answer
4 for it.

5 **MS. HOYT:** Thank you.

6 **DR. ZIEMER:** Did you have additional comments?

7 **MS. HOYT:** Oh, yes.

8 **DR. ZIEMER:** Okay, please proceed.

9 **MS. HOYT:** At the July 7-- at the July 2007
10 Advisory Board meeting I was assured that NIOSH
11 did not get 180 days for part one and another
12 180 days for part two. Our petition was
13 qualified for review in December 2006. More
14 than a year later it is still not completed.
15 The redaction policy was a step in the right
16 direction, but it does not cover all the NIOSH
17 public meetings. As posted on the Advisory
18 Board web site, this policy covers only
19 Advisory Board meetings. It is imperative to
20 individuals and petitioners that minutes of all
21 public meetings with NIOSH and OCAS be
22 published or posted promptly and without
23 redaction. Worker outreach meetings are a
24 wealth of information. They need to be
25 published promptly, with the names included.

1 There needs to be transparency for public
2 confidence.

3 I'm very concerned about capturing labor
4 history. Designating only specific buildings
5 and only portions of areas is not claimant
6 friendly and has proven to be inaccurate.
7 Hanford has buildings within areas which adds
8 to the confusion. In a conversation with Dr.
9 Glover on October 3rd, 2007 he stated that only
10 DOL put employees in buildings. NIOSH
11 determined radiation exposures for individuals
12 in locations. Repeatedly and emphatically he
13 stated NIOSH did not have anything to do with
14 putting workers in locations.

15 Tuesday January the 8th he made the comment in
16 his presentation that this was something that
17 they worked with DOL to do. This is
18 aggravating, really aggravating. I request
19 clarification.

20 Here is an example of why this is so important.
21 My father worked at Hanford from 1942 until
22 1961 as a carpenter, which included maintenance
23 mechanics and rover status. His claim was
24 approved under SEC 57 part one. However, [name
25 redacted] father -- his name was [name

1 redacted], his DOL number is [redacted] -- also
2 worked at Hanford as a carpenter. He worked
3 out there from 1943 through 1945, which periods
4 are covered in the approved section -- SEC of
5 part one. On November 13th, 2007 she received
6 a letter from DOL denying her claim as there
7 was no evidence her father worked in the areas
8 mentioned in the SEC.
9 Obviously there's a contradiction here. It is
10 critically important that this be cleared up.
11 Today Wanda Munn again explained the worst case
12 scenario and upper bounding. If all else
13 fails, they can use this procedure. As Senator
14 Reid stated, there is the procedure or policy,
15 and then there is the reality. We petitioners
16 do not believe the worst case scenario can be
17 used accurately. We say repeatedly, and are
18 ignored repeatedly, that records are
19 inaccurate. Badge information is not accurate.
20 Procedures were not followed, and site profiles
21 are incomplete and/or flawed. Still NIOSH and
22 its contractors continue to use inaccurate or
23 flawed data.
24 Mr. Mark Rolf (sic) of NIOSH, in his
25 presentation for the Nevada Test Site, stated

1 there were few of the people he interviewed
2 that did not wear their badges, that the
3 practice of not wearing badges was not
4 widespread. Today Laurie Hutton asked those
5 present who took their badges off to please
6 stand up. For the sake of those who were on
7 the phone, please give us an idea if anyone
8 stood up.

9 **DR. ZIEMER:** My recollection is that there were
10 quite a few people that stood up. I would
11 guess there was at least 25, I'm -- I'm -- if
12 someone could -- in that ball park. Others
13 here are nodding in -- let me ask some of the
14 Test Site people here. Would that be a fairly
15 accurate statement? It was a goodly number of
16 folks, yes.

17 Thank you. Go ahead, Rosemary.

18 **MS. HOYT:** Thank you. It appears that NIOSH,
19 contrary to being claimant friendly, actively
20 works to disregard or discredit or minimize
21 information presented in petitions. The
22 practice of giving NIOSH interviewers -- or
23 interviews preference over affidavits is
24 outrageous. In our petition for Hanford there
25 is a handwritten diary from a former worker who

1 died several years ago. He wrote about
2 falsifying monitor records. A coworker who
3 worked closely with this man for many years
4 signed an affidavit that falsifying monitor
5 records was practice. Supervisors coerced
6 workers to falsify their records because they
7 were being overexposed and the work had to be
8 done. If they went over the limit, they were
9 sent home without pay.

10 At the July 2007 Advisory Board meeting a staff
11 member, Robert Stephan from Senator Obama's
12 office, questioned the Board regarding
13 affidavits. Unfortunately, six months later
14 the July Advisory Board minutes are still not
15 available.

16 On the OCAS Hanford web site there was an
17 outreach meeting with the Hanford Atomic Metal
18 Trades Council, HAMTC, dated Jun-- or excuse
19 me, January 13th, 2004. On page 4 of this
20 document a worker named [name redacted] states,
21 quote, before good readings were kept, a lot of
22 people were exposed due to fooling with
23 exposure to get overtime. People needed
24 exposure (sic) time to make the money they
25 wanted. In the '90s the Navy came in and

1 things improved, but many people are gone, end
2 quote. Note the document was not redacted.
3 It was widespread knowledge of widespread
4 practices, even into the '90s, that monitoring
5 and/or badge information was being manipulated.
6 This appears to be systemic throughout the
7 atomic industry from the very beginning.
8 In an e-mail from the Alliance of Nuclear
9 Workers Advocacy Groups they had a copy of a
10 letter from Senator Obama to Elaine Chao dated
11 November 2nd, 2007. In this letter Senator
12 Obama asks, quote, Does the Department of Labor
13 consider worker affidavits to be true if there
14 is no documentation to establish that their
15 testimony is false, end quote.
16 It appears that NIOSH, contrary to being
17 claimant friendly, actively works to disregard
18 or discredit or minimize affidavits. We
19 petitioners need to know the answer to the
20 question. Does NIOSH consider worker
21 affidavits to be true if there is no
22 documentation to establish that their testimony
23 is false?
24 Important information is offered during the
25 public comments. There is no process or matrix

1 for the public to track the progress or answers
2 to the public comments. Please establish a
3 method of doing this for program transparency.
4 Thank you, and I would appreciate someone
5 getting back to me to answer my questions.

6 **DR. ZIEMER:** Okay. Thank you, Rosemary. And
7 you're I think specifically referring to the
8 question on the legal issue that you raised
9 earlier?

10 **MS. HOYT:** Yes, that and does NIOSH consider
11 worker affidavits --

12 **DR. ZIEMER:** Oh --

13 **MS. HOYT:** -- to be true if there is no
14 documentation to establish their testimony is
15 false.

16 **DR. ZIEMER:** -- yes. We'll certainly relay
17 that to Larry Elliott and he can answer that on
18 behalf of NIOSH. Thank you.

19 **MS. HOYT:** Thank you.

20 **DR. ZIEMER:** Are there any others on the line
21 that wish to -- to give testimony tonight?

22 (No responses)

23 Okay, thank you very much. This then completes
24 our public comment period. Again, I'll remind
25 you the Board will resume its deliberations

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tomorrow morning. You're certainly welcome to
be present then as well. Thank you, everyone,
and good night -- 8:30 tomorrow morning. Thank
you.

(Whereupon, the day's business was concluded at
8:55 p.m.)

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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 day of Jan. 9, 2008; 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 9th day of February, 2008.

STEVEN RAY GREEN, CCR, CVR-CM
CERTIFIED MERIT COURT REPORTER
CERTIFICATE NUMBER: A-2102