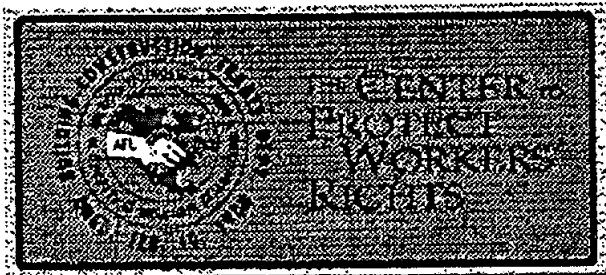


MAY 2 2001



The Center to Protect Workers' Rights
 8484 Georgia Avenue
 Suite 1000
 Silver Spring, MD 20910

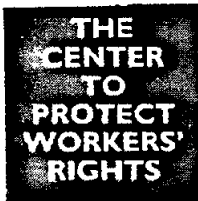
Telephone: 301-578-8500
 Fax: 301-578-8572

■ DATE: 5/2/01
 ■ TO: Larry Elliott
 ■ SUBJECT:
 ■ FAX NUMBER:
 ■ FROM: Knut Ruyter
 ■ NUMBER OF PAGES: 4
 (INCLUDING THIS COVER SHEET)

■ NOTES:

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May 1, 2001

Larry J. Elliott
Acting Director
Office of Compensation Analysis and Support
NIOSH
4676 Columbia Parkway
Cincinnati, OH 45226

Dear Larry:

This is in response to your request for input in your letter of April 6.

I should note that these comments are limited to construction trades workers, and that as a result these views may or may not apply to other kinds of workers.

We have so far enrolled over 4000 workers in our projects at Hanford, Oak Ridge and Savannah River. The bulk of these workers were employed on and off by sub contractors, the DOE sites have not collected work history records for most construction workers. Therefore, these records must be reconstructed from limited records, worker recall, and recall of co-workers. This severely limits any attempts at quantitative dose reconstruction -- especially for non-radiation hazards. In-depth work history interviews with the workers we have enrolled indicate that the kind of data you would need to perform individual dose reconstructions are typically missing on these workers. Frequently workers have not been given clearance to go the sites and were not logged in at all when entering the sites. This occurred especially during repair work, when some of the most severe exposures could have taken place. Workers may have been provided with radiation badges at some time, but not necessarily all the time. Workers state that badges were reused/recycled, and that badge numbers were used over and over again. Workers were also told to work without their badges at times. We will ask for statements from workers to this effect and will forward these to you.

Workers also tell us that the information contained in the radiation logs is unreliable. This agrees with the findings from your review of radiation monitoring at Amchitka, in which you found that workers were unmonitored most of the time, and that even when workers were monitored, doses were missed or unrecorded.¹

¹ Letter to Dr. Paul Seligman dated May 6, 1998, from Larry J. Elliott.

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May 1, 2001
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For these reasons, we believe that individual dose reconstruction will not be possible for the vast majority of construction workers. Their only recourse will be through special exposure cohorts using the available exposure information. Entry into the Special Exposure Cohort would rely on qualitative criteria using surrogates of exposure as a proxy for dose reconstruction.

Surrogates of exposure can be created, based on the trade in which a worker belonged, the duration of work at the site, the types of tasks the worker did, the buildings or area in which the worker was engaged, materials handled, and any characteristics unique to each DOE site, such as special exposure situations/events/incidents which involved the worker. Additional information can be used as well, such as if the worker had a special physical exam, x-rays, urine tests, scrub down, etc.

I think it is important that as you go about your task to consider that not all workers are alike. Construction workers are very different from most other workers, in part because of the complexity of trades and tasks that they perform. And we have found that the traditional occupational health/industrial hygiene model works poorly when applied to workers in the construction trades because of their intermittent employment and episodic exposures that frequently are short term, but very high in dose. At the DOE facilities, the greatest risks seem to have been during work involving emergency response, repair, maintenance, renovation and demolition, which are mostly performed by construction trades workers employed by sub-contractors. Frequently, these are also the tasks with the least planning and preparation, and monitoring.

Let me also raise an issue about the need for construction-specific expertise in general. NIOSH is responsible for dose reconstruction, managing the Advisory Board on Radiation and Worker Health and proposing members for the medical panels. Your staff will determine whether a worker has met the required exposure criteria for a covered disease. The Board will determine the criteria under which diseases are to be covered, including extension of the Special Exposure Cohort coverage, and also whether diseases other than the ones that are currently included should be covered. The Panels will consider whether an individual worker has a covered disease. In many cases, construction workers will need to be considered differently than other workers because of the paucity of exposure data on them, and because of their episodic employment and intermittent exposures. For this reason, I urge you to be certain that in all these tasks there is sufficient expertise on the nature of occupational safety and health of construction workers—on your staff, on the membership of the Advisory Board, and on the Medical Panels.

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Our team will be glad to work with you to create valid surrogates of exposure based on the data in our work history interview files and site history data that we have collected. From these we should be able to create criteria for compensation that cut across all sites (e.g., based on a trade and tasks performed in that trade), as well as method for collecting site-specific history data. We also have developed a sophisticated electronic data management system to collect both work history and medical findings on construction workers, and these systems could be adapted to manage the claims processing for individual workers, including the dose reconstruction parts which NIOSH is responsible for.

Sincerely,



Knut Ringen

Principal investigator, Hanford and SRS
Building Trades Medical Screening Programs

Cc: Paul Seligman, MD