The Oak Ridge Hospital Work Group meeting convened via teleconference at 2:00 p.m., James E. Lockey, Chairman, presiding.

PRESENT:

JAMES E. LOCKEY, Chairman
ROBERT W. PRESLEY, Member
GENEVIEVE S. ROESSLER, Member
PHILLIP SCHOFIELD, Member
ALSO PRESENT:

TED KATZ, Designated Federal Official
ISAF Al-NABULSI, DOE
HANS BEHLING, SC&A
ZAIDA BURGOS, NIOSH OAMS
ROGER CLOUTIER, ORAU (retired)
SARA CUMMINGS, Public
LARRY ELLIOTT, NIOSH OCAS
EMILY HOWELL, HHS
LARA HUGHES, NIOSH OCAS
ARJUN MAKHIJANI, SC&A
JIM NETON, NIOSH OCAS
LAVON RUTHERFORD, NIOSH OCAS
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PROCEDINGS

2:05 p.m.

MR. KATZ: Okay. So let's begin with roll call. We begin with the Board Members, starting with the Chair.

CHAIRMAN LOCKEY: James Lockey, Chair.

MEMBER ROESSLER: Gen Roessler, member of the Work Group.

MR. KATZ: Okay. Do we have Bob Presley on the line?

MEMBER ROESSLER: He is probably on mute. He was on.

MR. KATZ: Yes, I thought so. Bob Presley, are you with us?

MEMBER ROESSLER: He was here loud and clear a little bit ago.

CHAIRMAN LOCKEY: Well, in his email, it looked like he was going to have to
go someplace because of a fire alarm.

MR. KATZ: Oh.

MEMBER PRESLEY: This is Bob Presley. I'm back on. Something happened. It knocked me off line.

MR. KATZ: Okay. Well, welcome back, Bob.

CHAIRMAN LOCKEY: Bob, do you have a fire alarm to go to?

MEMBER PRESLEY: We are having a plant-wide drill. But I'm in an area where you don't have to worry about it.

CHAIRMAN LOCKEY: Okay, good.

MR. KATZ: Okay. So we have Bob. And then do we have Phil Schofield? Phil, are you with us? Has anybody heard from Phil?

MEMBER PRESLEY: No, I haven't even seen an email from him.

MR. KATZ: Okay. I didn't have an
email saying he wouldn't be with us.

Zaida, are you on the line? Or Nancy Adams?

MS. BURGOS: I am on the line. And he said he was going to be on.

MR. KATZ: Okay. Did you just hear that recently? Or --

MS. BURGOS: Yes.

MR. KATZ: Okay.

MS. BURGOS: He asked me for the pass code.

MR. KATZ: Okay. So -- and then let me just check for John Poston.

(No response.)

MR. KATZ: Okay. While we're waiting for Phil, why don't we go through the rest of the roll call. By the way, this is Ted Katz. I am the DFO, Designated Federal Official for the Advisory Board on Radiation
Worker Health. And this is the Work Group on Oak Ridge Hospital.

And let me go to then the NIOSH ORAU Team. And please state conflicts if you have any.

MR. ELLIOTT: This is Larry Elliott, the Director of NIOSH's Office of Compensation Analysis and Support. I have no conflict with this particular site.

MR. RUTHERFORD: This is LaVon Rutherford, Special Exposure Cohort, Health Physics Team Leader for NIOSH. And I have no conflicts with this site.

MS. HUGHES: This is Lara Hughes. I'm a health physicist with NIOSH. And I have no conflicts for this site.

MR. KATZ: Okay. Anyone else from the NIOSH ORAU Team?

Okay, then, how about the SC&A
DR. BEHLING: This is Hans Behling, SC&A. No conflict.

DR. MAKHIJANI: This is Arjun Makhijani. No conflict.

MR. KATZ: John Mauro, are you with us?

DR. BEHLING: No, he's actually on travel while we're actually here talking. So he's probably not going to join us.

MR. KATZ: Okay. Thanks, Hans. Then let's go to other federal officials or contractors, HHS or otherwise.

MEMBER SCHOFIELD: Ted, this is Phil Schofield, Board Member.

MR. KATZ: Oh, welcome.

MEMBER SCHOFIELD: No conflict, thanks.

CHAIRMAN LOCKEY: Hey, Phil, is
1 that you?

 MEMBER SCHOFIELD: Yes, it is.

 CHAIRMAN LOCKEY: Welcome.

 MEMBER SCHOFIELD: Thanks.

 MS. AL-NABULSI: Isaf Al-Nabulsi, DOE, no conflict.

 MR. KATZ: Welcome.

 MS. HOWELL: Emily Howell, HHS. No conflicts.

 MR. KATZ: Okay. It sounds like that's it for federal employees.

 And then is there members of the public?

 MS. CUMMINGS: Sara Cummings.

 MR. KATZ: Sara Cummings, welcome.

 MS. CUMMINGS: Thank you.

 MR. KATZ: And then Roger, do you want to identify yourself for the record?

 MR. CLOUTIER: Roger Cloutier,
Mr. Katz: Welcome.

Any other members of the public?

(No response.)

Mr. Katz: Okay. Then just let me say for everyone on the line, please there is a lot of background noise. So if you have a mute button, please use it. Mute the phone except for when you are speaking to the group.

If you don't have a mute button, please use *6, which will do the same thing. Press *6 and it will mute your phone. When you want to rejoin to speak, press *6 again. And if you need to leave the call, please hang up. Don't use your hold. Hang up and dial back in. And that's it.

Thank you, Jim.

CHAIRMAN LOCKEY: Okay. Well,
welcome. Sara and Roger, welcome to you both.

This is a follow-up meeting of the one we had last week. And we had some additional questions we wanted to address. And Gen and John were going to be taking some of the leads on those questions.

What we had sent out -- and I sent out just a couple of hours before the meeting, the JAMA article by Marshall Brucer that was actually referenced in the NIOSH report. And I found it an interesting read.

And just to point out that the actual table from this JAMA article, which is Table 2, which is on page 1748, was included by Lara in her review. So it is an interesting review of what was going on at that time.

Also, Gen had sent out some information regarding her conversation with
Roger. And Lara also sent out some additional information regarding her conversation with I guess it is Kapolka, is that right? Is that spelled correctly?

MS. HUGHES: Yes, I believe so.
I'm not sure how to pronounce it.

CHAIRMAN LOCKEY: Kapolka?
Kapolka? Mr. Kapolka.

So maybe we should start. Gen, do you want to start?

MEMBER ROESSLER: Yes, I can start.
I had -- is my mute off?

CHAIRMAN LOCKEY: You're doing good.

MEMBER ROESSLER: Okay. I offered to look at some publications that Marshall Brucer in the '50s. I thought -- he had a series of vignettes -- and I thought perhaps in one or more of those we would find
something about radiation safety in the facility. I did not.

He talked a lot about the research that they were doing there. And it was quite clear that he is very knowledgeable about radiation and the things he was working with.

So since I didn't find anything there, then I called Roger Cloutier, who is on the phone with us. And we talked for quite a while. And I sent you a summary of what I thought I gleaned from his talk -- from talking with him.

And then I guess Ted decided to invite him to participate in our call today in case I didn't ask all the pertinent questions.

And I guess I'll just make one final comment is that after talking to Roger, who was there, who started there in '59, which is about the end of the period we're...
interested in, but he knew Marshall, worked with him, knows about his habits of working and all.

My conclusion to all of this and after reading the JAMA article, too, is that the laboratory there, the work there was certainly -- and my view is that there was a lot of concern about radiation safety however I don't know -- and my feeling is that there were no significant exposures at the hospital, the adjoining community hospital. But I don't know how we go ahead and prove that.

So I think we're in a bit of a bind there. And that's really all I have to say, you know, at this point.

CHAIRMAN LOCKEY: Gen, thanks.

Roger?

MR. CLOUTIER: Hello.

CHAIRMAN LOCKEY: Can you hear us
all right?

MR. CLOUTIER: Yes, at the moment.

CHAIRMAN LOCKEY: I think a few of us -- at least I have a few questions I'd like to ask you. And if I'm not speaking loud enough or too fast, because originally I was from Philadelphia and people in Philadelphia speak very fast for some reason, just stop me.

One of the things I wanted to ask you, and I appreciate your joining us on the phone, when you looked at the Oak Ridge Hospital and the Nuclear Research Center that was set up in a wing of the hospital, one of our concerns is how much did the staff potentially go back and forth between the two facilities?

Was there -- do you have any recall of that or recollection of that or any insight in that?
MR. CLOUTIER: Well, let me ramble a little if I may. The period of time you are talking about is 1950 to ’58 or ’59.

CHAIRMAN LOCKEY: Correct.

MR. CLOUTIER: I didn't come until ’59. So whatever I have during that period of time -- know about that period of time comes from people I knew or from records I happened to examine.

Now the first thing that caught my attention was in the report it talks about how there were adjoining buildings and things like that. And the hospital was there when I came but it consisted of a military hospital that had lots of wings, starting with A, B, C, D.

And by the time they got to Wing E, which was quite a ways from the main part of the hospital, that's the part that was turned over to ORAU, or ORINS at that time, to become
the Medical Division, in 1948 I think it was.

Now initially there was just a walkway, an open walkway with a cover over it, that connected it from E to D. And so the only connection to the hospital was through that walkway initially. Later on when they put in the LR therapy units, they built a section, a wooden structure, that connected the two buildings. But there was still only that one entrance.

So there wasn't an awful lot of traffic between the two hospitals because the main part of the hospital was way back in A, B, C, and so on. So that's the first thing.

Now just so I can throw something else in and then I'll let you ask some more questions, as I was thinking about this, I remembered that the Abbott Radiopharmaceutical Laboratory, which was --
MS. CUMMINGS: This is Sara Cummings. I can't hear anything of what Roger is saying.

CHAIRMAN LOCKEY: I'm sorry. Is that Sara?

MS. CUMMINGS: It is.

CHAIRMAN LOCKEY: Roger, can you speak up a little bit louder.

MR. CLOUTIER: I'll try it.

CHAIRMAN LOCKEY: Okay.

MR. CLOUTIER: As I was looking at, you know, what was in different things, I was reminded that the Abbott Laboratory Radiopharmaceutical Distribution Group was located just down the street and not much further from ORAU to the hospital than ORAU was to the hospital. And they processed all the iodine that came out of the Oak Ridge Hospital Ridge National Lab and then was sent
all over the country.

And what prompted that was that I noted that there is a great deal of concern about iodine vapors. And if I were looking at the situation today, I suspect I'd be looking at what the situation was with regard to the Abbot Pharmaceutical.

Now I'm not trying to shift responsibility. I'm simply mentioning that that's something else that was adjacent to the Oak Ridge Hospital.

CHAIRMAN LOCKEY: So your concern is the iodine vapors that were given off from the Abbott Laboratory exhausted out of the facility?

MR. CLOUTIER: That's a possibility.

CHAIRMAN LOCKEY: Okay. And that was close to the Oak Ridge Hospital as was the
ORINS. Is that right?

MR. CLOUTIER: It was almost as close but not physically connected. And the physical connection I already told you was strictly a walkway initially. And then became, you know, a covered in walkway that became part of a building.

CHAIRMAN LOCKEY: Okay.

MR. CLOUTIER: I don't know if you've seen the aerial photographs of the Oak Ridge Hospital.

CHAIRMAN LOCKEY: Yes, I have. I think -- Bob, you gave me a copy of that when I was down at the meeting -- when we had the meeting last week.

MEMBER PRESLEY: That's correct.

CHAIRMAN LOCKEY: All right. So I have seen that.

MR. CLOUTIER: So if you look at
it, you can see where the walkway was if you're looking at the early photograph.

CHAIRMAN LOCKEY: Roger, let me go back then to one other question. How much did staff go back and forth between, I guess, Oak Ridge Hospital and the D Wing?

MR. CLOUTIER: Yes. I have managed to talk now to several people, including [indentifying information redacted], who was here in the middle 1950s. And he corrected me because he said he had a joint appointment between the Oak Ridge Hospital and ORAU. He was part-time there and part-time -- I keep switching ORAU and ORINS so if I use one or the other, just imagine it is the same -- but he was half time Oak Ridge Hospital and half time ORINS.

He mentioned one other person that I've never heard of or knew, an
anesthesiologist named [identifying information redacted]. But those are the only two people he could think of that normally made the exchange.

Now occasionally surgeons would be used. And after 1945 -- excuse me, 1955, they did their work in the ORINS surgery. Prior to that, they did it in the Oak Ridge Hospital surgery.

CHAIRMAN LOCKEY: So prior -- and that was in the NIOSH report also. So prior to '55, surgery was done in Oak Ridge and after that, it was done in the ORINS facility.

MR. CLOUTIER: That's my understanding at the moment.

CHAIRMAN LOCKEY: [identifying information redacted], I see, Lara, that you had tried to contact him but were unsuccessful. Was that correct?
MS. HUGHES: Yes, I tried to leave a message and his answering machine kept cutting off. And I was not able -- I have not reached him to this day.

I talked to him briefly when I did -- when NIOSH did the original evaluation. And he declined to be interviewed at that time. He said he didn't think he could be of help and didn't want to talk to me. So --

COURT REPORTER: I'm sorry. This is the Court Reporter. Was that Lara [identifying information redacted]?

MS. HUGHES: No, my name is Lara. I'm with NIOSH.

COURT REPORTER: I wanted to make sure.

MS. HUGHES: We are talking about [identifying information redacted], who is a former physician at the Oak Ridge Hospital.
COURT REPORTER: Okay. Thank you.

CHAIRMAN LOCKEY: It is [identifying information redacted].

But he actually worked at Oak Ridge -- Roger, he actually worked at Oak Ridge Hospital during the 1950s and worked in both facilities, is that correct?

MR. CLOUTIER: He came in the mid-'50s, as I understand it, and he had an appointment where he had part-time work at the Oak Ridge Hospital and part-time work at ORINS.

He later moved directly to ORINS and I knew him when I worked at ORINS. And I still know him because he now lives in Oak Ridge again. He left Oak Ridge, I've forgotten, in the '60s to join IAEA. And then went into private practice after that appointment was over. So after he retired, he
came back to Oak Ridge.

CHAIRMAN LOCKEY: And who is [identifying information redacted]?

MR. CLOUTIER: Well, I've come across that name and [identifying information redacted] also gave me that name. And my understanding from [identifying information redacted] is that he and [identifying information redacted] were the, as I think he phrased it, the only two that had joint appointments between the two hospitals.

CHAIRMAN LOCKEY: Was it [identifying information redacted]?

MR. CLOUTIER: I believe it is [identifying information redacted].

CHAIRMAN LOCKEY: Does [identifying information redacted] know whether [identifying information redacted] is still living?
MR. CLOUTIER: I did not ask him that because I was on some other subject.

CHAIRMAN LOCKEY: Okay. And so, Roger, your knowledge about people moving back and forth, obviously [identifying information redacted] said that he actually did move back and forth and perhaps [identifying information redacted] did. Do you have any information about nursing staff or custodial staff, maintenance, administration, whether there was any cross movement in regard to those professions in the two facilities?

MR. CLOUTIER: My understanding is that there was two separate groups, that the hospital did not provide maintenance people. The ORINS people provided the maintenance for the ORINS Hospital. And that's also mentioned in the report that was prepared by your people.
With regard to food, I'm told and it consisted or continued when I was at the hospital, that the Oak Ridge Hospital would bring food over in a wagon. And they'd drop it off at the loading dock. And at that point, it was picked up and taken up to the patients.

Now there is a statement in one of the reports and in your report that says that Dr. Ray Hayes, who is now dead, but Ray Hayes was concerned back in 1951 or so about contamination getting on the silverware.

And I look at that as a -- you know, somebody paying attention to what's going on and trying to correct a potential problem as opposed to a real threat.

CHAIRMAN LOCKEY: But that would indicate that the silverware perhaps would go back and the dishes perhaps would go back to
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Oak Ridge Hospital for sanitation.

MR. CLOUTIER: I suspect that initially that is what happened. But by, you know, very early in the game, and I've forgotten what the date of the memo is, but it was in the early '50s, Hayes was concerned that the silverware would go back and I assume somebody took care of that.

CHAIRMAN LOCKEY: Okay. Hold on a second. Surgery -- so, Roger, the other question I would have is in the D Wing, which is ORINS Wing, they were not able to do surgery there until 1955. So if anybody needed surgery, they would be taken over to the Oak Ridge Hospital. Is that your understanding?

MR. CLOUTIER: I have to conclude that, yes.

CHAIRMAN LOCKEY: And as far as x-
ray procedures, if somebody needed a chest x-ray, again, would that be done -- would that have been done at Oak Ridge Hospital?

MR. CLOUTIER: By the time I arrived at ORINS, they had their own x-ray group. So I don't know when they got the first x-ray unit.

CHAIRMAN LOCKEY: Okay. So when you arrived in 1959, ORINS had its own x-ray group?

MR. CLOUTIER: Correct.

CHAIRMAN LOCKEY: But you don't know when that was put in?

MR. CLOUTIER: No.

CHAIRMAN LOCKEY: Okay. And you think the construction and maintenance was done -- was kept separately in the two buildings?

MR. CLOUTIER: Yes.
CHAIRMAN LOCKEY: Okay. Trash collection was separate?

MR. CLOUTIER: I would assume so but I have no facts to prove it one way or the other.

CHAIRMAN LOCKEY: What about postmortem evaluations, the morgue?

MR. CLOUTIER: Initially I would assume based on what I now know that the morgue at the Oak Ridge Hospital probably was used. But at the same time that the connecting structure was made, ORINS opened up its own morgue. So I would say early in the `50s, it probably was done over in the Oak Ridge Hospital and late `50s done at ORINS.

CHAIRMAN LOCKEY: Okay. Those were my questions. Roger, you did great. I appreciate it.

Let's just go around the people on
MR. CLOUTIER: Let me add one more thing only because it is on my mind at the moment. Late in I believe it was `58, there was a leak in a teletherapy source and your report lists what the surface contamination was.

And I went back and looked at the report and at one point, it talks about like 400 -- no, I've forgotten the number but it was a large number of millicuries and it implied it was released to the area.

But as best as I can figure out from information and including a paper I wrote with Dr. Brucer, that was material released from the source but most of it contained within the teletherapy unit, which was later enveloped in, you know, polyethylene or...
whatever you used at that time. And the whole
source head was taken back to Oak Ridge
National Laboratory. And in a hot cell, they
slowly cleaned it up.

And I believe the big number comes
from that measurement, not from activity
actually released into the rooms at ORINS. I
think the better measure of what contamination
existed was the surface contamination levels
measured.

And that led to another question
that I had. If I were doing that back at that
time, I'd quickly look at what was the maximum
permissible body burden for old timers that
was permitted at that time and a quick
calculation showed that someone would have to
eat an awful lot of floor or lick a lot of
floor before they could take the maximum
permissible body burden into their body. But
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1  this is, you know, speculative just like a lot
2 of other things have to be at this late in the
3 day.
4
5         CHAIRMAN LOCKEY: So you're saying
6 that the high level was actually in the head
7 of the unit and the actual surface
8 contamination was substantially less?
9
10        MR. CLOUTIER: Well, the surface
11 contamination on the floor of the building --
12
13        CHAIRMAN LOCKEY: Right.
14
15        MR. CLOUTIER: -- and part of that
16 comes from the fact that the detection was
17 first picked up because of surface smears that
18 were taken around the building as part of the
19 monitoring program. And contamination was
20 recognized as being some place or being in
21 various places.
22
23 And then the teletherapy technician
24 happened to walk up close to a sodium iodide
crystal and caused it to go and, you know, circulate as it's supposed to do but it was recognized that the individual had picked up some contamination. And that's what led them back to the teletherapy room where they discovered the source of the contamination.

CHAIRMAN LOCKEY: So it was actually picked up because of the routine surface monitoring looking for contamination?

MR. CLOUTIER: Well, routine check of the building, which was done all the time when I was there.

CHAIRMAN LOCKEY: Okay. Okay, Gen?

Robert?

MEMBER ROESSLER: I have a couple of questions. I remember seeing this aerial photograph. I think Lara showed it in her presentation.

But what I'm trying to -- what date
1. was on that photograph?

MR. CLOUTIER: I'm sorry, Gen, I didn't hear that.

MEMBER ROESSLER: Okay. But, in fact, I'm directing it to whoever had this aerial photograph. What date is on that photograph?

MS. HUGHES: This is Lara. The photograph that was shown in the presentation at the Board meeting, that was a photograph from the early or mid 1940s. And it did not show the two-story structure that was added to the D Wing of the hospital before the ORINS Hospital was opened. And it was opened in May of 1950 I believe.

MEMBER ROESSLER: So then it is probably Roger, you're talking about an aerial photograph that showed how the buildings were connected?
MR. CLOUTIER: Well, Lara, if I caught her name properly, is right that the first picture is one -- there are two aerial photographs I know of. And the first one in 1943. And it shows the E Wing connected to the D Wing by a walkway. Okay?

MEMBER ROESSLER: Okay.

MR. CLOUTIER: That's in '43.

Now -- I'm trying to reach my other photograph -- there's one taken later in the '50s, I believe, '54, I think but I'll have to find the picture, and by then, the connection had been made into the section that would include the teletherapy sources.

MEMBER ROESSLER: I guess what I'm trying to picture is with these two facilities connected by some sort of a walkway, did the people in ORINS have to go through this walkway into the Oak Ridge Hospital to get out
of their building? Did they have a separate entrance? Or was all of the traffic through this walkway?

MR. CLOUTIER: No. Oak Ridge, the ORINS or the E Wing and including the D Wing, which was taken over later, empty out onto a street -- I've forgotten its name -- so there's no reason for them to go the other direction because that would have taken them into this long building.

CHAIRMAN LOCKEY: Roger, did you say that initially they were in the D Wing and then later they took over the E Wing?

MR. CLOUTIER: No, they started out in the E Wing.

CHAIRMAN LOCKEY: The E Wing.

MR. CLOUTIER: Yes.

MEMBER PRESLEY: Jim?

CHAIRMAN LOCKEY: Yes.
MEMBER PRESLEY: It's Bob Presley.

CHAIRMAN LOCKEY: Hi, Bob.

MEMBER PRESLEY: If you'll look at those pictures I gave you, you can see where they are connected. There is a three-story unit and then it is connected in a shorter walkway to the other one-story unit that he's talking about there in those pictures.

And one picture was made oh, from looking at the trees, sometime late '43. And then the other one was made in '44. And then I've been able to get my hands on another picture that I've got to find that shows this other building being built.

CHAIRMAN LOCKEY: Bob, is the three-story building the D Wing?

MEMBER PRESLEY: Yes.

CHAIRMAN LOCKEY: And is the one-story building the E Wing?
MEMBER PRESLEY: Yes. That's my understanding. Is it, Roger?

MR. CLOUTIER: Yes, that's right.

MEMBER PRESLEY: Okay.

CHAIRMAN LOCKEY: All right. I see it. And the walkway between the D Wing and the main hospital is, on your picture, Bob, is covered but it just looks like a covered walkway with windows along the side?

MEMBER PRESLEY: Right, a short walkway.

CHAIRMAN LOCKEY: Right.

MEMBER PRESLEY: Now, Roger, let me ask you a question. This is Bob Presley, by the way. How are you doing?

MR. CLOUTIER: Good.

MEMBER PRESLEY: When they did the experiments on the patients and everything, all of that was done on the bottom floor of
the three-story building back underground in
special cubicles that they had made down
there. Is that not correct?

MR. CLOUTIER: Well, I'm not sure
that I can even follow what you're saying only
because it depends on what time we're talking
about. Remember the D Wing was not taken over
until 1960 or so because it was taken over by
ORINS after I came to Oak Ridge. So the D
Wing, that's the three-story structure, was
not part of ORINS until after 1960.

So everything else that was done
prior to that time was done in the one-story E
Wing. But before ORINS moved into the E Wing,
they had constructed a two-story building on
the we'll say the left side of the building if
you were standing in the street looking at the
front of the E Wing.

MEMBER PRESLEY: That's correct.
MR. CLOUTIER: So does that clear up what you were saying?

MEMBER PRESLEY: Yes, yes.

CHAIRMAN LOCKEY: Well, let me -- then I need to follow up on this. So, Roger, you're saying that ORINS occupied the E Wing, Edward Wing, first, right?

MR. CLOUTIER: Correct.

CHAIRMAN LOCKEY: And that's the one-story wing?

MR. CLOUTIER: One-story wing.

MEMBER PRESLEY: And away from everything.

CHAIRMAN LOCKEY: Well, it's sort of perpendicular to the D Ring, right Bob?

MEMBER PRESLEY: It's off 90 degrees to D Wing.

CHAIRMAN LOCKEY: Right. But how was it connected to the D Wing?
MR. CLOUTIER: By means of a -- initially by means of an open walkway that was kind of covered over. If you happen to have that '43 picture, if you look at it, the thing right in front of you is the A Wing of the Oak Ridge Hospital. And to the far right of that picture, the structure that's one-story high with four, we'll call them vents on the top, that's the E Wing. And E connects to D by means of that walkway.

CHAIRMAN LOCKEY: Roger, was the ORs -- when you were there, were the operating rooms and the morgue and the labs in the D Wing then?

MR. CLOUTIER: D Wing wasn't occupied until the '60s.

CHAIRMAN LOCKEY: Not until the '60s. And what was in the D Wing?

MR. CLOUTIER: I don't know what
the hospital had in the D Wing but something else that plays into this, Oak Ridge, when it got started had a population of about 70 or 80,000 people. And after the war ended, the population dropped to about half.

And at that point, the Oak Ridge Hospital was abandoning wings and that's the reason why ORINS was able to get the E Wing. I don't remember what was in the D Wing because soon after I arrived it was turned over to ORAU.

CHAIRMAN LOCKEY: Okay. And when that happened, Roger, what were they doing in the D Wing? When you took it over or ORINS took it over, what was put in the D Wing?

MR. CLOUTIER: Well, the first thing they did was to move the hospital patients to the D Wing. They also -- that's where the surgery, a new surgery was created.
There were lots of laboratories that were established in that wing.

Let's see, equipment repair and things like that were on the bottom floor along with administrative people. But that's 1960s.

CHAIRMAN LOCKEY: I guess my next question is in the D Wing, was that new construction in the D Wing or did they actually just take over surgery rooms that were already existing in the D Wing? Or you may not know.

MR. CLOUTIER: Well, I don't know for sure but I do know that the whole thing had to be gutted. That is everything pulled out of it, including the roof, in order to meet the standards for hospital-type building.

And so the first thing it was gutted. And I don't recall going into that
building until somebody was gutting, you know, in the business of tearing everything out. So I don't know if surgery was in that wing or not.

CHAIRMAN LOCKEY: Okay.

MEMBER PRESLEY: Hey, Jim?

CHAIRMAN LOCKEY: Yes?

MEMBER PRESLEY: We've got time on this. I can talk to -- I didn't even think about talking to [identifying information redacted]. He came in the early years. And then there's another children's doctor that is still living. If I can get my hands on his number, his name is [identifying information redacted].

MS. HUGHES: This is Lara. I'd like to add that I already interviewed [identifying information redacted] for when we prepared the evaluation report.
MEMBER PRESLEY: Okay. Did he give you any inclination as to where things might be located?

MS. HUGHES: No, he just said he was -- that he was a surgeon or pathologist at the Oak Ridge Hospital. And that he would occasionally perform services at the ORINS facility.

MEMBER PRESLEY: Yes, because he sewed me up when I was about six or seven years old two or three times.

MS. HUGHES: Okay.

MEMBER PRESLEY: And that would have been in `51, `52.

CHAIRMAN LOCKEY: Okay. Any other questions for Roger?

MS. CUMMINGS: This is Sara Cummings. I would like to ask Roger what his role was when he was employed there. And had
a couple of questions. What year -- he was employed in '59 and then was it true that in 1960, January or so, ORINS moved out of there and then became a part of the Associated Universities?

MR. CLOUTIER: I'm having a little trouble hearing you. But that's probably my problem. But would you speak up a little?

CHAIRMAN LOCKEY: Sara?

MS. CUMMINGS: Yes?

CHAIRMAN LOCKEY: He had a little trouble hearing you. Can you repeat it a little louder?

MS. CUMMINGS: Roger, this is Sara Cummings. And I was wondering what month and year you were employed there and what your role was. And it is my understanding, I thought in 1960 ORINS moved out of there and became a part of the Oak Ridge Associated
Universities. Is that correct?

MR. CLOUTIER: Well, I'll take the two parts -- the last part first. ORINS was created as ORINS in 1946. And it stayed with that name until the mid-1960s when it changed its name to Oak Ridge Associated Universities. And the principle reason for changing was that NASA had money -- this is my opinion -- but NASA, National Aeronautic and Space Administration, had money. And they would provide money to all kinds of people but they liked to give it to people who had names that looked like they were related to NASA programs. So that's one of the reasons they changed their names.

Now I came in 1959, I came in May I believe it was, I was hired from Westinghouse in Pittsburgh Atomic Power Group. And came to Oak Ridge because it looked like an
1 interesting job.

2 I intended to stay for only two
3 years. And two years has now become over 50
4 years. Does that fill you in?

5 MEMBER PRESLEY: Hey, Roger, this
6 is Bob Presley. Can you tell her what you did
7 at ORINS?

8 MR. CLOUTIER: I'm sorry I forgot
9 that was part of the question. I forgot it.
10 I was hired as radiation safety officer.

11 MS. CUMMINGS: Okay.

12 MEMBER PRESLEY: Thank you.

13 MS. CUMMINGS: Roger, are you aware
14 of nursing staff going from one area of the
15 Oak Ridge Hospital over to ORINS and ORINS
16 staff going back into the Oak Ridge Hospital
17 area where patients were cared for?

18 MR. CLOUTIER: To my knowledge in
19 my period of time, there was very little
transit between the two hospitals. The only
time we got to see Oak Ridge Hospital doctors
was on a Thursday night seminar that many of
the doctors would come over to listen to the
seminars. And they were, you know, interested
in what was going on.

But other than that, I don't know
of many, you know, cross visits. It wasn't a
common thing.

And with regard to nurses, I've
asked several people and they say ORINS always
had its own nurses. And so I don't know of
any time where there was a big transfer of
nurses.

I did note in the report that it
says they could be called if needed. But I
didn't experience that.

MS. CUMMINGS: So how many months
in `59 did you work there?
MR. CLOUTIER: Well, I started in May and I continued to work until 1992. And I've been with ORINS all the time -- ORINS and ORAU.

MS. CUMMINGS: Okay. But you were physically located there from May of '59 until 1960? And then it was -- ORAU was relocated at that point, is that right?

MR. CLOUTIER: I'm not quite sure I follow the relocated but I'll answer the question. When I first came to ORINS, I was actually located in a different building because that's where space was available.

When the D Wing became available in about 1960-something, and the something meaning '60 or '61, I was then given space in the medical division.

MS. CUMMINGS: It just seems appropriate it would be good to have some
information from nursing or from physicians on

the movement of healthcare providers going

from one area to the other.

And it's my understanding, I

thought in like January of 1960, a lot of the

use of the radioactive materials that were

going on with ORINS was discontinued and

became ORAU and they moved to another location

away from this area. Is that correct?

MR. CLOUTIER: I'm not sure who the

they are that you --

MS. CUMMINGS: Well, ORINS became

ORAU. Did they not move ORAU then to another

location in 1960?

MR. CLOUTIER: Well, they didn't --

MEMBER PRESLEY: What's she's

talking about is when moved their office down

next to the museum and built a new building

but their medical facilities still remained up
at the old hospital location.

MR. CLOUTIER: That is correct, yes. The ORAU original building and, in fact, the building I had my original office in, was the building that sits on Illinois Avenue. It's now occupied by Atmospheric Turbulence -- something or other -- Fusion Laboratory. But that was originally the administration building.

About 1960, and I don't know the date exactly, they built a new building for administrators on what is now called the ORINS campus or ORAU campus, which is up behind the municipal building. But the medical division has always been at the same location with one addition. Very early in the game, a building that was part of the University of Tennessee Agricultural Research Station, operated by the Atomic Energy Commission, that's located at
the old Scarboro School, and don't confuse it
with the Scarboro Community, because it's a
different location, ORINS occupied a small
animal laboratory out at that location.

MEMBER PRESLEY: That's correct.

And I think the fellow that ran that out there
is still living. I'm not sure.

MR. CLOUTIER: Well, are you
talking about the Scarboro -- or I mean the
Agricultural Research Station?

MEMBER PRESLEY: Yes. One of the
fellows that used to run that out there I
think is still living around Oak Ridge if I'm
not mistaken.

MR. CLOUTIER: Because the man who
was originally in charge of it out there, a
chemist interested in rare herbs, he is dead.

MEMBER PRESLEY: Right, yes. This
c fellow's name is Joseph Gray. And he worked
MR. CLOUTIER: Okay. Did I answer your question?

MS. CUMMINGS: I just think we need some additional information. Before 1960, you know, you were employed from May through the end of 1959 for, you know, say seven months or so.

And it seems as though we need information from nursing staff and/or physicians who were there prior to 1960 when all of the information related to radioactive material use was in effect. And that's according to Lara's report, you know, that we've seen that most of those radioactive materials there were in use were from 1960 -- well, the end of '59 and on back.

And it seems as though we need some
additional information from someone nursing-wise or physician-wise to answer the question as to whether staff moved from one area of Oak Ridge Hospital into ORINS and, you know, back and forth.

CHAIRMAN LOCKEY: Sara?

MS. CUMMINGS: Yes?

CHAIRMAN LOCKEY: Was that you talking?

MS. CUMMINGS: I was, yes.

CHAIRMAN LOCKEY: Okay.

MS. CUMMINGS: I'm finished I hope.

CHAIRMAN LOCKEY: I think your point is well taken.

I wanted to back off a little bit and, LaVon, let me ask you this question or Larry. If we assumed that there was no cross-contamination between Oak Ridge Hospital and ORINS, not zero, zilch, would that change the
status of what we're being asked?

MR. RUTHERFORD: Well, I think the better person to ask would be Lara herself on the end feasibilities defined in her report. I think the major end feasibilities that were defined were these associated solely with the cross contamination with the Oak Ridge Institute of Nuclear Studies but -- the Cancer Research Hospital. But Lara may recall if there was anything else.

CHAIRMAN LOCKEY: Well, let me interject here. As I recall, Lara, you could not find any monitoring badges from Oak Ridge Hospital during that time frame, right?

MS. HUGHES: That is correct.

CHAIRMAN LOCKEY: And so that's the question I'm trying to ask. If, in fact, there is no monitoring information -- and these were AEC employees, right?
MR. RUTHERFORD: Yes, they are covered employees, that's correct.

CHAIRMAN LOCKEY: Covered employees, and if there is no monitoring information available in that cohort of people who worked in that hospital, and solely worked in that hospital and assuming there is no cross contamination or cross movement with ORINS, then would this not have to be -- would we not have to say yes, we can't reconstruct dose. We know those are the upper limits? Or am I wrong in that?

MR. RUTHERFORD: Well, I think what -- and Lara can actually add to this -- I think the only thing we could do would be to look at general hospital practices at that time and look at any studies that were conducted during that period on exposures to x-ray technicians, to radiologists, to
individuals like that and try to come up with a model to actually do the dose reconstructions.

CHAIRMAN LOCKEY: Sort of surrogate exposure is what you're saying.

DR. NETON: LaVon, this is Jim Neton. I joined the call a while ago.

MR. RUTHERFORD: Yes.

DR. NETON: I'm working in the background. I think the ER does address that issue.

MR. RUTHERFORD: Yes, it does. I thought it did.

DR. NETON: It talks about a paper that was done. It's essentially that, a surrogate -- Dr. Lockey's right -- a surrogate analysis that could be used.

But if you remember in 83.14, it is set up such that we continue only insofar as
we identify what can't be done definitively
and then we create the class. And, LaVon,
correct me if I'm wrong, but I don't think
that we completely evaluate the rest of the
issues.

MR. RUTHERFORD: Actually this was
an 83.13.

DR. NETON: Oh, it was?

MR. RUTHERFORD: Yes, it was.

DR. NETON: Then we have it.

MR. RUTHERFORD: Yes, we did.

DR. NETON: So --

MR. RUTHERFORD: And I think Lara
can hop in here on this, the discussion on
those exposures.

MS. HUGHES: Well, we stated in the
report that the external doses from the source
being the radiology department, the diagnostic
and therapeutic x-rays, we could use surrogate
We also have an internal exposure component at the Oak Ridge Hospital because they had their own fairly small radioisotope lab where they did radioiodine -- they used radioiodine for thyroid uptake studies.

The only source term that we have to go with for that would be the information that is on the license that Oak Ridge Hospital had. We only have license information from 1956 on although we do know that they started this radioisotope lab somewhere around 1953.

I think they had other radioisotopes as well. I'd have to look. It's actually in the report.

So we're not just looking at the external exposure potential. There's also an internal source term.

CHAIRMAN LOCKEY: So, Lara, what
you are saying is then just looking at Oak Ridge alone, assuming there's no cross movement between the two facilities --

MS. HUGHES: Well, may I add something? You just sent out this JAMA article this morning. If you look at this article, there is the section in there that talks about exposures received during surgical procedures.

CHAIRMAN LOCKEY: Yes.

MS. HUGHES: That article was written in 1951.

CHAIRMAN LOCKEY: Right.

MS. HUGHES: Which means that ORINS did not have an operating room. So if you look at the amount of radioactivity in these patients, and that was clearly cross contamination because these patients would have been in the Oak Ridge Hospital.
CHAIRMAN LOCKEY: No, I understand that.

MS. HUGHES: I'm not sure, you know, if we were going to make this assumption, we'd probably --

CHAIRMAN LOCKEY: I'm not going there yet. I'm just --

MS. HUGHES: Okay.

CHAIRMAN LOCKEY: What I'm trying to do is I'm trying to work this through my mind. If we could assume that the hospital is completely separate, it very well -- for this hospital we perhaps may be able to do dose reconstruction by using what is available and using surrogate models. Okay? That's sort of where I wanted to put that into a box.

MR. CLOUTIER: May I interrupt?

CHAIRMAN LOCKEY: Then there is adequate documentation that at least for
morgue activities and for surgery activities, based on the article I sent out this morning and based on your report, that there is movement back and forth between the facilities, especially in relationship to certain patient care activities.

MR. CLOUTIER: Can I say one thing about what I think I heard Lara say? And I don't envy you people because I know the problem you have trying to sort everything out.

But the patients did not stay in the Oak Ridge Hospital, as I understand it, because in the E Wing is where the patients were kept. And the reason I know that is when I moved in to have my office there, my office was in a patient's room because they had vacated it to move it into -- the patients into the D Wing. But I moved into a patient's
room.

And what was unique about that room was it had marble walls. And when I asked about it, it turns out that Dr. Brucer had convinced a marble supplier to provide marble as extra shielding for the patients' rooms. So that building had, you know, rooms for patients that had marble walls, East Tennessee marble to be exact.

CHAIRMAN LOCKEY: Roger, the question that Lara is asking or has stated is not such a question but as a piece of information is in the 19 -- in the early 1940s, when a person needed surgery and they were in the E Wing, okay, but they needed surgery, they would have to be taken to Oak Ridge Hospital for the surgery.

MR. CLOUTIER: Well, keep the dates right because it wasn't until the 1950s that
the E Wing became available to --

CHAIRMAN LOCKEY: I'm sorry, 1950s.

That's what I meant, 1950s.

MR. CLOUTIER: And at that point, you are correct if you change it to 1950s.

CHAIRMAN LOCKEY: So in the 1950s, if somebody needed surgery, they were brought to Oak Ridge Hospital. And in the early 1950s, if somebody died, the autopsy was done at Oak Ridge Hospital.

MR. CLOUTIER: That would be my assumption also.

CHAIRMAN LOCKEY: Okay. All right.

Okay.

And now I'm trying to find fast forward here. So one fact is that if Oak Ridge was a standalone institution, we might be able to do dose reconstruction. But we have patients moving back and forth, at least
in the early 1950s.

And so the next question is besides patients moving back and forth and the people who were moving -- the orderlies, et cetera, moving back and forth, how much other movement occurred between the two facilities? Is that a reasonable question, Gen and Bob?

MEMBER PRESLEY: Yes. This is Bob.

But now I want to make one thing straight. What Roger is talking about, Lara made the statement that the patients were in Oak Ridge Hospital. They were in, so to speak, Oak Ridge Hospital but the wing where the cancer patients and the experiments were done was not part of the physical hospital where the regular sick people were.

MS. HUGHES: I'd like to add to that. The statement that Bob is referring to I believe is in the ER. And this information
is based on the contracts that we located that existed between ORINS and the Oak Ridge Hospital. And in the contract, it specifically stated that in an overflow situation or in a situation where a patient could not be cared for adequately in ORINS, a patient could be moved to the Oak Ridge Hospital given that the patient was not restricted because of radioactivity.

Now I have no proof whether or not this ever actually happened. I just base this information on the contracts that existed.

CHAIRMAN LOCKEY: So in the contract it said that if ORINS was full, it would go to Oak Ridge Hospital?

MS. HUGHES: Well, it's not so much ORINS is full. It's -- I think it stated that if a patient could not be cared for...
adequately. I'm not sure what that means.

Maybe if the patient needed an intensive care unit or -- I'm not sure.

CHAIRMAN LOCKEY: Right. Okay.

Well, any other comments?

MEMBER ROESSLER: Jim, this is Gen. I'm not sure where we'd go with the information if we got more information but it seems if we're going to spend some more time and Bob is going to pursue some contacts and I think the physician he talked about would be a good one, then I'd also suggest that we try to look for this [identifying information redacted] who has been mentioned.

When I do a search on the internet, I find two [identifying information redacted] living in Oak Ridge. They are probably different. I can't tell, you know, anything about them. But that might be worth
exploring.

Then something I brought up the other day. There's another name mentioned in the petition and I don't know, Emily, whether I can say the name or not but anybody can see it. It's in the petition. Let me see if I can find that now. Well, it's in some of the handwriting, kind of about three-quarters of the way through the petition.

MS. HOWELL: It's probably better just to not use the name but if you can reference a page number for the Board members.

MEMBER ROESSLER: Yes, this thing doesn't have page numbers that I can see. Well, yes, it's on I think it is page eight in the petition. In the handwritten part of it, it talks about somebody who -- it mentions the name and it says she was a resident of Oak Ridge, confirmed she was also -- I can't read
this -- but it appears she might have some
information if she's still available.

MR. RUTHERFORD: Doctor -- or Gen, this is LaVon Rutherford. There is another individual who we interviewed during the Oak Ridge Institute of Nuclear Studies SEC and that was a nurse from '51 to '53. And we didn't ask them at that time whether they, you know, moved back and forth. And I'm not sure Lara can answer this or not if we re-interviewed that person or not.

MEMBER ROESSLER: Well, since that's what we're really talking about is to try and determine the extent that people moved back and forth.

MR. CLOUTIER: May I introduce a different reason to worry about something? People from Oak Ridge National Lab Y-12 and K-25 also visited the Oak Ridge Hospital.
And I don't want to say that happened frequently but on occasion I would get called because someone had managed to pick up contamination on their feet. And they had ended up at the hospital for one reason or another. Now -- so that's another source of activity.

And the other thing back in that period of time was a lot of radioactive fallout from the nuclear weapons and so on. So there was fallout all over.

And, in fact, when the Abbott Laboratories went out of business, I was responsible for having the area monitored and we had to call off the monitoring not because the levels in the building were so high but because Chinese fallout had reached the area, the Oak Ridge area, and it raised our background so high that we couldn't detect the
low levels we were trying to detect inside the building. So there are other sources of radiation that may have -- or radioactive materials that may have made their way into the hospital as opposed to focusing solely on the, you know, connecting -- physically-connected building.

CHAIRMAN LOCKEY: Other comments?

(No response.)

CHAIRMAN LOCKEY: Thank you, Roger. Dr. Ralph -- is it --

MR. CLOUTIER: [identifying information redacted].

CHAIRMAN LOCKEY: -- [identifying information redacted], [identifying information redacted], it would be -- in know we haven't been able -- I know, Lara, you haven't been able to get a hold of him but
maybe -- Roger, would you be willing to work
with Lara and maybe perhaps Bob to arrange a
time to interview [identifying information
redacted]?

MR. CLOUTIER: Yes. I don't know
why he won't talk. I mean --

CHAIRMAN LOCKEY: Sometimes seeing
familiar faces, it helps.

MR. CLOUTIER: Well, I've talked to
him about it because I know him personally,
yes.

CHAIRMAN LOCKEY: Bob and Lara, do
you think that would be a feasible thing to
do?

MEMBER PRESLEY: Yes but I won't be
able to do it until we get back from
Brookhaven.

CHAIRMAN LOCKEY: Oh, I understand
that. It's not going to take place next week.
But, you know, I think we just need to get a better handle on somebody -- and physicians and nurses who worked there in the '50s, specifically going back asking them how much cross activity really took place, not only for their own professions but do they have any recollection about the paramedical people, the custodians, the orderlies, the technicians, the administrative people, and all the rest of the support staff.

MEMBER PRESLEY: Yes. And if I can do some digging, maybe I can find some more names and contacts that are still living because like Roger said, they had their own facilities up there in the later years, I know, where they took food in from the hospital. Now whether that food was brought over, you know, on trays, it went back on trays or whether it was brought over in
containers and used on the same trays that might have been washed in ORINS. And they could have done the same thing with silverware. And the silverware might not have gone back and forth.

We just have to see if we can't dig and find that.

MR. RUTHERFORD:  Bob, this is LaVon Rutherford. I just wanted to point out that — I mean some of the things that we know, we've got documented and we've got information here. The `50 to `55 period, the surgeries that took place, and the morgue, I just -- I mean right now me, I'm not hearing things that are going to change what we've already come up with.

MEMBER PRESLEY:  Well, that's true.

MR. RUTHERFORD:  And I don't know.

You know, and I -- I mean we'll do whatever
you guys want to do but I'm just bringing the question here, you know, I mean how hard are we going to -- how much harder are we going to push.

CHAIRMAN LOCKEY: It raises a good question. I guess what it is coming down to, LaVon, is if there was -- does it mean that everybody worked in Oak Ridge Hospital? Does it mean that everybody is included in the cohort? Or could that be narrowed down to people that worked in the OR, people that worked in the morgue. I don't think that's going to be possible. But --

MR. RUTHERFORD: Even on top of that, I think that even if you tried to narrow it down to that level, is the Department of Labor going to be able to administer it? And then are you going to be able to -- because you're going to get down to the situation
where you are going to try to define
individuals specifically -- or occupations
specifically.

And we have seen in the past from
an SEC perspective is if -- the DOL cannot
administer that because of the fact that names
or different job titles change over time. And
it makes it very difficult for them to
administer.

MR. CLOUTIER: Ted?
CHAIRMAN LOCKEY: Who is that?
Roger?

MR. CLOUTIER: Yes. This is Roger,
I'm sorry. If you don't need me any more
because you are now down to nitty gritty, I
will get off the phone. I can't say I'm
envious of the task you have but I'm sure glad
I don't have it. So if you don't need me,
I'll get off the phone.
MEMBER PRESLEY: Roger, thank you very much.

CHAIRMAN LOCKEY: Thank you, Roger.

MR. CLOUTIER: Thanks.

CHAIRMAN LOCKEY: Well, let's just talk to the Working Group and see where we stand on this.

Gen?

MEMBER ROESSLER: Well, I guess one of my questions is, and I think LaVon is going in that direction, do we have any other site like this? Do we have any precedence? Either something that we've dealt with in the past or foresee in the future?

MR. RUTHERFORD: Well, if you remember back -- I'll even start with Mallinckrodt. When we started with Mallinckrodt class definition, we started out with all -- or I think it was Mallinckrodt or
was it Y-12 -- Y-12 early years -- I'm getting my -- yes, Y-12 early years, we started out with all employees that worked in the uranium enrichment -- I think Uranium Division or whatever.

MEMBER PRESLEY: The Calutron Division.

MR. RUTHERFORD: Well, yes, we started out with -- yes, uranium, it was a specific division of employees. And what we found out was that the Department of Labor could not administer that class as written.

We were getting cases sent back to us for not being in the SEC for individuals who we clearly felt should have ended up in the SEC.

Ultimately we ended up doing an 83.14 to add or to change that class definition to all employees. And I think that what we've seen from that point and through
discussions with Department of Labor, that identifying job titles would be very hard to administer because job titles change over time, job, you know, what some person may call a -- for example, may call pipefitter today may have been a steamfitter 30 years ago, you know.

And those names and the descriptions change and so identifying job titles is difficult to administer for them. At least this is what we've seen in the past. I don't want to put anything in the Department of Labor.

So that -- ultimately after that point, we shifted from that to job locations. Now in this situation, if you put job locations down as a morgue or, you know, operating room and so on, again, that's going to be very difficult for them to separate
individuals out as well because then you're going to say well, did the maintenance staff go into the operating room at the Oak Ridge Hospital? Should they be included as well? Because I'm sure that the maintenance staff for Oak Ridge Hospital had to go in there. Did the orderlies have to go in there?

MEMBER PRESLEY: LaVon, it's Bob Presley.

MR. RUTHERFORD: Yes?

MEMBER PRESLEY: If you got a nurse that works in pediatrics --

MR. RUTHERFORD: Yes.

MEMBER PRESLEY: -- for 30 years --

MR. RUTHERFORD: Yes.

MEMBER PRESLEY: She's never even come close to working over in ORINS. Is that fair?

MR. RUTHERFORD: Well, I totally
understand what you're saying, Bob. I really do. Do I think that everyone that worked at Oak Ridge Hospital, you know, got the same exposure -- had the same exposure potential as the people that worked at the Oak Ridge Institute of Nuclear Studies? No, I don't. But administering this and separating people out from a dose reconstruction feasibility, it's very difficult.

DR. NETON: LaVon, this is Jim Neton. I'd like to say a couple of things if I could.

MR. RUTHERFORD: Sure.

DR. NETON: One is I think we have to remember that on average, I'm not sure if this still holds, but on average, the last time I looked about 50 percent of our claimants were survivors, not the actual
And so then you put a real burden on the survivors to try to, you know, a lot of them might not even have known what their parent or spouse, you know, their real official job title was or that sort of thing. So it sort of creates inequities from that situation.

Secondly, I think the precedent was set a long time ago at Bethlehem Steel for just such a scenario where everyone that worked at Bethlehem Steel is covered even though we knew that probably no more than a few dozen people ever worked in the ten-inch bar mill with radioactive material. So there are precedents for covering a large population where we can't identify job titles or we don't believe the survivors could identify them either.
CHAIRMAN LOCKEY: Gen?

MEMBER ROESSLER: Well, I think Jim just added to the information. I think out of curiosity, I'd like to see some more information procured. But I don't know if it is going to get us anywhere. And probably in fairness, if we don't think we're going to make any progress, then we ought to wrap it up.

MEMBER PRESLEY: Gen, I feel the same way you do but is Larry still there?

MR. ELLIOTT: I am online.

MEMBER PRESLEY: Larry, why don't you tell us about the law.

MR. ELLIOTT: The law? In the context of this particular petition?

MEMBER PRESLEY: Yes, sir.

CHAIRMAN LOCKEY: Wait a minute, Larry, I want to get my notes out and take
notes on this.

MR. ELLIOTT: First of all, I'm not a lawyer. Maybe Emily could do us a better service here overall but what do you specifically want me to opine about, Mr. Presley?

MEMBER PRESLEY: Okay. What we're doing may be a total effort in futility since the way that the law is written if we can't do -- if we don't come up with dose reconstruction or stuff like that, then it's got to be given. Is that not correct?

MR. ELLIOTT: The law and our regulation prescribed for situations where a dose cannot be reconstructed with sufficient accuracy, and in our regulation we defined that as being our ability to provide a bounding dose or a maximum level dose or a more precise dose than a maximum level, then a
A class can only be added for a facility that is designated as a covered facility. It cannot go across facilities. Is that helpful?

MEMBER PRESLEY: That's helpful.

Then this is a covered facility?

MR. ELLIOTT: It is a covered facility. It is a standalone situation as a facility though yes what happened in the hospital that perhaps contributed to -- or what happened in ORINS that perhaps migrated or environmentally found its way into the hospital situation becomes a problem in the hospital situation. Is that clear?

MEMBER PRESLEY: That's clear.

Then I don't think that us spending any more time and money is going to help the situation because I don't think we can prove anything
one way or the other.

CHAIRMAN LOCKEY: I -- Jim Lockey -- I guess I concur with that. I do concur with that. I'm curious to hear what [identifying information redacted] would have to say about his recollection but I don't think it is necessarily going to change anything because I think there is going to be enough unknowns that it won't change anything.

But I think it would be interesting to know his recollection of what went on back in the mid-1950s. But I'm not sure it's worth holding everything up.

So I'm ready for a motion. Who wants to make it? Any other comments?

MS. CUMMINGS: Can I ask a question. This is Sara Cummings.

I have a question. Has any one individual previously been approved for the
cohort where they were an employee of the Oak Ridge Hospital?

MR. RUTHERFORD: It sounds like we're waiting for somebody to answer. This is LaVon Rutherford.

MEMBER PRESLEY: One of you all will have to answer that.

MR. RUTHERFORD: I do not -- you know, from my knowledge, I do not know. I know there was -- when I originally worked on the Oak Ridge Institute of Nuclear Studies, there were two or three individuals, or it may have been four individuals who I felt were identified as Oak Ridge Hospital that should have been identified as Oak Ridge Institute of Nuclear Studies employees.

But I do not know if anyone, you know, if -- let's put it this way, if Department of Labor kept their employment at
Oak Ridge Hospital, they would not have covered them under the SEC. Does that make -- do you understand what I'm saying?

MS. CUMMINGS: Repeat that again.

MR. RUTHERFORD: Okay. If the Department of Labor came down with the determination that an individual worked at Oak Ridge Hospital and not Oak Ridge Institute of Nuclear Studies, then they would not have covered them under the Oak Ridge Institute of Nuclear Studies SEC.

MR. ELLIOTT: Let me answer the question -- this is Larry Elliott -- a little bit more -- beyond what was LaVon was able to. I'm looking at our database statistically looking for those claims that had employment at Oak Ridge Hospital. There's only two of which that have been found to be -- that have a final decision on them. And both of those
had time at Oak Ridge Hospital but they had
time at several other covered facilities,
several of which have a class associated.

So without getting into the details
of each of the two claims, I can't tell what
really triggered the compensation decision for
those two claims but I can tell you it wasn't
because of Oak Ridge Hospital situation.

Does that answer your question?

Only two claims that have Oak Ridge Hospital
employment have been compensated -- have been
given a decision by DOL to be compensated.
Those are not based upon the employment
specifically at Oak Ridge Hospital. They are
based upon employment at other facilities.

MEMBER PRESLEY: What you're saying
then, Larry, is that nurse or whoever that
might have been, that employee could have been
employed at Oak Ridge Hospital and then gone
to Y-12 or K-25 or Hornell or some other
covered facility.

MR. ELLIOTT: That's correct.

CHAIRMAN LOCKEY: All right. So
anybody else have any more comments?

(No response.)

CHAIRMAN LOCKEY: LaVon or maybe it
was Jim -- last time we spoke, the definition
of the cohort was going to be changed, correct?

DR. NETON: Yes, I think LaVon was
going to take care of that.

MR. RUTHERFORD: Yes.

CHAIRMAN LOCKEY: LaVon, can you
send me that -- the new definition by email?

MR. RUTHERFORD: Yes. Either -- I
think Lara is the one that's got it so --

MS. HUGHES: Yes, I can do it.

MR. RUTHERFORD: Okay.
CHAIRMAN LOCKEY: Lara, because I'll need that. And then what I hear us, the Working Group, saying is that the new definition of who is going to be in accord, we're going to pretty much -- we're going to accept what we've been provided about -- our recommendation is that we do grant this as a special exposure cohort. Anybody have any comments on that statement?

MEMBER PRESLEY: I don't like it but I am going to have to vote for it.

CHAIRMAN LOCKEY: Well, the question is that we don't really think that there is really life endangerment but that's not something that we can really work with because we can't establish the upper limits, right?

MR. ELLIOTT: I think you have correctly characterized the situation, Dr.
Lockey.

CHAIRMAN LOCKEY: That must be Dr. Elliott.

MR. ELLIOTT: Well, it's Mr. Elliott. And yes, I would like to speak to this issue.

On behalf of the 12 claimants or 12 claims that have been completed and denied but yet have had time, work time, employment time at Oak Ridge Hospital, I don't know if some of these will find their way to become eligible under this class definition if you vote in favor of it. And would find themselves in a compensable status because of that. I appreciate your taking this action on their behalf.

CHAIRMAN LOCKEY: All right. So we're going to -- not necessarily a life endangered situation but because we cannot
calculate dose, we don't -- we can't calculate the upper limit. And, therefore, as a Working Group, we're supportive of the granting of the SEC.

I'll make that as a motion. A second?

MEMBER PRESLEY: I'll second it.

CHAIRMAN LOCKEY: All in favor?

(Chorus of ayes.)

CHAIRMAN LOCKEY: Okay. I think we're done unless there are any other comments.

MEMBER PRESLEY: I appreciate everybody's effort. We'll see you all in New York.

CHAIRMAN LOCKEY: Ted, are we okay with this?

MR. KATZ: Yes, I think we are. I mean the only thing is everybody said --
I think the transcript, it's hard to reflect --

I think you just need a statement that it was unanimous because it's hard to reflect that in the transcript given that there were just a number of ayes. And I don't think the Court Reporter --

CHAIRMAN LOCKEY: I think it was unanimous. John Poston wasn't on the -- wasn't available to vote.

MEMBER ROESSLER: You could do roll call if you wanted.

CHAIRMAN LOCKEY: All right. Let's do roll call.

Gen?

MR. KATZ: Jim, why don't you do that just as a formality.

CHAIRMAN LOCKEY: Gen?

MEMBER ROESSLER: Aye.

CHAIRMAN LOCKEY: Robert?
MEMBER PRESLEY: Aye.

CHAIRMAN LOCKEY: Phil?

(No response.)

CHAIRMAN LOCKEY: I think he hung up. Phil?

(No response.)

CHAIRMAN LOCKEY: Ted? Ted?

MR. KATZ: Yes?

CHAIRMAN LOCKEY: Can you -- Jim Lockey, I say aye. Can you talk to -- maybe get a verbal from Phil. I think he hung up.

MR. KATZ: Right. Let me send him an email and get him to respond by email. That will be fine.

CHAIRMAN LOCKEY: That would be great.

All right. We'll present this next week.

Thank you everybody for your time.
and consideration.

And Ted or somebody, can somebody send Roger a thank you note?

MR. KATZ: Yes, certainly, I'll be happy to do that.

CHAIRMAN LOCKEY: That would be nice. All right, I appreciate that.

Take care everybody.

MEMBER PRESLEY: See you all next week.

MEMBER ROESSLER: See you soon.

MR. KATZ: Good bye. Thank you everybody.

(Whereupon, the above-entitled matter was concluded at 3:30 p.m.)
This transcript of the Advisory Board on Radiation and Worker Health, Oak Ridge Hospital Work Group, has been reviewed for concerns under the Privacy Act (5 U.S.C. § 552a) and personally identifiable information has been redacted as necessary. The transcript, however, has not been reviewed and certified by the Chair of Oak Ridge Hospital Work Group for accuracy at this time. The reader should be cautioned that this transcript is for information only and is subject to change.

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