

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. 1

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
NATIONAL INSTITUTE FOR OCCUPATIONAL  
SAFETY AND HEALTH

+ + + + +

ADVISORY BOARD ON RADIATION AND  
WORKER HEALTH

+ + + + +

OAK RIDGE HOSPITAL WORK GROUP

+ + + + +

TUESDAY  
OCTOBER 13, 2009

+ + + + +

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

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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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Roll Call..... 4

Discussion..... 10

Adjourn..... 85

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

2 2:05 p.m.

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

6 CHAIRMAN LOCKEY: James Lockey,  
7 Chair.

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

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

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

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

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

18 CHAIRMAN LOCKEY: Well, in his  
19 email, it looked like he was going to have to

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1 go someplace because of a fire alarm.

2 MR. KATZ: Oh.

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

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

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

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

13 CHAIRMAN LOCKEY: Okay, good.

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

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

19 MR. KATZ: Okay. I didn't have an

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1 email saying he wouldn't be with us.

2 Zaida, are you on the line? Or

3 Nancy Adams?

4 MS. BURGOS: I am on the line. And

5 he said he was going to be on.

6 MR. KATZ: Okay. Did you just hear

7 that recently? Or --

8 MS. BURGOS: Yes.

9 MR. KATZ: Okay.

10 MS. BURGOS: He asked me for the

11 pass code.

12 MR. KATZ: Okay. So -- and then

13 let me just check for John Poston.

14 (No response.)

15 MR. KATZ: Okay. While we're

16 waiting for Phil, why don't we go through the

17 rest of the roll call. By the way, this is

18 Ted Katz. I am the DFO, Designated Federal

19 Official for the Advisory Board on Radiation

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1 Worker Health. And this is the Work Group on  
2 Oak Ridge Hospital.

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

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

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

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

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

19 Okay, then, how about the SC&A

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1 Team?

2 DR. BEHLING: This is Hans Behling,  
3 SC&A. No conflict.

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

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

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

11 MR. KATZ: Okay. Thanks, Hans.

12 Then let's go to other federal  
13 officials or contractors, HHS or otherwise.

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

16 MR. KATZ: Oh, welcome.

17 MEMBER SCHOFIELD: No conflict,  
18 thanks.

19 CHAIRMAN LOCKEY: Hey, Phil, is

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1 that you?

2 MEMBER SCHOFIELD: Yes, it is.

3 CHAIRMAN LOCKEY: Welcome.

4 MEMBER SCHOFIELD: Thanks.

5 MS. AL-NABULSI: Isaf Al-Nabulsi,

6 DOE, no conflict.

7 MR. KATZ: Welcome.

8 MS. HOWELL: Emily Howell, HHS. No

9 conflicts.

10 MR. KATZ: Okay. It sounds like

11 that's it for federal employees.

12 And then is there members of the

13 public?

14 MS. CUMMINGS: Sara Cummings.

15 MR. KATZ: Sara Cummings, welcome.

16 MS. CUMMINGS: Thank you.

17 MR. KATZ: And then Roger, do you

18 want to identify yourself for the record?

19 MR. CLOUTIER: Roger Cloutier,

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1 retired from ORAU 17 years ago. Started work  
2 in 1959.

3 MR. KATZ: Welcome.

4 Any other members of the public?

5 (No response.)

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

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

18 Thank you, Jim.

19 CHAIRMAN LOCKEY: Okay. Well,

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1 welcome. Sara and Roger, welcome to you both.

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

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

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

18 Also, Gen had sent out some  
19 information regarding her conversation with

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1 Roger. And Lara also sent out some additional  
2 information regarding her conversation with I  
3 guess it is Kapolka, is that right? Is that  
4 spelled correctly?

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

7 CHAIRMAN LOCKEY: Kapolka?  
8 Kapolka? Mr. Kapolka.

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

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

13 CHAIRMAN LOCKEY: You're doing  
14 good.

15 MEMBER ROESSLER: Okay. I offered  
16 to look at some publications that Marshall  
17 Brucer in the '50s. I thought -- he had a  
18 series of vignettes -- and I thought perhaps  
19 in one or more of those we would find

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1 something about radiation safety in the  
2 facility. I did not.

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

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

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

16 And I guess I'll just make one  
17 final comment is that after talking to Roger,  
18 who was there, who started there in '59, which  
19 is about the end of the period we're

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1 interested in, but he knew Marshall, worked  
2 with him, knows about his habits of working  
3 and all.

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

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

16 CHAIRMAN LOCKEY: Gen, thanks.

17 Roger?

18 MR. CLOUTIER: Hello.

19 CHAIRMAN LOCKEY: Can you hear us

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1 all right?

2 MR. CLOUTIER: Yes, at the moment.

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

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

17 Was there -- do you have any recall  
18 of that or recollection of that or any insight  
19 in that?

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1 MR. CLOUTIER: Well, let me ramble  
2 a little if I may. The period of time you are  
3 talking about is 1950 to `58 or `59.

4 CHAIRMAN LOCKEY: Correct.

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

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

16 And by the time they got to Wing E,  
17 which was quite a ways from the main part of  
18 the hospital, that's the part that was turned  
19 over to ORAU, or ORINS at that time, to become

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1 the Medical Division, in 1948 I think it was.

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

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

15 Now just so I can throw something  
16 else in and then I'll let you ask some more  
17 questions, as I was thinking about this, I  
18 remembered that the Abbott Radiopharmaceutical  
19 Laboratory, which was --

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1 MS. CUMMINGS: This is Sara  
2 Cummings. I can't hear anything of what Roger  
3 is saying.

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

6 MS. CUMMINGS: It is.

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

9 MR. CLOUTIER: I'll try it.

10 CHAIRMAN LOCKEY: Okay.

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

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1 all over the country.

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

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

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

16 MR. CLOUTIER: That's a  
17 possibility.

18 CHAIRMAN LOCKEY: Okay. And that  
19 was close to the Oak Ridge Hospital as was the

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1 ORINS. Is that right?

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

8 CHAIRMAN LOCKEY: Okay.

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

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

16 MEMBER PRESLEY: That's correct.

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

19 MR. CLOUTIER: So if you look at

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1 it, you can see where the walkway was if  
2 you're looking at the early photograph.

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

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

18 He mentioned one other person that  
19 I've never heard of or knew, an

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1       anesthesiologist           named           [identifying  
2       information redacted]. But those are the only  
3       two people he could think of that normally  
4       made the exchange.

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

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

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

16                   CHAIRMAN   LOCKEY:           [identifying  
17       information redacted], I see, Lara, that you  
18       had tried to contact him but were  
19       unsuccessful. Was that correct?

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1 MS. HUGHES: Yes, I tried to leave  
2 a message and his answering machine kept  
3 cutting off. And I was not able -- I have not  
4 reached him to this day.

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

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

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

15 COURT REPORTER: I wanted to make  
16 sure.

17 MS. HUGHES: We are talking about  
18 [identifying information redacted], who is a  
19 former physician at the Oak Ridge Hospital.

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1 COURT REPORTER: Okay. Thank you.

2 CHAIRMAN LOCKEY: It is  
3 [identifying information redacted].

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

8 MR. CLOUTIER: He came in the mid-  
9 `50s, as I understand it, and he had an  
10 appointment where he had part-time work at the  
11 Oak Ridge Hospital and part-time work at  
12 ORINS.

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

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1 came back to Oak Ridge.

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

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

12 CHAIRMAN LOCKEY: Was it  
13 [identifying information redacted]?

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

16 CHAIRMAN LOCKEY: Does [identifying  
17 information redacted] know whether  
18 [identifying information redacted] is still  
19 living?

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1 MR. CLOUTIER: I did not ask him  
2 that because I was on some other subject.

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

13 MR. CLOUTIER: My understanding is  
14 that there was two separate groups, that the  
15 hospital did not provide maintenance people.  
16 The ORINS people provided the maintenance for  
17 the ORINS Hospital. And that's also mentioned  
18 in the report that was prepared by your  
19 people.

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1                   With regard to food, I'm told and  
2                   it consisted or continued when I was at the  
3                   hospital, that the Oak Ridge Hospital would  
4                   bring food over in a wagon. And they'd drop  
5                   it off at the loading dock. And at that  
6                   point, it was picked up and taken up to the  
7                   patients.

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

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

17                  CHAIRMAN LOCKEY: But that would  
18                  indicate that the silverware perhaps would go  
19                  back and the dishes perhaps would go back to

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1 Oak Ridge Hospital for sanitation.

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

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

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

19 CHAIRMAN LOCKEY: And as far as x-

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1 ray procedures, if somebody needed a chest x-  
2 ray, again, would that be done -- would that  
3 have been done at Oak Ridge Hospital?

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

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

11 MR. CLOUTIER: Correct.

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

14 MR. CLOUTIER: No.

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

19 MR. CLOUTIER: Yes.

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1 CHAIRMAN LOCKEY: Okay. Trash  
2 collection was separate?

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

6 CHAIRMAN LOCKEY: What about  
7 postmortem evaluations, the morgue?

8 MR. CLOUTIER: Initially I would  
9 assume based on what I now know that the  
10 morgue at the Oak Ridge Hospital probably was  
11 used. But at the same time that the  
12 connecting structure was made, ORINS opened up  
13 its own morgue. So I would say early in the  
14 `50s, it probably was done over in the Oak  
15 Ridge Hospital and late `50s done at ORINS.

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

19 Let's just go around the people on

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1 the conference and see who else will have some  
2 additional questions to ask.

3 MR. CLOUTIER: Let me add one more  
4 thing only because it is on my mind at the  
5 moment. Late in I believe it was '58, there  
6 was a leak in a teletherapy source and your  
7 report lists what the surface contamination  
8 was.

9 And I went back and looked at the  
10 report and at one point, it talks about like  
11 400 -- no, I've forgotten the number but it  
12 was a large number of millicuries and it  
13 implied it was released to the area.

14 But as best as I can figure out  
15 from information and including a paper I wrote  
16 with Dr. Brucer, that was material released  
17 from the source but most of it contained  
18 within the teletherapy unit, which was later  
19 enveloped in, you know, polyethylene or

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1       whatever you used at that time. And the whole  
2       source head was taken back to Oak Ridge  
3       National Laboratory. And in a hot cell, they  
4       slowly cleaned it up.

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

11                      And that led to another question  
12      that I had. If I were doing that back at that  
13      time, I'd quickly look at what was the maximum  
14      permissible body burden for old timers that  
15      was permitted at that time and a quick  
16      calculation showed that someone would have to  
17      eat an awful lot of floor or lick a lot of  
18      floor before they could take the maximum  
19      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 CHAIRMAN LOCKEY: So you're saying  
5 that the high level was actually in the head  
6 of the unit and the actual surface  
7 contamination was substantially less?

8 MR. CLOUTIER: Well, the surface  
9 contamination on the floor of the building --

10 CHAIRMAN LOCKEY: Right.

11 MR. CLOUTIER: -- and part of that  
12 comes from the fact that the detection was  
13 first picked up because of surface smears that  
14 were taken around the building as part of the  
15 monitoring program. And contamination was  
16 recognized as being some place or being in  
17 various places.

18 And then the teletherapy technician  
19 happened to walk up close to a sodium iodide

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1 crystal and caused it to go and, you know,  
2 circulate as it's supposed to do but it was  
3 recognized that the individual had picked up  
4 some contamination. And that's what led them  
5 back to the teletherapy room where they  
6 discovered the source of the contamination.

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

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

13 CHAIRMAN LOCKEY: Okay. Okay, Gen?  
14 Robert?

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

19 But what I'm trying to -- what date

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1 was on that photograph?

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

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

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

16 MEMBER ROESSLER: So then it is  
17 probably Roger, you're talking about an aerial  
18 photograph that showed how the buildings were  
19 connected?

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1 MR. CLOUTIER: Well, Lara, if I  
2 caught her name properly, is right that the  
3 first picture is one -- there are two aerial  
4 photographs I know of. And the first one in  
5 1943. And it shows the E Wing connected to  
6 the D Wing by a walkway. Okay?

7 MEMBER ROESSLER: Okay.

8 MR. CLOUTIER: That's in '43.

9 Now -- I'm trying to reach my other  
10 photograph -- there's one taken later in the  
11 '50s, I believe, '54, I think but I'll have to  
12 find the picture, and by then, the connection  
13 had been made into the section that would  
14 include the teletherapy sources.

15 MEMBER ROESSLER: I guess what I'm  
16 trying to picture is with these two facilities  
17 connected by some sort of a walkway, did the  
18 people in ORINS have to go through this  
19 walkway into the Oak Ridge Hospital to get out

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1 of their building? Did they have a separate  
2 entrance? Or was all of the traffic through  
3 this walkway?

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

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

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

16 CHAIRMAN LOCKEY: The E Wing.

17 MR. CLOUTIER: Yes.

18 MEMBER PRESLEY: Jim?

19 CHAIRMAN LOCKEY: Yes.

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1 MEMBER PRESLEY: It's Bob Presley.

2 CHAIRMAN LOCKEY: Hi, Bob.

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

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

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

17 MEMBER PRESLEY: Yes.

18 CHAIRMAN LOCKEY: And is the one-  
19 story building the E Wing?

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1                   MEMBER PRESLEY:    Yes.    That's my  
2   understanding.   Is it, Roger?

3                   MR. CLOUTIER:    Yes, that's right.

4                   MEMBER PRESLEY:    Okay.

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

10                  MEMBER PRESLEY:    Right, a short  
11   walkway.

12                  CHAIRMAN LOCKEY:    Right.

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

16                  MR. CLOUTIER:    Good.

17                  MEMBER PRESLEY:    When they did the  
18   experiments on the patients and everything,  
19   all of that was done on the bottom floor of

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1 the three-story building back underground in  
2 special cubicles that they had made down  
3 there. Is that not correct?

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

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

19 MEMBER PRESLEY: That's correct.

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1 MR. CLOUTIER: So does that clear  
2 up what you were saying?

3 MEMBER PRESLEY: Yes, yes.

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

8 MR. CLOUTIER: Correct.

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

11 MR. CLOUTIER: One-story wing.

12 MEMBER PRESLEY: And away from  
13 everything.

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

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

18 CHAIRMAN LOCKEY: Right. But how  
19 was it connected to the D Wing?

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1                   MR. CLOUTIER:     By means of a --  
2                   initially by means of an open walkway that was  
3                   kind of covered over.   If you happen to have  
4                   that '43 picture, if you look at it, the thing  
5                   right in front of you is the A Wing of the Oak  
6                   Ridge Hospital.   And to the far right of that  
7                   picture, the structure that's one-story high  
8                   with four, we'll call them vents on the top,  
9                   that's the E Wing.   And E connects to D by  
10                  means of that walkway.

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

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

17                  CHAIRMAN LOCKEY:   Not until the  
18                  '60s.   And what was in the D Wing?

19                  MR. CLOUTIER:     I don't know what

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1 the hospital had in the D Wing but something  
2 else that plays into this, Oak Ridge, when it  
3 got started had a population of about 70 or  
4 80,000 people. And after the war ended, the  
5 population dropped to about half.

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

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

16 MR. CLOUTIER: Well, the first  
17 thing they did was to move the hospital  
18 patients to the D Wing. They also -- that's  
19 where the surgery, a new surgery was created.

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1       There were lots of laboratories that were  
2       established in that wing.

3               Let's see, equipment repair and  
4       things like that were on the bottom floor  
5       along with administrative people. But that's  
6       1960s.

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

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

18              And so the first thing it was  
19      guttled. And I don't recall going into that

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1 building until somebody was gutting, you know,  
2 in the business of tearing everything out. So  
3 I don't know if surgery was in that wing or  
4 not.

5 CHAIRMAN LOCKEY: Okay.

6 MEMBER PRESLEY: Hey, Jim?

7 CHAIRMAN LOCKEY: Yes?

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

16 MS. HUGHES: This is Lara. I'd  
17 like to add that I already interviewed  
18 [identifying information redacted] for when we  
19 prepared the evaluation report.

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1                   MEMBER PRESLEY:   Okay.  Did he give  
2                   you any inclination as to where things might  
3                   be located?

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

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

12                  MS. HUGHES:     Okay.

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

15                  CHAIRMAN LOCKEY:   Okay.  Any other  
16                  questions for Roger?

17                  MS. CUMMINGS:     This is Sara  
18                  Cummings.  I would like to ask Roger what his  
19                  role was when he was employed there.  And had

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1 a couple of questions. What year -- he was  
2 employed in `59 and then was it true that in  
3 1960, January or so, ORINS moved out of there  
4 and then became a part of the Associated  
5 Universities?

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

9 CHAIRMAN LOCKEY: Sara?

10 MS. CUMMINGS: Yes?

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

14 MS. CUMMINGS: Roger, this is Sara  
15 Cummings. And I was wondering what month and  
16 year you were employed there and what your  
17 role was. And it is my understanding, I  
18 thought in 1960 ORINS moved out of there and  
19 became a part of the Oak Ridge Associated

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1 Universities. Is that correct?

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

16 Now I came in 1959, I came in May I  
17 believe it was, I was hired from Westinghouse  
18 in Pittsburgh Atomic Power Group. And came to  
19 Oak Ridge because it looked like an

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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

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1 transit between the two hospitals. The only  
2 time we got to see Oak Ridge Hospital doctors  
3 was on a Thursday night seminar that many of  
4 the doctors would come over to listen to the  
5 seminars. And they were, you know, interested  
6 in what was going on.

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

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

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

18 MS. CUMMINGS: So how many months  
19 in '59 did you work there?

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1 MR. CLOUTIER: Well, I started in  
2 May and I continued to work until 1992. And  
3 I've been with ORINS all the time -- ORINS and  
4 ORAU.

5 MS. CUMMINGS: Okay. But you were  
6 physically located there from May of '59 until  
7 1960? And then it was -- ORAU was relocated  
8 at that point, is that right?

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

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

18 MS. CUMMINGS: It just seems  
19 appropriate it would be good to have some

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1 information from nursing or from physicians on  
2 the movement of healthcare providers going  
3 from one area to the other.

4 And it's my understanding, I  
5 thought in like January of 1960, a lot of the  
6 use of the radioactive materials that were  
7 going on with ORINS was discontinued and  
8 became ORAU and they moved to another location  
9 away from this area. Is that correct?

10 MR. CLOUTIER: I'm not sure who the  
11 they are that you --

12 MS. CUMMINGS: Well, ORINS became  
13 ORAU. Did they not move ORAU then to another  
14 location in 1960?

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

16 MEMBER PRESLEY: What's she's  
17 talking about is when moved their office down  
18 next to the museum and built a new building  
19 but their medical facilities still remained up

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1 at the old hospital location.

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

10 About 1960, and I don't know the  
11 date exactly, they built a new building for  
12 administrators on what is now called the ORINS  
13 campus or ORAU campus, which is up behind the  
14 municipal building. But the medical division  
15 has always been at the same location with one  
16 addition. Very early in the game, a building  
17 that was part of the University of Tennessee  
18 Agricultural Research Station, operated by the  
19 Atomic Energy Commission, that's located at

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1 the old Scarboro School, and don't confuse it  
2 with the Scarboro Community, because it's a  
3 different location, ORINS occupied a small  
4 animal laboratory out at that location.

5 MEMBER PRESLEY: That's correct.  
6 And I think the fellow that ran that out there  
7 is still living. I'm not sure.

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

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

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

18 MEMBER PRESLEY: Right, yes. This  
19 fellow's name is Joseph Gray. And he worked

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1 with the animals and all out there. He was in  
2 charge of the animals.

3 MR. CLOUTIER: Okay. Did I answer  
4 your question?

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

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

19 And it seems as though we need some

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1 additional information from someone nursing-  
2 wise or physician-wise to answer the question  
3 as to whether staff moved from one area of Oak  
4 Ridge Hospital into ORINS and, you know, back  
5 and forth.

6 CHAIRMAN LOCKEY: Sara?

7 MS. CUMMINGS: Yes?

8 CHAIRMAN LOCKEY: Was that you  
9 talking?

10 MS. CUMMINGS: I was, yes.

11 CHAIRMAN LOCKEY: Okay.

12 MS. CUMMINGS: I'm finished I hope.

13 CHAIRMAN LOCKEY: I think your  
14 point is well taken.

15 I wanted to back off a little bit  
16 and, LaVon, let me ask you this question or  
17 Larry. If we assumed that there was no cross-  
18 contamination between Oak Ridge Hospital and  
19 ORINS, not zero, zilch, would that change the

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1 status of what we're being asked?

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

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

15 MS. HUGHES: That is correct.

16 CHAIRMAN LOCKEY: And so that's the  
17 question I'm trying to ask. If, in fact,  
18 there is no monitoring information -- and  
19 these were AEC employees, right?

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1 MR. RUTHERFORD: Yes, they are  
2 covered employees, that's correct.

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

13 MR. RUTHERFORD: Well, I think what  
14 -- and Lara can actually add to this -- I  
15 think the only thing we could do would be to  
16 look at general hospital practices at that  
17 time and look at any studies that were  
18 conducted during that period on exposures to  
19 x-ray technicians, to radiologists, to

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1 individuals like that and try to come up with  
2 a model to actually do the dose  
3 reconstructions.

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

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

8 MR. RUTHERFORD: Yes.

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

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

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

18 But if you remember in 83.14, it is  
19 set up such that we continue only insofar as

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1 we identify what can't be done definitively  
2 and then we create the class. And, LaVon,  
3 correct me if I'm wrong, but I don't think  
4 that we completely evaluate the rest of the  
5 issues.

6 MR. RUTHERFORD: Actually this was  
7 an 83.13.

8 DR. NETON: Oh, it was?

9 MR. RUTHERFORD: Yes, it was.

10 DR. NETON: Then we have it.

11 MR. RUTHERFORD: Yes, we did.

12 DR. NETON: So --

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

16 MS. HUGHES: Well, we stated in the  
17 report that the external doses from the source  
18 being the radiology department, the diagnostic  
19 and therapeutic x-rays, we could use surrogate

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1 data from other hospitals.

2 We also have an internal exposure  
3 component at the Oak Ridge Hospital because  
4 they had their own fairly small radioisotope  
5 lab where they did radioiodine -- they used  
6 radioiodine for thyroid uptake studies.

7 The only source term that we have  
8 to go with for that would be the information  
9 that is on the license that Oak Ridge Hospital  
10 had. We only have license information from  
11 1956 on although we do know that they started  
12 this radioisotope lab somewhere around 1953.

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

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

19 CHAIRMAN LOCKEY: So, Lara, what

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1 you are saying is then just looking at Oak  
2 Ridge alone, assuming there's no cross  
3 movement between the two facilities --

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

10 CHAIRMAN LOCKEY: Yes.

11 MS. HUGHES: That article was  
12 written in 1951.

13 CHAIRMAN LOCKEY: Right.

14 MS. HUGHES: Which means that ORINS  
15 did not have an operating room. So if you  
16 look at the amount of radioactivity in these  
17 patients, and that was clearly cross  
18 contamination because these patients would  
19 have been in the Oak Ridge Hospital.

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1                   CHAIRMAN LOCKEY:    No, I understand  
2                   that.

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

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

8                   MS. HUGHES:        Okay.

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

17                  MR. CLOUTIER:      May I interrupt?

18                  CHAIRMAN LOCKEY:    Then there is  
19                  adequate documentation that at least for

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1 morgue activities and for surgery activities,  
2 based on the article I sent out this morning  
3 and based on your report, that there is  
4 movement back and forth between the  
5 facilities, especially in relationship to  
6 certain patient care activities.

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

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

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1 room.

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

10 CHAIRMAN LOCKEY: Roger, the  
11 question that Lara is asking or has stated is  
12 not such a question but as a piece of  
13 information is in the 19 -- in the early  
14 1940s, when a person needed surgery and they  
15 were in the E Wing, okay, but they needed  
16 surgery, they would have to be taken to Oak  
17 Ridge Hospital for the surgery.

18 MR. CLOUTIER: Well, keep the dates  
19 right because it wasn't until the 1950s that

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1 the E Wing became available to --

2 CHAIRMAN LOCKEY: I'm sorry, 1950s.

3 That's what I meant, 1950s.

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

6 CHAIRMAN LOCKEY: So in the 1950s,  
7 if somebody needed surgery, they were brought  
8 to Oak Ridge Hospital. And in the early  
9 1950s, if somebody died, the autopsy was done  
10 at Oak Ridge Hospital.

11 MR. CLOUTIER: That would be my  
12 assumption also.

13 CHAIRMAN LOCKEY: Okay. All right.

14 Okay.

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

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1 in the early 1950s.

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

8 MEMBER PRESLEY: Yes. This is Bob.

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

17 MS. HUGHES: I'd like to add to  
18 that. The statement that Bob is referring to  
19 I believe is in the ER. And this information

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1 is based on the contracts that we located that  
2 existed between ORINS and the Oak Ridge  
3 Hospital.

4 And in the contract, it  
5 specifically stated that in an overflow  
6 situation or in a situation where a patient  
7 could not be cared for adequately in ORINS, a  
8 patient could be moved to the Oak Ridge  
9 Hospital given that the patient was not  
10 restricted because of radioactivity.

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

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

17 MS. HUGHES: Well, it's not so much  
18 ORINS is full. It's -- I think it stated that  
19 if a patient could not be cared for

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1 adequately. I'm not sure what that means.  
2 Maybe if the patient needed an intensive care  
3 unit or -- I'm not sure.

4 CHAIRMAN LOCKEY: Right. Okay.

5 Well, any other comments?

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

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

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1 exploring.

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

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

13 MEMBER ROESSLER: Yes, this thing  
14 doesn't have page numbers that I can see.  
15 Well, yes, it's on I think it is page eight in  
16 the petition. In the handwritten part of it,  
17 it talks about somebody who -- it mentions the  
18 name and it says she was a resident of Oak  
19 Ridge, confirmed she was also -- I can't read

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1       this -- but it appears she might have some  
2       information if she's still available.

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

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

16                   MR. CLOUTIER:    May I introduce a  
17      different reason to worry about something?  
18      People from Oak Ridge National Lab Y-12 and K-  
19      25 also visited the Oak Ridge Hospital.

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1                   And I don't want to say that  
2                   happened frequently but on occasion I would  
3                   get called because someone had managed to pick  
4                   up contamination on their feet. And they had  
5                   ended up at the hospital for one reason or  
6                   another. Now -- so that's another source of  
7                   activity.

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

12                  And, in fact, when the Abbott  
13                  Laboratories went out of business, I was  
14                  responsible for having the area monitored and  
15                  we had to call off the monitoring not because  
16                  the levels in the building were so high but  
17                  because Chinese fallout had reached the area,  
18                  the Oak Ridge area, and it raised our  
19                  background so high that we couldn't detect the

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1 low levels we were trying to detect inside the  
2 building.

3 So there are other sources of  
4 radiation that may have -- or radioactive  
5 materials that may have made their way into  
6 the hospital as opposed to focusing solely on  
7 the, you know, connecting -- physically-  
8 connected building.

9 CHAIRMAN LOCKEY: Other comments?

10 (No response.)

11 CHAIRMAN LOCKEY: Thank you, Roger.

12 Dr. Ralph -- is it --

13 MR. CLOUTIER: [identifying  
14 information redacted].

15 CHAIRMAN LOCKEY: -- [identifying  
16 information redacted], [identifying  
17 information redacted], it would be -- in know  
18 we haven't been able -- I know, Lara, you  
19 haven't been able to get a hold of him but

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1 maybe -- Roger, would you be willing to work  
2 with Lara and maybe perhaps Bob to arrange a  
3 time to interview [identifying information  
4 redacted]?

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

7 CHAIRMAN LOCKEY: Sometimes seeing  
8 familiar faces, it helps.

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

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

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

18 CHAIRMAN LOCKEY: Oh, I understand  
19 that. It's not going to take place next week.

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1 But, you know, I think we just need to get a  
2 better handle on somebody -- and physicians  
3 and nurses who worked there in the '50s,  
4 specifically going back asking them how much  
5 cross activity really took place, not only for  
6 their own professions but do they have any  
7 recollection about the paramedical people, the  
8 custodians, the orderlies, the technicians,  
9 the administrative people, and all the rest of  
10 the support staff.

11 MEMBER PRESLEY: Yes. And if I can  
12 do some digging, maybe I can find some more  
13 names and contacts that are still living  
14 because like Roger said, they had their own  
15 facilities up there in the later years, I  
16 know, where they took food in from the  
17 hospital. Now whether that food was brought  
18 over, you know, on trays, it went back on  
19 trays or whether it was brought over in

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1 containers and used on the same trays that  
2 might have been washed in ORINS. And they  
3 could have done the same thing with  
4 silverware. And the silverware might not have  
5 gone back and forth.

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

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

17 MEMBER PRESLEY: Well, that's true.

18 MR. RUTHERFORD: And I don't know.  
19 You know, and I -- I mean we'll do whatever

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1 you guys want to do but I'm just bringing the  
2 question here, you know, I mean how hard are  
3 we going to -- how much harder are we going to  
4 push.

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

14 MR. RUTHERFORD: Even on top of  
15 that, I think that even if you tried to narrow  
16 it down to that level, is the Department of  
17 Labor going to be able to administer it? And  
18 then are you going to be able to -- because  
19 you're going to get down to the situation

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1 where you are going to try to define  
2 individuals specifically -- or occupations  
3 specifically.

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

10 MR. CLOUTIER: Ted?

11 CHAIRMAN LOCKEY: Who is that?  
12 Roger?

13 MR. CLOUTIER: Yes. This is Roger,  
14 I'm sorry. If you don't need me any more  
15 because you are now down to nitty gritty, I  
16 will get off the phone. I can't say I'm  
17 envious of the task you have but I'm sure glad  
18 I don't have it. So if you don't need me,  
19 I'll get off the phone.

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1                   MEMBER PRESLEY:   Roger, thank you  
2                   very much.

3                   CHAIRMAN LOCKEY:   Thank you, Roger.

4                   MR. CLOUTIER:    Thanks.

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

8                   Gen?

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

15                  MR. RUTHERFORD:    Well, if you  
16                  remember back -- I'll even start with  
17                  Mallinckrodt.       When we started with  
18                  Mallinckrodt class definition, we started out  
19                  with all -- or I think it was Mallinckrodt or

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1 was it Y-12 -- Y-12 early years -- I'm getting  
2 my -- yes, Y-12 early years, we started out  
3 with all employees that worked in the uranium  
4 enrichment -- I think Uranium Division or  
5 whatever.

6 MEMBER PRESLEY: The Calutron  
7 Division.

8 MR. RUTHERFORD: Well, yes, we  
9 started out with -- yes, uranium, it was a  
10 specific division of employees. And what we  
11 found out was that the Department of Labor  
12 could not administer that class as written.  
13 We were getting cases sent back to us for not  
14 being in the SEC for individuals who we  
15 clearly felt should have ended up in the SEC.

16 Ultimately we ended up doing an  
17 83.14 to add or to change that class  
18 definition to all employees. And I think that  
19 what we've seen from that point and through

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1 discussions with Department of Labor, that  
2 identifying job titles would be very hard to  
3 administer because job titles change over  
4 time, job, you know, what some person may call  
5 a -- for example, may call pipefitter today  
6 may have been a steamfitter 30 years ago, you  
7 know.

8 And those names and the  
9 descriptions change and so identifying job  
10 titles is difficult to administer for them.  
11 At least this is what we've seen in the past.

12 I don't want to put anything in the  
13 Department of Labor.

14 So that -- ultimately after that  
15 point, we shifted from that to job locations.

16 Now in this situation, if you put job  
17 locations down as a morgue or, you know,  
18 operating room and so on, again, that's going  
19 to be very difficult for them to separate

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1 individuals out as well because then you're  
2 going to say well, did the maintenance staff  
3 go into the operating room at the Oak Ridge  
4 Hospital? Should they be included as well?  
5 Because I'm sure that the maintenance staff  
6 for Oak Ridge Hospital had to go in there.  
7 Did the orderlies have to go in there?

8 MEMBER PRESLEY: LaVon, it's Bob  
9 Presley.

10 MR. RUTHERFORD: Yes?

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

13 MR. RUTHERFORD: Yes.

14 MEMBER PRESLEY: -- for 30 years --

15 MR. RUTHERFORD: Yes.

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

19 MR. RUTHERFORD: Well, I totally

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1 understand what you're saying, Bob. I really  
2 do. Do I think that everyone that worked at  
3 Oak Ridge Hospital, you know, got the same  
4 exposure -- had the same exposure potential as  
5 the people that worked at the Oak Ridge  
6 Institute of Nuclear Studies? No, I don't.

7 But administering this and  
8 separating people out from a dose  
9 reconstruction feasibility, it's very  
10 difficult.

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

14 MR. RUTHERFORD: Sure.

15 DR. NETON: One is I think we have  
16 to remember that on average, I'm not sure if  
17 this still holds, but on average, the last  
18 time I looked about 50 percent of our  
19 claimants were survivors, not the actual

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1 workers.

2 And so then you put a real burden  
3 on the survivors to try to, you know, a lot of  
4 them might not even have known what their  
5 parent or spouse, you know, their real  
6 official job title was or that sort of thing.

7 So it sort of creates inequities from that  
8 situation.

9 Secondly, I think the precedent was  
10 set a long time ago at Bethlehem Steel for  
11 just such a scenario where everyone that  
12 worked at Bethlehem Steel is covered even  
13 though we knew that probably no more than a  
14 few dozen people ever worked in the ten-inch  
15 bar mill with radioactive material.

16 So there are precedents for  
17 covering a large population where we can't  
18 identify job titles or we don't believe the  
19 survivors could identify them either.

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1 CHAIRMAN LOCKEY: Gen?

2 MEMBER ROESSLER: Well, I think Jim

3 just added to the information. I think out of

4 curiosity, I'd like to see some more

5 information procured. But I don't know if it

6 is going to get us anywhere. And probably in

7 fairness, if we don't think we're going to

8 make any progress, then we ought to wrap it

9 up.

10 MEMBER PRESLEY: Gen, I feel the

11 same way you do but is Larry still there?

12 MR. ELLIOTT: I am online.

13 MEMBER PRESLEY: Larry, why don't

14 you tell us about the law.

15 MR. ELLIOTT: The law? In the

16 context of this particular petition?

17 MEMBER PRESLEY: Yes, sir.

18 CHAIRMAN LOCKEY: Wait a minute,

19 Larry, I want to get my notes out and take

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1 notes on this.

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

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

13 MR. ELLIOTT: The law and our  
14 regulation prescribed for situations where a  
15 dose cannot be reconstructed with sufficient  
16 accuracy, and in our regulation we defined  
17 that as being our ability to provide a  
18 bounding dose or a maximum level dose or a  
19 more precise dose than a maximum level, then a

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1 class would be added.

2 A class can only be added for a  
3 facility that is designated as a covered  
4 facility. It cannot go across facilities.

5 Is that helpful?

6 MEMBER PRESLEY: That's helpful.  
7 Then this is a covered facility?

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

16 MEMBER PRESLEY: That's clear.  
17 Then I don't think that us spending any more  
18 time and money is going to help the situation  
19 because I don't think we can prove anything

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1 one way or the other.

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

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

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

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

18 I have a question. Has any one  
19 individual previously been approved for the

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1 cohort where they were an employee of the Oak  
2 Ridge Hospital?

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

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

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

17 But I do not know if anyone, you  
18 know, if -- let's put it this way, if  
19 Department of Labor kept their employment at

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1 Oak Ridge Hospital, they would not have  
2 covered them under the SEC. Does that make --  
3 do you understand what I'm saying?

4 MS. CUMMINGS: Repeat that again.

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

12 MR. ELLIOTT: Let me answer the  
13 question -- this is Larry Elliott -- a little  
14 bit more -- beyond what was LaVon was able to.

15 I'm looking at our database statistically  
16 looking for those claims that had employment  
17 at Oak Ridge Hospital. There's only two of  
18 which that have been found to be -- that have  
19 a final decision on them. And both of those

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1 had time at Oak Ridge Hospital but they had  
2 time at several other covered facilities,  
3 several of which have a class associated.

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

9 Does that answer your question?  
10 Only two claims that have Oak Ridge Hospital  
11 employment have been compensated -- have been  
12 given a decision by DOL to be compensated.  
13 Those are not based upon the employment  
14 specifically at Oak Ridge Hospital. They are  
15 based upon employment at other facilities.

16 MEMBER PRESLEY: What you're saying  
17 then, Larry, is that nurse or whoever that  
18 might have been, that employee could have been  
19 employed at Oak Ridge Hospital and then gone

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1 to Y-12 or K-25 or Hornell or some other  
2 covered facility.

3 MR. ELLIOTT: That's correct.

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

6 (No response.)

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

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

13 MR. RUTHERFORD: Yes.

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

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

18 MS. HUGHES: Yes, I can do it.

19 MR. RUTHERFORD: Okay.

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

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

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

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

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1 Lockey.

2 CHAIRMAN LOCKEY: That must be Dr.

3 Elliott.

4 MR. ELLIOTT: Well, it's Mr.

5 Elliott. And yes, I would like to speak to

6 this issue.

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

17 CHAIRMAN LOCKEY: All right. So  
18 we're going to -- not necessarily a life  
19 endangered situation but because we cannot

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1 calculate dose, we don't -- we can't calculate  
2 the upper limit. And, therefore, as a Working  
3 Group, we're supportive of the granting of the  
4 SEC.

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

7 MEMBER PRESLEY: I'll second it.

8 CHAIRMAN LOCKEY: All in favor?

9 (Chorus of ayes.)

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

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

16 CHAIRMAN LOCKEY: Ted, are we okay  
17 with this?

18 MR. KATZ: Yes, I think we are. I  
19 mean the only thing is everybody said -- I

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

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

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

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

14 Gen?

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

17 CHAIRMAN LOCKEY: Gen?

18 MEMBER ROESSLER: Aye.

19 CHAIRMAN LOCKEY: Robert?

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1 MEMBER PRESLEY: Aye.

2 CHAIRMAN LOCKEY: Phil?

3 (No response.)

4 CHAIRMAN LOCKEY: I think he hung  
5 up. Phil?

6 (No response.)

7 CHAIRMAN LOCKEY: Ted? Ted?

8 MR. KATZ: Yes?

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

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

15 CHAIRMAN LOCKEY: That would be  
16 great.

17 All right. We'll present this next  
18 week.

19 Thank you everybody for your time

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1 and consideration.

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

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

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

8 Take care everybody.

9 MEMBER PRESLEY: See you all next  
10 week.

11 MEMBER ROESSLER: See you soon.

12 MR. KATZ: Good bye. Thank you  
13 everybody.

14 (Whereupon, the above-entitled  
15 matter was concluded at 3:30 p.m.)

16

17

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