

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

convenes the

TWENTY-EIGHTH MEETING

ADVISORY BOARD ON
RADIATION AND WORKER HEALTH

DAY THREE

EXCERPT CONCERNING IAAP SEC PETITION

The verbatim transcript of the Meeting of the
Advisory Board on Radiation and Worker Health held
at the Adam's Mark, St. Louis, Missouri, on February
9, 2005.

C O N T E N T S

February 9, 2005

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P A R T I C I P A N T S

(By Group, in Alphabetical Order)

BOARD MEMBERSCHAIR

ZIEMER, Paul L., Ph.D.
Professor Emeritus
School of Health Sciences
Purdue University
Lafayette, Indiana

EXECUTIVE SECRETARY

WADE, Lewis, Ph.D.
Senior Science Advisor
National Institute for Occupational Safety and Health
Centers for Disease Control and Prevention
Washington, DC

MEMBERSHIP

ANDERSON, Henry A., M.D.
Chief Medical Officer
Occupational and Environmental Health
Wisconsin Division of Public Health
Madison, Wisconsin
(via telephone)

DeHART, Roy Lynch, M.D., M.P.H.
Director
The Vanderbilt Center for Occupational and Environmental
Medicine
Professor of Medicine
Nashville, Tennessee

ESPINOSA, Richard Lee
Sheet Metal Workers Union Local #49
Johnson Controls
Los Alamos National Laboratory
Española, New Mexico

GIBSON, Michael H.
President
Paper, Allied-Industrial, Chemical, and Energy Union
Local 5-4200
Miamisburg, Ohio

GRIFFON, Mark A.
President
Creative Pollution Solutions, Inc.
Salem, New Hampshire

MELIUS, James Malcom, M.D., Ph.D.
Director
New York State Laborers' Health and Safety Trust Fund
Albany, New York

MUNN, Wanda I.
Senior Nuclear Engineer (Retired)
Richland, Washington

OWENS, Charles Leon
President
Paper, Allied-Industrial, Chemical, and Energy Union
Local 5-550
Paducah, Kentucky

PRESLEY, Robert W.
Special Projects Engineer
BWXT Y12 National Security Complex
Clinton, Tennessee

ROESSLER, Genevieve S., Ph.D.
Professor Emeritus
University of Florida
Elysian, Minnesota

AGENDA SPEAKERS

(in order of appearance)

Mr. Larry Elliott, NIOSH

STAFF/VENDORS

CORI HOMER, Committee Management Specialist, NIOSH
STEVEN RAY GREEN, Certified Merit Court Reporter

AUDIENCE PARTICIPANTS

ADAMS, NANCY AND LARRY
AHIRA, KEN
ALEXANDER, OLIVE M.
ALEXANDER, TERRY
ALLEN, GEORGE
AMANN, DEBORAH
ANBLE, JOHN, KTVI
ANDERSON, KATHLEEN, IAAP
ANDERSON, ROBERT, IAAP
ARMSTRONG, CHRISTINE
ARRO, MICHAEL R.
BAFARO, MARILYN, NIOSH
BASCHERT, BETTY J.
BEATTY, EVERETT RAY, SR., FERNALD ATOMIC COUNCIL
BEHLING, HANS, SC&A
BEHLING, KATHY, SC&A
BELL, R. THOMAS, SC&A
BERRY, CHARLENE
BEST, CHARLINE
BEST, PAM SCOGGINS
BEST, RAYMOND
BIEST, JOAN
BLANKENSHIP, CINDY
BOGNAN, JOHN
BOYD, JAMES
BOYD, THOMAS S.
BLOSSER, FRED, NIOSH
BRALASKI, RITA
BRAND, ANSTICE, CDC
BROCK, DENISE, UNWW
BROUK, CAROLE
BROWN, THOMAS, BSCAG
BRUENING, MARK
BRYANT, DOROTHY
BULGER, HAROLD
CALLAWAY MOOCH, FERNALD ATOMIC COUNCIL
CHISHOLM, MILLIE
COFFELT, EVELYN
CONRAD, JAMES
COTTER, GARY

COTTER, WILLIAM D.
COVALESKY, SHIRLEY
COWPER, HARRIS
CRONK, JAMIE
CURTISS, JOANN & RICK
DANIEL, GWEN
DAVIS, RICKY, KTVI
DEEP, HEIDI, NIOSH
DEICHMAN, MATT, WBII-TV
DILLARD, HOMER & HALENE
DOLAN, JACQUELINE E.
DOLAN, WILLIAM E.
DORNFELD, DEBBIE, JIM TALENT
DOWNS, DEB
DREY, KAY
DUDLEY, MARTIN
DURSO, JEAN
DURSO, JUDITH
EATON, CLARISSA, UNWW
ECHEMENDIA, AIDA
EHLMANN, PAT, UNWW
ELLISON, CHRIS, NIOSH
ESPY, RICHARD
FAGAS, JANE
FITZGERALD, JOE, SC&A
FRANKLIN, MICHAEL
FRAZIER, VIRGINIA
FRISCHMAN, BILL
FULKERSON, ROBERT
FUORTES, LAURENCE, UNIV. IOWA
GARNER, DON
GARNER, DOROTHY
GENERI, MARY
GILLARD, LORRAINE A.
GRAHAM, MAYOR, CITY OF O'FALLON
GRAHAM, PAULA, IAAP
GREEN, JAMES
GREUBLATT, B., UPI
HABBIG, JOHN K.
HAEREN, BERNELL
HALLMARK, SHELBY, LABOR
HARDEN, SHIRLEY
HARGIS, JOHN

HARRIS, WALTER
HARRISON, KATHY
HART, ALISON, SENATOR HARKIN
HASKELL, VICTOR, SR.
HAWKINS, BRENDA
HEADRICK, WILLIAM
HEISTER, MELANIE, NCRP
HENNITS, DOROTHY
HERBERT, NICHOLE, NIOSH
HERTZ, DOROTHY
HINNEFELD, STUART, NIOSH
HOLLAND, MARTIN
HOLTMAYER-MAUNE, JERRINE
HODGES, CARRIE
HOMOKI-TITUS, LIZ, HHS
HORGAN, TOM, SEN. BOND
HUNTER, FREDA
IVERSEN, SI, IAAP
JOHNSON, MARY L.
JOHNSON, PAT
KARDY, SHARON
KATZ, TED, NIOSH
KELLER, LILLIAN A.
KELLY, PATRICK, SC&A
KENOYER, JUDSON, ORAU
KIEDING, SYLVIA, PACE
KIMPAN, KATE, DOE
KLOTZ, STEVE, KTRS
KOENEMAN, BARB, UNWW
KOENEMAN, RAYETTA
KOENEMAN, TANYA, UNWW
KORDING, GLENN
KORDING, SHARON
KOTSCH, JEFFREY L., DOL
KRAICHELY, MARY, UNWW
LACKEY, MELBA
LAMBKIN, DON, UNWW
LAVERY, KEVIN M., KWMU
LEA, JEFF, KMOV
LEAHMANN, SHIRLEY
LITTLE, JAMES
LYNCH, CINDY
LYNCH, HELEN

MACK, HUY, POST DISPATCH
MAURO, JOHN, SC&A
MCINTYRE, JOAN
MCKEEL, DAN, MD, WASHINGTON UNIV.
MCKEEL, VIRGINIA, VILLAGE IMAGE NEWS
MCLUCAS, DARRYL
MCNUTT, ROBERT
MESSALA, DAVE & JAN
MIKLOVIC, DAN
MILLER, RELADA L., NIOSH
MILLER, RICHARD, GAP
MITAS, JIM, CONGRESSMAN AKIN
MONTGOMERY, KENNETH L.
MOUSER, TERRI, UNITED NUCLEAR
MUCHO, JOHN J., SR., DOW CHEMICAL
MURPHY, DAN P.
MUSCKE, EDWARD C.
NAES, NORVILLE
NESVET, JEFF, DOL
NETON, JIM, NIOSH
NOVAK, JUSTINE
NUGENT, MARY, US GAO
O'HARE, FRANK W.
OJEDA, THERESA, KMOV
PATTON, JACK
PEDERSEN, ELAINE
PHEGLEY, RAYMOND, AIRPORT
PICKER, RANDY
PINKERTON, VIOLA R.
PIPER, WILLIAM
PORTER, DIANE, NIOSH
PRESLEY, LOUISE S.
PRIEST, CHRISTINE
RACH, CHARLES L.
RAMSPOTT, CHRISTINE
RAMSPOTT, JOHN
REMPE, VIRGIL J.
RENNER, WILLIAM, AIRPORT
RETKONSKI, RICHARD
REUSS, ANN
RINDALL, TINA, UNITED NUCLEAR
RINGEN, KNUT, CPWR/BCTD
ROBERTSON-DEMERS, KATHY, SC&A

ROESSLER, CHARLES E.
ROSENTHAL, JAMES
ROTHROCK, AMY
RUTHERFORD, LAVON, NIOSH
RYAN, FRAN
SACKS-LONG, DONNA J.
SCHEIG, VIRGINIA & DIANE
SCHESLER, ELAINE
SCHISLER, LARRY
SCHNEIDER, CLARENCE
SCHNEIDER, MARILYN, UNWW
SCHRUMM, RUTH
SCOGGINS, FRANCES
SCOTT, SYLVIA
SHAUSHEN, JUDY
SHENOWSKI, JOE
SIMMONS, HOMER, DOW CHEMICAL
SMITH, BILLIE J.
SMITH, KIMBERLY
SOMRATY, ANDREW
SOVAR, RICH AND EVELYN
SPICKETT, DAVID
SPICKETT, EVELYN
STEGER, RON
STEGER, RONI
STEINKAMP, JUDIE
STEMPFLEY, DAN, NIOSH
STRAPES, FLO
STROUSSNER, DONALD A.
STUCKENSCHNEIDER, DOLORES
STUDT, ARLENE
SUERMANN, ZELDA
SULLIVAN, MICHELLE, WBII-TV
SWABODA, JAY, ST. LOUIS LABOR TRIBUNE
TASCHLOR, JOHN
TAULBEE, TIM, NIOSH
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TENFORDE, THOMAS S., NCRP
THORNHILL, CHARLENE
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TOOHEY, R.E., ORAU
TURCIC, PETE, DOL

UNDERWOOD, LEWIS, NIOSH
VACEK, PENNY, SENATOR GRASSLEY
VERHOFF, GWENDOLYN
WALKER, ED AND JOYCE, BSCAG
WATSON, DAVID P., JR.
WHITE, WALTER, JR.
WIESEHAUS, JOHN J.
WILDHABER, CHRIS
WINDISCH, ANTHONY
WOLFF, TOM
WOODS, JANET
WURTH, LARRY
YERINGTON, LASCA, IAAP
ZIEMER, MARILYN
ZINE, GEORGE

P R O C E E D I N G S

(1:05 p.m.)

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DR. ZIEMER: Okay, we will begin our afternoon session with a presentation by NIOSH of the petition evaluation report for the Iowa Ordnance Plant SEC, so if everyone will come to attention we'll have Mr. Elliott begin his presentation. Thank you.

NIOSH PRESENTATION OF REPORT

MR. ELLIOTT: Thank you, Dr. Ziemer, and welcome back from lunch, members of the Board, ladies and gentlemen of the Board, and appreciate the attendance of the audience and understand that you're very much interested in seeing the petition that has been presented -- petitions on Iowa that have been presented to us fully processed, and this is part of the -- part of the process in coming to a decision on those.

Yesterday I spoke to the Board about Mallinckrodt, and the outline of the presentation for today is very similar. I'll cover the petition process and where this

1 particular set of petitions are at at this
2 point in time in the process.

3 I mentioned yesterday the Advisory Board's role
4 and responsibility. I won't belabor that today
5 with you all. We walked it through yesterday,
6 but if you have questions or if the audience
7 has questions about that role and
8 responsibility, we certainly can go into it
9 after my presentation.

10 I will touch on a series of slides about the
11 evaluation process that a petition goes through
12 and particularly what was evaluated for these
13 petitions for Iowa. And I will conclude with a
14 proposed class definition and our summary
15 findings that you see in the report for Iowa.
16 If you're a member of the audience and you have
17 not received a copy of the NIOSH evaluation
18 report for the Iowa petitions, you may find
19 those on the back table. You might avail
20 yourselves of a copy.

21 Petitioning process for handling Special
22 Exposure Cohort petitions that are submitted to
23 NIOSH starts with a petitioner submitting a
24 petition on behalf of a class of workers. This
25 whole process is governed by the statute, the

1 Energy Employees Occupational Illness
2 Compensation Program Act, and by -- further
3 regulated by the rule, the regulation that
4 NIOSH put in place last year, in June, on how
5 to handle and process petitions of this -- this
6 type.

7 The Iowa petition -- the original Iowa petition
8 that we received was -- was submitted to us on
9 June 15th in 2004. It was delivered directly
10 to me at a meeting in Burlington by Sharon
11 Shumaker* and the petitioners named on that
12 petition are with us today either by phone or
13 physically present here and they will be
14 speaking shortly.

15 The initial class definition is shown on this
16 slide and it involves all of these particular
17 job titles. I hope we didn't miss one, but in
18 the report itself -- if we did miss one on the
19 slide -- it's fully -- all the job titles are
20 fully listed in the petition itself. And the
21 time frame for this petition, according to this
22 proposed class definition, is from 1974 -- or
23 1947 to 1974, excuse me, for the buildings and
24 the areas that you see listed here.

25 Now the next step in the petitioning process is

1 to qualify the petitioner. What this means is
2 -- qualify the petition. What this means is
3 that we are required to work with the
4 petitioner to make sure that the petition
5 submitted contains all the necessary
6 information for it to be qualified, so we work
7 hand-in-hand with the petitioners to assure
8 that status. The first Iowa petition was
9 qualified on October 20th, 2004.

10 I should mention at this point that we had
11 several petitions -- three, I believe -- that
12 were merged together and are being handled in
13 this one evaluation report, so you're going to
14 hear from various petitioners, but they're all
15 covered for the site of Iowa Army Ordnance --
16 Army Ammunition Plant are covered under this
17 one evaluation report.

18 We then not-- once a petition has been
19 qualified, we notify the petitioners by letter
20 that it has been qualified. We also notify
21 them by phone, in many cases, and a notice is
22 placed in the *Federal Register* to notify the
23 public at large. We also then place this
24 information on our web site so that everybody
25 hopefully is informed. And the Iowa

1 qualification notice was published, as you see,
2 on October 25th, 2004.

3 The next step in this process, after
4 qualification, is that NIOSH must evaluate the
5 petition and the supporting materials to the
6 petition, and a variety of other information,
7 to essentially determine and provide a set of
8 findings for the Board's consideration. And
9 here we have, in that regard, the petition
10 evaluation report was sent just last week.
11 And I apologize again for the lack of time,
12 perhaps, that the petitioners have had to
13 develop their response and rebuttal to this.
14 We're working as diligently and as hard as we
15 can to prepare these and do so in a -- not only
16 a timely manner, but with a quality approach.
17 And hopefully that's what was achieved, but I
18 understand that it does present limitations to
19 the petitioners.

20 The evaluation process, as I mentioned earlier
21 -- the whole -- whole petitioning process is
22 governed by the statute and by our rule. And
23 in the statute there is this dual test, if you
24 will, that must be addressed in the evaluation
25 of a petition. One test is whether or not it

1 is feasible for NIOSH to estimate the level of
2 radiation doses for individual members of the
3 class with sufficient accuracy. And under that
4 -- this particular regulation in the sections
5 that you see cited here, NIOSH is -- has to
6 determine whether it has access to sufficient
7 information in order to estimate either the
8 maximum radiation dose that could have been
9 incurred under plausible circumstances by any
10 member of the class, or whether it can estimate
11 the radiation doses of members of the class
12 more precisely than just using a maximum
13 radiation dose estimate.

14 If we find in our findings that it's not
15 feasible for us to conduct dose reconstruction
16 for a given class, we are then required to
17 evaluate this second part of the -- second test
18 here, and that is the determination of
19 endangerment to health. And so we look at both
20 of those as we proceed in evaluating petitions.
21 For endangerment to health, our rule specifies
22 that we must look at whether or not the
23 information available to us indicates that
24 there was any incident data that might have
25 resulted in very high, acute exposures. And we

1 are looking for incident data that would
2 essentially result in -- or be similar to a
3 criticality event.

4 Absent that, then we are to use a 250-day
5 requirement -- 250 days is a work year -- and
6 that is based upon chronic exposure to
7 radiation in the workplace.

8 It's also to be noted here that, given that
9 there are multiple classes already -- four
10 classes already in the Special Exposure Cohort;
11 Mallinckrodt for the years 1942 to 1948, the
12 Board has decided this morning that they will
13 recommend to the Director of NIOSH and the
14 Secretary that that class for Mallinckrodt be
15 added, so the point I want to make here is that
16 people who have time in these various classes
17 can aggregate the days. If they have only 90
18 days in one class and let's say 200 days in
19 another class, those days can be aggregated to
20 achieve this 250-day criteria for inclusion as
21 a member in the class in the Special Exposure
22 Cohort.

23 In the evaluation process we are required under
24 our regulation to examine all available data in
25 the information obtained through the site

1 profile development that -- that occurred or
2 any Technical Basis Document that we have
3 created as a tool for use in dose
4 reconstruction. We look at all the dose
5 reconstructions that may have been conducted to
6 date for a given population or class at a site.
7 We examine all interviews that have been done
8 on claims for that site. We review classified
9 information on sources, source terms and
10 processes at the facility that are not
11 available to the public.
12 We have -- for this given petition and others,
13 we have determined the completeness of the data
14 research, and you can find in our rule under
15 82.15 how we go about doing that. I refer you
16 to that section in our rule on how we evaluate
17 the sufficiency of data and what types of
18 hierarchical data we look for in determining
19 adequate information for sufficient dose
20 reconstruction. This health physics data is
21 listed in order of preference in our rule under
22 82.14 and in 82.15 it tells you how we go about
23 evaluating the sufficiency of that information.
24 We also are required to evaluate issues of data
25 availability and adequacy. And here we're

1 talking about whether or not there is data --
2 full data available or are there gaps in the
3 data, and I'll speak a little bit more about
4 the gaps and the adequacy of data for the Iowa
5 Ordnance Plant in a moment.

6 We -- in this particular case and others I'm
7 sure we'll face an issue of trying to determine
8 whether it's feasible for us to do our job in
9 dose reconstruction without relying on
10 classified information, and so that's another
11 step that we have to take in the evaluation
12 process.

13 And finally, as I mentioned earlier, we have to
14 evaluate whether health was endangered if we
15 can -- if we decide we cannot reconstruct doses
16 with sufficient accuracy.

17 Now I'm going to move into a summary of our --
18 the evaluation that we did for the petitions on
19 Iowa. Our evaluation report that you have
20 before you addresses three classes of employees
21 at Iowa according to these specific time frames
22 -- June 1947 through May of 1948, May of 1948
23 to March of 1949; and March, 1949 through 1974.
24 We, in our review of information, find that
25 there are distinguishing characteristics

1 associated with these three classes and these
2 time frames.

3 These distinguishing characteristics, which
4 I'll get into in a moment, are really a result
5 of our reviewing all available data and
6 resources, and this slide lists those things
7 that we took careful consideration of in our
8 evaluation -- our existing site profiles. And
9 you notice that this is plural, and you
10 probably also realize that there's only one
11 site profile out available to the public. The
12 revised site profile for Iowa is at DOE right
13 now going through authorized classifica--
14 derivative classification review, and I'm given
15 assurances that it is going to be turned back
16 over to us so that we can make it publicly
17 available very shortly. Hopefully we'll see
18 that by the end of this week or first of next
19 week.

20 We look at our Technical Information Bulletins.
21 Again, we look at our dose reconstruction
22 efforts. We look at all of our internal
23 databases for information and data that's
24 pertinent to the petition. We examine DOE
25 records. We examine NIOSH documents that have

1 been collected. We examine scientific reports
2 that are made available to us by the
3 petitioner, as well as those that we have in
4 our hands. Again, we look at the information
5 from interviews, as well as information
6 provided by the petitioners themselves.
7 In our report we speak to the data availability
8 from June 1947 to May 1948. Our review of the
9 documentation clearly indicates that no
10 radiation exposure data is available or needed
11 for this time period because no radioactive
12 materials or radiological processes at Line 1
13 of the Army Ammunition Plant occurred during
14 this time frame.
15 Data availability from May 1948 to March 1949,
16 NIOSH has determined that the potential exists
17 for radiological exposure here and it's
18 existing primarily in a class of workers who
19 performed radiography, testing metal parts and
20 components using X-rays. We have not prepared
21 an evaluation report on this class at this
22 point in time and we're going to move as
23 expeditiously as possible to do so.
24 Our data availability for the class that's
25 configured around the time frame of March 1949

1 to 1974 finds that prior to 1955 documents
2 suggest that there were no nuclear capabilities
3 at the Iowa Army Ammunition Plant. Our -- we
4 feel that because these documents are not
5 definitive and that in fact some may have been
6 destroyed. We are assuming that there might
7 have been handling of nuclear capsules or the
8 pits as early as March of 1949, so we're basing
9 that on a petition-friendly assumption.
10 This next set of slides gets into the data that
11 we have available and data gaps that we have
12 identified as part of our findings. For
13 external dosimetry data you can see here that
14 we portrayed from 1955 to 1961 there is
15 radiation data available on -- on average of --
16 for 22 workers. And that ramps up and
17 increases from the -- in the -- during the time
18 period of '62 to 1967, going to 44 workers.
19 And then beyond '68 it increases dramatically
20 and we show an average -- on average about 226
21 workers would show with external dosimetry.
22 There are gaps in the data, of course. No
23 personal radiation monitoring data prior to
24 1955 is so noted.
25 Extremity exposure records exist from 1969 to

1 1974, and we have no wrist extremity dosimeters
2 prior to 1969. The Iowa Ordnance Plant badge
3 measurements from 1962 to 1975 exist and are
4 available to us. There is, however, no area
5 monitoring conducted prior to '62. We do have
6 pocket ionization or pic measurements from June
7 18, 1965 to November 1974, with no results of
8 pics before 1965.

9 For neutron dosimetry there is monitoring data
10 that began in 1962 and it increased to -- with
11 increased worker monitoring. Approximately 25
12 percent of the badges were processed on NTA
13 film, a type -- special type of film, and half
14 of those badges were area badges that were
15 placed in a vault in the inspection area where
16 neutron doses were expected to be the highest.
17 We do not have neutron monitoring data prior to
18 1962.

19 There is accurate coworker data available from
20 dosimetry measurements of Pantex workers from
21 1993 to 2003. Our rule and the statute speaks
22 that -- to the point that we can use coworker
23 data for comparable exposure settings and
24 process operations.

25 For internal dosimetry there are a number of

1 AEC reports summarizing the results of bi-
2 weekly tritium bioassay monitoring for selected
3 workers. These would have been workers that
4 would have been deemed to have been potentially
5 exposed to tritium at the highest exposure
6 potential for tritium. There are no individual
7 bioassay sample results for any of the
8 radiological materials, however. The
9 individual tritium bioassay monitoring results
10 from workers from Pantex are available and can
11 be used.

12 Then we go to air sampling data. There is air
13 sampling data for monitoring air in the Gravel
14 Gerties from 1971 to 1974. Depleted uranium
15 air sampling data is only available from 1971
16 to '74, and we do not have data on that prior
17 to 1971.

18 There's also air sampling data for depleted
19 uranium from adjacent area to the FS-12 area
20 from 1965 to '73.

21 And again we have tritium air sample data.
22 This is air sample, not personal sample data or
23 bioassay data. It's air sample data available
24 from effluent monitoring reports for the period
25 of '62 to '72. And as you can see, we don't

1 have air sampling -- similar air sampling data
2 on the outer bounds of that time frame.
3 Additional Iowa air plant -- Ammunition Plant
4 data for tritium comes to us from Pantex, as
5 well, that can be used from 1959 to 1964. And
6 radon levels were not quantified until nuclear
7 materials were removed after 1989, so that
8 presents us with some interesting work if we're
9 to reconstruct those radon doses, but we think
10 it can be done.

11 Feasibility of dose reconstructions. Now we
12 get into the report findings. For the time
13 period of June 1947 to May of 1948 NIOSH has
14 determined that there is no feasibility
15 determination needed because there was -- the
16 documentation indicates there was no
17 radiological exposures that would have been
18 covered by this compensation act during that
19 time frame.

20 For the feasibility of dose reconstructions for
21 the second class, that being the radiographers
22 from March -- or May 1949 -- '48 to March of
23 1949, we are working on a separate evaluation
24 report and we'll have that as soon as we
25 possibly can.

1 Feasibility of dose reconstructions for the
2 third class, that class being March -- workers
3 who were there from March 1949 to 1974, NIOSH
4 feels that it has access to sufficient
5 information, both source term, process
6 information, photon and neutron dose
7 calculations that we feel we can use to
8 estimate either the maximum radiation dose that
9 was incurred by any member of the class, or to
10 estimate those doses more precisely. The sum
11 of the information available from our site
12 profile and our revised site profile will
13 enable us to do sufficient dose
14 reconstructions.

15 To go on about the feasibility, though, for
16 this time period, there are some technical
17 bases such as source term, process information,
18 photon and neutron calculations that are
19 sufficiently accurate for dose reconstructions
20 for this class. However, they depend upon
21 classified information, and this include-- this
22 classified information that we are not able to
23 talk about in public, I can mention, includes
24 source term type data and process information.
25 This is held in classified -- as a classified

1 set of documents because of national security.
2 This limitation on the transparency of NIOSH's
3 dose reconstructions is at question and we feel
4 it may undermine the credibility of such dose
5 reconstruction for the Iowa Army Ammunition
6 Plant claimants.

7 So while it's scientifically and technically
8 feasible, we think, to estimate the doses with
9 sufficient accuracy, we're raising the question
10 with the Board and seek the Board's advice on
11 how to handle this issue of transparency.
12 Specifically, NIOSH is asking the Board's
13 advice on whether we should conduct dose
14 reconstructions under limited transparency
15 conditions due to national security concerns.
16 The Board's advice concerning this issue will
17 be considered for this petition and for others
18 that arise in the future.

19 Now for the second part of the two-pronged test
20 where we have to address the health
21 endangerment, again for the 1949 to 1974 time
22 period where weapons operations included the
23 assembly and the disassembly, the surveillance
24 and the maintenance and modification and
25 dismantlement of nuclear weapons -- this is

1 placing and removing the pits or the nuclear
2 capsules -- and for the operations that
3 involved depleted uranium, enriched uranium,
4 plutonium, tritium, polonium and radium, as
5 well as the radiographers' experience used for
6 industrial radiography, we find that there was
7 a potential and a definitive health
8 endangerment here. In that we do not see or
9 find any information or documentation that
10 leads us to understand or believe that discrete
11 incidents were -- occurred which would give us
12 a indication that the health endangerment
13 should be based upon those, the workers in this
14 class have accumulated what we consider to be
15 doses through chronic exposure to external
16 sources of radiation.

17 Our proposed class definition. This evaluation
18 defines a single class of employees for which
19 NIOSH has established that it may not be
20 feasible to estimate radiation doses with
21 sufficient accuracy for compensation purposes
22 due to this transparency concern we have about
23 use of national security information. Our
24 definition as such is all employees working at
25 the Iowa Army Ammunition Plant Line 1, which

1 includes Yard C, Yard G, Yard L, the Firing
2 Site Area, Burning Field B, and storage sites
3 for pits, weapons, including Buildings 73 and
4 77, from March 1949 to 1974.

5 In summary, our report specifies that we find
6 that for the class of June 1947 through May of
7 1948 workers at the Iowa Army Ammunition Plant
8 were not exposed to radioactive materials and
9 so it's not applicable for us to consider that
10 particular class under this program. There was
11 no health endangerment to that class.

12 For the class of workers that were there from
13 May of 1948 through March of 1949, these are
14 the radiographers that were exposed to X-ray,
15 that needs to be -- the feasibility of our
16 ability to reconstruct doses for those
17 individuals needs to be determined as of this
18 point in time, and we're working on that
19 report, again.

20 For the final class of employees who were there
21 from March of 1949 to 1974, we're not making a
22 statement at this time regarding the
23 feasibility, other than to say we think it is
24 technically feasible for us to do dose
25 reconstructions. However, we're concerned

1 about the issue of transparency here and we're
2 looking for the Board's advice on how to handle
3 this difficult issue. We do think, however,
4 that this class -- class's health was
5 endangered.

6 **DR. ZIEMER:** Thank you, Larry. Before we hear
7 from the petitioners, the Chair would like to
8 recognize some of the Congressional delegation
9 participants who are here, and some of whom you
10 will hear from shortly. Sue Zimmerman*, who is
11 with Representative Leach's office. Sue, just
12 let us see where you are.

13 **MS. ZIMMERMAN:** (Indicating)

14 **DR. ZIEMER:** There's Sue, thank you. Penny
15 Vacek* with Senator Grassley*'s office --
16 there's Penny. We have Allison Hart and Jenny
17 Wing from Senator Harkin's office.

18 The Chair would also note that Tom Horgan from
19 Senator Bond's office here in Missouri and
20 Debbie Dornfeld* from Senator Talent's office,
21 and they participated earlier in the meeting.
22 I believe they're both still here and, again,
23 we would welcome them, as well.

24 **PETITIONERS PRESENTATION OF COMMENTS ON REPORT**
25 **AND PUBLIC COMMENT**

1 For the petitioners now we'll hear first from
2 Robert A. Anderson, who's one of the
3 petitioners. Robert, would you like to lead
4 off here?

5 (Pause)

6 Robert, you can use the front podium, if you
7 wish, or... Being distributed now is a
8 document which comes from Dr. Fuortes, who will
9 -- I believe will be speaking to us -- or at
10 least one of his colleagues will -- after --
11 after Robert speaks.

12 **MR. ANDERSON:** All right. Are we on?

13 **DR. ZIEMER:** Yes, please proceed.

14 **MR. ANDERSON:** Members of the Advisory Board, I
15 wish to express my thanks to the Director of
16 NIOSH, John Howard, and the Director and staff
17 of the Office of Compensation Analysis and
18 Support for this report. This report will, if
19 coupled with the Board's recommendation, lead
20 to help for fellow members of the Cold War team
21 who have already suffered so much.

22 That Cold War team has sacrificed health and
23 even their lives to provide this great nation
24 with safety and security for the Cold War years
25 for all Americans. At this time, and in memory

1 of those team members who have passed on, could
2 I ask all here today for a moment of prayer for
3 silence. Using these words I remember from a
4 long ago, each in your own words and in your
5 own way, let us bow our heads and pray, giving
6 thanks to the heroic memories of the men and
7 women of the Cold War team who have passed and
8 the sacrifices of their families.

9 (Pause)

10 Amen.

11 My story begins in the 1980's. I saw in the
12 newspaper, the Burlington Hawkeye, that one of
13 my fellow shift lieutenants had contacted --
14 contracted non-Hodgkin's lymphoma and fought a
15 great battle and died. Then I was diagnosed
16 with non-Hodgkin's lymphoma and received
17 chemotherapy treatment at the University of
18 Iowa. From other friends I heard of two other
19 exempt employees from the safety department of
20 Line 1, who had been in the same areas as I
21 had, had also contracted non-Hodgkin's
22 lymphoma. One of them had died.

23 The coincidence of four people having the same
24 disease within a short time seemed very
25 suspicious, as our common ground was that we

1 all worked at the plant at the same time. As a
2 shift commander and holder of AEC Q, DOD secret
3 and crypto clearances at that time, I remember
4 meeting armed AEC couriers who protected the
5 incoming shipments of radioactive materials at
6 the exterior gates. I was the first person to
7 open and climb aboard the locked leaded cargo
8 container. I was charged with comparing the
9 serial numbers of each item with the manifest
10 and signing receipt of the cargo. To do so I
11 climbed over and around the shielded containers
12 to get close and read each number in my
13 uniform, which I then wore home.
14 At home I was able to pick up and hold my two
15 little daughters before going to bed. Life was
16 good.
17 If you look at my scorecard today, I had non-
18 Hodgkin's lymphoma with a volleyball-sized mass
19 in my abdomen in 1988. I had a football-sized
20 non-cancerous thyroid removed in June, 2004.
21 My oldest daughter had a large cancerous
22 thyroid removed in December, 2004. My youngest
23 daughter had a molar pregnancy a few years ago
24 that her doctors compared to a Hiroshima-type
25 incident, and doctors are watching her thyroid

1 now.

2 In the fall semester of 1997 while taking an
3 evening class at the Southeastern Community
4 College, my instructor for the "Man and the
5 Environment" course gave a class assignment to
6 write a letter to a government official in
7 response to an environmental issue, either in
8 support of that issue or against it. I decided
9 that I would use that assignment to ask Senator
10 Harkin a question that had bothered me since I
11 was diagnosed in 1988: Did I get non-Hodgkin's
12 lymphoma from working at the Burlington Atomic
13 Energy Commission Plant.

14 Since then I have heard from so many people who
15 had worked there, or from their surviving
16 spouses, with that same coincidence of cancer.
17 And that was repeated all too often. In most
18 cases the disease announced itself years after
19 working at the plant. Sadly, at that time we
20 could not even tell our doctors about the risks
21 we faced. Some of that has been corrected now,
22 and we can tell our doctors of our experiences.
23 Many have received proper medical treatment
24 based on knowledge of those hazards, thanks to
25 the work of the Burlington Atomic Energy

1 Commission Plant Former Worker Program. Out of
2 the thousands of people who worked at the
3 Burlington Atomic Energy Commission Plant, too
4 many have radiological diseases. Other groups
5 have reported diseases from other dangerous
6 elements used in making explosives and nuclear
7 weapons. That issue remains to be addressed as
8 part of Subtitle E.

9 I welcome the OCAS report evaluating the
10 petition and this meeting today. I am proud to
11 have been part of that first effort to create a
12 new Special Exposure Cohort, and very pleased
13 that NIOSH believes that a second -- excuse me,
14 a Special Exposure Cohort may be warranted.
15 However, I respectfully disagree with the
16 conclusion of the report that states dose can
17 be reconstructed.

18 As all of you know, the dose reconstruction
19 process has been time-consuming and burdensome
20 for those of us still alive and made ill. For
21 the many families who have lost loved ones,
22 often it has been only the hope of help that
23 has carried the survivors' spirits on.

24 In part NIOSH has based their finding that a
25 Special Exposure Cohort may be warranted on the

1 fact that it will not be possible to perform
2 dose reconstruction without using classified
3 data. My fellow petitioners and I agree that
4 relying almost exclusively on classified
5 documents to develop assumptions and then
6 perform dose reconstruction presents serious
7 problems. The Special Exposure Cohort presents
8 a more sound policy alternative. Just as one
9 example, how could a person challenge the
10 denial of their claim if they have no access to
11 the data? So I welcome the Board's wisdom on
12 this subject and hope that they agree that the
13 lack of transparency is proper grounds for the
14 recommendation of a Special Energy Cohort --
15 Exposure Cohort, excuse me.

16 Further I'd like to point out that I also
17 believe that the Burlington Plant meets the
18 criteria for creation of a Special Exposure
19 Cohort because it is not feasible to estimate
20 with sufficient accuracy the radiation dose we
21 received. Without knowing that -- what
22 information remains classified, this is an
23 argument that's difficult to make. However,
24 I'd like to take a moment to review what we do
25 know.

1 Almost every key assumption in the SEC
2 evaluation report is deemed classified. That
3 includes the following: The history of weapons
4 assembly/disassembly activities; the low-energy
5 photon doses from a pit; neutron exposure from
6 pits; source term data of the contents from
7 pits; correction factor used to account for
8 low-energy photon badge measurement error; and
9 the ability to use coworker data in a
10 scientifically credible manner.

11 As the OCAS report points out, there is no
12 internal dosimetry data available for workers
13 at the Burlington site at all. None at all for
14 the tens -- excuse me, for the thousands of
15 workers from any of the 27 years the weapons
16 work was done there.

17 Records for external monitoring are not much
18 better. Monitoring was only performed on a
19 tiny fraction of the work force. Between 1947
20 and 1955, no records, including dosimetry
21 records or badges or records, have been located
22 to indicate that any monitoring of the internal
23 doses of radiation that workers were exposed to
24 occurred.

25 Between 1955 and 1962 records indicate that

1 only eight to 23 workers in a work force of
2 1,000 were monitored for external radiation
3 doses, and that included X-ray technicians.
4 Neutron monitoring did not begin until 1962.
5 Only 25-cent -- 25 percent of the badges had
6 film included to measure neutron. This means
7 that only 11 workers were monitored for neutron
8 exposure, on average, from the years 1962 to
9 1967.

10 Between 1970 and 1975, the high point of
11 screening of IAAP, only 25 percent of the work
12 force was screened for exposure to external
13 radiation.

14 The NIOSH Special Exposure Cohort evaluation
15 relies upon coworker data from Pantex workers
16 from 1993 to 2003 in order to establish a basis
17 of reconstructing dose. As a worker who was
18 there and who knows, the weapons and the work
19 at Pantex were not exactly the same. Much of
20 the data NIOSH proposes using is from different
21 time periods for different processes, and for
22 periods when different safety precautions and
23 standards were in effect.

24 For example, Pantex data uses lead aprons for
25 the 1992 to 2003 numbers. Burlington did not

1 use lead aprons at any time. I remind you that
2 the Pantex plant was designed and built from
3 the ground up as a nuclear facility. They took
4 lessons learned from the IAAP. Line 1 at the
5 IAAP was adapted from its original design of
6 making artillery shells and adapted to become a
7 nuclear facility. If it is necessary to use
8 data with so many differences, then it's not
9 feasible to estimate the dose. That's all we
10 have to work with.

11 Please note that NIOSH was dead wrong in its
12 first IAAP site profile about the IAAP
13 assembling weapons with beryllium shells
14 surrounding the pits. NIOSH initially assumed
15 that the pits were surrounded with depleted
16 uranium. I am pleased to see that NIOSH has
17 done more homework and realized that the
18 workers' recollections were correct. There
19 were beryllium shells on the pits used in
20 certain weapons.

21 I am disappointed, however, by the disregard or
22 dismissal of Mr. Polson's recollection on the
23 fact that the beryllium shells came off and had
24 to be glued back on; therefore workers handled
25 bare plutonium pits. This is all the more

1 troubling, given that Mr. Polson has served as
2 a highly credible source of information on
3 weapons design. By actively disregarding this
4 fact, NIOSH inappropriately reaches the
5 conclusion that they can reconstruct internal
6 dose.

7 But of course plutonium uptakes did occur, and
8 there is no way to measure it because there was
9 no internal monitoring at the IAAP for
10 plutonium or anything else. The SEC evaluation
11 limits potential uptakes are from depleted
12 uranium and tritium only. There was no testing
13 done for the others. I believe the SEC
14 evaluation misses the mark here and needs to be
15 modified in order to account for plutonium
16 uptakes, and that NIOSH cannot estimate this
17 dose.

18 In addition to NIOSH regulation and procedures,
19 I'd like to draw attention of the Board to
20 language contained in the 2005 Omnibus
21 Appropriations Act. It says it was Congress'
22 intent in passing the Energy Employees
23 Compensation Act of 2000 to provide for timely,
24 uniform and adequate compensation for employees
25 made ill from exposure to radiation. The

1 committee encourages the Department to
2 recognize that in situations where records
3 documenting internal or external radiation
4 doses received by workers at the specific
5 facility are of poor quality or do not exist,
6 that workers should promptly be placed in a
7 Special Exposure Cohort.

8 My fellow workers and I respectfully believe
9 that there is not enough data in existence to
10 make accurate dose estimations. For example, I
11 and all my physical security people, numbering
12 over 220 strong in those years average, were
13 not issued film badges from the years '68 to
14 '73, even when spending eight hours a day
15 around and with weapons and/or materials. You
16 cannot have data where none was taken.

17 We also believe that far too much time has
18 passed with little action. This facility
19 closed 30 years ago this year. Many are sick.
20 Many died. And the rest of us are not young
21 and we have already been waiting for a very
22 long time.

23 I applaud NIOSH for finding that a Special
24 Energy (sic) Cohort may be warranted for all of
25 the Burlington workers. And I hope as the

1 Board debates the important issues before them
2 today that they can keep in mind the human
3 faces of myself and my fellow workers. I hope
4 that you can keep in mind that many of us are
5 no longer here, the sacrifices they made and
6 how long we have already waited.

7 In closing I wish to offer my thanks to the
8 active participation of Senators Harkin and
9 Grassley of Iowa, Congressman Leach of Iowa,
10 and the continued interest of Senators Obama,
11 Durbin and Bond, as they, too, have
12 constituents who worked at the IAAP. A special
13 thanks to my wife Kathleen for her continuing
14 support over the years.

15 I strongly urge the Board to act today to
16 recommend the inclusion of all eligible IAAP
17 workers in a Special Energy Cohort -- Special
18 Exposure Cohort.

19 Mr. Chairman, I would appreciate the Board now
20 hearing from Dr. Laurence Fuortes, whose years
21 of work and dedication has brought the focus
22 and meaning to the Cold War team at Iowa. Dr.
23 Fuortes is a medical doctor and professor at
24 the University of Iowa. He is responsible for
25 the Burlington Atomic Energy Commission Plant

1 Former Worker -- Former Nuclear Worker Program.
2 Dr. Fuortes has been working with the Cold War
3 team for several years now, learning about the
4 processes, risks and health outcomes
5 experienced by the workers.

6 **DR. ZIEMER:** Well, thank you, and we'd be
7 pleased to hear from Dr. Fuortes at this time.
8 Thank you.

9 **DR. FUORTES:** Thank you very much. I want to
10 thank the Board and the Iowa delegation and the
11 people who showed up in attendance. Everybody
12 who is here, I think we are here for the same
13 reasons, really -- interest in justice, truth
14 and justice. It sounds kind of funny, but that
15 is why we're here. And I'd like to acknowledge
16 those people who couldn't come because of time,
17 distance, health reasons, from Burlington. We
18 have about 20 people. I'm surprised how many
19 came, but some people couldn't make it for a
20 variety of reasons, including vital status, and
21 I think we need to -- to consider that, as Bob
22 brought up.

23 I am really grateful for this process and the
24 opportunity to address the Board, but I would
25 like to say a couple of words -- not just about

1 the science and the policy decision you guys
2 are looking at -- the Board is looking at.
3 You're looking at a policy decision regarding -
4 - you've already set a precedent, I guess,
5 yesterday and then considering another one now.
6 The issues that were raised in the NIOSH
7 evaluation of the SEC petition addressed a
8 couple of things. They said if we can't do
9 this transparently, we'd like the Board to
10 address that as a policy issue. Just given
11 that issue, I'd like you to consider the
12 Constitutionality issue of due process if
13 people are not allowed, as Bob was saying, to
14 confront the data that denies them what they
15 believe is justice. So I think that's a
16 Constitutional issue that needs to be
17 considered.

18 There are other aspects of the process I think
19 we need to acknowledge, and this give-and-take
20 of information, statements of fact, it really
21 seems litigious to me, and I think it seems
22 litigious to the claimants and to the -- to the
23 public. Unfortunately, there is sometimes some
24 degree of controversy, even in the field of
25 science. And that's not an issue of bad

1 science, as you bring up. I don't think we're
2 saying anybody here is doing bad science, and
3 nobody has a monopoly on good intentions. I
4 think we all have good intentions, scientific
5 integrity. We all have our consciences that we
6 have to answer to, and none of us here are
7 trying to misconstrue things.

8 To tell you honestly, when I came to work with
9 the workers in Burlington -- I have studied
10 nuclear physics. That was -- biophysics was my
11 area of study in DeKalb*, Illinois. My
12 assumption was this is a low-exposed
13 population. I had the opportunity to speak
14 with hundreds -- literally hundreds of workers
15 in the process of the medical screenings, and
16 some of the histories changed my views.

17 On the one hand, I learned a lot more about the
18 process and it raised a considerable number of
19 questions. We are stuck with questions as to
20 the ionizing radiation risk of some of these
21 classified issues of geometry, masses of given
22 fissile materials, the constituents of those
23 materials, the constituents' thickness of
24 cladding and the efficiency of shielding.

25 Those are classified things that we won't be

1 able to answer. But it leaves us with some
2 doubt in our mind. And in a worker-friendly
3 process, that doubt I think behooves us to make
4 judgments in the workers' favor. So that's one
5 thing that this -- this issue of doubt.
6 I really commend NIOSH for coming forward and
7 saying we cannot do this with transparency, and
8 so we urge the Board to consider should we be
9 approving the Special Exposure Cohort on the
10 basis of inability to do this with
11 transparency. That's -- that's wonderful.
12 In terms of those of you with the scientific
13 bent of wanting to not establish policy without
14 some reasonable doubt or reasonable concern
15 regarding the risk to this population, I need
16 you to consider some things. As I approached
17 this population, we all approach the facts, the
18 world around us, with some preconceived
19 notions. If we didn't do that, we would get
20 out of bed on the wrong side, literally, try to
21 work on the ceiling, try -- you know, we have
22 to have some preconceived notions when it comes
23 to science and the world around us.
24 We are adjacent to the world's biggest optical
25 illusion. Are you all aware of that, the St.

1 Louis arch? It's a magnificent story. I mean
2 this is -- this is something -- you stare at it
3 and you say these are -- this is a catenary
4 arc, these are two perfect parabolas, mirror
5 images. This thing is obviously taller than it
6 is wide. But in fact it's an optical illusion
7 because the base gets so much wider. It's 192
8 meters wide, it's 192 meters tall.

9 So just to let you think that if you come to a
10 situation with some preconceived notions, you
11 may argue everything that you subsequently
12 learn on the basis of this preconceived notion.
13 Now this is not to cast ad hominem attacks
14 against NIOSH and the scientists, but I do see
15 this litigious (sic) process. I say this, I
16 go back and get some more information and I'll
17 -- I'll argue your point.

18 When the target moves, that also is not truly
19 claimant-friendly, but back to the science and
20 the pursuit of knowledge. We received the site
21 profile, reviewed it amongst our board members
22 and with technical staff from the plant, and
23 they said this just ain't true; where did this
24 come from? Go back to NIOSH and they said
25 well, we spoke to one person, and that one

1 person told us this. We said well, but we've
2 got these other people who were there longer
3 and actually worked hands-on with the material;
4 they say different things. Some of those
5 different things, points of fact that we have
6 received from one party that are not addressed
7 in NIOSH's site profile or the response that
8 ORAU did to the site profile, have to do with
9 issues of internal dose or radiation exposure.
10 In the early eras when people were handling the
11 Mark VI weapons, they were handling huge, huge
12 weapons. Now people with excellent technical
13 descriptions of this who are very, very wary of
14 breaking security issues, of -- of broaching
15 some classified information, they will say to
16 us we worked inside this thing not quite the
17 size of a VW. There was a horizontal axis port
18 in there the size of my arm. There was a
19 metallic sphere inside there of what we can
20 only refer to as hot metal. We would take a
21 port inside that hollow sphere and turn it one-
22 quarter of a turn to access the center of that
23 hollow sphere and stick our hands inside the
24 hollow sphere and wipe out the metal on the
25 inside, and this had to be done before these

1 weapons were shipped out. We had to do this
2 last point of cleaning out whatever might have
3 developed just from exposure to the air of this
4 hot metal. And then we would replace that
5 porthole with a quarter turn, and then high
6 explosive would be placed over this.
7 Sounds to me like a credible history. It's not
8 addressed in the documents. Maybe it's a
9 classified statement and I just said something
10 you'll have to shoot me for; I'm sorry. But it
11 is of interest. It really has some
12 implications in terms of our concerns regarding
13 unshielded ionizing radiation exposure and
14 potentially internal dose.
15 Then we have the plant scientist, the senior
16 plant scientist who was referred to, Jack
17 Polson, giving us a very credible history,
18 stating that it was not standard procedure, but
19 we did have to scrape off -- the glue off the
20 beryllium cladding. This -- this was done.
21 And in fact, he said, come to think of it, when
22 we were in shut-down operations, this wasn't
23 all that rare. Said in 1970 to 1974 this was
24 not an uncommon procedure.
25 The statements made by ORAU and NIOSH in

1 response to these observations all seem to
2 belie this preconceived notion -- we believe
3 this is a low-dose situation and we will
4 interpret the world around us -- I don't mean
5 to be insulting, but it's just how it appears -
6 - we're going to respond to this given this
7 preconceived notion. So no mention is made of
8 the technical -- technical staff's description
9 of unshielded fissile material exposure.
10 I think that's critical. I think that's very
11 important. It may have to do, as I said, with
12 class-- classification issues, but if that's
13 the case, then certainly we have worker
14 histories that are very, very suggestive.
15 Another issue as regards the histories of this
16 workplace, the data that is available and its
17 credibility I think is quite important. Do we
18 believe that these data are credible for a
19 variety of reasons. Bob brought up the sample
20 size, 22 workers out of 1,000. If you're
21 weighing towards X-ray technicians, that may be
22 problematic. That may not be a very big
23 sample.
24 In addition to that, if we have workers who
25 tell us, credibly, we did not wear our badges

1 all the time in the bays; and some saying you
2 know, I worked doing disassembly time -- day in
3 and day out and I never wore a badge; and the
4 senior scientist saying these are the most
5 hazardous operations, disassembly, where the
6 situations where -- where SOPs might not have
7 even been relevant, so this was -- this was a
8 high-risk situation if -- if every worker --
9 except for one. If all the workers except for
10 one who did disassembly routinely tell me I
11 never wore a badge, that really does bring up
12 some concerns for me.

13 The one worker who said I did disassembly and I
14 wore a badge also says to me actually, you know
15 something, I was -- I was one of the people
16 assigned a badge. I wore it day in and day out
17 and that means that six months out of the year
18 when I was nowhere near or three days a week
19 when I was nowhere near the pits, I was wearing
20 it as well. And I think that that's -- that's
21 interest-- interesting. There is some doubt
22 regarding the reliability of these measures
23 based on sample size, based on the targeting
24 people, based on the people who are not
25 measured.

1 Now if we say but we have comparable data from
2 another facility, then I think there's another
3 issue that's very important. Bob brought up
4 the different SOPs and different technical
5 processes and industrial processes at Pantex.
6 We're talking a different era, different
7 classes of weapons. From 1993 to 2003 data
8 from Pantex used to -- to come up with worst
9 dose scenarios for Pantex (sic) strikes me as
10 quite a leap, in particular if we're using data
11 of badges worn beneath lead aprons from Pantex.
12 That's -- that's very odd.

13 When I asked health physicists from NIOSH could
14 you explain inconsistencies within the 22
15 sampled early on, the 44 sampled next and the
16 next 200 sampled, why would we have an increase
17 in doses across that time period, the answer
18 was well, because there was more production.
19 The senior scientist responded no, there was
20 not an increased production from 1968, that's
21 not true at all. Our production rate was flat.
22 Well, I have to say from my standpoint, well,
23 it looks like there is some lack of reliability
24 or inconsistency within what little data is
25 available. Then if we go to needing to

1 extrapolate to other situations where we don't
2 believe -- I certainly don't believe -- those
3 exposures are applicable, and then we have no
4 data for the situations that are highest risk,
5 I think we do have to consider there are worker
6 histories to suggest there were very high risk
7 situations in this facility. And I think that
8 NIOSH has changed its language in the last
9 slide in terms of not -- no longer referring to
10 this as a low-dose situation but potential for
11 substantial dose.

12 I'm very glad to see that, but I'm trying to --
13 to let you guys see my point of view as a
14 scientist is there is enough doubt here that
15 coming up with exposure assessment to
16 categorize this group would be quite difficult.
17 And using the maximal doses argument that --
18 that the HPs use I think is a very rash one to
19 say we can -- we'll just assume the worst. But
20 if you assume the worst based on data that is
21 badge data from -- from beneath a lead apron or
22 source term data that is clad, then I think
23 you're not looking at the relevant data.

24 And I would like to, if possible, change the
25 forum here. I don't know if it's possible to

1 do this as question and answer, but I -- I hope
2 Bill Field is -- is above me someplace and if
3 you guys have any questions for us, I'd really
4 appreciate hearing them.

5 **DR. ZIEMER:** Thank you very much, and we'll
6 certainly feel free to call on you at that
7 point, if necessary.

8 Let me ask, was William Field -- did you tell
9 me was not able to be here today from the
10 petitioners group, William Field, is --

11 **DR. FUORTES:** We thought we heard him ringing
12 in possibly. If he's not here, we did deliver
13 a document, too, which was some of his
14 responses to --

15 **DR. ZIEMER:** Okay, thank you.

16 **DR. FUORTES:** -- to his concerns.

17 **DR. ZIEMER:** Are there other members of the
18 petitioning team itself that -- I have a list
19 of others from the facility that do wish to
20 address the assembly, but we want to give
21 priority to the petitioners themselves.

22 Mr. Anderson, were there additional members of
23 the petitioning group?

24 **MR. ANDERSON:** Could I have the members of the
25 Congre-- Congress at this point?

1 **DR. ZIEMER:** We'd be pleased to do so. We'll
2 move to that next, certainly.

3 **MR. ANDERSON:** The other two members, I don't
4 know.

5 **DR. ZIEMER:** We have Allison Hart from Senator
6 Harkin's office. Allison, do you wish to
7 address the assembly? Either -- either mike,
8 wherever you're comfortable is fine.

9 **MS. WING:** (Off microphone) Good afternoon.
10 Can you hear me?

11 **DR. ZIEMER:** There is a lavalier mike there,
12 Allison, if you could use that it would be
13 helpful for our recorder.

14 **MS. WING:** Can you hear me now? I'm actually
15 Jenny Wing. I'm with Senator Harkin's staff in
16 Washington, D.C. and I have letter on behalf of
17 Senator Harkin that I would like to read today.
18 (Reading) Dear Members of the Board, I
19 appreciate this opportunity to share with you a
20 few words today, and I am sorry I cannot be
21 there in person.

22 This meeting, the first to consider creating a
23 Special Exposure Cohort, has been a long time
24 in coming. It has taken five years to get from
25 the passage of the Energy Employees

1 Occupational Illness Compensation Act to this
2 day. During that time we have made a lot of
3 progress in uncovering and understanding the
4 work that occurred in the Iowa Army Ammunition
5 Plant, as well as the heroic contribution made
6 by the workers, but not one worker with cancer
7 has received any compensation to this date.
8 The IAAP workers are unsung heroes. They went
9 to work every day unknowingly handling
10 hazardous and radioactive materials without
11 proper safety gear. For years they could not
12 even talk about the material to which they had
13 been exposed because the information was
14 classified. As many workers became ill and
15 were diagnosed with cancer, they couldn't even
16 tell their doctors why they were sick.
17 I have heard their stories over the years,
18 stories of pain, suffering and turmoil. The
19 Iowa facility has been closed since 1975. Many
20 of these workers are dying. Many family have
21 lost members far too early, and many family
22 members have spent years caring for worker
23 suffering from ravaging disease.
24 Before making a decision I hope the Board takes
25 the time to really hear from the workers who

1 have made the long trip here to this meeting
2 today, and I hope the Board will keep in mind
3 that this decision is about real people who are
4 still dealing with very real sacrifices they
5 made for the safety and security of our
6 country.

7 I welcome the NIOSH evaluation report finding
8 that a Special Exposure Cohort may be warranted
9 for the IAAP workers. NIOSH has based its
10 findings on the ground that dose reconstruction
11 performed with classified materials may lack
12 necessary transparency. I firmly agree that
13 dose reconstruction must be a transparent
14 process. In order for the dose reconstruction
15 process to be fair, workers must have access to
16 these documents. If these documents truly
17 cannot be released for reasons of national
18 security, then the Board must authorize a
19 cohort.

20 Furthermore, I strongly urge the Board to look
21 beyond the rationale of classified documents as
22 justification for the cohort. In fact, it is
23 not feasible to perform dose reconstruction for
24 former IAAP worker with sufficient accuracy for
25 the same reasons that are true of the

1 Mallinckrodt facility the Board examined
2 yesterday.

3 The IAAP facility has been closed since 1975.
4 The few records and documents that have been
5 found are of questionable accuracy. There are
6 no records at all documenting internal dose,
7 and records for only a tiny fraction of the
8 work force documenting external dose. Worker
9 interviews have called into question NIOSH's
10 basic assumptions about the type of materials
11 and the level of exposure. Dose reconstruction
12 is impossible without using records from a
13 different facility during a different time
14 period and with different safety precautions in
15 place.

16 The decision before the Board today is not
17 about cost implications for other facilities.
18 It is about meeting our obligation to the
19 workers of the IAAP who were guaranteed
20 compensation if they became ill due to their
21 work in these plants with the passage of
22 EEOICPA. When we in Congress passed that bill
23 we gave NIOSH and the Board the authority to
24 create a Special Exposure Cohort because we
25 envisioned precisely the type of scenario

1 workers from Iowa face.

2 The situation is that there is so little
3 clarity about exactly what workers were exposed
4 to and when, and so few records remaining in
5 existence, that it is literally impossible to
6 perform accurate dose reconstructions. I
7 strongly urge the Board to carry through on
8 their obligation to these workers by voting
9 today to recommend inclusion of all Iowa Army
10 Ammunition Plant workers into a Special
11 Exposure Cohort.

12 Sincerely, Tom Harkin.

13 **DR. ZIEMER:** Thank you, Allison (sic). Also
14 Penny Vacek with Senator Grassley's office.
15 Penny, do you wish to address the assembly, as
16 well?

17 **MS. VACEK:** (Off microphone) I do.

18 **DR. ZIEMER:** Thank you.

19 **MS. VACEK:** (Off microphone) Good afternoon.

20 **DR. ZIEMER:** Check to see that it's on.

21 **MS. VACEK:** How's that? I have a letter from
22 Senator Grassley.

23 (Reading) I write to share my strong support
24 for the Special Exposure Cohort petition filed
25 on behalf of the workers of the -- at the Iowa

1 Army Ammunition Plant during 1947 to 1974. I
2 understand that the NIOSH SEC petition
3 evaluation report finds that the records and/or
4 information necessary to publicly evaluate part
5 of the IAAP SEC petition are not and will not
6 be available on a transparent and timely basis.
7 According to the evaluation report, NIOSH
8 claims that it is technically feasible to
9 estimate doses with a sufficient accuracy, but
10 such estimates could not be substantiated in a
11 transparent, publicly-available process. I
12 agree that this limitation on transparency of
13 dose reconstructions would seriously undermine
14 the credibility among the claimants at the
15 IAAP. Maintaining a policy of transparency in
16 the dose reconstruction process is vital to the
17 credibility of the determination made by NIOSH.
18 However, the petitioners have also demonstrated
19 and continue to demonstrate that workers
20 handled and were exposed to radioactive
21 materials with little or no protective gear and
22 radiation monitoring. I find it hard to
23 believe that any accurate or credible dose
24 reconstructions could be completed for workers
25 at the IAAP with very little or no radiation

1 monitoring, particularly given the reliance on
2 data from a separate facility.

3 Even more alarming is the fact that NIOSH, in
4 refuting the petitioners' assertions concerning
5 the feasibility of dose reconstructions, is
6 relying on data contained in a revised site
7 profile that is unavailable to claimants and
8 petitioners and likely to remain security-
9 classified indefinitely.

10 Based on the compelling information provided by
11 the petitioners and the finding by NIOSH, I
12 strongly encourage the Advisory Board to
13 swiftly recommend to Health and Human Services
14 Secretary that the class of workers at the Iowa
15 Army Ammunition Plant be added to the Special
16 Exposure Cohort. Thank you for your
17 consideration.

18 Sincerely, Senator Chuck Grassley.

19 **DR. ZIEMER:** Thank you, Penny. Sue Zimmerman,
20 you weren't on the speaking list, but I did
21 want to give you the opportunity if you did
22 wish to enter a statement in the record.

23 **MS. ZIMMERMAN:** (Off microphone)

24 (Unintelligible)

25 **DR. ZIEMER:** Thank you, Sue. We have several

1 other individuals associated with the Iowa
2 facility that have asked for the opportunity to
3 address the assembly. Sy Iverson*?

4 **MR. IVERSON:** (Off microphone) (Unintelligible)

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

6 **DR. WADE:** Declines.

7 **DR. ZIEMER:** Oh, thank you, Sy. Okay. Paula
8 Graham? Paula I believe also had some material
9 she wished to distribute to the Board. And
10 Paula, let us assist you with that as a handout
11 here.

12 **MS. GRAHAM:** My name is Paula Graham. If I'm
13 too far away from this, tell me, will you? I -
14 -

15 **DR. ZIEMER:** You're fine.

16 **MS. GRAHAM:** I'm not used to speaking through a
17 microphone. My name is Paula Graham and I live
18 in Fort Madison, Iowa, and I'm here to speak
19 about -- for some people who could not be here
20 today because I'm here to speak about my own
21 family.

22 There's a Donald Larson in Tennessee and a
23 Ronald Larson in West Virginia, and I was
24 contact with them by telephone this last week
25 and they FAXed up some material to use as

1 talking points concerning their mother and
2 their experience. And each one of you have one
3 of those in your folder, and he says -- and
4 this was notarized, also.

5 He says (reading) To It (sic) May Concern:
6 This statement is to confirm that my brother
7 and I offer considerable effort -- after
8 considerable effort, have not been able to
9 locate or obtain any records with respect to
10 monitoring radiation and other deadly toxins at
11 the IOP in Burlington, Iowa -- that is
12 Middletown, Iowa, he has -- between the 1940's
13 and 1950's when our mother, Edith Marie Larson,
14 worked there as a custodial matron. Local and
15 state politicians, along with newspaper
16 investigators, have deplored sloppy record-
17 keeping and they, too, have been unsuccessful
18 in assisting us with our efforts to find the
19 records.

20 If I'm short of breath it's because I am. I,
21 too, worked at the ammunition plant and have
22 troubles.

23 (Reading) Without records, and the fact that
24 Mom passed away in January 1996, it seems to us
25 that fair and scientific dose reconstruction is

1 simply not possible. Yet Mom fought a ten-year
2 battle with cancer that was -- that we are
3 convinced was due to the radiation and toxic
4 exposure while she was an employee at the IOP.
5 In the interest of justice, we urge you your
6 careful consideration of our claim.

7 And they sent along copies of two letters they
8 FAXed that they had sent to a Ms. Kari Waller,
9 the examiner at the U.S. Department of Labor,
10 Office of Workers Compensation Program in
11 Seattle, Washington. Now this first one says
12 (reading) Dear Ms. Waller: My brother and I
13 would like the DOL to go forward with our
14 claim, and I am writing this letter in attempt
15 to show why our claim should be placed under
16 Special Exposure Cohort provision of the
17 EEOICPA Act. We believe this placement is
18 warranted due to ambiguities and lost or
19 missing employment data pertinent to the
20 operation of the IAAP in Middletown, Iowa. I
21 would like to cite a few examples.

22 First, in previous correspondence to you it was
23 pointed out that Day and Zimmerman, the plant
24 contractors at the AEC prior to 1951, are
25 unable to provide information about my mother's

1 work sites at the plant. Also, I state in my
2 affidavit to the DOL that the University of
3 Iowa medical researchers, while able to obtain
4 my mother's two badge numbers, were unable to
5 shed any light as to her work sites at the
6 plant due to lost or missing records.
7 Second, her employment history at the plant
8 remains problematic. Social Security
9 information shows that my mother made
10 contributions to the program in 1944, '45 and
11 '46 when the plant was under the operation of
12 Day and Zimmerman. Apparently no contributions
13 were made from 1947 to 1951. Yet in your
14 letter of December 19th, 2003 you wrote "The
15 Department of Energy was able to provide us
16 with the termination date for Edith Larson, and
17 that day was the 15th of June, 1951." The
18 central question here, of course, is how does
19 one explain the five-year gap regarding Social
20 Security contributions and the DOE's
21 termination date of my mother's employment.
22 Third, is the DOE in fact correct when it
23 asserts that my mother's termination date was
24 June 15th, 1951. Was she not still a DOE
25 employee while the plant was under

1 administration of Silas Mason. Social Security
2 records indicate that Silas Mason reported
3 contributions made by our mother for 1951, '52
4 and '53, and information -- my brother and I
5 remain convinced that our mother worked on Line
6 1 at the plant where those -- these deadly
7 weapons were assembled.

8 Fifth, our mother's case is being included in
9 the University of Iowa study of former AEC
10 employees, yet the DOL has not acknowledged
11 this fact, as far as we know.

12 So they're -- they're wanting this -- well,
13 workers there at the IAAP to be included in a
14 Special Exposure Cohort.

15 There is another letter, which I'm not going to
16 read, that's from one -- the other brother, and
17 -- but I just wanted to bring out one important
18 point in it. He said -- and it's in the next
19 to last paragraph on the last page. (Reading)
20 Mr. Howard Nicholson told me by phone that my
21 mother was a DOE employee and that their
22 records indicate that she developed metastatic
23 (sic) breast cancer.

24 So she is in the health study, evidently, and
25 so he FAXed this up -- I didn't FAX it to Dr.

1 Fuortes because I do not have a FAX machine,
2 and that's why Dr. Fuortes's name is on it, and
3 then he e-mailed it to me.

4 Okay, let's see who this is -- Edward Webb, Sr.
5 He's a gentleman who lives near Burlington,
6 Iowa and he's pretty ill. He's on oxygen and
7 he has cancer, and he worked on Line 1. And
8 these statements are interviews that I had with
9 him over the telephone, and he told me he would
10 type up something and mail it to me. And we're
11 not even 20 miles apart, yet he sent it by
12 certified mail. The lady at the Post Office
13 said she'll get it tomorrow anyway, but he
14 spent \$3.85 to get it to me.

15 All right, to whom it may concern -- this is
16 February 3rd, 2005 -- (reading) This statement
17 shall be construed as a record of my employment
18 time span at the Burlington Atomic Energy
19 Commission Plant located inside the perimeter
20 fence of the Iowa Army Ammunition Plant located
21 in Middletown, Iowa. I started on June 19th,
22 1950 and worked there in various buildings
23 until April 11th, 1995 -- 1975. I started in
24 building 1-13 building on a Mark 6. We were
25 told this was the same weapon dropped on

1 Hiroshima. I worked at this building until the
2 last half of 1952. During this time no blood
3 tests were made, either finger prick or
4 otherwise. No urine samples were taken.
5 This building was closed and we were all moved
6 to Line 1 proper to fill in as needed. I
7 worked in every occupational area at one time
8 or another. I instructed women to operate
9 machinery in the 1-40 building for one year. I
10 moved in and out of various operations -- prep,
11 machining, tear-down and assembly -- for every
12 unit group assembled at that plant.
13 Well, I talked to him the next day, also, and
14 I've written down -- it's the handwritten ones
15 -- a summary of the notes that he gave me, and
16 he -- so this was given by Edward Webb of
17 Burlington, Iowa. (Reading) They used swipes
18 to swipe the inside of the pit. Then they ran
19 their bare hands around the inside of the pit
20 to see if there was any residue or foreign
21 materials left to see -- make sure it was clean
22 inside.
23 Then a plug was inserted. It was given an
24 eighth of a turn to the right to lock into
25 place. Three types of explosives were put in.

1 It sat up horizontally, and the opening was in
2 the front. There were no shields to protect
3 the workers.

4 Workers were not given any blood tests, no
5 urine tests. In building 1-11 they had geiger
6 counters setting on plexiglass surface
7 containers, and on this they had bottles
8 setting there, also, with tubes that ran from
9 the bottles and were fastened to the units --
10 the sides of the units they were working on.
11 The geiger counters would not work. They
12 needed to be calibrated. The only way to
13 calibrate them was to use some of the material
14 they were working with to calibrate the geiger
15 counters. The Mark 6 was open, not sealed.
16 He worked in another place where he machined,
17 and that was beryllium. He was machining
18 beryllium, he told me. It was one of a kind,
19 the machine was, and he said it was seven feet
20 time and was built specially for this process.
21 He said that they called that hot metals that
22 he was machining, the beryllium. He said he
23 was in there by himself and they had a
24 beryllium blow door that was four inches thick
25 and four-and-a-half feet wide. You were always

1 brushing against the door when going in and
2 out, so he was exposed to beryllium.

3 All right, I have another one from a lady
4 called Anita Loving, and this is dated January
5 31st, 2005 and it says -- it's addressed to you
6 people, the Radiation Health Advisory Board
7 members, and she says (reading) Dear Board
8 Members, I am writing to you about the Energy
9 Employees Occupational Illness Compensation
10 Program and the urgent need to grant the
11 Special Exposure Cohort status for these former
12 Iowa Ammunition employees. Since my father and
13 I are unable to attend this meeting, I have put
14 my thoughts down on paper to be read for me at
15 the meeting.

16 My father, Wendell D. Pirtle, worked on Line 1,
17 the atomic energy line, from sometime in the
18 '50's until the line closed in the mid-1970's.
19 He was an inspector general, went all over the
20 line and inspected all weapons in all phases of
21 their assembly. I believe there were about 13
22 people with this position, and to the best of
23 my knowledge, all but just a couple of this
24 group have died from cancers.

25 My father has had colon cancer and lives with a

1 colostomy and suffers from lung problems, which
2 limit his activities of daily living. His lung
3 doctors say that they cannot definitely say it
4 was radiation which caused his breathing
5 problems, but that they would never say it
6 wasn't the cause. He has also had thyroid
7 problems. His thyroid grew very rapidly during
8 and after his employment at IAAP. He had it
9 removed in 1995. The surgeon said it wasn't
10 the largest he had ever removed, but was
11 definitely up among the largest he had ever
12 seen.

13 My father devoted his working career to serving
14 his country, both as a bomber pilot during
15 World War II and then for so many years at the
16 Iowa Army Ammunition Plant. He deserves to be
17 compensated for the sacrificing of his health.
18 He tells me had he known the dangers of his
19 work, he would never have taken the job. He is
20 a loyal American, and I feel our country is
21 letting him down.

22 Proper documentation does not exist to
23 accurately reflect the radiation doses these
24 people received. My dad has stated several
25 times that their maintenance was lax in

1 comparison to other plants he traveled to for
2 his work.

3 Millions of dollars are being paid to people to
4 figure all of this out, and none of it is going
5 to the people who did the work, and deserve and
6 need the compensation. It would be far more
7 economically feasible to pay these people who
8 are deserving and needy than to spend so much
9 time trying to decide how to reconstruct the
10 dosage, something I feel is probably impossible
11 to accurately accomplish. These people are
12 dying and need to receive their compensation
13 while they're living to help pay for health
14 care and daily living needs.

15 Dad has had to move into an assisted living
16 facility. His income is currently about \$2,800
17 per month, and he pays \$2,709 per month for his
18 care. His medication bills are somewhere
19 between \$50 and \$100 per month for just his ten
20 percent copayment. He does have good health
21 insurance. This leaves him nothing for
22 clothing and extras, which now I have to
23 purchase for him.

24 My mother, Mary Frances Pirtle, also worked on
25 Line 1 of the Army Ammunition Plant for a

1 period of almost seven years. She quit almost
2 exactly two months before I was born. She
3 processed the paperwork, probably radiation-
4 contaminated paperwork, that accompanied all
5 the weapons during all phases of assembly
6 process. She died of breast cancer almost ten
7 years ago. Although it was discovered
8 relatively early, it was already in her bone
9 and she fought it for almost two years before
10 she died. I know that records were not kept
11 well because we had a very difficult time
12 establishing the fact that she had worked
13 there. I've been told that prior to 1959 there
14 are few records that exist.

15 I, as a baby -- now understand, her mother
16 worked there during her pregnancy, up to two
17 months before she was born.

18 (Reading) I, as a baby, was treated for thyroid
19 problems. I've had thyroid surgery to remove
20 part of my thyroid to check for the possibility
21 of cancer. I suspect that my exposure to
22 radiation before birth is the reason for my
23 thyroid problems since birth -- since birth,
24 but due to the fact that I cannot locate
25 medical records from 45 years ago, I will never

1 be able to prove this. I know my mother would
2 never have exposed me to the danger had she
3 known it existed. I realize this has nothing
4 to do with the Special Exposure Cohort issue,
5 but is just to show the effects of the work
6 have other consequences to the loved ones, as
7 well.

8 These people at the IAAP never knew the dangers
9 they faced and deserve to be compensated while
10 they are still alive, and in a timely fashion.
11 My father traveled to other facilities doing
12 inspection during his employment at the Iowa
13 Ammunition Plant and he's stated many times
14 that the precautions taken at other locations
15 were far superior to those taken at the IAAP.
16 My father is 82, and I do not know how long --
17 how much time he has left. Every day is a
18 struggle for these people. I desperately ask
19 you to grant Special Exposure Cohort to speed
20 up this process before it is too late for him,
21 and many like him, to see any fulfillment of
22 the compensation that has been promised to him.
23 Respectfully, Anita A. Pirtle Loving, daughter
24 of Wendell D. and Mary Frances Pirtle.
25 Now I just have one more, as soon as I get my

1 breath. I have one more letter, and this
2 concerns my own family. My mother, my father,
3 my sister who was 15 months older than me, and
4 I myself worked at the ammunition plant at
5 Burlington. I worked on the conventional
6 lines, and my sister and I were hired the same
7 day in 1951, and she -- she was 19 and I was
8 18. The only difference was she transferred to
9 the nuclear line, and we were both security-
10 cleared people to the nuclear line.
11 Well, I stayed behind, decided to, and she went
12 on. And I can tell you one thing, because we
13 were security-cleared, no one ever told us of
14 the dangers we were going to. They just wanted
15 people to go to that line. They needed workers
16 desperately, and it -- just like Mrs. Loving
17 said her father said, if he'd known of the
18 dangers, if he'd been told, he'd have never
19 taken the job.
20 Okay. This is a letter that I wrote for my new
21 nephews, Jim and Jon Anders. Now their mother
22 worked first on the conventional lines and then
23 transferred to the nuclear line and -- well,
24 they made a claim with the Department of Labor.
25 And of course they were turned down because she

1 died in 1956 and all the medical records had
2 been destroyed. We did, however, get her
3 medical records from Silas Mason, and that we
4 do have, and the death certificate, of course.
5 All right. So I wrote this for them because
6 they said is there anybody can write a letter
7 for you; how about your dad? They said our dad
8 died just as we got out of high school. But
9 they said our aunt could -- could write a
10 letter, so I wrote it for them. It says to --
11 now this is for Jim and Jon Anders.

12 (Reading) To Whom It May Concern: My name is
13 Paula A. Graham. I am a sister of Lona I.
14 Anders. I am writing to tell you about her
15 work history at the Iowa Army Ammunition Plant
16 located in Middletown, Iowa. I'm also writing
17 to tell you about her illness and death.
18 Lona and I were hired on April 4th, 1951 by
19 Silas Mason Company to work at the IAAP. Lona
20 was 19 years old and I was 18. We were
21 assigned to work on the detonator line, 6. We
22 worked with fulminated mercury and possibly
23 lead aside. I definitely remember the
24 fulminated mercury.
25 Very early in May of 1951 another worker

1 dropped a tray of detonators on the cement
2 floor. The detonators exploded and injured
3 Lona's legs. I remember this incident very
4 well because I was there when it occurred.
5 Lona was transported to the IAAP hospital. She
6 was treated for her wounds numerous times
7 during the month of May 1951. About a month
8 after being released by the plant doctor, the
9 wounds in her leg opened up and started
10 draining, running. She returned to the plant
11 hospital for further treatment, and her medical
12 records show that they X-rayed again and found
13 more shrapnel in her legs that they hadn't
14 gotten out previously.
15 Let's see, at this point -- oh, she was also
16 treated at the plant hospital for another
17 injury in May of 1951. A safety glass fell out
18 of a metal frame. The glass fell onto her hand
19 and injured it. Now these safety glasses were
20 just about like this with a metal frame around
21 them and so they really weren't much protection
22 to the worker -- 'cause I worked there, I know
23 -- but it did drop out and injure her.
24 Okay. At this point I want to explain that the
25 workers' skin constantly came into contact with

1 explosives we worked with, especially if you
2 weighed and measured the powder for each
3 detonator. As you sifted more powder into the
4 container on the scale to get the required
5 amount, powder wafted into the air the worker
6 breathed. If you blew your nose, you got
7 explosives on your face. You get the picture.
8 I know I got terrible sinus headaches while
9 weighing powder. My entire face was in pain,
10 and I felt like I had a toothache in every one
11 of my teeth.

12 In April 1952 Lona transferred to Line 1, the
13 nuclear energy line. While working on the
14 nuclear line she gave birth to her first son,
15 James Anders, November 25th, 1954. James was
16 anemic and given special liquid vitamins, so
17 she worked there during her pregnancy. His
18 legs were deformed. The doctor wanted to break
19 his legs and try to straighten them up.

20 I cannot tell you the exact month Lona quit
21 working at the IAAP, but I think it might have
22 been toward the middle of 1955. I do remember
23 that for a few months before she resigned, she
24 was ill, not feeling well. I talked to her one
25 day about how she felt about -- how ill she

1 looked, because I knew what she was working
2 with. She said to me something happened; I was
3 exposed to something. That was all she said.
4 She was not supposed to talk about her work.
5 Her health never improved from that point on.
6 Her skin had an orangish-yellow color to it.
7 Many of the workers who worked at the IAAP with
8 certain explosives and chemicals turned that
9 color -- their hair, their eyes, their skin,
10 all over, they turned orange-yellow.
11 Lona gave birth to her second son, Jon Anders,
12 on April 3rd, 1956. He was so pale and anemic
13 he was also given special liquid vitamins.
14 Lona hardly had the strength to take care of
15 her two boys. I would go to her house and feed
16 Jon his bottle and help her all I could. I
17 also had two small children.
18 Lona's health continued to deteriorate from
19 that time on. She couldn't eat. She would get
20 sick. She looked awful. The doctor finally
21 sent her to the hospital around the first of
22 August, 1956. I do not know what diagnostic
23 tests were performed, if any, or what the
24 results were. Remember, I'm talking about
25 1956, and they did not have all the

1 sophisticated tests we have today. My sister
2 Lasca reminded me that several of her brothers
3 and sisters gave blood for transfusions for
4 Lona.

5 I had two babies, and she had two babies to
6 care for. I was very busy helping to take care
7 of them all. I did get to the hospital three
8 to four times to see her that month. After
9 being hospitalized for two to three weeks, it
10 seemed as if she was improving. Suddenly she
11 took a turn for the worse. The hospital called
12 her husband at work to come down because she
13 was critical. After a few days she seemed to
14 improve.

15 On the morning of August 28th, 1956 I went to
16 the hospital to see her. While I was in her
17 room a tall oxygen tank was brought in and set
18 up by her bed. The doctor came in at the same
19 time. I asked what the tank was for. Oh, he
20 said, this is just in case she gets a headache.
21 That was all he would tell me.

22 There were ten children in my family and they
23 all came home to see Lona. That resulted in a
24 lot of us at the hospital. My mother was
25 practically hysterical because she thought my

1 sister was going to die. The hospital
2 personnel told us that only one of us could
3 come back that evening to see her. I was the
4 chosen one to go back to the hospital.
5 My husband and I went back to the hospital that
6 evening. We visited with her and her husband,
7 who was staying day and night with her. Lona
8 was setting on the table -- on the side of the
9 bed. She was very quiet, but I thought she was
10 better.

11 About 9:00 a.m. the next morning I got a call
12 from the hospital. They said I had better come
13 quickly, Lona was much worse. I lived 35 miles
14 from the hospital and I had to get the babies
15 to my husband's niece to take care of them,
16 therefore it took me an hour and a half to get
17 to the hospital.

18 When I arrived at the hospital Lona's husband
19 told me that she had a peaceful night. He said
20 that when she awoke, she looked at him and said
21 you have just one minute to do something. He
22 pulled the cord to summon a nurse and ran to
23 the door to see if he -- there was a nurse in
24 the hall. He ran back to Lona's bed. He said
25 it was probably just one minute, and she went

1 into convulsions.

2 When I went into my sister's room she was still
3 in a convulsion. They were giving her oxygen.
4 The doctor put a shot of some kind of medicine
5 through her chest into her heart trying to save
6 her. She died within seconds. She never came
7 out of the convulsion that started when she
8 woke up that morning.

9 The doctor told us that Lona had gone into a
10 uremic convulsion and died of kidney failure.
11 She died on August 29th, 1956 after being in
12 the hospital about a month. Besides her
13 husband, she left behind two babies, four
14 months old Jon and 20 months old James. The
15 babies were not -- their health was not good,
16 either.

17 I doubt the doctors and the hospital personnel
18 were aware that she worked on the nuclear line
19 of the IAAP because she was sworn to secrecy.
20 My sister's death was devastating to my family.
21 I told them I thought that the work that Lona
22 had done at the ammunition plant had caused her
23 death, and I still believe that.

24 Her two sons did not know Lona had worked at
25 the IAAP in Middletown, Iowa, or that she

1 worked on the nuclear energy line. It was when
2 I called them in September of 1999 that they
3 found out. They were both speechless for a
4 while. They could not believe it. James
5 finally asked me why their dad had not told
6 them. I replied that he probably did not know
7 that she worked on the nuclear line because
8 those workers were sworn to secrecy.

9 It has been painful to write about the injuries
10 my sister sustained at the IAAP. It is
11 particularly painful to write about the way she
12 died. I assure you that even after all these
13 years, those scenes are still clear and vivid
14 in my mind. I hope that this letter stating
15 the facts as I remember them will result in
16 justice for her two sons, who had to grow up
17 without their mother.

18 If I can be of further assistance to your
19 office, feel free to call me.

20 Now I want to point out a couple of things.
21 These were two women that worked there during
22 their pregnancies. The one baby had the
23 thyroid problem and my sister's boys were born
24 with health problems, particularly the first
25 one with the deformed legs and very anemic. I

1 know these are human interest stories. They
2 are tragedies, human tragedies, and -- but
3 these stories have an implication for a Special
4 Exposure Cohort petition to be approved by the
5 Board.

6 We have had multiple credible histories of
7 exposure to high explosives and solvents,
8 people turning yellow, explosions, solvent
9 intoxication. If for the best intentions of
10 the plant such things happened, this is clearly
11 evidence for deficient health and safety
12 protocols and procedures. And I -- you know, I
13 strongly urge you to approve a Special Exposure
14 Cohort after looking at all of this.

15 And one thing the others have stressed,
16 transparency. That's very important,
17 transparency is, and I realize that some of
18 these documents -- or many of them -- are
19 classified. And I agree with the others, if
20 you're going to be turned down, you ought to
21 have access to that information so that you can
22 appeal.

23 And I want to thank you for all the work you're
24 doing, and I want to thank NIOSH and our --
25 Senator Harkin and Senator Grassley and all the

1 other senators that worked very hard for this
2 group of people. So I urge you to approve the
3 Special Exposure Cohort.

4 **DR. ZIEMER:** Thank you very much --

5 **MS. GRAHAM:** And thank you for listening to me.

6 **DR. ZIEMER:** -- Paula, for sharing not only
7 your own stories, but those of others that you
8 knew, as well.

9 I neglected to give Penny (sic) Wing an
10 opportunity from Senator Harkin's office.

11 Penny, did you also wish to address the
12 assembly? Is Penny still here?

13 **UNIDENTIFIED:** (Off microphone)

14 (Unintelligible)

15 **DR. ZIEMER:** Okay. Now I have -- it looks like
16 Lasea Yerrington?

17 **MS. GRAHAM:** Lasca Yerrington.

18 **DR. ZIEMER:** Yes, okay. Would you like to
19 speak next? Thank you.

20 I do want to point out we need to complete the
21 various addresses from the Iowa folks by about
22 3:00 o'clock, so -- we will have a public
23 session later, as well, but please proceed.

24 **MS. YERRINGTON:** Good afternoon. It's nice to
25 be here today to talk to y'all, and I want to

1 thank you all for taking the time to listen to
2 us and to come. I am Lasca Yerrington, and I
3 am representing my father, Isaac McCracken*; my
4 mother, Opal McCracken; and my sister, Lona
5 Anders. That was my sister that just spoke.
6 And also my husband, Willard Courtney, who all
7 worked at the IAAP.

8 Dad had many problems, COPD, pancreas, liver,
9 gall bladder, stomach and was suspected of
10 having colon cancer, was scheduled for a
11 colonoscopy the very next day and he died
12 before they could give it to him. My mother
13 had lymphoma. My sister Lona, as Paula said,
14 died at 25 and left two babies, four months and
15 21 months.

16 My husband Willard Courtney worked at the Iowa
17 Ordnance Plant, and it wasn't until the EEOICPA
18 Act came into being in 2000 that I found out he
19 worked on the nuclear Line 1. When hired they
20 were instructed not to speak of their work and
21 what they did because there was a communist in
22 the Burlington area. The workers would not
23 know who it was. They could be fined and would
24 be sent to prison if they did. Hence, he never
25 told me what he did at the plant. He wasn't

1 allowed to.

2 Not long after starting at the plant he started
3 having rashes and sores on his face and arms.
4 He had lumps on his body removed numerous
5 times. He had numerous skin cancers and
6 precancerous spots taken off. He had to have
7 his nose reconstructed because of cancer
8 surgery.

9 Not only these conditions, but he developed
10 tremors with Parkinson-like disease.

11 Neurological problems, colon cancer,
12 bletheritis and many more. He also had a
13 kidney removed with a large tumor. Heart
14 problems, also.

15 When he left the plant he was so ill he went
16 the disability Social Security. The last four
17 years he spent in a nursing home because his
18 neurological problems were increasingly severe
19 where I could not take care of him.

20 With all his problems, when he passed away his
21 death certificate said respiratory failure.

22 I want to thank you all for taking time from
23 your families and traveling long distances to
24 work on our behalf.

25 My sister Paula and I were talking one day to a

1 man that worked at the plant. He said they had
2 times of getting together and having a meal,
3 and he said the previous week or so, five of
4 the people died. That's what's happening all
5 the time. They're ill. They're dying.
6 They're waiting for help, and some people don't
7 have the money to take care of their -- their
8 physical needs, their illnesses and all. And I
9 feel that we need to do something and I
10 strongly urge you to pass a Special Exposure
11 Cohort for these people.

12 Thanks again for all that you've done, and we
13 want to thank Senator Harkin and Senator
14 Grassley, Mr. Anderson, all of them that have
15 worked so hard in trying to get this through,
16 and especially Dr. Fuortes. He's a man that
17 really gets up and goes. Thank you all.

18 **DR. ZIEMER:** Thank you very much. I understand
19 that we have on the telephone connection Mrs.
20 Shirley Wiley. Mrs. Wiley, are you on the
21 phone?

22 **MS. WILEY:** (By telephone) Yes, I am.

23 **DR. ZIEMER:** Did -- did you or -- and I believe
24 Mrs. Wiley's sisters perhaps are with her. Did
25 any of you wish to address the group? If you

1 do, we want to give you that opportunity.
2 You'll need to speak perhaps pretty loudly into
3 the phone.

4 **MS. WILEY:** My name's Shirley Wiley. What the
5 speakers before me said pretty much says it
6 all, but I'd like to put a little bit -- just a
7 little bit of my own.

8 **DR. ZIEMER:** Okay, speak very loudly 'cause
9 we're having a little difficulty hearing you.

10 **MS. WILEY:** Okay. The dose reconstruction that
11 they did on my dad they did with no proof of
12 how much radiation he got. He was a pipe
13 fitter and worked everywhere on Line 1
14 (unintelligible) and no (unintelligible) badge.
15 They gave (unintelligible) people that did
16 Dad's dose reconstruction are guessing about
17 (unintelligible). They don't know what they're
18 doing. These are people. They're not numbers.
19 The IAAP threw the people in harm's way and
20 didn't care about the people, just the work
21 they did. I hope you decide (unintelligible)
22 the SEC petition. It won't help my dad. He's
23 been dead since 1973. But it will help the
24 living. Please hurry. Need that help now. My
25 dad's name was Herbert Spector*. Everybody

1 calls me Spec. Thank you.

2 **DR. ZIEMER:** Thank you, Shirley. Shirley, did
3 you wish to continue?

4 **MS. WILEY:** Thank you.

5 **DR. ZIEMER:** Okay. Thank you, Shirley. And
6 Sharon Corde*? Is Sharon here? Are there any
7 other individuals from the Iowa group? I have
8 several folks, some of whom I believe are from
9 the Mallinckrodt group, but any other of the
10 Iowa folks? We wanted to hear from the Iowa
11 folks at -- if there are any others. Yes,
12 please identify yourself.

13 **MR. SHELTON:** My name is James Shelton, and I
14 worked at the Iowa Army Ammunition Plant and
15 also the AEC plant. They was called Division A
16 and Division B. And I have worked 39-and-a-
17 half years at this place, and the biggest part
18 of it was working for AEC. I've worked in all
19 phases of atomic energy plant and from pouring
20 the powder to the shipping of the -- the
21 missiles out. And I've worked in all the
22 areas. I've also tore down, what they -- that
23 they refer to as teardown.
24 And at no time was there ever a badge of any
25 type to indicate for radiation for us. And --

1 and I never was monitored for radiation. And I
2 spent a lot of years on Line 1, then I went to
3 security, and in security we were -- we toured
4 these areas for eight hours at a time, and no
5 badges, no nothing.

6 And there was many times when I was on
7 production the monitors would go off and we had
8 to leave the areas. Safety would say well, it
9 was a malfunction, and nobody was tested that I
10 know of. And -- and as a security guard I was
11 in these areas. As a security supervisor I was
12 in these areas. And also I was a courier, I
13 bought and sold, what they considered bringing
14 in and sending out of material from AEC
15 couriers.

16 And when I was detected with cancer, I felt my
17 world was coming to an end, and it was kidney
18 cancer. And for the -- we've been very
19 fortunate. They got it at a early stage. They
20 had to remove one rib, took ten percent of my
21 left kidney and they say they had got it all.
22 Well, we're praying to God and everybody else
23 that it will not pop up someplace else. And I
24 do hope and I pray and I plead with you to
25 approve the petition. Thank you.

1 **DR. ZIEMER:** Thank you. We have -- was there
2 another lady -- yes, please approach the mike.

3 **MS. KENLON*:** My name is Bonnie Kenlon and my
4 dad worked at the IAAP. He doesn't fit this
5 time frame, and I'm kind of curious as to why.
6 He worked in the melting pot and he was in the
7 blow-up of December 12th, 1941, and I can
8 remember going to see him -- he was in the
9 hospital two different times. When I went to
10 see him he was as black as my coat, and there
11 was four of us children. We were without a dad
12 for a good six months or more. We had to live
13 with our grandparents, and he died of cancer in
14 '81.

15 I have been denied a claim on him. My mother
16 was denied a claim on him. And I guess I'm
17 asking why there is this time frame. Is it
18 because of something they used or what?

19 He was a fun-loving father. He was never the
20 same afterwards. He had a lot of depression.
21 He had webbed arms because of the burns. He
22 was burnt from his waist up and a lot of
23 physical disabilities in that way as -- as to
24 what he could do as -- as work. He was never
25 able to go back to the plant because of his

1 injuries, and he suffered maybe I think eight
2 years with the cancer.

3 Another think I wanted to touch on was my
4 sister-in-law worked there in '67 and 8, maybe
5 9, and I remember my brother tak-- bringing her
6 home and her skin was as yellow -- yellow as it
7 could be. Her hair was white and brittle, and
8 she passed away last -- within the last year,
9 and hers started out I think with lung cancer,
10 but you could see the cancer on her. It came
11 out, big hard lumps. You couldn't touch her or
12 anything. And I believe my brother is in the
13 process of trying to get some benefits from
14 that.

15 And then on my last note, my son-in-law worked
16 at the plant in the early '80's, and they wore
17 the hazmat badges or whatever, and there was a
18 group of young guys just out of high school and
19 they would go in and unload and load boxcars
20 and different things. They worked in the
21 yards. And their badges would turn and they
22 were told to turn them over, to go in and do
23 your job. Thank you.

24 **DR. ZIEMER:** Yes, thank you. Yes, ma'am. We
25 ha-- this will be the last one before our

1 break.

2 **MS. DOWNING:** Good afternoon. I'm Marilyn
3 Downing. I'm from Fort Madison, Iowa and I'm
4 here representing my grandmother who is
5 deceased, who was a Line 1 worker at the IAAP.
6 She worked from 1947 to 1971 on Line 1 and she
7 died in October 27th, 1982 of colon cancer.
8 But in researching her records for this claim,
9 I had looked at her medical records and there
10 were so many records it was -- I had to cut it
11 down to submit the claim, but she had lung,
12 heart and cancer problems.
13 When I had attended the first open public
14 meeting at the Burlington Memorial Auditorium I
15 had stood up and asked how far did this claim
16 extend to her survivors, and it was there that
17 some of her coworkers approached me and
18 actually told me what she did. And all through
19 the years we never knew because we would ask
20 her and we were told emphatically, I cannot
21 discuss it. And so it was at this time, at
22 this meeting, that I was able to discover what
23 my grandmother actually did on Line 1, and I
24 was told that she actually loaded plutonium
25 pucks* into the bombs, and then she would --

1 that these bombs weighed about 50 pounds and
2 that she would have to manually pick them up,
3 hold them up against her abdomen and then
4 transport them over to the racks to stack them
5 up, and that she did this eight hours every
6 day.

7 And to me it seems kind of funny, the
8 relationship of her cancer was in her abdominal
9 area that she finally was -- died from.

10 The reason none of her children are here, she
11 had five children, and they all died in their
12 fifties of cancer, and there's 14 grandchildren
13 left. We are the next of kin, the survivors.
14 I just wanted to come here today and represent
15 my grandmother's voice since she did work so
16 long at this plant. And I want to thank all of
17 you that are here and being very patient with
18 all of us, for listening to our stories and to
19 consider our stories in helping you determine
20 your advice to the NIOSH department. And we
21 thank you very much.

22 **DR. ZIEMER:** Thank you very much. We're going
23 to now have a brief recess, and then the Board
24 will return and begin the deliberations on the
25 Iowa petition.

1 so for a recap, and I'm going to allow that.
2 If Laurie returns we will give her the mike and
3 then we will begin our deliberations. So
4 Robert?

5 **MR. ANDERSON:** Thank you. I appreciate the
6 help of the Board. You heard a few of the
7 stories from workers' loved ones. Over and
8 over again we heard of radiological diseases
9 and death. We have on one hand a technical
10 report of what should have happened to assure
11 that we were safe. And then on the other hand
12 we seem to have contrary information that it
13 didn't take place. There was -- there is a
14 contrary view. So I ask the Board to keep in
15 mind the accuracy of the data, and secondly,
16 the accessibility to the data should an appeal
17 be necessary because of our Constitutional
18 right to due process. And I hope that we will
19 hear a positive finding from the Board today.
20 Thank you.

21 **DR. ZIEMER:** Thank you, Robert. Did -- and now
22 we'll hear from Laurie Kuntz. Laurie?

23 **MS. KUNTZ*:** Thanks for this opportunity. I
24 live in Mediapolis, Iowa. My name's Laurie
25 Kuntz and I'm here to -- on behalf of my -- my

1 husband. Mike is deceased. He passed away in
2 1986, and my sons keep informed on the
3 legislative issues, the -- anything that's in
4 the paper, and they both asked me if I would
5 come and -- and listen today, and so I took off
6 work and I can't stay too long, so...

7 I'm just thankful for your support, and Mike
8 worked -- I met him in 1974, and he was working
9 as a guard at the IAAP. And we married and
10 three years later a tumor came up on his neck
11 and for three years he was -- he battled non-
12 Hodgkin's lymphoma. And we went through chemo
13 and radiation and his sons were nine and six
14 when he passed away. And they don't remember
15 their dad other than being sick, and it would
16 just be nice to have some closure and answer.
17 And for all the others that are suffering, I
18 know what they're going through and it's hard.
19 So thank you for your time. I appreciate that.

20 **DR. ZIEMER:** Thank you, Laurie.

21 **BOARD DISCUSSION**

22 Now as we begin our deliberations, we do have
23 some input from the Department of Labor, and I
24 believe Pete Turcic is prepared to address the
25 Board. Pete?

1 **MR. TURCIC:** Thank you, Dr. Ziemer. The
2 Department of Labor would just like to make a
3 few brief points. Again, we're not urging any
4 specific outcome of the advice, you know, from
5 the Board on the Iowa petition, but we do urge
6 the Board to clearly express, you know, any
7 rationale that is behind any advice that --
8 that is given.

9 And just a few points that -- we believe that,
10 you know, since it was clear when Congress
11 included the dose reconstruction process in the
12 law that classified information would
13 undoubtedly be involved in some of the dose
14 reconstructions, we believe that it would be
15 very useful if your advice, you know, would
16 include guidance on what degree of transparency
17 is needed, and a few questions that, you know,
18 if the -- if the Board could include in their
19 advice we believe would be useful.

20 One, should the existence of any classified
21 information disqualify dose reconstruction at a
22 particular site; and two, if not, then how
23 central to a given set of dose reconstructions
24 does classified data have to be in order to
25 result in a lack of feasibility to do those

1 dose reconstructions.

2 Three, does the Board think that alternative
3 means of assuring claimants that NIOSH's use of
4 classified data was appropriate would be
5 sufficient to overcome transparency concerns.
6 And finally, I would just like to reiterate,
7 you know, a point that Shelby made relative to
8 some of the Mallinckrodt petition, and that is
9 that -- the need for the Board to also weigh
10 the degree of transparency needed along with
11 the likelihood that -- of the loss of
12 eligibility of benefits for, you know, any
13 claimants that have a non-SEC cancer then,
14 which again runs about 40 percent of the
15 claims. Thank you.

16 **DR. ZIEMER:** Thank you. Thank you. As the
17 Board begins deliberations, and it's clear that
18 one of the central issues is going to focus
19 around this issue of transparency and the
20 classification of documents as well as perhaps
21 the quality of data, let me remind the Board of
22 a requirement in the rule, and that is it --
23 the rule on -- this is from 82 -- get the exact
24 citation here. This is 42 Part 82. This is
25 the dose reconstruction rule that we go by, and

1 it's Section 82.3, says that Health and Human
2 Services will also make available to
3 researchers and the general public information
4 on the assumptions, methodology and data used
5 in estimating radiation doses, as required by
6 the Act. So there -- there inherently in the
7 rule is a sort of three-part test, assumptions,
8 methodology and data. And it certainly appears
9 to the Chair that we have to be able to assure
10 that that test is met, and whatever impact
11 classification has on that seems to me to be
12 pertinent.

13 Now let me open the floor and Rich, you have a
14 comment that --

15 **MR. ESPINOSA:** Yeah. On page 7 of Larry
16 Elliott's presentation he refers to accurate
17 coworker data is available from dosimetry
18 measurements of Pantex workers from 1993 to
19 2003. Now my opinion on definition of a
20 coworker is somebody that I work next to,
21 somebody that works in the same job title,
22 somebody that works at the same facility and at
23 the same time. I find this disturbing that
24 this would even be considered to be used.

25 **DR. ZIEMER:** I wonder -- do any of the NIOSH

1 staff -- is that -- is that a question or a
2 statement?

3 **MR. ESPINOSA:** It's a question --

4 **DR. ZIEMER:** It's a question, thank you, for
5 NIOSH. Larry or Jim -- Jim Neton perhaps can
6 respond.

7 **DR. NETON:** Richard, could you please repeat
8 the time frame that you're discussing? I
9 didn't catch that.

10 **MR. ESPINOSA:** On page 7 of Larry Elliott's
11 presentation it states accurate coworker data
12 is available from dosimetry measurements of
13 Pantex workers from 1993 to 2003. Now this --

14 **DR. NETON:** Okay, I just wanted --

15 **MR. ESPINOSA:** -- (unintelligible).

16 **DR. NETON:** -- the clarify -- I wanted to make
17 sure I understood you. Yeah, Tim Taulbee is
18 more familiar with that and he's going to
19 address the question.

20 **DR. ZIEMER:** Okay, Tim can address that, Tim
21 Taulbee.

22 **MR. TAULBEE:** Thank you. This is Tim Taulbee.
23 What we were doing with the -- trying to use
24 the Pantex data is, in order to use the Iowa
25 neutron dose measurements, there needs to be a

1 correction factor 'cause a certain fraction of
2 the neutrons would not have been measured. To
3 develop that value requires classified
4 information to come up with what fraction would
5 be -- would not have been detectable. Once we
6 did that and we compared what the neutron to
7 photon ratio was, it was less than what Pantex
8 workers -- the ratio from the Pantex workers
9 was.

10 Another factor that affects the Pantex workers
11 that result in a higher neutron to photon ratio
12 is the fact, as it was pointed out earlier,
13 that they wore lead aprons, which means their
14 photon doses would have been lower, thus
15 increasing this neutron to photon ratio. So
16 our use of this particular estimate is a
17 maximization. We believe the neutron doses
18 were lower than this for -- but instead of
19 trying to explain all of this, we put this --
20 we put it in there that we would use the Pantex
21 data because it is more -- in our opinion, more
22 -- well, it's more claimant favorable, as well
23 as easier to explain.

24 **DR. ZIEMER:** Thank you. Rich, did you have a
25 follow-up on that?

1 **MR. ESPINOSA:** Yeah, I -- it just kind of
2 leaves in mind what -- you know, to the
3 accuracy of the data as -- you know, from --
4 from IAAP to -- to Pantex. And I guess I just
5 don't understand it. Maybe I don't have the
6 background for it, but --

7 **MR. TAULBEE:** Well, it --

8 **MR. ESPINOSA:** -- with the time frames and
9 everything else, I just don't see how it could
10 be done.

11 **MR. TAULBEE:** What we're do-- we do have data
12 from 1962 forward at Iowa on these neutron
13 exposures to where -- that we could use instead
14 of using the Pantex data. As I described
15 earlier, it would require some calculations
16 that we can't really disclose or be fully
17 transparent about. Those calculations would
18 result in a dose that is lower, and so as a
19 result, to be claimant favorable, we use the
20 Pantex data and -- and that was our
21 justification for it.

22 **DR. ZIEMER:** Okay, thank you. Let's see, who's
23 next? Yes, Leon and -- okay, Jim and then
24 Leon. Go ahead, Jim.

25 **DR. MELIUS:** Oh, okay. It's a question for DOL

1 and for -- for NIOSH. When -- in Pete's
2 comments recently he mentioned that Congress
3 was aware that some of this information was --
4 that would be used in dose reconstruction would
5 be -- was classified. But it also seems to me
6 that the way the law was written and the way
7 that regulations was -- you did set up a very
8 transparent process and a process that was
9 dependent on the transparency and availability
10 of the data. People have appeals procedures
11 and so forth that -- that seem to require that
12 all this information be -- be available. And I
13 guess my question is was -- was this type of
14 situation not addressed in the law adequately,
15 or was it a question of something that might be
16 in the law but was just not addressed
17 adequately in the regulation or -- or just not
18 really thought of at all?

19 **DR. ZIEMER:** Or not anticipated --

20 **DR. MELIUS:** Anticipated, yeah.

21 **DR. ZIEMER:** Or -- and Pete, you may not even
22 really know the answer to that, but --

23 **MR. TURCIC:** Right, but the reason and the
24 point we were trying to make was that we were
25 asking that in any advice the Board gives that

1 -- you know, that the rationale explain how
2 much transparency is necessary before -- you
3 know, before you have -- it's infeasible to do
4 dose reconstructions.

5 **DR. MELIUS:** Yeah, but I believe you also
6 mentioned something about potential for
7 alternative procedures or something. That's
8 what I was trying to get at --

9 **MR. TURCIC:** That was a --

10 **DR. MELIUS:** -- deal with -- deal with that
11 particular situation. It seems to me that if
12 the law allowed it or if -- whatever, that
13 could have been done in the drafting and, you
14 know, promulgation of the regulations, and for
15 whatever reason this situation wasn't
16 anticipated, I'm trying to understand was that
17 because the law didn't really provide a way of
18 doing that or was it that in drafting the
19 regulations you didn't fore-- foresee this
20 possibility?

21 **MR. TURCIC:** That -- I mean that's a question
22 that --

23 **DR. MELIUS:** I'm not sure we're -- we're in a
24 position to answer that. I mean we can answer
25 your -- I think we can address your first

1 question. I think there's -- it's a sort of a
2 slippery slope issue, but I think that --

3 **MR. TURCIC:** I think the point that we were
4 trying to get is in your rationale -- I mean if
5 -- if it's -- on one end of the spectrum you
6 could say that if there's any classified data
7 involved at all, then it's not feasible to do
8 dose reconstructions.

9 **MS. MUNN:** That's not true.

10 **MR. TURCIC:** Or, you know, could parts of it,
11 or how -- or are there ways to get around that,
12 that was the question.

13 **DR. ZIEMER:** It's sort of where on the spectrum
14 do you draw that line.

15 **DR. MELIUS:** Yeah.

16 **DR. ZIEMER:** I'd like to interpose here and
17 just interrupt the other questions and -- I
18 know that NIOSH itself has I think reflected
19 some uncertainty as to where that -- perhaps
20 that line should be, but can -- can -- Larry,
21 are you or your staff able to tell us whether
22 or not assumptions, methodology and data will
23 be -- would be public -- available from this
24 particular site? I think that's the -- an
25 issue, and I don't know if you even know the

1 answer yet because you're still looking at the
2 data, but --

3 **MR. ELLIOTT:** Well, Tim is our Q-cleared person
4 that was assigned to follow up on this and
5 there are assumptions, there are data and there
6 are perhaps methodology based upon the
7 assumptions and the data that we would not be
8 able to speak about at this time.
9 We have the site profile that Tim has revised
10 based upon his review of classified
11 information. That is -- that revised site
12 profile is going through a review by an
13 authorized derivative classifier at DOE
14 headquarters. We hope that it will be
15 available to the Board and to the public very
16 soon, as I said. And in that we hope that they
17 will be able to reveal as much as possible.
18 We're not sure yet at this juncture what will
19 be withheld, so we're working through that.
20 If I might, I would speak to Dr. Melius's
21 question a moment ago about our rulemaking
22 effort, and in discussions in the early throes
23 of that rulemaking we had conversed with
24 Department of Labor and Justice about
25 classified information and how it would be

1 dealt with. The statute is silent on this.
2 One could interpret the language of the statute
3 to assume that classified information, because
4 of the nature of DOE's operations, is going to
5 have to be dealt with in dose reconstruction in
6 Special Exposure Cohort petitions. We weren't
7 -- it wasn't clear to us at NIOSH how that
8 would be dealt with. We were seeking advice
9 and consultation from -- from whether -- DOL as
10 to whether they could adjudicate claims that
11 were classified, let's say. The dose
12 reconstruction held some information that was
13 classified and how would that find its way an
14 adjudication process, and I don't think --
15 right now I can't speak to that. I don't know
16 if DOL can speak to that or not. But we would
17 offer that, as an Advisory Board with cleared
18 members on your body and with your -- the
19 contractor support that the Board and NIOSH has
20 who are working toward getting their Q
21 clearances, that might be an avenue and a
22 mechanism to evaluate the classified
23 information that NIOSH would have seen and --
24 and determine whether or not we have used that
25 information appropriately.

1 I know that's not going to be perhaps
2 satisfactory to all claimants and all
3 petitioners, but it is one step toward trying
4 to validate the effort that we have undertaken.

5 **DR. ZIEMER:** Okay. Let me go to Leon and Roy
6 and then back to Jim.

7 **MR. OWENS:** Dr. Ziemer, I have a question for
8 Mr. Anderson. Mr. Anderson, the time periods
9 from June 1947 through May of 1948 and then
10 from May of 1948 through March of 1949, are you
11 aware of any radiological processes that did
12 occur on Line 1 during those two time frames,
13 from a worker standpoint?

14 **MR. ANDERSON:** It's my understanding at that
15 time that the radiological component of the
16 weapon was inserted in flight and thus we would
17 not -- would not have seen anything at the
18 ordnance plant unless it was being disassembled
19 or from a previous time.

20 **MR. OWENS:** So as far as any workers actually
21 being involved in a process on a line then, as
22 far as you know and from the workers'
23 standpoint, that didn't occur?

24 **MR. ANDERSON:** That's -- that is my
25 understanding.

1 **MR. OWENS:** Okay, sir. Thank you.

2 **MR. ANDERSON:** Thank you.

3 **DR. ZIEMER:** Roy?

4 **DR. DEHART:** It would appear to me that a
5 little transparency is perhaps a lot opaque,
6 and it's a slippery slope. I don't know how we
7 handle a certain degree of transparency or
8 failure to have full transparency. Failure to
9 provide access to data necessary for dose
10 reconstruction because of a national security
11 concern I think forces a real consideration for
12 a defined class. And of course, as is obvious
13 with that, we establish a precedent in
14 considering future petitions. Consequently, it
15 is not a decision solely affecting this
16 petition, but it will affect all the rest if we
17 should decide to approve it.

18 **DR. ZIEMER:** Thank you. Jim?

19 **DR. MELIUS:** Yeah. Several points. First of
20 all, I just find it very difficult for us to do
21 two things. One is to somehow try to reach a
22 decision that's based on a hypothetical
23 revision of a site profile document that may or
24 may not reveal further information or give us
25 more insight into this classified information.

1 I just don't know how to deal with it in this -
2 - in this process, and I think we need to focus
3 on what information we have available to us --
4 to us now.

5 Secondly, I also find it very difficult for us
6 to develop the regulations or the system or
7 whatever you want to call it for -- for dealing
8 with this for the whole program. Again, our
9 context is a single petition for a Special
10 Exposure Cohort and I don't think we're in
11 position or would want to try to think of all
12 the alternative procedures to deal with all the
13 situations where classified information may be
14 involved. I think it's really up to the
15 agencies and -- particularly since we advise
16 NIOSH -- NIOSH to come back to us with -- with
17 those procedures that, if they decide that's
18 the route that -- that should be taken and --
19 I'm not saying we're adverse to that, but just
20 that I don't think we can formulate it here.
21 I do think that in this situation, based on
22 NIOSH's evaluation, based on the site profile
23 and -- and based on the information presented
24 by the petitioners, which I certainly was very
25 impressed with their efforts and the thought

1 they put into their petition, there certainly
2 is -- we're faced with a situation where the
3 adequacy of the available information for doing
4 individual dose reconstructions is -- is sparse
5 and is -- is questionable.

6 NIOSH has reviewed that and asserted that they
7 think they can, using only -- the only way that
8 they can do individual dose reconstructions is
9 based on this classified information that --
10 that is not available to us nor to the -- as a
11 total Board, nor to the public.

12 I think we also have a finding of health
13 endangerment here, so it meets that criteria
14 for -- for a Special Exposure Cohort, so I just
15 think we're in a position that, based on the
16 information available to us now, that we should
17 recommend that the Special Exposure Cohort
18 petition be accepted and -- and really concur
19 with the -- NIOSH's recommendation for the
20 class.

21 **MR. ESPINOSA:** So moved.

22 **DR. ZIEMER:** Are you making that as a motion?

23 **DR. MELIUS:** Yes.

24 **MR. ESPINOSA:** So moved.

25 **DR. ZIEMER:** It's been moved and seconded then

1 that the -- that the Board so designate or
2 recommend designating this group as a Special
3 Exposure Cohort.

4 I would also -- let me point out and we'll hear
5 the other two comments here in a moment --
6 point out that although some members of this
7 Board might in fact obtain or have Q clearance,
8 that in fact this still would preclude the full
9 Board from having the knowledge of -- of the
10 various parameters that go into the
11 determination, so the transparency issue I
12 believe goes beyond just the public. I think
13 it becomes an issue even within the Board in
14 terms of having full Board knowledge of the
15 information to be used in the decision process.
16 And not to mention our own contractor would
17 have the same issue. There would be very
18 limited numbers of persons that would be privy
19 to the material used.

20 Mark.

21 **MR. GRIFFON:** Yeah, Jim summarized several of
22 my points. I speak in -- in support of the
23 motion, and I think that we -- we need to
24 support this motion or support this petition on
25 two avenues, and it's on its technical merits

1 as well as on this classification issue 'cause
2 I think Table -- if I look at Table 5.1 within
3 the -- within the petition, it -- it really is
4 striking that there is skimpy data, I would
5 say. And it -- you know, it's not inconsistent
6 with the date we saw for '42 to '45 or '42 to
7 '48, I forget the years, for Mallinckrodt in
8 that there's very little external, it says no
9 internal data, some air sampling. So I -- I
10 think there -- there are a lot of technical
11 merits for which this petition should be
12 supported. The -- and as Jim said that -- that
13 -- I think, given the skimpy data, they -- they
14 went to a source term information and therein
15 lies the problem where they got into the
16 classification issues. The -- I -- I -- I also
17 think that, as far as setting a precedence, I
18 don't know that it's going to -- my experience
19 at the complex would suggest that this is a
20 pretty unique facility in that regard, that
21 most -- most of the classified operations and
22 classified data I've had to deal with, I do
23 have a Q clearance and have gone after health
24 and safety type information, radiation records,
25 oftentimes they're difficult to get, as we've

1 heard earlier in this meeting, but oftentimes
2 they're mixed in with process data. And if you
3 don't need the process specifics, the
4 geometries, things like that, they're usually
5 available. And for several facilities that I'm
6 aware of that have classification issues, they
7 were probably doing more monitoring. This is a
8 very early time frame where monitoring was
9 sparse, so you have this kind of dual issue
10 here, so I'm not sure that it's going to sort
11 of have this effect of creating a massive
12 amount of -- of exactly the same type of
13 petitions.

14 **DR. ZIEMER:** Yes, Mr. Presley.

15 **MR. PRESLEY:** Do we want to exclude the June
16 1947 to May 1948 time frame from the SEC since
17 there are, and it has been stated --

18 **DR. ZIEMER:** It was the Chair's understanding
19 that we're only dealing with the third part of
20 the table.

21 **MR. PRESLEY:** Right.

22 **DR. ZIEMER:** The group that's been established
23 that there was no radiological material, I
24 believe that was confirmed by -- by the
25 petitioner. The second period, we actually do

1 not have an evaluation from NIOSH on which to
2 act.

3 **MR. PRESLEY:** Right.

4 **DR. ZIEMER:** And therefore it is only that
5 third period, I believe, that we're focusing
6 on. It's the March '49 through 1974 period.
7 Is that correct? Yes. Larry, do you need to
8 amplify that at all?

9 **MR. ELLIOTT:** I think, as outlined yesterday in
10 the Board's responsibilities, and you could go
11 look at the rule on this, but I think you do
12 need to address that early time period, as we
13 set it out, and either make a recommendation
14 that you concur or that you want more work done
15 on it --

16 **DR. ZIEMER:** I understand.

17 **MR. ELLIOTT:** -- or whatever.

18 **DR. ZIEMER:** Since it was in the original
19 petition?

20 **MR. ELLIOTT:** Yeah, the original petition
21 included that time frame, so -- and this is how
22 we broke it out and our understanding of the
23 documentation that supports that.

24 **DR. ZIEMER:** We can act on that separately
25 then, yes.

1 **MR. ELLIOTT:** Correct.

2 **DR. ZIEMER:** Yes. Did that answer your
3 question, Bob, or did you have a follow-up
4 then?

5 **MR. GRIFFON:** The specific motion is related to
6 the '49 to --

7 **DR. MELIUS:** To '74, correct.

8 **MR. PRESLEY:** Right. No, that's what I wanted
9 to make sure --

10 **DR. ZIEMER:** Thank you.

11 **MR. PRESLEY:** -- that was what we were talking
12 about.

13 **DR. ZIEMER:** Further discussion on the motion?
14 Yes, Jim.

15 **DR. MELIUS:** Yeah. I just want to, as a
16 comment, address Pete Turcic's question. It --
17 again, I think we're focused very narrowly on
18 this particular petition at this particular
19 point in time based on the information
20 available to us, and I can say personally I'm
21 not averse to procedures being set up where
22 there is classified information that in--
23 involving individual dose reconstruction and
24 alternative procedures for dealing with that,
25 but I think we need to evaluate those on -- on

1 their face and for the situations involved. I
2 certainly don't think that simply the presence
3 of classified information about any, you know,
4 body on the site or whatever is, you know,
5 grounds for a Special Exposure Cohort for the
6 entire site. I think we have to look at really
7 how critical is that information to either a
8 particular dose reconstruction or how critical
9 it is to a Special Exposure Cohort, and -- and
10 we could evaluate it accordingly.

11 **DR. ZIEMER:** Okay. Robert -- no? Okay. Roy.

12 **DR. DEHART:** Just a clarification of my point.
13 The issue was one of not being able to
14 accomplish a dose reconstruction without the
15 use currently of classified information, and
16 that's the point that I'm making, that we would
17 be setting a precedent for, I think.

18 **DR. ZIEMER:** Wanda Munn, and then Leon.

19 **MS. MUNN:** There's I'm sure not a member of
20 this Board who does not bear enormous sympathy
21 and empathy for the petitioners who come before
22 us and for the illnesses and the heartaches
23 that they have suffered. It would be very
24 easy, as a human being, to say these folks are
25 due something because they have contributed so

1 much to the welfare of our nation and have
2 suffered so much. We do not know whether as a
3 result of that or as a result of the normal
4 process of living. Our issue here with respect
5 to whether we can or cannot provide more light
6 on what harm might have come is the basis of
7 our existence here. This is probably the most
8 difficult issue that we've had to deal with.
9 And to assume that it will not carry over into
10 other aspects of what we do is probably not
11 justifiable. This will most assuredly
12 establish how the agencies and how the public
13 views what we do, what is possible and what is
14 not possible.

15 We've been told -- I have no reason to doubt --
16 that it is possible for dose reconstructions to
17 be done, but that it is not possible to do so
18 so that every single aspect of it is crystal
19 clear to every party involved. So the issue --
20 the base issue here is are we going to accept
21 that we will not do good calculations that can
22 be done as long as there is any aspect of that
23 which cannot be fully understood by everyone.
24 That's really the problem. This is not a
25 litigious process, has never been, is not

1 intended to be, and certainly not our charter
2 to be involved in such a process. If we can do
3 these dose reconstructions, it seems logical
4 that we should attempt to do them.

5 **DR. ZIEMER:** I'm not sure whether your question
6 was rhetorical, but I'm going to make a partial
7 answer anyway.

8 **MS. MUNN:** Good.

9 **DR. ZIEMER:** It occurs to me that it may not
10 just be a matter of being understood by people.
11 I don't understand it all, the dose
12 reconstructions -- and I'm chairing this
13 committee -- and that's terrible. But it's the
14 issue of whether the information, I think, is
15 publicly available for those who wish to view
16 it and examine it, which I -- I believe is a
17 somewhat separate question from public
18 understanding. Public understanding versus
19 more of the transparency, that's -- that's how
20 I'm viewing it, at least, than -- so that would
21 be my answer to that question.

22 Yes, we -- I understand that the contractor
23 feels they can do the calculations, and I
24 believe that. But whether or not they can make
25 the information known, both to the claimant, to

1 the public and even to this Board, seems to me
2 to be the issue. Jim and then Leon.

3 **DR. MELIUS:** That's exactly the point. The
4 information can't be even made available to the
5 Board to support or refute whether they can or
6 cannot do it with sufficient accuracy. And
7 again, I think if we focus on the situation we
8 had -- now what information's available to us,
9 not what hypothetically could be done -- we
10 then make a recommendation through NIOSH to the
11 Secretary about this -- this petition and then
12 it's up to the Secretary and NIOSH to decide
13 how to handle this. It may be something that
14 Congress has to address.

15 **DR. ZIEMER:** Well, ultimately Congress gets
16 into the picture because they are the ones that
17 will make the final determination. These --
18 all these recommendations go back to Congress.

19 **DR. MELIUS:** Yeah.

20 **MS. MUNN:** It's they who created this.

21 **DR. ZIEMER:** Leon?

22 **MR. OWENS:** Dr. Ziemer, I speak in favor of the
23 motion. I think that, as Dr. Wade reminded the
24 Board yesterday prior to our first deliberation
25 for SEC status for Mallinckrodt, this

1 particular petition meets the criteria. Even
2 though we do not have a answer on the
3 feasibility question, I think we've hammered
4 that in the ground regarding confidentiality
5 and the classified data.

6 I will say that this Board is using, in my
7 opinion, the correct judgment. It's very easy
8 to get caught up in the emotion. Those of us
9 who work on the particular sites and have
10 talked to the claimants and have talked to the
11 families, we're well aware of the emotional
12 attachment that the workers have to this
13 legislation. And I think that if this Board
14 carried that same emotion into this particular
15 case, then some of the time periods the Board
16 would seek to include those periods as SEC
17 designation, rather than what we're doing right
18 now in taking a look at the actual time periods
19 based on the recommendations from NIOSH that
20 should be included.

21 **DR. ZIEMER:** Thank you. Other comments? Do
22 you wish to speak for or against the motion?

23 **MR. PRESLEY:** I speak for the motion. As
24 somebody that's worked in this field since
25 1969, my first job was in weapons teardowns,

1 some of the last things I'm doing today is
2 working with records. So I know what problems
3 that you get involved with when you tear a
4 weapon down and I also know what problems we're
5 having today in trying to get records and also
6 make some of the records available to where
7 they can be used. And for these two reasons, I
8 would like to speak in favor of the motion.

9 **DR. ZIEMER:** Thank you. Richard?

10 **MR. ESPINOSA:** Yes, I also speak in favor of
11 the motions for the same reasons that Dr.
12 Melius and Mr. Owens mentioned. I'd also like
13 to call for the vote.

14 **DR. ZIEMER:** The vote's been called for. I'll
15 take that as an informal call for the vote so
16 that we don't vote to end debate and get into
17 that issue. Is the Board ready to vote on the
18 motion?

19 The motion is to recommend the Special Exposure
20 Cohort status for the 1949 to 1974, and it's --
21 more specifically it's March '49 through '74
22 group at the Iowa Ordnance Plant. If you vote
23 in favor of the motion, I believe we are also
24 going to need a similar -- what shall I call it
25 -- a justification statement along the lines of

1 what we had before, and we will need to have a
2 workgroup or some help in wording the exact
3 details of that again. But let's go ahead and
4 act on the motion and then we can proceed from
5 there, and then we will try to address the
6 other two portions of the time frame.

7 Are you ready then to vote? All in favor, aye?

8 (Affirmative responses)

9 **DR. ZIEMER:** And the Chair votes aye. Noes?

10 (No responses)

11 **DR. ZIEMER:** Any absten-- one no?

12 **MS. MUNN:** No.

13 **DR. ZIEMER:** No, I'm sorry. Any abstentions?

14 **MS. MUNN:** I'd like to abstain, please.

15 **DR. ZIEMER:** One abstention. So we have one,
16 two, three, four, five, six, seven affirmative
17 votes. I don't know if Dr. Anderson came on
18 the line, but we are not going to end up with a
19 tie vote or -- so -- and we do have a quorum,
20 so that vote will stand and it is so ordered.

21 Now the chair would entertain a motion to deal
22 with the June '47 through May '48 time period.

23 **MR. PRESLEY:** I make a motion we deny the June
24 '48 through May -- I mean June '47 through May
25 '48.

1 require an evaluation in order to act on that?

2 **MR. ELLIOTT:** Yes, you do, and as I said
3 earlier, we're preparing that. We're working
4 toward that end. As soon as we can, we'll
5 provide you a --

6 **DR. ZIEMER:** So that a proper motion might be,
7 for example, in the absence of an evaluation by
8 NIOSH, the -- the Board wishes to delay action
9 on that time period. That would be a possible
10 motion if someone --

11 **MR. OWENS:** So moved.

12 **MR. ESPINOSA:** So moved.

13 **DR. ZIEMER:** Thank you, and seconded. Is there
14 any discussion on that motion?

15 **MR. PRESLEY:** Yes.

16 **DR. ZIEMER:** Yes.

17 **MR. GRIFFON:** Confusion.

18 **THE COURT REPORTER:** Who made the motion and
19 who seconded?

20 **DR. ZIEMER:** Motion made by Leon and seconded
21 by Richard -- and by Roy. Is there further
22 discussion on the motion?

23 **MR. PRESLEY:** Yes, sir.

24 **DR. ZIEMER:** Mr. Presley.

25 **MR. PRESLEY:** I'd like to speak for the motion,

1 that we do hold our comments until we get more
2 determination, the reason being I have a report
3 here from the Nuclear Weapons Research
4 Development Testing and Production of the
5 Nuclear Navy and Propulsion Facilities dated
6 1999, and it states that Mark IV had work done
7 in Burlington, Iowa sometime in 1949, does not
8 have a month date, and that -- March of 1949
9 falls into that, so there could be a record
10 somewhere that shows there was work done on
11 nuclear weapons at Burlington sometime in 1949.

12 **DR. ZIEMER:** And I believe that's what NIOSH in
13 fact is trying to establish, right. Richard,
14 please.

15 **MR. ESPINOSA:** I forgot what I was going to
16 say.

17 **DR. ZIEMER:** Okay. It's getting that time of
18 day. You just feel the urge to say something,
19 but don't quite know what.

20 Is there further discussion on this motion?

21 **MR. ESPINOSA:** Oh, I know what I was going to
22 say.

23 **DR. ZIEMER:** Okay, now Richard.

24 **MR. ESPINOSA:** As far as the time frame on --
25 on when recommendation will be out by NIOSH,

1 are we going to be able to receive that --

2 **DR. ZIEMER:** Yes, use the mike. I believe
3 Richard's just asking sort of what the sort of
4 expected time frame. I don't think there's a -
5 - we're not asking that it be done by the next
6 meeting, but you're simply inquiring as to when
7 it will come aboard, is that it?

8 **MR. ESPINOSA:** Yeah.

9 **DR. ZIEMER:** Larry, do we have some idea on the
10 status of this particular piece?

11 **MR. ELLIOTT:** I'd love to give you a time
12 frame, but I'm not going to today. We, as you
13 know, just finished this report up, and the
14 Mallinckrodt report, last week. And in that --
15 the throes of that effort, identified this
16 particular situation and, quite frankly, we
17 have folks that are thinking about it and
18 getting started to do that, but I'm not going
19 to commit today to get a report to you in a
20 certain time frame. We'll do the best we can
21 as soon as we can.

22 **DR. ZIEMER:** Thank you. Does that answer your
23 question, Richard?

24 **MR. ESPINOSA:** Yeah, along with the same -- the
25 same line of thought, the same question as --

1 as far as SCA -- SC&A's involvement on that, as
2 well, too.

3 **DR. ZIEMER:** Okay. Is the Board ready now to
4 vote on this particular issue?

5 **MR. ESPINOSA:** I believe we've got --

6 **UNIDENTIFIED:** I'd like to speak as a subject
7 matter expert. Previously -- my name --

8 **DR. ZIEMER:** I'm sorry, sir, you'll have to
9 wait till the public comment period for --

10 **UNIDENTIFIED:** Well, it's regards to subject of
11 data that NOSHA (sic) presented at the last
12 minute, and I've been trying to get this to --

13 **DR. ZIEMER:** Are you talking -- I'm sorry. Are
14 you talking about this particular time period,
15 '48 to '49?

16 **UNIDENTIFIED:** The report -- the report that
17 they just presented here, February 9th, 2004
18 (sic). I'm a -- besides being a worker at
19 Mallinckrodt, I'm a certified computing
20 professional. I got a start --

21 **DR. ZIEMER:** Are you speaking to the issue
22 that's before the Board right now?

23 **UNIDENTIFIED:** I'm -- I'm speaking as a subject
24 matter expert regards this information.

25 **DR. ZIEMER:** I'm sorry, you'll need to --

1 unless you're speaking for information on the
2 motion before us that is critical to the
3 Board's decision, I'll have to ask you to wait
4 till the public comment period. Thank you.
5 Board members, are you ready to vote? Okay,
6 this motion then would be to -- I've forgotten
7 the motion, actually. It -- it's to -- I
8 believe it's actually to delay action on the --
9 that time period until we have a full analysis
10 of it by NIOSH is, in essence, what the motion
11 is.

12 All in favor, say aye?

13 (Affirmative responses)

14 **DR. ZIEMER:** All opposed, no?

15 (No responses)

16 **DR. ZIEMER:** And any abstentions?

17 (No responses)

18 **DR. ZIEMER:** Then that motion also carries.

19 **DR. WADE:** Might I address the Board now as the
20 Designated Federal Official --

21 **DR. ZIEMER:** Sure.

22 **DR. WADE:** -- as to the task in front of you,
23 now that you've completed your business. And
24 again I refer you back to 83.15, this is from
25 the SEC rule itself -- 83.15(e), upon the

1 completion of NIOSH evaluations and the
2 deliberation of the Board concerning a
3 petition, the Board will develop and transmit
4 to the Secretary a report containing its
5 recommendations. The Board report will include
6 the following: one, the identification and
7 inclusion of the relevant petitioner petitions;
8 two, the definition of the class of employees
9 covered by the recommendation; three, a
10 recommendation as to whether or not the
11 Secretary should designate the class as an
12 addition to the Cohort; and four, the relevant
13 criteria under 83.13(c) and the findings and
14 information upon which the recommendation is
15 based, including NIOSH evaluation reports,
16 information provided by the petitioners, any
17 information considered by the Board, and the
18 deliberations of the Board. So I think that's
19 the task in front of you.

20 I would also like to remind you, reading from
21 83.16, how the Secretary will decide upon the
22 outcome of a petition and the Director of NIOSH
23 will propose and transmit to all affected
24 petitioners a decision to add or deny adding
25 classes or employees to the cohort, including

1 an iteration of the relevant criteria as
2 specified under 83.13(c), and a summary of the
3 information and findings upon which the
4 proposed decision is based. This proposed
5 decision will take into consideration the
6 evaluation of NIOSH and the report and
7 recommendations of the Board, and may take into
8 consideration information presented or
9 submitted to the Board and the deliberations of
10 the Board.

11 I only read you that to emphasize the fact that
12 this report that you submit really needs to
13 include your findings and deliberations to be
14 complete. Also, the report that you submit
15 will trigger time frames, so you need to be --
16 you need to think about your report being
17 complete and when you will submit that report.
18 And I wanted to say that after you conducted
19 your business, not to influence your business.
20 Now that you've decided, this is what's in
21 front of you.

22 **DR. ZIEMER:** Right. On the Mallinckrodt action
23 we have already drafted the summary of that
24 action, and of course the -- the content of the
25 deliberations would accompany that, so that

1 part I believe has been taken care of. It
2 simply has to be put in final form as the
3 letter that's transmitted.

4 But we actually need something similar for this
5 action, I believe, which would be essentially a
6 one-pager.

7 **DR. MELIUS:** Give me five minutes, I've got it.

8 **DR. ZIEMER:** Well, I was going to -- you're
9 anticipating me here. In a moment I'm going to
10 suggest that we have another break, at which
11 time we will craft the wording of such a
12 document. Then we can act on it yet today. We
13 have some time before the public comment
14 period. We can act upon it today and therefore
15 complete our business before we leave. Mark,
16 you have a -- if you have a better suggestion,
17 I hope.

18 **MR. GRIFFON:** Let's give it a try, I guess. I
19 just -- I think this wording could be fairly
20 critical, so I'm not sure I want to rush to --
21 but Jim says he's already got it.

22 **DR. ZIEMER:** Well, I'm --

23 **MR. GRIFFON:** I'm willing to work on it.

24 **DR. ZIEMER:** You might -- we might want to give
25 an opportunity, if -- certainly if any of the

1 Board members are uncomfortable with the
2 wording -- my concern is, once we leave here
3 then we're -- we have to delay. We cannot take
4 action unless we're in open session, which
5 means either the next subcommittee meeting or
6 the next Board meeting, so --

7 It would still have to be a public conference
8 call, and difficult to do wordsmithing and so
9 on.

10 **DR. MELIUS:** But I do believe that we can
11 authorize the Chair to do a final wordsmith or
12 --

13 **DR. ZIEMER:** As long as we have the concepts
14 down, yeah, if you're just talking about fine
15 editing and so on.

16 The petitioner's at the mike. Are you asking
17 for --

18 **MR. ANDERSON:** A final comment, if you would,
19 please.

20 **DR. ZIEMER:** Yes.

21 **MR. ANDERSON:** First off I want to thank the
22 Board for their consideration and their
23 understanding and judgment. I really thank you
24 from the bottom of my heart.

25 Please affirm our desire to those higher up

1 which you will report to, and we want to keep
2 it focused on the access -- the validity of the
3 data, the accuracy of the data and the
4 feasibility of -- of the data being
5 reconstructed. It's not there. And also the
6 confidentiality issue is of importance to us.
7 Again, I thank you for your time and your
8 effort.

9 **DR. ZIEMER:** Thank you very much. Let's then
10 take a recess while we have -- and those who
11 wish to assist Jim in some wording here, and
12 then we'll reconvene in perhaps about 15
13 minutes and can complete our action prior to
14 the public comment period.

15 (Whereupon, a recess was taken from 4:05 p.m.
16 to 4:25 p.m.)

17 **DR. ZIEMER:** I will confirm that we still have
18 a quorum of the Board -- yes, we do still have
19 a quorum.

20 The Chair will recognize Jim Melius for the
21 purpose of presenting a -- a document --
22 basically this will be a motion, I believe,
23 from an ad hoc workgroup that worked during the
24 break to provide us with some wording for the
25 decision that we have already affirmed, so the

1 Chair recognizes Dr. Melius.

2 **DR. MELIUS:** Okay. And this --

3 **DR. ZIEMER:** Hold on just a moment.

4 (Pause)

5 **DR. ZIEMER:** The question of a quorum has been
6 raised. I would tell the group that Roy
7 DeHart, I believe, had the opportunity to see
8 the material that's being presented and has in
9 fact left, as it were, a proxy vote on it, if -
10 - if that is agreeable. That would be our
11 seventh vote.

12 I guess the Chair is the Parliamentarian. I'm
13 going to rule that we have a quorum based on
14 that.

15 **DR. WADE:** But no other business.

16 **DR. ZIEMER:** We will do no other business
17 beside that. He has in fact seen the document
18 that was prepared and has weighed in on it.

19 **DR. MELIUS:** He actually helped to write it,
20 correct.

21 **DR. ZIEMER:** Here's -- here's the document.

22 **DR. MELIUS:** Okay. The Advisory Board on
23 Radiation and Worker Health has evaluated SEC
24 petition under the statutory requirements
25 established by EEOICPA and incorporated into

1 the appropriate regulations. The Board
2 respectfully recommends a Special Cohort
3 designation be accorded to all Department of
4 Energy contractors or subcontractor employees
5 who worked at the Iowa Ordnance Plant facility
6 during the time period March 1949 to 1974.
7 It's followed by a series of bulleted points.
8 Number one, all employees identified in the
9 petition worked in one of the earliest
10 environments where nuclear materials were
11 handled.
12 Point number two, there is limited monitoring
13 data available at this facility during the time
14 period in question. This limited data causes a
15 number of difficulties for performing
16 individual dose reconstructions. A number of
17 serious questions have been raised at -- at our
18 meeting about the accuracy and completeness of
19 the available data.
20 Next point, NIOSH reports the data critical to
21 performing individual dose reconstructions is
22 classified and not available to the Board or to
23 the public at this time.
24 Another point, following extensive effort
25 seeking, retrieving and reviewing all available

1 information, NIOSH has concluded that it is
2 likely that radiation doses at the Iowa
3 Ordnance Plant during the time period in
4 question could have endangered the health of
5 members of this class. The Board concurs.
6 Given these difficult circumstances and the
7 importance of transparency to this program, the
8 Board recommends that this SEC petition be
9 granted.

10 **DR. ZIEMER:** That is the motion, and let me ask
11 for a second and do any of the members wish to
12 discuss that motion? Actually the motion is
13 not the action, but the wording for what we
14 have -- will carry forward to describe the
15 action already taken. We're not -- we're not
16 voting on the Special Exposure Cohort but only
17 the wording of the document to go forward.
18 Is there any discussion, or you're ready to
19 vote? I understand Roy DeHart has -- who
20 helped frame this has voted in favor.
21 All who favor this, say aye?

22 (Affirmative responses)

23 **DR. ZIEMER:** Any opposed?

24 (No responses)

25 **DR. ZIEMER:** So ordered. And that will be

1 provided to the Chair to put in final form so
2 that we can transmit it.

3 I don't believe that dealt with the other two
4 pieces of our action.

5 **DR. MELIUS:** No, it did not.

6 **DR. ZIEMER:** I think I -- I believe I'm going
7 to have to add that. Is that -- would not --
8 that not be correct? We will need to add a
9 statement about the early group saying that it
10 was agreed that there were -- there was no
11 radiological material and that that is the
12 basis of our decision. And also I will have to
13 identify that for the middle group, until NIOSH
14 completes its evaluation, the Board is
15 deferring action. So with the agreement of the
16 mover and the seconder, we will add those two
17 points, and if you'll just pen them in, Jim,
18 we'll consider that part of the motion.
19 Did we vote? No. All in favor, aye?

20 (Affirmative responses)

21 **DR. ZIEMER:** Opposed?

22 (No responses)

23 **DR. ZIEMER:** So ordered. We did vote, but we
24 re-voted with that -- parliamentary procedure
25 gets messy this time of day.

1 It is 4:30. We have scheduled a public comment
2 period for 5:00 o'clock and I'm going to
3 suggest it be moved up. Is there a comment
4 prior to this?

5 **MR. GRIFFON:** Yeah, just -- I know no further
6 business, but I -- I just wanted to remind the
7 Chair maybe that if we can -- if you -- someone
8 can take action on drafting a subcommittee
9 agenda --

10 **DR. ZIEMER:** Agenda.

11 **MR. GRIFFON:** -- to include those four items I
12 mentioned before, that --

13 **DR. ZIEMER:** Right. In fact, Mark, why don't
14 you help the Chair and we'll just do that. We
15 don't have to take action on the agenda. We
16 can draft agendas and distribute them in
17 advance of the meeting, so any item that you
18 think needs to be on there, let's -- we'll
19 develop that, if that's agreeable with the
20 others.

21 **DR. WADE:** And then just a point of
22 clarification. I think you have -- you have
23 passed your motion and you have drafted your
24 language. I think it would be appropriate for
25 the Chair to work with myself and staff in

1 terms of putting that package together.

2 **DR. ZIEMER:** Right, the Chair will certainly do
3 that and we'll work together to get it in the
4 form that's necessary to transmit.

5 Wanda Munn?

6 **MS. MUNN:** One final comment before we begin
7 public discussion. It's -- it seems that we
8 may have not responded to the requests that
9 were made of us today from the agencies. It
10 remains a rather large concern for many, I'm
11 sure, how we will in the future address this
12 issue of transparency with respect to
13 classified material. I don't believe we've
14 given any guidance in the decision we've made
15 today.

16 I would urge that we consider, as individual
17 Board members, the possibility of addressing
18 this in a very quickly-upcoming Board session
19 as to whether or not we are going to make it a
20 practice to address this issue individually as
21 each site comes to us; whether we are going to
22 provide the agencies with a blanket statement
23 that is a policy, if classified material is an
24 issue, then the SEC petition will move forward;
25 or whether we will try to find some other

1 method for addressing it in the future. I
2 think it's incumbent upon us to address that.

3 **DR. ZIEMER:** Thank you, a very good point, and
4 it may be that that should be an item for our
5 upcoming agenda to weigh those matters in terms
6 of trying to develop some sort of policy. It
7 certainly would be appropriate.

8 **DR. WADE:** And I agree. I think your record on
9 the discussions will show that you tried to
10 concentrate on the issue at hand, and I think
11 the record will speak for itself on that. I
12 think there are larger issues that it would be
13 appropriate for the Board to consider, but that
14 is the Board's choice.

15 **DR. ZIEMER:** And Jim?

16 **DR. MELIUS:** I would just -- again, reiterate
17 what Lew said, I think we did -- pretty clear
18 that we were specifying to these particular
19 circumstances for this particular
20 recommendation. But I would also add I would
21 hope that the agencies involved would also give
22 some more thought to this issue and so I think
23 it really is more than -- as much up to them,
24 more than the Board, to address this issue and
25 for us then to provide advice on that. But I

1 would certainly agree with Wanda that we should
2 discuss it at further length at -- preferably
3 at our next meeting.

4 **DR. ZIEMER:** I do believe that there is in a
5 sense built into the decision one kind of
6 message, and that is that the Board and the
7 agencies would need to find a way to provide
8 the -- the required transparency in these kind
9 of cases, however one does that, and that may
10 not be doable or perhaps there is a way of
11 doing it, but I think that in a sense is part
12 of what's built into the decision itself.

(Whereupon, the Board review and determination
on the Iowa Army Ammunition Plant petition for
addition as a Special Exposure Cohort portion
of the session was concluded.)

C E R T I F I C A T E O F C O U R T R E P O R T E R**STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the 9th day of February, 2005; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 22nd day of February, 2005.

**STEVEN RAY GREEN, CCR****CERTIFIED MERIT COURT REPQITER****CERTIFICATE NUMBER: A-21102**