



ADVISORY BOARD ON RADIATION AND WORKER HEALTH  
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May 17, 2005

The Honorable Michael O. Leavitt  
Secretary of Health and Human Services  
Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, DC 20201

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Dear Mr. Secretary:

The Advisory Board on Radiation and Worker Health (The Board) has evaluated SEC Petition -0006 concerning the Iowa Ordnance Plant (IOP) under the statutory requirements established by EEOICPA and incorporated into 42 CFR Sec. 83.13 (c) (1) and 42 CFR Sec. 83.13 (c) (3). The Board respectfully recommends a Special Exposure Cohort be accorded to all Department of Energy (DOE) employees or its contractor or subcontractor employees who worked at the Iowa Army Ammunition Plant Line 1 (which includes Yard C, Yard G, Yard L, Firing Site Area, Burning Field "B" and Storage Sites for Pits and Weapons Including Buildings 73 and 77) from March 1949 to 1974 and whom were employed for a number of work days aggregating at least 250 work days, occurring either solely under this employment, or in combination with work days of employment occurring within the parameters (excluding aggregate work day requirements) established for other classes of employees included in the SEC. This recommendation is based on three specific factors:

- All employees identified in the petition worked in one of the earliest environments where nuclear materials were handled.
- There are limited monitoring data available at this facility (used for external or internal dose determinations) during the time period involved. Even when a personal monitoring program was implemented, most of the nuclear area workers were never monitored. Consequently, the representativeness of these data has not been clearly established at this time. In addition, personal exposures in some job categories with significant radiation exposures were never monitored. There are also serious uncertainties regarding the monitoring techniques in place at that time, with the evaluation of radon and radon progeny concentrations, exposures at the facility, with the basis for

calculating the neutron to photon ratio, and with the evaluation of exposures from some sources of exposure (e.g., pits). These limitations and uncertainties cause a number of difficulties for performing individual dose reconstructions.

- At our February meeting, NIOSH concluded that it is likely that radiation doses at the Iowa Ordnance Plant during this time period could have endangered the health of members of this class. The Board concurs.

Based on these considerations and our discussions and deliberations at our February and April Board meetings, the Board recommends that this Special Exposure Cohort petition be granted.

In addition, the NIOSH evaluation of the petition defines a class of employees who worked from June 1947 to May 1948 prior to the introduction of any radioactive materials or radiological procedures at Line 1 of the Iowa Army Ammunition Plant. For this class, NIOSH determined that no feasibility determination is necessary because members of the class received no radiation doses as covered by EEOICPA. The Board concurs with this determination.

Finally, the petition and evaluation also addresses a potential class of employees composed of industrial radiographers who may have conducted radiography on non-radiological high explosive weapons from May 1948 to March 1949. NIOSH plans to issue a separate evaluation report addressing this potential class in the near future. In the context of this petition and evaluation, the Board concurs with this decision.

Enclosed is supporting documentation from the Advisory Board Meeting held April 25 – 27, 2005, in Cedar Rapids, Iowa. This documentation includes transcripts of the Board's deliberations, transcripts of public comments on the petition, copies of the petition and the NIOSH review thereof, and related documents distributed by NIOSH and the petitioners. If any of these items are unavailable at this time, they will follow shortly.

Sincerely,



Paul L. Ziemer, Chairman

Advisory Board on Radiation and Worker Health

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