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DISCUSSION PART II (INCLUDING DISCUSSION OF THE PENDING  
Y-12 PETITION AND A DISCUSSION OF THE SC&A SEC TASK)  
DR. JAMES MELIUS, ABRWH

1           So with that in mind, we come to the item  
2           called procedures for Board evaluation of SEC  
3           petitions. Yesterday Dr. Melius gave us an  
4           overview of the document. We had -- and the  
5           Board has had the document in advance to look  
6           at. I think now is the opportunity to have  
7           further discussion on that document, input.  
8           And we do not have to necessarily approve the  
9           document today, but we might -- we might  
10          identify -- if there are any substantive  
11          changes to make, identify what those are.  
12          Lew, I think you expressed to us the interest  
13          of the Secretary's office in the document as  
14          it's developed. Is -- is there an interest in  
15          having input from them --

16          **DR. WADE:** Yes.

17          **DR. ZIEMER:** -- as well, let me ask you --

18          **DR. WADE:** Yeah, let me -- let me speak to this  
19          just briefly. As I mentioned yesterday, the --  
20          I briefed the Secretary's staff on the agenda,  
21          and there was particular interest in this item,  
22          as you can imagine, because the Secretary is --  
23          is the recipient of your recommendations. So



1 as I mentioned yesterday, the Secretary is very  
2 interested in your giving a full vetting of the  
3 document, as you -- as you go through. The  
4 Secretary would also like the opportunity to  
5 comment on your procedures before you finalize  
6 them, and I think we should afford the  
7 Secretary that opportunity.

8 It doesn't mean you can't be guided by what you  
9 do and we can't make decisions, and we need to  
10 make decisions as we move forward. But I think  
11 there is an interest on the Secretary's part to  
12 -- to provide you with comment as you move to  
13 finalize.

14 The other thing that I would propose that we do  
15 is we need to hear from counsel as to what  
16 timeliness means in the context of the law and  
17 the rule. And whether we do that tomorrow  
18 morning or whether we do that now, I think it  
19 would inform the discussion if we had a sense  
20 of what timeliness meant.

21 **DR. ZIEMER:** Yeah. Well, let's -- let's get  
22 the document on the floor and I'll ask Dr.  
23 Melius to kick off the discussion here again,  
24 and then have the opportunity for Board members  
25 to in-put. Go ahead, Jim.

1           **DR. MELIUS:** I think the -- well, I guess first  
2           of all, the report. I've heard no comments  
3           from other Board members since yesterday when -  
4           - when we discussed it. There -- I think Mr.  
5           Miller last night in his public comments, or  
6           late yesterday afternoon I think, raised --  
7           raised two issues, and I have discussed some of  
8           those issues with other Board members, that --  
9           one was the -- I -- the feasibility, sort of  
10          timeliness issue, which I think, you know,  
11          could be addressed in this. I think there's  
12          the issue of the regulations, as well as maybe  
13          your legal interp-- 'terpretations, so that  
14          might be better dealt with after we've had this  
15          legal presentation tomorrow or whenever.  
16          The other issue which is the issue of the use  
17          of data from other sites as a -- for a site  
18          profile. I guess Bethlehem would be an  
19          example, but it's come up elsewhere, and should  
20          we develop criteria guiding the use -- use of  
21          such data, so forth. And actually in some of  
22          my discussions other Board members have  
23          mentioned they thought that was something that  
24          might be appropriate for us to -- to  
25          incorporate in some way. I would actually

1 think that that would require some sort of  
2 further discussion, either here or possibly,  
3 you know, reconvening our workgroup to work on  
4 developing criteria 'cause it's not a -- it's  
5 not straightforward to do. I think there's  
6 some -- some pitfalls we need to -- to be aware  
7 of in doing that -- doing that. So I think  
8 that's where I stand now in terms of comments.

9 **DR. ZIEMER:** On the timeliness issue, right now  
10 the document speaks to it more conceptually in  
11 terms of the Board's interest in moving forward  
12 in a timely fashion. In fact, we use -- I  
13 think intentionally -- rather fuzzy terms. We  
14 don't have any statements that say we must act  
15 within a certain time frame. On the other  
16 hand, it's clear that we do not want this to  
17 stretch out.

18 Now we can be informed in terms of any legal  
19 aspects of what constitutes timeliness, or  
20 maybe not. The attorneys may not want to touch  
21 that a bit. So --

22 **MS. HOMOKI-TITUS:** No, the only thing I can  
23 tell you is --

24 **DR. ZIEMER:** -- can you give us a timely answer  
25 to this question?

1           **MS. HOMOKI-TITUS:** The only thing I can tell  
2           you is that I can share with you how timeliness  
3           is used in the law. I can share with you how  
4           it's used in the regulation. But to give you a  
5           legal interpretation of it, just having been  
6           asked yesterday, I cannot --

7           **DR. ZIEMER:** Yes, I --

8           **MS. HOMOKI-TITUS:** -- we call them  
9           (unintelligible) legal opinions and we don't  
10          give them.

11          **DR. ZIEMER:** Right. Right, thank you. In any  
12          event, I think the -- I think the document  
13          could stand, in terms of philosophical view of  
14          timeliness, without having the legal framework,  
15          probably. But the other issue on the use of  
16          data from other sites basically didn't get  
17          addressed in this document. And perhaps that's  
18          an add-on that we might want to include and  
19          have the workgroup actually deal with that.

20          **DR. MELIUS:** Can I comment on the timeliness  
21          issue?

22          **DR. ZIEMER:** You bet.

23          **DR. MELIUS:** Since we won't have a legal  
24          definition of -- of it. And this is just a  
25          thought, maybe. I'm not even sure I'm

1 suggesting we do it, but -- but one  
2 consideration should be should we make some of  
3 the language more specific in terms of what are  
4 some of the situations that may arise that --  
5 that would affect timeliness, and what -- what  
6 are justifiable reasons for (unintelligible),  
7 how -- how would we handle procedurally things  
8 that the -- for example --

9 **DR. ZIEMER:** Are you thinking of cases --

10 **DR. MELIUS:** -- data -- access to --

11 **DR. ZIEMER:** -- or examples?

12 **DR. MELIUS:** Yeah, access to a dataset is not  
13 possible, critical dataset that we need for  
14 doing dose reconstruction is -- or is -- to --  
15 in -- for evaluating for SEC purposes. That's  
16 just not available. To me, that's a very  
17 justifiable reason for, you know -- you know,  
18 postponing action and so forth -- and that, and  
19 something like that. And so it would be along  
20 those lines sort of how -- how we would deal  
21 with tho-- those types of issues.

22 **DR. ZIEMER:** But again, you're talking about  
23 providing examples of how one might --

24 **DR. MELIUS:** Examples as opposed to -- yeah.  
25 Once again, I (unintelligible) --

1           **DR. ZIEMER:** As opposed to -- (unintelligible),  
2           okay.

3           **MS. HOMOKI-TITUS:** You haven't provoked  
4           counsel. That was actually going to be an  
5           example I was going to give, because the SEC  
6           rule does speak to that specific situation.

7           **DR. WADE:** Maybe you -- maybe you can do your  
8           li-- can you run through your list for us?

9           **MS. HOMOKI-TITUS:** Oh, sure.

10          **DR. WADE:** I think it'd be --

11          **MS. HOMOKI-TITUS:** What I pulled together was -  
12          - out of the actual statute, timeliness is only  
13          mentioned once, and it's under the purpose of  
14          the program, to compensate -- it's a  
15          compensation program to provide timely, uniform  
16          and adequate compensation to covered employees.  
17          Lew also asked me to pull the two new deadlines  
18          that were added -- I think you all probably  
19          know them by heart, the 180 days to make a  
20          recommendation, and then the President -- which  
21          has been designated to HHS -- has 30 days to  
22          provide a determination to Congress, once this  
23          Board provides a positive determination to the  
24          Secretary. And then I was also going to let  
25          you know that the SEC rule, as it currently

1 stands, and the recommended rule still includes  
2 this part, gives the Director of OCAS the  
3 ability to determine that records are not  
4 available in the timely manner. And this will  
5 be considered the same as a determination that  
6 the records are not available at all. So those  
7 are kind of -- those are the legal places where  
8 it's actually included. And then if anyone's  
9 really that interested, there's a lot of  
10 preamble language discussing it that I can give  
11 you copies of.

12 **DR. ZIEMER:** Okay. Thank you. Wanda and then  
13 Jim and then Henry.

14 **MS. MUNN:** Both of the items that are being  
15 discussed here are resource-limited. It would  
16 be very nice if we had all the time that we  
17 needed and if we had all of the resources  
18 necessary to do all of the comparisons that we  
19 need do -- to do, and nobody was upset about  
20 not having their claims or their SECs moved  
21 forward last week. But that doesn't apply  
22 either to this Board nor to NIOSH nor to our  
23 contractor. We're all resource-limited.  
24 The more specific we become, the less fluid the  
25 process can be. And the less fluid the process

1           can be, in many cases, the more -- the less  
2           timely it is likely to be.

3           The document we have before us is pretty well-  
4           written, and allows the reader to understand  
5           that everyone involved would like to see  
6           timeliness, would like to avoid the use of  
7           surrogate sites, but when timeliness is an  
8           issue and resources are an issue, we must make  
9           hard choices. My personal choice would be to  
10          accept the document the way it is. In the  
11          interest of timeliness, I would be more than  
12          willing to move it when the other Board members  
13          are ready for that.

14          **DR. ZIEMER:** Thank you. Jim, did you have  
15          another comment?

16          **DR. MELIUS:** Yeah, I would just -- I actually  
17          was just thinking, maybe I should just stop  
18          here since I've got Wanda -- unusual situation  
19          -- agreeing with me on it.

20          **MR. GRIFFON:** Yeah, I was just about to say,  
21          I'm willing to second it if (unintelligible).

22          **DR. ZIEMER:** Okay, we'll hear from --

23          **DR. MELIUS:** But, however --

24          **DR. ZIEMER:** However.

25          **DR. MELIUS:** I'm not taking issue, but just a



1 clarification, I would think it could be  
2 helpful that if we took a little bit of time  
3 and a little bit of resources among our Board  
4 to try to come up with some criteria for where  
5 -- how to use data from other sites. I think  
6 that's --

7 **DR. ZIEMER:** Okay. Thank you.

8 **DR. MELIUS:** -- one that would be -- be useful  
9 and would hopefully save us some time going in  
10 the future.

11 **DR. ZIEMER:** All right. Henry Anderson.

12 **DR. ANDERSON:** I was only going to address a  
13 different timeliness issue as -- as the  
14 timeliness here is it seems to be on the front  
15 end, the timeliness of getting the SEC petition  
16 processed. I was just going to raise the issue  
17 which came up in some of our other discussions  
18 that if the determination is made that it is  
19 feasible -- in other words, you're going to  
20 deny the petition -- there needs to be some  
21 timeliness in when will these petition -- or  
22 the cases be dose reconstructed. I think one  
23 of the issues was well, we can do it, but it --  
24 I mean that's why we asked for examples -- but  
25 they haven't really done it yet. And as we've

1 heard this morning, there's some people that --  
2 for the Proving Grounds -- filed four years ago  
3 and clearly somebody looked at them at some  
4 time and said we can't do these, and then they  
5 just sat.

6 **DR. ZIEMER:** Uh-huh.

7 **DR. ANDERSON:** And so if a determination's made  
8 it can be done, it has to move --

9 **DR. ZIEMER:** Right.

10 **DR. ANDERSON:** -- and somewhere we just need to  
11 recognize that there needs to be a timeliness -

12 -

13 **DR. ZIEMER:** Right.

14 **DR. ANDERSON:** -- of being able to complete the  
15 cases that are waiting.

16 **DR. MELIUS:** I think we actually --

17 **DR. ZIEMER:** Other comments?

18 **DR. MELIUS:** -- we do have that on page 8,  
19 so...

20 **UNIDENTIFIED:** Oh, you do? Fine.

21 **DR. MELIUS:** Yeah.

22 **DR. ZIEMER:** Now also I would point out that we  
23 could, in principle, accept the document with  
24 the understanding that it would be expanded as  
25 needed, with additional criteria as they're

1 identified. What I'm going to suggest --  
2 Well, I want to ask this question, Board  
3 members. Is there anything in the presentation  
4 by SC&A on what they identified as the  
5 procedures for a Board SCA (sic) review,  
6 anything that you see there that would cause  
7 you to want to modify the workgroup document?  
8 To a large extent, it's a supplement to it, and  
9 more of a procedural supplement, but I do want  
10 to provide that opportunity if you think any  
11 changes are needed for that.  
12 If not, what I'm going to suggest is that we  
13 reserve any formal actions on this until our  
14 work session tomorrow. That'll give you  
15 additional time to think about any of the  
16 parameters, as well -- yeah, when you're done  
17 reading your minutes and...  
18 **DR. ANDERSON:** Let's move something.  
19 **DR. ZIEMER:** Well, if you want to move  
20 something today, you can.  
21 We also -- keep in mind -- I would suggest, if  
22 you're ready to accept the document, that we do  
23 it in a provisional manner, soliciting the  
24 input from the Secretary's office as -- and --  
25 and having a caveat that it's open to

1 additional amendments as the Board sees fit.

2 **DR. MELIUS:** I would agree with that if -- to  
3 use some of my Chicago background -- if you  
4 would take -- Paul, if you will take  
5 responsibility for delivering Wanda's vote  
6 tomorrow. I don't want her being able to  
7 change her mind overnight.

8 **DR. ZIEMER:** Well -- well, let me say this. If  
9 -- if you want to take action on the document  
10 itself today, we can do that. I would suggest,  
11 nonetheless, that we wait till tomorrow on --  
12 on identifying the sites that we may wish to  
13 have work done.

14 **DR. WADE:** I think it's better  
15 (unintelligible).

16 **DR. ZIEMER:** If so, I'll entertain a motion for  
17 provisional acceptance of the document. By  
18 that I mean we would consider it our working  
19 document for the time being, open to  
20 modifications as -- or at least some input from  
21 the Secretary's office, as well as --

22 **DR. DEHART:** Second -- I'll second Wanda's  
23 motion.

24 **DR. ZIEMER:** -- as well as possible additions  
25 on this issue of using other site data.

1           **DR. WADE:**    Yeah, I think the -- the thought of  
2           getting the working group together to -- to  
3           complete that issue I think is a good thought  
4           and I would hate to see that lost.

5           **DR. ZIEMER:**  So that what it would do would be  
6           basically to accept what we have here as a  
7           starting point and keep the door open for  
8           changes.  If the Board is comfortable with  
9           that, that would be a motion for something  
10          similar.

11          **MS. MUNN:**  Yes.

12          **DR. ZIEMER:**  I hate to put words in other  
13          people's mouth, it's a very unsanitary way of  
14          speaking.

15          **MS. MUNN:**  Although I'm not the chair of the  
16          working group, who perhaps should move --

17          **DR. MELIUS:**  I will defer -- I will gladly  
18          defer to you making the motion.

19          **MS. MUNN:**  Would you please record that?  It's  
20          a first.

21          I move that this body accept the document that  
22          is before us as a provisional document, with  
23          the understanding that the input of the  
24          Secretary will be used to help expand the  
25          document and complete it.

1           **DR. ZIEMER:** I'll interpret that as including  
2           the possible expansion for other related  
3           topics, as were -- if that's agreeable.

4           **MS. MUNN:** Yes.

5           **DR. ZIEMER:** And seconded by Roy DeHart. Now,  
6           discussion?

7                               (No responses)

8           Are you ready to vote? You're longing to vote.

9           **MS. MUNN:** Please.

10          **DR. ZIEMER:** Please vote. All in favor, aye?

11                               (Affirmative responses)

12          Any opposed?

13                               (No responses)

14          Any abstentions?

15                               (No responses)

16          Motion carries.

17          **DR. MELIUS:** (Off microphone) Could we now read  
18          back (unintelligible).

19          **DR. ZIEMER:** I believe -- now the group is  
20          getting giddy. I believe that completes our  
21          formal action for today. We are going to  
22          return at 7:00 p.m. for a public comment  
23          period. Let me ask Lew Wade if he has any  
24          additional comments or instructions for us  
25          before we depart. No?

1           Okay, we will recess until 7:00 p.m. Thank you  
2           very much.

3           (Whereupon, a recess was taken from 5:00 p.m.  
4           to 7:00 p.m.)

5           **PUBLIC COMMENT**

6           **DR. ZIEMER:** Good evening, everyone. We have  
7           some folks still coming in, but I think we're  
8           going to go ahead and start, try to keep on  
9           schedule, if we can.

10          My name is Paul Ziemer -- oh, there are some  
11          more chairs, though you may want to squeeze  
12          together, at least let people know if there's a  
13          chair near you. If you can squeeze together a  
14          little bit, too, that can help. We'll try to  
15          get some more folks in.

16          I serve as Chair of this committee. I want to  
17          just take a minute or two and tell you what the  
18          committee does and what we don't do. It's  
19          actually an Advisory Board, and we advise the  
20          Secretary of Health and Human Services on the  
21          dose reconstruction program that's being  
22          carried out by NIOSH, and many of you are quite  
23          familiar with that program and are even  
24          claimants in that program.

25          This Board is not the board -- we do not do the

1           dose reconstructions, and we are not an appeals  
2           board for people who have claims that have been  
3           denied. Rather we are simply an advisory board  
4           to the Secretary of Health and Human Services,  
5           looking over the agency's shoulder. We are not  
6           part of the federal agency. We are all  
7           independent folks. I'm -- I'm a retired  
8           professor -- and, incidentally, a former Oak  
9           Ridger -- and we are looking over the agency's  
10          shoulder to determine the extent to which the  
11          program is being conducted in the proper  
12          fashion.

13          So we review some of the dose reconstructions  
14          in an audit fashion, as it were. We review  
15          site profiles and that sort of thing. And in  
16          the course of our deliberations where we come  
17          together periodically and hear from the agency  
18          and from others how the program is going, we  
19          always have an open meeting, and through the  
20          open meetings we also gain information about  
21          how the program is working -- or, for some  
22          people, not working, as it may be.

23          But I do want you to know that if you have  
24          individual concerns about your own claim or a  
25          claim of a relative, there are NIOSH staff



1 people here to assist you with that. So they  
2 do want to take care of the individual claims.  
3 And many of you will, I'm sure, tonight tell us  
4 about your experiences, and from that we learn  
5 certain things about what the problems are with  
6 the program, what's not working, what is  
7 working and so on. So that's really what we're  
8 doing here tonight.

9 Now I have a couple of lists. I have the  
10 starting list here of about 15 people who've  
11 asked to speak, and there's another page like  
12 this, so I'm guessing there's probably about 30  
13 people who have requested to speak. And  
14 recognize we have scheduled about an hour and a  
15 half of time, so if you are one who are --  
16 that's speaking to the group tonight, you can  
17 do the math there. Let's see, we've got maybe  
18 30 people and 90 minutes, so it doesn't give --  
19 if you're taking ten or 15 minutes, you really  
20 are going to be depriving someone else of time.  
21 So we ask you, to the extent you feel  
22 comfortable, try to be fairly concise in what  
23 you do.

24 Now when -- I'm not going to ring any bells or  
25 make you sit down, but we do request that you

1           try to be as concise as you can and still  
2           convey what you wish to the Board.  Okay?  
3           And the Board members are here.  I'm not going  
4           to introduce them individually.  Their name  
5           tags are there.  They come from all parts of  
6           the country.  They represent worker groups,  
7           technical groups and so on.  We have a broad  
8           representation of folks on the Board.  Many of  
9           them are retired, some still working, so it's a  
10          cross-section of people.  We -- different ones  
11          have expertise in different things.  All of us  
12          are -- we're like anybody else, you know.  
13          We're dumb in certain things and we think we're  
14          smart in others, but that's how it is.  
15          Okay.  I'm just going to go down the list in  
16          order and as you -- if you're comfortable, you  
17          can stand here, there's another mike here,  
18          wherever you're comfortable in addressing the  
19          group will be fine.  We do need -- when you  
20          come up, need to have you repeat your name for  
21          our court reporter -- 'cause we do keep a  
22          transcript of everything that is said, and that  
23          transcript does go on our web site -- so that  
24          we capture the information that's presented  
25          tonight.

1           So we'll begin with B. A. Austin. B. A.  
2           Austin.

3                                 (No responses)

4           Some folks may have signed up earlier and  
5           didn't arrive yet. If B. A. Austin's not here  
6           yet, let's go to Gail Elkin.

7                                 (No responses)

8           Okay. Well, I'll come back and check on these  
9           later. Jack Wolum -- Woolum, W-o-o-l-u-m --  
10          Jack?

11          **MR. WOOLUM:** I've already got my questions  
12          answered.

13          **DR. ZIEMER:** You got your questions answered,  
14          okay, Jack. How about Jim -- I believe it may  
15          be Phelps -- Jim, thank you.

16          **MR. PHELPS:** Hi, my name is Jim Phelps, for the  
17          court reporter. I'm here to speak about my  
18          father's experience at the Y-12 nuclear weapons  
19          plant over the years. I understand that you  
20          all are trying to do a dose reconstruction at a  
21          plant that had probably weak records on  
22          dosimetry. It also is a complicated site where  
23          chemicals interfere with the free oxygen  
24          radical damage of radiation. Oak Ridge is more  
25          characterized as a chemical damage site than a

1 radiation damage site, and that's one of the  
2 problems.  
3 You say you want to use best available science.  
4 Best available science in Oak Ridge says that  
5 you look at the radiation, you look at the  
6 mechanism for radiation. And at Oak Ridge --  
7 at ORNL when I worked there, we looked at some  
8 of those mechanisms way back in the '80s. And  
9 what we decided is when radiation passes  
10 through a medium you get free oxygen radicals.  
11 These upset cells do damage to mitochondrias of  
12 cells, and these react and make something  
13 called superoxide dimutase enzymes, which go  
14 and repair that damage. If that damage gets  
15 very high, you start noticing things like  
16 mycoplasmas becoming active in the persons and  
17 you have to sometimes give them antibiotics to  
18 have them recover from high dose radiation.  
19 What happens next is you get competition for  
20 the trace metals in the cell that disrupts  
21 another enzyme called 2-5A RNase L, and the  
22 metal that gets in competition is manganese.  
23 And what happens is a mutation of that enzyme  
24 from a normal 83 kilodalton weight to a 37  
25 kilodalton weight. When that mutation occurs,

1           the cells can no longer defend themselves from  
2           pathogens, be that pathogen mycoplasmas or the  
3           complement of viruses that you'd normally see  
4           in cancer tumors. When you lose that  
5           mechanism, cancer viruses and bacterias can  
6           take over control for the cytokine mechanisms  
7           in the cells. Now that's the simple approach  
8           to radiation damage.

9           We didn't stop there at ORNL back in the '80s.  
10          We went and added the chemical damage vector  
11          component, and one of the things we noticed was  
12          that hydrogen fluoride easily enters the body  
13          in places like Y-12 in their green salt  
14          operation and places like the hydrolysis of UF-  
15          6 released from K-25 makes HF. As people are  
16          exposed to that, that's a fairly cumulative  
17          poison that deposits itself in the tissues and  
18          bones and gets progressively worse with age.  
19          And what happens is whenever you encounter  
20          aluminum in the environment, it will  
21          spontaneously combine in the body to form ALF3.  
22          ALF3 mimics a hormone called the thyroid  
23          stimulation hormone, and when that happens you  
24          no longer have the night and day variation that  
25          you get that allows your body to rest at night

1           and do cellular repair. And what it seems to  
2           do is deplete an enzyme called glutathione.  
3           When that glutathione enzyme becomes depleted  
4           in persons exposed to those kinds of chemical  
5           toxins, you no longer remove the mercury from  
6           your body, and several other metals. And as  
7           mercury builds and it gets involved with the  
8           mtDNA and causes respiration dysfunction. How  
9           it makes ATP, it generates free oxygen radicals  
10          that does the same sort of damage as radiation  
11          pathways going through the cell.  
12          So what we identified was the chemical damage  
13          vector adds directly to the radiation damage  
14          vector. It's probably the bigger component at  
15          Y-12 from many operations and at K-25 from many  
16          operations. So I attended one of your last  
17          meetings over in Knoxville and the word was  
18          best available science. I think that we found  
19          a better available science back in the '80s at  
20          ORNL that speaks to this mechanism that I just  
21          pointed out to you. And I think, in terms of  
22          doing dose reconstructions, that most of these  
23          plants need to have the chemical vector put in  
24          there, more so than probably the radiation  
25          vector in many of these cases. So when you

1           just look at radiation, you're doing many of  
2           these people a disservice because most of them  
3           -- some of these chemicals like PCBs, uranium  
4           machinists at Y-12 were, in the early days,  
5           exposed to PCBs. PCBs is one of the chemicals  
6           that shuts down glutathione. When you lose  
7           that -- they also had a lot of mercury vapors  
8           at Y-12 -- you get mercury buildup, you get  
9           this reactive oxygen species damage generated  
10          in your cell mitochondria and it adds to the  
11          radiation component, so -- and it's usually  
12          much bigger, and it's a more cumulative process  
13          'cause PCBs are fairly retained, hydrogen  
14          fluoride's fairly highly retained, more so than  
15          some of the internalized uranium and various  
16          other internalized isotopes and external  
17          radiation kind of problems.

18          So that's what I wanted to point out. I would  
19          like to ask that you somehow figure how to  
20          include that sort of criteria in doing these  
21          folks' dose assessments. It needs to go beyond  
22          just radiation because, you know, in the '80s  
23          we figured out this better model, this better  
24          modeling system that everybody that was in the  
25          national security group that I worked with that

1 was doing some -- trying to figure out what  
2 went wrong in Oak Ridge -- and agreed with it.  
3 It was standard available science in the 1980s.  
4 It has only been proven harder and firmer and  
5 difficult to ignore in this day and age.  
6 So anyway, thanks for your time.

7 **DR. ZIEMER:** Thank you very much, and certainly  
8 that is a challenging issue to consider. I  
9 would point out to the Board that I have  
10 received from Mr. Phelps a detailed copy of a  
11 letter which I think delineates pretty much  
12 what he has provided, and I will make sure that  
13 the Board members get a copy of this, as well,  
14 Mr. Phelps.

15 Oh, have we distributed that already? If not,  
16 we'll make sure the Board members get copies of  
17 that, as well. Thank you very much.

18 Then Otis Lee. Otis Lee?

19 **MR. LEE:** I pass.

20 **DR. ZIEMER:** Pass? Okay. T. L. Dishman.

21 **MR. DISHMAN:** Hi, I'm T. L. Dishman --

22 **DR. ZIEMER:** Dishman, okay. I said it wrong.

23 **MR. DISHMAN:** -- retired from Y-12 after 37 and  
24 a half years. I'm real disturbed at this dose  
25 reconstruction because after 37 and a half



1           years and wearing a dose meter for maybe ten  
2           days during 37 years, I'm one that would know  
3           you couldn't reconstruct my record. And I  
4           think everyone in this room knows you can't  
5           reconstruct records that don't exist. And  
6           we've suffered with this malfeasance for all  
7           these years, and we're going to continue --  
8           maybe our -- maybe our speaker that just  
9           finished has some good suggestions for us.  
10          Maybe we'll just check your health instead of  
11          your record 'cause you've got your health  
12          problems, but your records don't exist. So we  
13          need to not let everybody die before we say  
14          gosh, that's what we should have done. It's --  
15          there -- there's a sin going on here, and it's  
16          a sin against these people, and it needs to be  
17          corrected and it needs to be corrected very  
18          soon. Thank you.

19          **DR. ZIEMER:** Thank you very much.

20          **UNIDENTIFIED:** Mr. Zimmer (sic), can they stand  
21          over here?

22          **DR. ZIEMER:** Yes --

23          **UNIDENTIFIED:** (Off microphone)  
24          (Unintelligible) stand over here --

25          **DR. ZIEMER:** -- maybe -- maybe, Dr. Anderson,

1 if you could help move the podium and then they

2 --

3 **UNIDENTIFIED:** (Off microphone)

4 (Unintelligible) see the (unintelligible) --

5 **DR. ZIEMER:** Yeah, sure, we can do that. We'd  
6 sort of like to see their faces, too, but we're  
7 facing each other. How about sideways, will  
8 that help to sort of... Thank you.

9 Okay, next we have Cleveland Drummand.

10 **UNIDENTIFIED:** We want to see everybody's face.  
11 Would you move the podium completely away?

12 **DR. ZIEMER:** Oh, sure, yes.

13 **UNIDENTIFIED:** We're looking at you.

14 **DR. ZIEMER:** Yes, I gotcha. Okay.

15 (Pause)

16 Cleveland Drummand?

17 **UNIDENTIFIED:** (Off microphone)

18 (Unintelligible)

19 **DR. ZIEMER:** How about Lester -- is it Branham,  
20 Lester Branham?

21 **UNIDENTIFIED:** (Off microphone)

22 (Unintelligible)

23 **DR. ZIEMER:** Oh, okay. Ray Beatty? Ray  
24 Beatty.

25 **MR. BEATTY:** Good evening. My name is Ray

1 Beatty. I'm a 14-year employee at the Fernald  
2 site in Fernald, Ohio. I've come here tonight  
3 to express some opinion as to the Board  
4 membership. I was involved in the conference  
5 call that you all had about a month ago, and I  
6 heard of the new Board members coming on board,  
7 so I intend to address that tonight, and I  
8 think you saw today that there is an SEC  
9 petition, number 46, for the Fernald site, and  
10 this information would be very applicable to  
11 that application.

12 It's in reference to Dr. James Lockey who's  
13 been appointed to serve on the Advisory Board,  
14 beginning with the next meeting. Having  
15 attended many of these meetings, I am pleased  
16 to see him here. Dr. Lockey's had extensive  
17 involvement at Fernald. He serves as the  
18 government's appointee to review causation  
19 related to state workers compensation claims as  
20 part of the Fernald Settlement Trust arising  
21 out of the case David Day versus  
22 (unintelligible) Industries of Ohio.

23 There's a three-physician panel for Fernald  
24 workers which reviews workers' cases to  
25 determine whether DOE or their contractor will

1           contest the claim. Dr. Lockey was also  
2           appointed by DOE and its contractor, Lockheed-  
3           Martin, to review 55 six worker claims in Oak  
4           Ridge as part of the Lockey/Byrd/Freeman panel.  
5           I am requesting that Dr. Lockey's conflict of  
6           interest forms, his waiver letter and the  
7           relevant elements of his personal financial  
8           disclosure form that deal with his expert  
9           witness and other government DOE contractor  
10          consulting work be made public. We have no  
11          interest in his personal financial matters,  
12          only matters affecting public service.  
13          However, he should make public a list of all  
14          workers compensation or court cases -- pardon  
15          me, tort cases, claims where he has been served  
16          as an expert witness, whether testifying or  
17          not, and involving DOE or its contractors.  
18          Dr. Lockey's reportedly had consulting  
19          arrangements in defense of litigation claims on  
20          behalf of various industries. This, too,  
21          should be disclosed as it may impact his public  
22          service.  
23          In addition, I would hope that Dr. Lockey will  
24          have no part in any deliberations, votes,  
25          reviews involving Fernald SECs, site profiles,

1           dose reconstructions or technical documents.  
2           While Dr. Lockey may be a fine person and  
3           someone supported, the integrity of the program  
4           for Fernald workers will be impaired if he's  
5           allowed to take part in any matter impacting  
6           Fernald workers. NIOSH has no shortage of  
7           staff that worked at Fernald who can contribute  
8           to their expertise. Information posted on the  
9           NIOSH web site for conflict of interest is far  
10          too limited to describe the full range of  
11          conflicts that should be made available. I  
12          would hope that if Dr. Lockey's permission is  
13          needed to disclose some of this information,  
14          that he would provide the necessary permission.  
15          Thank you.

16          **DR. ZIEMER:** Thank you very much, and just as a  
17          general statement I'll point out that we do  
18          require all of the Board members to have a  
19          conflict of interest information on the web  
20          site. I believe -- the new members are  
21          probably not there yet, but --

22          **MR. BEATTY:** They're -- they're not there, I've  
23          looked.

24          **DR. ZIEMER:** -- they're not there yet 'cause  
25          they don't begin their term --

1           **MR. BEATTY:** And I have read --

2           **DR. ZIEMER:** -- till next month.

3           **MR. BEATTY:** -- each member's conflict of  
4 interest and saw where a couple had a conflict  
5 of interest, but this one is much more  
6 extensive that I just alluded to.

7           **DR. ZIEMER:** Yes. It will certainly be on the  
8 web site as soon as he begins his term, and we  
9 do have a Board rule on conflict of interest  
10 issues where we're not allowed to vote on sites  
11 where we have those conflicts, so --

12          **MR. BEATTY:** Okay, I -- we (unintelligible)  
13 that.

14          **DR. ZIEMER:** -- we appreciate your heads-up on  
15 that.

16          **MR. BEATTY:** Thank you very much. Thank you.

17          **DR. ZIEMER:** Thank you. I'm having a little  
18 trouble reading this one. It may be Johanna  
19 Goodman, or it... Okay, good.

20          **MS. GOODMAN:** My name is Johnnie Sue Goodman.

21          **DR. ZIEMER:** Oh, Johnnie? Okay --

22          **MS. GOODMAN:** Uh-huh.

23          **DR. ZIEMER:** -- Johnnie Sue, thank you.

24          **MS. GOODMAN:** And I am here on behalf of my  
25 late husband. In 1980, January of 1980 he took

1 sick all of a sudden. Now he'd been feeling  
2 bad for several months, but we didn't know what  
3 was wrong with him and he wasn't one to run to  
4 a doctor every time he got -- got a little bit  
5 under the weather. Well, in January of 1980 he  
6 took a hurting right in here, right in his  
7 chest. He thought maybe he had the flu or  
8 something.

9 He went to the doctor over at Oak Ridge at work  
10 that day. He said oh, take a couple of  
11 Bufferin and you'll be okay in a few days.  
12 Well, he continued to get worse for about three  
13 or four days. I took him to an old doctor that  
14 -- up at Concord, Dr. Malcolm -- whatever his  
15 name was, but anyway, that slipped my mind just  
16 then. But he said what's wrong with you? And  
17 he said I -- I can't tell you, let my wife tell  
18 you. So I went through the ordeal of it and he  
19 said well, let's step out in the hall a few  
20 minutes and I will send the nurse in to do some  
21 blood work on him.

22 So he took me out in the hall and he said  
23 Honey, I hate to tell you, but your husband is  
24 almost dead. I said well, how -- how come? He  
25 said he doesn't have any blood. He said he's

1           got leukemia in the worst way. And I said well  
2           -- well, how do you know? He said well, I've  
3           seen enough of it -- it's work-related.  
4           I had no idea what that meant. My husband had  
5           worked over there over 20 years. He had never  
6           told me anything that he ever done except he  
7           was an assistant general foreman in the machine  
8           shop. I had no idea what he did.  
9           So it -- I was in shock. Well, we got him in  
10          the hospital. In 60 days he lost 60 pounds.  
11          They gave him 150 pints of blood. It didn't do  
12          any good. They tried every kind of chemo on  
13          him they could. They -- I thought -- was  
14          trying to kill him. He was so pitiful, he  
15          couldn't eat. He was in misery. And on the --  
16          July the 12th he passed away -- well, we buried  
17          him on the 12th. He -- he died on the 9th of  
18          July. He suffered death many, many times.  
19          I have never got any compensation, but men like  
20          that -- not only my husband, but others -- they  
21          need to be repaid some way or other, and I can  
22          -- I need it, and that's all I have to say.  
23          **DR. ZIEMER:** Thank you. And thank you,  
24          Johnnie, for sharing that with us. I know  
25          that's difficult.



1 Helen -- let's see, I'm having a little trouble  
2 reading the last name -- it looks like G-a-l-h-  
3 s-o-n, Galhson? Probably don't have the last  
4 name correct.

5 Oh, Helen G -- maybe it's an Alban or Allison -  
6 - any Helens? Any Helens?

7 **DR. ANDERSON:** What's the address?

8 **DR. ZIEMER:** The address is -- okay, we're  
9 getting it closer. I'm sorry, Helen, I'm just  
10 having a little trouble reading this.

11 **UNIDENTIFIED:** Well, I didn't come here to  
12 speak, but I'm just like her. My husband got  
13 sick and didn't know what was wrong with him  
14 and he only lived three months and they found  
15 out he had acute leukemia. And as you say,  
16 after 37 years, I think we all deserve a little  
17 bit, and we're not getting too far.

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

19 **UNIDENTIFIED:** Thank you.

20 **DR. ZIEMER:** Then I have Franklin Tucker.

21 **MR. TUCKER:** Gentlemen, my name's Franklin  
22 Tucker. I worked at Y-12 approximately 12  
23 years before they forced me to retire back in  
24 about 2001. I was a chemical operator. Now  
25 you're talking about doing a reconstruction

1 claim -- or reconstruction and stuff on doses  
2 and stuff like that. You're going to run into  
3 some serious problems. Like other people I've  
4 heard here talk about records and stuff, what  
5 don't exist or what they have made up to fill  
6 in gaps. I see no way of ye'uns (sic)  
7 compensating for that. The whole 12 years I  
8 was there working in enriched uranium and also  
9 in special materials organization where the  
10 chemical exposure got me, there was never no  
11 study done. There was nothing done.  
12 Now I have been fighting this approximately  
13 three and a half years now. I went all the way  
14 to President Bush because I worked on weapons  
15 systems like the 88, the 87 and stuff like  
16 that. And when you work in that stuff and you  
17 start bleeding out the nose, and you're so sick  
18 that for the next couple of days that you can  
19 do nothing, something is seriously wrong. I  
20 went to the Department of Energy, voiced my  
21 complaint. All they said was hey, you're a  
22 whistle-blower. When I finally did come down  
23 sick and they told me I had to go out on long-  
24 term disability, I was told by the people at  
25 Vanderbilt and stuff like that that I have

1           what's called a chronic wasting of the brain.  
2           My brain's dying.

3           These people -- I mean -- and since I've been  
4           sick -- and this is the sad part of it, the  
5           people I have run into that are so sick and  
6           have to fight the system to get anything. I  
7           have not been -- I mean I have been treated  
8           very bad, like I said, since I become sick and  
9           stuff like that.

10          Ladies and gentlemen, the thing I recommend,  
11          one thing is please contact the President of  
12          the United States. You can get his phone  
13          number. Call him. Tell him, say you know, I  
14          worked on such-and-such weapons system, and  
15          that will get your atten-- his attention right  
16          there, and tell him what happened. And then  
17          request -- say where is a reconstruction on our  
18          dosage and limits and stuff of chemical  
19          operators and machinists and stuff, the two  
20          people that would have been exposed the most,  
21          'cause there's never been a study done. I have  
22          checked.

23          That's all I have to say. Thank you.

24          **DR. ZIEMER:** Yeah, thank you very much.

25          Colleen Schotz?

1           **MS. SCHOTZ:** I'll pass.

2           **DR. ZIEMER:** Okay, thank you. Let me jump back  
3 to the beginning of the list again. B. A.  
4 Austin, did he come in -- or she?

5                               (No responses)

6           How about Gail Elkin? I know in some cases the  
7 request for public comment sheet was  
8 inadvertently signed by people who thought they  
9 were simply registering, so some of those may  
10 have been in that category.

11           I now -- I now need the second sheet and we'll  
12 -- I think the second sheet were -- were all  
13 folks who came here this evening, so -- yes,  
14 sir?

15           **UNIDENTIFIED:** I'd like to find out if you can  
16 tell us who these people are at the table.

17           **DR. ZIEMER:** Yes, we can -- we can go around  
18 the table. I indicated that these are the  
19 members of the Advisory Board. Dr. Henry  
20 Anderson, who's from Wisconsin -- maybe I  
21 should have each one tell who they are and  
22 where they work. Why don't -- Mike, why don't  
23 you go ahead and -- this -- this is the  
24 Advisory Board on --

25                               (Whereupon, several members of the public began

1 speaking at once, without benefit of  
2 microphone, rendering none of the comments  
3 distinguishable enough for transcription.)

4 **DR. ZIEMER:** Sure. Sure, sure.

5 **MR. GIBSON:** Hello, my name is Michael Gibson.  
6 I worked at the Mound facility,  
7 (unintelligible) for Ohio for 23 years. I was  
8 an electrician by trade. I was also a union  
9 president for probably ten years. I was  
10 appointed to the Board in August of 2002.

11 **DR. ZIEMER:** Thank you.

12 **DR. DEHART:** I'm Roy DeHart. I'm currently at  
13 the Medical School of Vanderbilt. I grew up in  
14 Oak Ridge. I worked at X-10 and Y-12.

15 **MR. ESPINOSA:** Richard Espinosa, currently  
16 employed at Los Alamos, New Mexico. I work as  
17 a sheet metal worker and chief steward for Los  
18 Alamos.

19 **MR. GRIFFON:** I'm Mark Griffon, a health  
20 physicist, and I'm currently involved in a lot  
21 of medical surveillance programs around the DOE  
22 complex.

23 **MR. PRESLEY:** Most of y'all know me. I'm Bob  
24 Presley from Oak Ridge. I worked at Y-12 37  
25 and a half years. I'm back out there.

1           **DR. ZIEMER:** Well, again -- I'll go ahead and  
2 reintroduce myself, some weren't in here. My  
3 name is Paul Ziemer. I'm a retired professor  
4 from Purdue University. My area is health  
5 physics, and I got my start in my career at X-  
6 10 and a little bit at Y-12, as well.

7           **DR. WADE:** My name is Lewis Wade and I work for  
8 NIOSH, the Centers for Disease Control. I'm  
9 the Designated Federal Official on the Board  
10 representing the Secretary of HHS.

11          **DR. MELIUS:** I'm Jim Melius. I'm a physician.  
12 I work for the laborer's union.

13          **MS. MUNN:** I'm Wanda Munn. I'm a retired  
14 nuclear engineer from Hanford.

15          **DR. ROESSLER:** Genevieve Roessler, I'm retired  
16 faculty from the University of Florida. My  
17 field is health physics. I'm now living in  
18 Minnesota.

19          **DR. ZIEMER:** Okay, thank you. Let's continue.  
20 Then we have Dorothy Thompson.

21          **MS. THOMPSON:** Well, I'm another Y-12 widow,  
22 and I guess it's very clear to most of us in  
23 this room that Y-12 is as dangerous as -- was  
24 as dangerous, is as dangerous, I don't know  
25 what the situation is -- as any other place.

1 My husband died after a five-week illness of  
2 cancer in 19-- in 2001. The primary site was  
3 never really discovered, as apparently that --  
4 it had gone everywhere. It was an unusual  
5 variant of a patocellular cancer.

6 I applied and was just recently turned down by  
7 NIOSH. They gave me a 45 percent. I don't  
8 think it's accurate. I don't think it's fair.  
9 And I don't think it -- it's fancy algorithms  
10 that fancy mathematicians have done, but I  
11 don't think it tells the story.

12 My husband was employed in 1961 as a special  
13 project engineer. He was in the 18-day  
14 turnaround program at Y-12 where they would get  
15 orders from Los Alamos or someplace to build  
16 parts. He would stay out there on weekends.  
17 The plant manager, Jack Case, saw that he was a  
18 bright young engineer. He would stay out there  
19 on weekends with a health physicist outside the  
20 door and make parts, carry parts, examine  
21 parts, inspect parts, and was promised that all  
22 the rest -- everything else that he did not  
23 work with would be buried. And he would say  
24 Honey, you don't know what I've done today.  
25 You don't -- don't let the kids touch my shoes,

1 don't let -- you just don't want to know what  
2 I've done. But he said they put a lead apron  
3 on me most of the time, and Case thinks I'm  
4 really a nice young man and I've got places to  
5 go. And he lost his life for Y-12.  
6 Now interestingly enough, he was in this 18-day  
7 turnaround program from 1961 to 1967. Our  
8 first child, born in 1964, was normal. Our  
9 second child, born in 1968, had a devastating,  
10 etiology unknown, birth defect. Our third  
11 child, born in 1970, had a devastating birth  
12 defect.  
13 NIOSH says it's -- oh, we received counseling  
14 from the Mayo Clinic, from the University of  
15 Tennessee, from Vanderbilt, and they all said  
16 do not have any more children; we fear that  
17 your husband's sperm has been radiated.  
18 He was -- Bill was also in charge of the  
19 mercury cleanup at Y-12 for a long time.  
20 Gentlemen, it's not fair. The -- oh, so I went  
21 to a lawyer, and the lawyer said you know, if  
22 you can prove he had any other kind of cancers,  
23 because of this 45 percent, you're probably  
24 okay. Well, Bill did have other cancers. But  
25 guess what? It took from 19-- 2001 to now,



1           2006, to get my rejection from NIOSH. And  
2           guess how long doctors keep their records?  
3           They've all been shredded. They've all been  
4           shredded. You can call the family clinic,  
5           they've all been shredded.  
6           Dr. -- the doctor on -- Dr. Sharp, who did all  
7           of his skin cancers, there are no more records.  
8           All I have -- I have a bill. I don't know what  
9           -- I don't know where to go. I don't know what  
10          to do. I was told by the lawyer also that if I  
11          could have proved he had worked at K-25 for as  
12          long as six weeks, there would be no problem, I  
13          would get the money. And it's really not about  
14          the money. I lost my husband at 63, and he was  
15          a good man. He worked with Bob. And -- and he  
16          -- the grandchildren are without a father, my  
17          brain-damaged daughter is without a father.  
18          It's not fair, guys. It's -- the NIOSH simply  
19          does not adequately reflect individual spikes,  
20          individual incidents, and I'm told that I can't  
21          question NIOSH, that the only way I would get  
22          the money is if I could prove he had more  
23          cancers, which is my word against your word, or  
24          if he'd worked at Y-12 -- I mean if he'd worked  
25          at K-25.

1           So I think somebody needs to relook at the  
2           process because there's no way that dose  
3           reconstruction adequately accounts for where he  
4           was from 1961 to 1967. Thank you.

5           **DR. ZIEMER:** Thank you, Dorothy. Next I have  
6           Thomas Duncan.

7           **MR. DUNCAN:** My name's Thomas Duncan. I met  
8           y'all a few months back.

9           **DR. ZIEMER:** Yes.

10          **MR. DUNCAN:** And the only way I got to go to  
11          your meeting was -- big issue, they -- you have  
12          to have authorization to get off work --

13          **DR. ZIEMER:** (Unintelligible), uh-huh.

14          **MR. DUNCAN:** -- and I tried to get  
15          authorization this time, they denied it. And  
16          that's the reason I haven't attended any of the  
17          day meetings.

18          **DR. ZIEMER:** Yeah.

19          **MR. DUNCAN:** I got five different kind of  
20          cancers. I worked in 18-day turnaround for 12  
21          years. It's deadly. I got in contact with  
22          NIOSH -- my wife called me at work Friday and I  
23          called them Friday. I got the letter they sent  
24          me Saturday and read it, and of course getting  
25          authorization, they told me last time through

1 labor relations and my division -- department  
2 head, I have to give them opportune time and to  
3 get that information for the last meeting took  
4 me about three weeks for them to give me that  
5 denial for the last one. And if you'd like  
6 more people to attend your meetings, you know,  
7 I consider it company business, you know, if  
8 it's -- you're talking about Y-12. Maybe get  
9 in contact with Y-12 and -- and let the people  
10 off, you know. If -- if I took anything  
11 besides vacation, they said it'd be  
12 disciplinary action up to termination, and  
13 that's from labor relations.  
14 And for NIOSH, I've contacted them two or three  
15 times and they said well, we'll give you a call  
16 back, never hear nothing from them. And I  
17 asked for some records where I attended the  
18 last meeting, you know, I signed in on the  
19 books, and they said yeah, we'll have them sent  
20 to you, and that's been three months ago, still  
21 waiting on them to send them to me.  
22 I got a letter today from NIOSH on my update  
23 and I've had some other body parts removed just  
24 a month or so ago, and I sent them in to my  
25 representation and I think -- I think I got

1 five different kind of cancers, and that make  
2 the sixth one, and it's not showing up on my  
3 records through NIOSH, and I don't know how  
4 long it takes for them to -- you know, I been  
5 fighting cancer for oh, a little better than a  
6 year, and they say oh, you've got the best  
7 kind. You know, it's 80 percent curable.  
8 Well, I ain't reached 80 percent yet. That's  
9 about all I can say.

10 **DR. ZIEMER:** I wonder if some of the NIOSH  
11 staff can make sure we get the information from  
12 Mr. Duncan for the records and whatever was  
13 requested. There's some staffers here that can  
14 help you yet tonight, I think, and try to get  
15 that for you.

16 Actually with the number of people who declined  
17 to -- to speak, we actually have finished the  
18 list here, so I'm going to ask -- there may be  
19 others who didn't sign but that do wish to  
20 speak, and I'll give you the opportunity.  
21 Yes, sir, please approach the mike and give us  
22 your name.

23 **MR. ROYSTER:** My name's Paul Royster. My dad -  
24 - some of y'all might know my dad. His name  
25 was Billy Royster -- George William Royster.

1 He died in 1968. Our claim was denied for --  
2 said it had 48 percent. Some of the things he  
3 was involved in was he was there when the  
4 atomic bomb ground testing in 1957. He was  
5 involved in some experiments where he drank  
6 radiated milk from cows. Frank Munger\* did a  
7 story about this a while back. He had  
8 plutonium spilled on him, that's documented.  
9 It spilled on his hands. That's documented.  
10 Some of his documentation was just hand-  
11 written, you know. He worked at UT Farm and he  
12 also worked at Y-12. He was a health  
13 physicist. We've been involved in the same --  
14 same fight with these other people.  
15 He also had two years of documentation that  
16 couldn't be found from UT Farm. But anyway, he  
17 died in 1968 when I was nine years old. He got  
18 -- my mom got \$25,000 life insurance to raise  
19 five kids, so I'm really here on behalf of my  
20 mom. She hadn't really been involved in this  
21 that much. My brother mainly has been involved  
22 with this, but the case number is 1407 and the  
23 dose reconstruction, 48 percent up to 50, I  
24 don't see how you can vary two percent. There  
25 should be a leniency there, to me. This lady

1           said 45 percent. It seems like there should be  
2           like a five or ten percent one way or the  
3           other, the way I see it.

4           But anyway, I haven't really been involved in  
5           this that much, like I said. My brother has,  
6           but like I said, the experiments with the  
7           radiated milk from the cows and there were five  
8           other people involved in that. I don't know  
9           how long that went on, but -- then when the  
10          atomic bomb was dropped and they just said put  
11          some glasses on and turn your head, you know.  
12          And he died of a brain tumor in 1968, but  
13          that's just -- I just wanted to share that with  
14          you.

15          **DR. ZIEMER:** Thank you very much. Yes, please,  
16          ma'am, if you wish to...

17          **MS. ROBERTSON:** My name is Florene Robertson,  
18          and I'm here on behalf of my husband, who  
19          passed away almost 11 years ago. He passed  
20          away with cancer of the colon and of the liver.  
21          Now he worked at X-10. Some of the people  
22          here may think X-10 is clean, but there are  
23          contaminated areas at X-10. And there was a  
24          night that he worked overtime. In fact, it was  
25          on a Saturday. He went in and worked on

1           Saturday, and he called me and says I'll be a  
2           little late, I'm working over. Okay, he did  
3           not come home until the next morning, Sunday  
4           morning. And he had been there all night long  
5           doing a what they call wash-down. They had to  
6           wash him down, so that man was contaminated.  
7           All right. The fact that I want to tell you  
8           that that area's also contaminated is that they  
9           -- he was on loan at different times. He would  
10          come home and I'd say well, what'd you do  
11          today? He'd say oh, I worked at Y-12. So I  
12          don't have any way of proving that he worked at  
13          Y-12, but he did work at Y-12 and he also  
14          worked at X-10, but he was classified as a  
15          pipe-fitter. And in the area that he worked in  
16          I'm sure was pretty safe, but he did contact  
17          radiation while he was there. Thank you.

18          **DR. ZIEMER:** Thank you. Yes, ma'am, uh-huh.

19          **MS. BURGESS:** Good evening, thank you all for  
20          being here. I'm here --

21          **DR. ZIEMER:** Give us your name, too, for --

22          **MS. BURGESS:** Oh, I'm sorry --

23          **DR. ZIEMER:** -- the record.

24          **MS. BURGESS:** -- my name is Gail Burgess --  
25          Gail Mynant\* Burgess. I'm here on behalf of my

1 father, who I lost 30 years ago to eye cancer.  
2 And I have no guarantee that the records that  
3 you guys are looking at are true, are factual.  
4 I can't get in to see them. They've all been  
5 shredded. They're missing. His medical  
6 records are missing, even at M. D. Anderson  
7 where he went twice. And just as a personal  
8 note, I worked in the field at X-10 for Bechtel  
9 National, and we took samples. I didn't get a  
10 dosimeter for two years. And then when I left  
11 and went back to the tower in Oak Ridge, they  
12 didn't do a full body count, so they don't even  
13 know how much radiation I got.  
14 Tell me now -- you've got me working out there  
15 12 years ago, and then my father working out  
16 there 30-some-odd years, I don't understand how  
17 you people are going to put it all together.  
18 And how can you let this woman and this man  
19 have -- be so close and not be paid? I don't  
20 understand this. There's got to be another way  
21 to do it.

22 **DR. ZIEMER:** Thank you, Gail, and yes, ma'am,  
23 go ahead.

24 **MS. SLACKEY:** My name is Sharon  
25 (unintelligible) Slackey. First of all, I want



1 to say that every one of us wouldn't be here if  
2 we didn't have a story. All of them are alike.  
3 I want to know what are you going to do about  
4 them? Do you have any power at all to do  
5 anything?

6 I had a father who is dead. He died of  
7 cancerous brain tumor. He worked at Y-12.  
8 They said they weren't responsible in the dose  
9 reconstruction. They had many years where he  
10 didn't even have a dosimeter, and yet he  
11 crawled in and out of the pressure vessels at  
12 9-212, and I do know what the pressure vessels  
13 at 9-212 were used for because I had a son that  
14 was there that was regularly exposed. Had he  
15 not died in a single-car accident, he would  
16 have died of cancer also.

17 I have been retired from Y-12 now for about  
18 three years. I have also gone through cancer  
19 and I'll tell you right now they'll probably  
20 turn me down. They turned us down on our  
21 father, and our father had a cancerous brain  
22 tumor while he was working there. They did not  
23 diagnose it until six months before he died.  
24 They didn't know to look for it. But he got it  
25 at Y-12. We all know that.

1 My husband was a subcontractor out there at Y-  
2 12 and did -- was doing a job in the east  
3 ponds. They let the -- turned the water loose  
4 on him and it was hotter than a depot stove.  
5 He was irradiated. He's a three-time cancer  
6 survivor. There's no medical records to back  
7 it up. That all happened a few years ago.  
8 If you guys can do something about these  
9 stories, it'll make these meetings worthwhile.  
10 If you can't, I don't see why you're having  
11 them.

12 **DR. ZIEMER:** Yeah. Thank you. I might -- I  
13 might comment that with -- there is a sense in  
14 which what we're able to do is somewhat  
15 limited, but we are trying to do what we're  
16 able to do, within what the law allows us to  
17 do, to address some of these problems. We're  
18 hopeful that in cases such as yours where there  
19 are missing records that there may be alternate  
20 ways to establish the situation. We will not  
21 always be successful --

22 **UNIDENTIFIED:** (Off microphone)  
23 (Unintelligible) disease, but you know why they  
24 couldn't pay for that?

25 **DR. ZIEMER:** Yeah.

1           **UNIDENTIFIED:** He died in 1981 and he had to  
2 have had the test that was given in 1993.

3           **DR. ZIEMER:** Yeah. Thank you.

4           **UNIDENTIFIED:** You're damned if you do and  
5 damned if you don't.

6           **DR. ZIEMER:** Okay, ma'am -- yes, please.

7           **MS. MILLER:** Hello, my name is Kathy Miller,  
8 and I'm here -- I'm also a retired nuclear  
9 worker, but I'm here on behalf of my father's  
10 claim. And I have -- this is not unfamiliar to  
11 me, having worked in a government facility.  
12 I'm caught in a bureaucratic loophole and no  
13 one will take responsibility between NIOSH and  
14 the Department of Labor, and I thought maybe  
15 you all could find the answer to this question.  
16 My father went straight from the south Pacific  
17 at the end of World War II into work at Y-12,  
18 and he -- this is the week of his 25th  
19 anniversary of his death. He died -- he was  
20 diagnosed at age 54 with multiple myeloma, and  
21 he died be-- when -- he died before he was 60,  
22 he died when he was 59. So my mother was  
23 without his companionship and his help --  
24 earning help and all those things for all those  
25 years, and she filed in November of 2001. And

1 she lasted as long as she could, but she died  
2 about a year ago when she was in her eighties.  
3 So this is my question. My father's record,  
4 I'm told by NIOSH and by the Department of  
5 Labor, has been pulled as part of the special  
6 dose cohort or something along that line  
7 because he came to work at Y-12 in 1945. And  
8 the people who are -- who were -- I believe, is  
9 this correct -- worked for -- entered work from  
10 '43 to '48, those records have been pulled and  
11 set aside to be evaluated separately by the  
12 Department of Labor. Now we've been waiting  
13 since November of 2001 for my father's dose  
14 reconstruction and we don't have it, so now at  
15 the end of September, this law that he was  
16 covered by went into effect, September 25th,  
17 and at that moment or shortly thereafter NIOSH  
18 pulled these records -- I think there's several  
19 hundred of them -- and ceased work on the dose  
20 reconstruction and forwarded them to the  
21 Department of Labor.

22 Okay. They have been there at the Department  
23 of Labor since that time or around the first of  
24 the year -- I know how things -- slowly things  
25 move. At the Department of Labor they tell me

1           they're waiting for guidelines to administer  
2           this Act, and they -- I've tried to find out  
3           who they're waiting on so I could say, you  
4           know, could I get in touch with them, is it a  
5           Congressman, is it a Senator, is it a  
6           committee, is it a staff, what's the situation;  
7           they don't know. And I've called back to NIOSH  
8           and they say no, we're not doing it. So right  
9           now, since September, all these several hundred  
10          have just been sitting there, nothing's being  
11          done on them. And I've called about every two  
12          weeks since I found this out, and the  
13          Department of Labor has no new information.  
14          So I got really frustrated about two weeks ago,  
15          went to Senator Lamar Alexander's office and a  
16          staff person there has been very kind and been  
17          trying to help me, and she's been unable to  
18          find out.

19          So my question is, I'm willing to push on  
20          somebody to do something if I know who it is  
21          and where to go.

22          **DR. ZIEMER:** Let's see if we can find someone  
23          who at least knows where she should be  
24          directed, either --

25          **MS. MILLER:** I think there's 800 cases involved

1 in this.

2 **DR. ZIEMER:** Okay, right -- right here in the  
3 back, from NIOSH --

4 **UNIDENTIFIED:** (Off microphone)  
5 (Unintelligible)

6 **DR. ZIEMER:** -- or Department of Labor -- we  
7 have both NIOSH and Labor here --

8 **MS. MILLER:** Okay, thank --

9 **DR. ZIEMER:** -- and at least someone that is in  
10 the position to answer that question. Thank  
11 you.

12 Okay, ma'am, please.

13 **MS. HOLT:** My name is Faye Holt. I lost my  
14 husband in 1954 with cancer. And I'm concerned  
15 who pays the salary for you guys to be here?

16 **DR. ZIEMER:** Let me address that --

17 **MS. HOLT:** Would all of you --

18 **DR. ZIEMER:** No -- yes.

19 **MS. HOLT:** -- like to know?

20 **DR. ZIEMER:** Yes, you would like to know that.  
21 First of all, let me tell you that it does not  
22 come out of the pot of money that's used to pay  
23 claims. No, some people think that their claim  
24 money is being used to pay people such as us.  
25 It -- that's a separate pot of money and that -

1 - that money is there, regardless of whether or  
2 not, for example, this Board meets.

3 These Board members are on the federal --  
4 they're considered special federal employees.  
5 We get paid the federal consulting rate, which  
6 I can tell you is about one-tenth of the  
7 commercial rate, and I don't know what -- I'll  
8 tell you what I made this year in serving on  
9 this Board. I made \$5,500.

10 **MS. HOLT:** Well, you have -- all of you have  
11 jobs and you're just --

12 **DR. ZIEMER:** I'm retired.

13 **MS. HOLT:** -- volunteering to do this?

14 **DR. ZIEMER:** I'm retired. I'm retired, so I  
15 supplemented my -- my Social Security by that  
16 amount. And --

17 **MS. HOLT:** None of you then are employed by  
18 NIOSH or DOL?

19 **DR. ZIEMER:** No. No.

20 **UNIDENTIFIED:** (Off microphone)

21 (Unintelligible)

22 **DR. ZIEMER:** Well, Lew -- Lew Wade is a  
23 Designated Federal Official, which is a federal  
24 requirement for this --

25 **MS. HOLT:** You're with NIOSH, correct?

1           **DR. WADE:** Yes.

2           **MS. HOLT:** Well, I have a question for you.

3           How can you do dose reconstruction on an

4           employee if you do not know whereabouts, what

5           building -- you know they worked at Y-12, K-25

6           and X-10, but you don't know whereabouts and in

7           what building they worked? Then how can you do

8           dose reconstruction based on coworker

9           comparison? There's no way you can do it if

10          you don't know where the man worked. He could

11          have worked up in a ceiling, he could have

12          worked under the floor. Where are you going to

13          go to get someone to compare with his case,

14          with his --

15          **DR. ZIEMER:** Let me take --

16          **MS. HOLT:** -- (unintelligible) --

17          **DR. ZIEMER:** -- Mr. (sic) Wade off the hook

18          because he is not actually a member of this

19          Board, nor is that his area of expertise. But

20          --

21          **MS. HOLT:** Well, is (unintelligible) --

22          **DR. ZIEMER:** -- in fact --

23          **MS. HOLT:** -- can answer that?

24          **DR. ZIEMER:** -- in fact, the challenge -- the

25          challenge that NIOSH has is to do what you



1 described, and if they are not able to do that,  
2 then --

3 **MS. HOLT:** They estimate.

4 **DR. ZIEMER:** Well, if they --

5 **MS. HOLT:** Yes.

6 **DR. ZIEMER:** -- if they estim-- if they cannot  
7 estimate within reasonable scientific bounds,  
8 and one of the jobs of this committee is to ask  
9 that question, whether they are in fact doing  
10 that, and if they're not able to reconstruct  
11 doses or make a scientifically-defendable  
12 estimate, then they have to --

13 **MS. HOLT:** They assume --

14 **DR. ZIEMER:** -- place -- they have to place the  
15 individual in what is called the Special  
16 Exposure Cohort. And of course that really is  
17 the issue that is being --

18 **MS. HOLT:** But how can they assume --

19 **DR. ZIEMER:** -- being struggled with with Y-12  
20 is in fact can -- can what you describe be done  
21 --

22 **MS. HOLT:** But how --

23 **DR. ZIEMER:** -- yeah.

24 **MS. HOLT:** -- can they assume that he can be  
25 compared to Joe Brown when they don't know

1           where he worked?

2           **DR. ZIEMER:** That is -- that indeed is the  
3 challenge. And if it can't be done --

4           **MS. HOLT:** Well, they say they know he had  
5 various exposure to radiation, but they don't  
6 know where he worked. So now how do they know  
7 he had various exposure?

8           **DR. ZIEMER:** Well --

9           **MS. HOLT:** I mean, you know, there needs to be  
10 --

11          **DR. ZIEMER:** -- we -- we --

12          **MS. HOLT:** -- some answers.

13          **DR. ZIEMER:** Actually -- and the answer is  
14 actually fairly lengthy, but --

15          **MS. HOLT:** Well, I've got all the time you  
16 want.

17          **DR. ZIEMER:** -- but what I was going to suggest  
18 -- what I was going to suggest is that we could  
19 -- we could take some time and ask, for  
20 example, one of the NIOSH people to give a  
21 quick overview of that process, if the group  
22 would like to do that. We --

23          **MS. HOLT:** Well, all of the people that are  
24 here tonight, we didn't come up here for a  
25 picnic or a piece of coffeecake and --

1           **DR. ZIEMER:** Understood.

2           **MS. HOLT:** -- a cup of coffee. We came up here  
3 to get some things done.

4           **DR. ZIEMER:** Right.

5           **MS. HOLT:** Well, evidently you all are not  
6 doing any more than what the letters say that  
7 we get, so why come to a meeting? Right?

8           **DR. ZIEMER:** I'm wondering if --

9           **MS. HOLT:** Is everyone in agreement?

10          **DR. ZIEMER:** I'm wondering if Jim Neton --

11          **MS. HOLT:** What we all need to do is join --

12          **DR. ZIEMER:** I'm going to -- I'm going to put  
13 Mr. (sic) Neton on the spot. Dr. Neton is the  
14 -- sort of the chief guy for NIOSH for dose  
15 reconstructions, and he will describe briefly -  
16 -

17          **MS. HOLT:** He's doing a terrible job.

18          **DR. ZIEMER:** Well --

19          **MS. HOLT:** No one is doing anything.

20          **DR. ZIEMER:** Well, okay, but let me tell you --  
21 let me tell you, in defense of NIOSH -- and  
22 again, I don't work for NIOSH -- that they have  
23 in process something like 20,000 individual  
24 claims. They have -- they have done dose  
25 reconstructions on a little more than half of

1           those already, and obviously not everybody is  
2           successful in their claim, as you might expect.  
3           Some are turned down and some are not. But in  
4           any event, they do --

5           **MS. HOLT:** (Off microphone) Why don't they say  
6           (unintelligible) --

7           **DR. ZIEMER:** -- they do have --

8           **MS. HOLT:** -- (unintelligible), why don't they  
9           say (on microphone) we do not know whether this  
10          man was exposed? We know that this man was  
11          exposed. We know that this man died at the age  
12          of 24, after he was exposed. What else do you  
13          need?

14          **DR. ZIEMER:** Our Congressmen have put in place  
15          a law which mandates certain steps that we must  
16          follow legally. We cannot simply say someone  
17          worked at Oak Ridge and therefore they are  
18          entitled to this. That's not the way --

19          **MS. HOLT:** I thought the President --

20          **DR. ZIEMER:** -- the law is written.

21          **MS. HOLT:** I thought President Reagan put that  
22          into effect.

23          **DR. ZIEMER:** Well --

24          **MS. HOLT:** (Off microphone) We don't need to be  
25          here (unintelligible) Washington. Right?

1           **DR. ZIEMER:** Sure. Yeah, understood. We --

2           **MS. HOLT:** (Off microphone) (Unintelligible) be  
3 there when the (unintelligible) --

4           **DR. ZIEMER:** We -- sure. We -- this group is  
5 doing the best it can to carry out what we are  
6 legally required to do, as is NIOSH.

7           **MS. HOLT:** Okay, then why are --

8           **DR. ZIEMER:** We understand --

9           **MS. HOLT:** Why are you here tonight then? What  
10 are you here for?

11           **UNIDENTIFIED:** To listen.

12           **UNIDENTIFIED:** To listen.

13           **DR. ZIEMER:** We are here to listen tonight,  
14 insofar as we are -- our responsibility -- you  
15 perhaps weren't here when we talked earlier,  
16 but the responsibility of this Board is to  
17 review what NIOSH is doing in dose  
18 reconstruction --

19           **MS. HOLT:** We all know what they're doing.

20           **DR. ZIEMER:** -- and inso--

21           **MS. HOLT:** Why send you all here to tell us?

22           **DR. ZIEMER:** It -- we're here to advise the  
23 Secretary of Health and Human Services, but in  
24 the process, we do -- we do like to get  
25 information from people such as yourself, which

1 -- which points out -- and all of this -- all  
2 of this information is -- goes into the public  
3 record that points out the frustrations that  
4 many of you feel. That's an important  
5 component. We need to -- we need to make that  
6 information known, in some cases to Congressmen  
7 'cause they are listening, too, and they --  
8 they know these frustrations. And if the law -  
9 -

10 **MS. HOLT:** Evidently no one --

11 **DR. ZIEMER:** -- if the laws need to be changed  
12 --

13 **MS. HOLT:** -- no one is listening.

14 **DR. ZIEMER:** Well, we're -- we're hopeful that  
15 they -- that they will. And if the laws need  
16 to be changed, that process, you know, can go  
17 forward. But it -- it obviously is a  
18 frustrating one. You know, I -- I can tell you  
19 that even the Board -- we -- we share some of  
20 those frustrations, trying to do what we're  
21 legally required to do. But I recog-- I  
22 recognize what you're saying and, you know, we  
23 really will -- are trying to do what we can to  
24 -- to address those issues. They are very,  
25 very difficult -- very difficult, and -- and

1 we're not saying that it's easy, particularly  
2 in these cases where we really don't know. If  
3 we don't know and can't find coworkers or  
4 someone or groups that represent that person,  
5 and when they do they make what are called  
6 claimant-favorable -- you may not --

7 **MS. HOLT:** All of these people fell through the  
8 cracks. There's nothing left.

9 **DR. ZIEMER:** Well, we -- yeah, we hope that  
10 doesn't occur. We're trying to prevent that,  
11 really, yeah, but -- thank you.

12 **MS. HOLT:** (Off microphone) All of you need to  
13 this book I've got back here with all  
14 (unintelligible) and all of us get together and  
15 go to whoever and if we have a thousand or a  
16 hundred signatures, we can get a lot done. And  
17 (unintelligible) back here (unintelligible)  
18 name and phone number down, we will all get  
19 together.

20 **DR. ZIEMER:** Yeah. Well, you're quite right,  
21 and it doesn't -- it never hurts to organize.  
22 Are there others who wish to address -- yes,  
23 please.

24 **UNIDENTIFIED:** I just want to make one  
25 statement.

1           **DR. ZIEMER:** Yeah.

2           **UNIDENTIFIED:** I know a lady in this town  
3           that's already been -- got her settlement. She  
4           got it within three months, and this lady over  
5           here said that from -- it took from 2001 to  
6           2006 to get rejected. That doesn't make sense.

7           **DR. ZIEMER:** No, it doesn't. All right. The  
8           lady here, and then the gentleman.

9           **MS. LONG:** My name is Lindsay Long. I've got -  
10          -

11          **DR. ZIEMER:** I'm sorry, could you give it  
12          again?

13          **MS. LONG:** Lindsay Long.

14          **DR. ZIEMER:** Okay.

15          **MS. LONG:** And I've got a couple of questions  
16          for NIOSH. Is -- when the NIOSH interviewers  
17          call us and they do our interview, they want to  
18          hurry you up because you're taking too long to  
19          explain things to them, or you're asking them  
20          too many questions. They say we've got another  
21          interview here in another hour. I don't  
22          appreciate being hurried on and passed on to  
23          the next person.

24          When you're tak-- having your appeals hearing,  
25          they're trying to push you on and hurry you up



1           because they've got somebody else in an hour.  
2           I don't appreciate that, either.  
3           I'd like to know why there's no written record  
4           of the appeals hearing. The stenographer does  
5           her work, she doesn't type anything down, she  
6           puts it on a cassette and then she hands it to  
7           the hearing officer. She doesn't even get to  
8           see what she's recorded. It goes somewhere  
9           else. Why there's no official record, like  
10          there would be in most courts, if this is an  
11          official hearing?

12          **DR. ZIEMER:** I don't know the answer to that.  
13          I think that you may be talking about a  
14          Department of Labor hearing. Is that correct,  
15          not a NIOSH -- yeah -- yes.

16          **MS. LONG:** I'd also like to know why, when  
17          we're -- it may not be your issue, but that we  
18          -- under the Freedom of Information Act, we  
19          request log books and we can't get copies of  
20          these records. We keep hitting brick walls,  
21          even though we know where they exist, we know  
22          where they are when we request them and we can  
23          say where they are, but we still can't get  
24          them. Why are we still hitting brick walls  
25          from the Department of Energy?

1           **DR. ZIEMER:** I don't know the answer to that,  
2           either. I do know that this Board has had  
3           difficulty getting things from the Department  
4           of Energy, also.

5           **MS. LONG:** Thank you.

6           **DR. ZIEMER:** Yes, sir -- come -- come to the  
7           mike, please, so we can record.

8           **UNIDENTIFIED:** I just found out about this  
9           meeting a little while ago so I'm really not  
10          prepared.

11          I worked at Y-12 --

12          **DR. ZIEMER:** What's your name, sir?

13          **MR. O'NEAL:** Earl O'Neal.

14          **DR. ZIEMER:** O'Neal?

15          **MR. O'NEAL:** O'Neal, O-n-e-a-l. I left in '86  
16          and I went to work for nuclear power plant, so  
17          my first job was down at Barrett Power Plant in  
18          Georgia. And they asked me if I ever worked in  
19          nuclear and I told them yes, I worked at Y-12.  
20          And they said what's your dose rate? I said I  
21          have no idea, they never told me. And so he  
22          said -- this is the NRC guy -- now he says I'll  
23          find out. I said good -- good luck. I said  
24          nobody else can find nothing out up there. So  
25          I seen him a couple weeks later -- I already

1           went to work and everything -- and I asked him,  
2           I said now, what -- what's my dose rate? He  
3           said I don't know. I said why not? He said  
4           they won't give it to us. And I said well, I  
5           thought you said you was NRC, that you could  
6           get anything. And he said well, we thought we  
7           could, but he said we -- we can't and he said  
8           we -- we're going to start you with a zero dose  
9           rate. And so I worked 25 nuclear power plants  
10          so I still -- I got dose now from that, plus  
11          what I got over there that they wouldn't even  
12          tell me about. But that's who you're working  
13          against.

14         **DR. ZIEMER:** Yeah.

15         **MR. O'NEAL:** Is people that knows how to  
16          shuffle things and hide things. So I just  
17          wanted to get in my piece -- and I been  
18          fighting them since '87.

19         **DR. ZIEMER:** Okay, thank you. Yes, ma'am.

20         **MS. BOINET:** My name's Diane Boinet. My  
21          brother, Maurice Anthony Fitzpatrick, died  
22          January the 25th, 2001. He worked at Y-12  
23          plant for 27 years. I think the last time --  
24          last job he had out there he was a expediter  
25          and he died with cancer. Okay. He had never

1           been married before, no kids or anything. My  
2           mother would have benefit from the program, but  
3           she died December the 18th, 2004, and I got a  
4           letter from NIOSH in January the 25th, 2005  
5           that he had a 50 percent greater that he had  
6           received his cancer from the plant, and that's  
7           what I'm saying. It took so long, my mother  
8           was eligible for it but she died, but the  
9           program been such a hold-up and, you know,  
10          people are dying off and my brother died a  
11          awful death but no one will receive any money  
12          because he had -- he's never been married and  
13          no kids at all. And you know, I just -- it's  
14          just sad that he had to die this way and nobody  
15          would be able to get the money. But his -- his  
16          cancer -- they did say it was 50 percent  
17          greater that he received his -- his cancer from  
18          working at Y-12 plant. I'm just saying, you  
19          know, and I know how some other people feel,  
20          too, about the delay and stuff, people dying  
21          off.

22          **DR. ZIEMER:** Right.

23          **MS. BOINET:** Okay, thank you.

24          **DR. ZIEMER:** Thank you. Yes, ma'am.

25          **MS. MOODY:** I'm Shirley Moody, and I'm here for

1 my husband, Earl Moody, who passed away April  
2 the 29th, 2001. He worked at Y-12 almost 20  
3 years. He died of colon cancer. I have been  
4 denied. He was in maintenance, which he worked  
5 in nearly every plant, every building at Y-12 -  
6 - around the ponds repairing fences, steam  
7 plants, rad houses. And I got a letter last  
8 week, they've reopened my claim, but they want  
9 me to have medical records from his doctors  
10 saying that his cancer was caused by radiation,  
11 which no doctor -- they have told me that they  
12 cannot prove that. So what do I do after the -  
13 - now?

14 **DR. ZIEMER:** Okay. Again, you probably need to  
15 get Ms. Moody with one of our claim people. I  
16 think -- are they in the corridor still? To  
17 get some -- we'll get some information for you  
18 on next steps for you.

19 **MS. MOODY:** Okay, thank you.

20 **DR. ZIEMER:** Yeah, thank you. Who's back  
21 there?

22 (Pause)

23 Stu Hinnefeld, can you direct Ms. Moody here?  
24 Ms. Moody, look behind you there. See Mr.  
25 Hinnefeld there? Get with him and get -- she

1 needs some information.

2 **MR. HINNEFELD:** Okay.

3 **DR. ZIEMER:** Yeah. Okay, sir?

4 **MR. BROWN:** I'm Dennis Brown. I'm representing  
5 -- for my mother on behalf of my father. He  
6 died back in 1980, worked at K-25 30-some-odd  
7 years. I was there when my dad took his last  
8 breath in 1980, you know. He was -- many  
9 months at Four Centers\* Hospital. Me and my  
10 brother in college, two younger siblings at  
11 home, spent a lot of days and nights at the  
12 hospital. We'd rotate nights. My mother would  
13 stay during the day while we'd go work out for  
14 college, but like a lot of these people --  
15 folks here today, percentage shouldn't matter.  
16 One percent is too much, you know. These folks  
17 that have 45 percent, 40 percent, whatever,  
18 this -- this shouldn't be a case scenario  
19 whatsoever. I know you have guidelines and  
20 everything to go by, but again, he died of  
21 liver cancer -- covered with liver cancer.  
22 Thirty-some-odd years, you're talking about --  
23 and my dad wasn't nobody big. He was a blue-  
24 collar worker, but he loved what he did. A lot  
25 of people loved him, you know. He was there

1 every day, very punctual, very reliable, and he  
2 was -- he was -- like I said, he was a janitor  
3 supervisor, you know, with five kids to raise.  
4 My point to you guys is, or my question is, I'm  
5 not too happy with your interactions -- you  
6 know, this is what I get from y'all for the  
7 last three years. I could probably cover Oak  
8 Ridge with the paperwork that I have. It seems  
9 like every -- every paper, they come up with a  
10 different scenario, something different every  
11 time. Like the lady said a while ago, the  
12 thing keeps dragging on and on and on.  
13 My mother -- she wasn't concerned with this. I  
14 don't know what -- what year did this start,  
15 the re-- reconstruction dose, what year was  
16 that you guys --

17 **DR. ZIEMER:** It really started in 2001 is when  
18 NIOSH got underway. I think the law -- the law  
19 went into place earlier, but it wasn't --

20 **MR. BROWN:** And her thoughts to us --

21 **DR. ZIEMER:** Yeah.

22 **MR. BROWN:** -- we tried to get her to -- you  
23 know, to go ahead and buy into this thing.  
24 It's not going to bring him back, that's what  
25 she told us.

1           **DR. ZIEMER:** Yeah.

2           **MR. BROWN:** You know, it's not going to bring  
3 him -- so she wasn't too interested in -- into  
4 dollars or whatever. It wasn't till -- we was  
5 a late bloomer into this thing. It's been two  
6 years ongoing, two or three years ongoing. It  
7 was then a pastor talked her into coming up  
8 here to try to do something about it.  
9 But what I'm saying is, guys, it's a small  
10 price to pay. My dad was 51 years old when he  
11 died, 30-something years at the plant -- 30-  
12 some-odd years plus. I remember when I was a  
13 freshman in college, I got his watch for 30  
14 years of business, you know, at the plant and  
15 everything. But 15 years of his life, the rest  
16 of it was spent in Oak Ridge. You know, 51  
17 years old is how old he was when he died in  
18 1980. So I think y'all need to be -- instead  
19 of the paperwork, I think you need more  
20 interaction, a lot of one-on-one with people  
21 that does have these claims. And you know, let  
22 them know that you care. This paperwork don't  
23 mean nothing to me. And I think I'm speaking  
24 for all these folks, you know.

25           **DR. ZIEMER:** Sure, understood. Uh-huh.



1           **MR. BROWN:** If you try to interact with us,  
2 we'll -- everything'll be a lot better. It's a  
3 small price to pay for 30-something years of  
4 service.

5           **DR. ZIEMER:** Yes, sir. Thanks. Yes, ma'am,  
6 sure.

7           **MS. MCKEETHAN:** Hi, I'm Diane McKeethan\*. I'm  
8 pretty sick, and I was pretty sick about 12  
9 years ago when I worked. And before the Act  
10 was ever signed I'm pretty sure I was -- I had  
11 a dose, okay. I don't know what it is, but I  
12 did inventory, so I know I -- I was hot.  
13 Anyway, I want to know what we, as a group, can  
14 do to help you guys, 'cause you're people, too.  
15 And I know you see the human suffering.

16           **DR. ZIEMER:** Yes.

17           **MS. MCKEETHAN:** And I just wonder what we can  
18 do, as a group, because sometimes it takes the  
19 power of the people to get behind you.

20           **DR. ZIEMER:** Right.

21           **MS. MCKEETHAN:** So please tell us --

22           **DR. ZIEMER:** Yes.

23           **MS. MCKEETHAN:** -- please.

24           **DR. ZIEMER:** One -- one starting point of  
25 course is sharing what -- as you have tonight.

1           That is in fact helpful for the process. It  
2           may seem frustrating, but it does have an  
3           impact. It has an impact on the actions of  
4           this Board. It has an impact on the federal  
5           staff people who operate the programs. They're  
6           not all cold-hearted, really. And it does have  
7           an impact I think on your legislators, who  
8           really determined the ground rules on which we  
9           operate. So that's a starting point.

10          Some groups do find it helpful to organize in  
11          certain ways, particularly if there's some  
12          political aspects that you need to -- to  
13          address. But I -- you know, I can't -- I don't  
14          want to get into that aspect myself, but you  
15          know, what you're doing already is helpful to  
16          us and we appreciate it.

17          **UNIDENTIFIED:** (Off microphone)  
18          (Unintelligible) like a petition  
19          (unintelligible) petition (unintelligible) or  
20          (unintelligible) organization?

21          **DR. ZIEMER:** Well, of course there already is a  
22          Y-12 petition that's under review, so that --  
23          that is in process right now. What you're --  
24          what you're doing here -- this information gets  
25          shared and actually gets tracked to see -- for

1           example, issues that are being raised about  
2           paperwork and so on, the -- the agency and its  
3           contractor actually track this information and  
4           try to determine how to address it, so that's  
5           helpful, as well.

6           And sir, I think you indicated you wished to  
7           address the group.

8           **MR. SCOTT:** My name's Frank Scott. I'm the  
9           president of Local 900 in Oak Ridge. I'm  
10          working on my 30th year at the Y-12 plant. I  
11          was a chemical operator for 16 years in the 9-  
12          212 area. I'm happy to report, as far as I  
13          know, I'm in great health right now, so I'm not  
14          here to talk about my health.

15          But the dose reconstruction -- I have been  
16          involved in very -- probably more accidents in  
17          the Y-12 plant than most people have when I was  
18          in chemical operations, and some pretty serious  
19          things went on. And I can remember a fire that  
20          I was involved in where myself and some  
21          coworkers were involved in a chip fire where  
22          the whole room was full of contaminated smoke,  
23          and one of those coworkers today I understand  
24          has some very serious health problems. So you  
25          know, I expect somewhere down the road I may

1           have some, too.

2           But this dose reconstruction, to think that you

3           guys can figure out how much I've had since

4           I've been out there, no way. No way.

5           Do I have confidence that the folks out there

6           have -- have gave you accurate records, even

7           the ones that you do get? No way. No way.

8           I have what is considered now probably as a --

9           as -- if -- the people out there, when you get

10          your dose record every year, most of them is

11          going to read zero. Mine don't read zero.

12          Mine reads around 300 or so, which -- which

13          even to you all, that ain't a big number. But

14          I also was involved in a program back in the

15          mid-'80s -- I was a volunteer for RadCon,

16          believe it or not, to -- their -- their effort

17          was to prove that there was no insoluble

18          uranium in the Y-12 plant so we could do less

19          testing on people for contamination purposes --

20          urinalysis, as a matter of fact. And I regret

21          that I was a part of that study because what it

22          resulted in is -- is they went from a monthly

23          urinalysis to -- to doing a urinalysis whenever

24          you went to a rad area. And shortly after

25          that, I was a representative of the chemical

1 operators at that time, and shortly after that  
2 I had a man come up with unexplained Y material  
3 in him, which is what we just proved we didn't  
4 have any in Y-12.

5 So do I have any faith in what's going on out  
6 there? No. No.

7 Do I feel like that we've had skewed records  
8 because of people trying to make sure that --  
9 that the folks look good that's in charge of  
10 the plant? Yes.

11 If I'm a contractor and I'm out there and I get  
12 numbers coming at -- going at DOE saying we've  
13 got this person radiated this much, this much,  
14 this much, and then I've got to turn around and  
15 the folks that work -- that work for me and  
16 their pay raises -- you know, I'm -- I'm  
17 responsible for pay raises, they're going to --  
18 they're going to skew numbers, and they do, and  
19 they have, and they will.

20 My -- my saying is you will -- you will not get  
21 an accurate reading. I also say if anybody's  
22 really interested in what's going on with our  
23 health out there, that we'll separate that and  
24 put that under the Department of Health, get it  
25 out from under the money that -- that's -- that

1           it -- then it probably will help that issue.  
2           Thank you very much.

3           **DR. ZIEMER:** Okay. Thank you. Yes, ma'am, uh-  
4           huh.

5           **MS. MANER:** (Unintelligible) microphones, but  
6           I'm Valerie Maner and this is my father, Ralph  
7           Delozier. I am a medical technologist and I  
8           specialized in nuclear medicine. I deal with  
9           radiation badges every single month. I -- we  
10          haven't dealt with this reconstruction thing  
11          because we're not there yet. There's no way  
12          you can take -- like he was an engineer. He  
13          would go out in the plant. You can't take  
14          another engineer and make it the same. They  
15          don't do the same things. My heart goes out to  
16          these people 'cause you cannot reconstruct an  
17          individual's radiation. You can't do it. You  
18          cannot do that, and you know that. You're a  
19          physicist. Right? You know you can't do that.  
20          I know you can't do that. It's not fair.

21          **DR. ZIEMER:** Thank you. Ma'am, did you --

22          **UNIDENTIFIED:** I just want to ask a question.

23          **DR. ZIEMER:** Would you approach the mike again?  
24          Sorry to make you squeeze out of there, but we  
25          do need to get your name and be able to hear.

1           **MS. FOSTER:** I'm Ellen Foster. I'm here on  
2           behalf of my father. He was turned down after  
3           fighting for three years, and I got a letter in  
4           December and it said I may have -- I may  
5           request a reconsideration. It says such a  
6           request must be -- must be in writing and must  
7           be made within 30 days of issuance of this  
8           decision. It was clearly -- it must clearly  
9           state the grounds upon which reconsideration is  
10          being requested. The request for re-- for  
11          reconsideration should be sent to the  
12          Department of Labor.

13          If there's anyone here tonight from the  
14          Department of Labor, I would like to talk to  
15          them.

16          **DR. ZIEMER:** Sure, there are Department of  
17          Labor folks here. They may be in the corridor.

18          **DR. NETON:** Out in the hall.

19          **DR. ZIEMER:** In the hallway? Jim, can you  
20          direct Ms. -- is it Foster -- to someone from  
21          Labor --

22          **MS. FOSTER:** Also, and employee of NIOSH told  
23          me the last time I talked to her that from 1959  
24          until 1961 they did not wear badges at Y-12,  
25          and my father was there. So he died of cancer,

1 but I've been denied after three years. I  
2 worked there in the guard department. I was  
3 injured and I -- I got hurt and they -- and  
4 they say, you know, I had a body count. I  
5 never had a body count and I was all over the  
6 plant. I crawled around the attics, I crawled  
7 around everywhere, in -- in the buildings that  
8 they said was really hot, but I never had a  
9 body count. I never had any kind of -- of  
10 count. When I left there I didn't even have a  
11 physical, so --

12 **DR. ZIEMER:** What years were you there?

13 **MS. FOSTER:** I was there from 1979 to 1990.

14 **DR. ZIEMER:** From 1979.

15 **MS. FOSTER:** And I didn't have a physical when  
16 I left there so they don't know what I left out  
17 of there with. So -- but I ha-- I do have  
18 thyroid problems. I'm now a diabetic, and my  
19 husband was there during the -- during the war.  
20 He -- he was a -- he was a chemist. He was  
21 supervisor out there, and now he's got  
22 Alzheimer's (sic) and he's also lost his  
23 hearing. They say they don't pay for the  
24 hearing loss, but we spent four hours in  
25 Knoxville when we got this letter saying we



1           should have the examination. Well, they said I  
2           didn't have anything, but I do have diabetes  
3           and I have -- I have a thyroid problem, but I  
4           didn't have it until I left there. But what is  
5           going to become of this -- of this thing --  
6           this examination where they took it over in  
7           Knoxville from ATLC? Can anyone give me an  
8           answer?

9           **DR. ZIEMER:** I don't know, but if you -- if you  
10          raise that issue with -- Mr. (sic) Neton can  
11          perhaps direct you to where to find the answer  
12          -- yes. We'll -- we'll try to help find what  
13          you need.

14          **MS. FOSTER:** Thank you.

15          **DR. ZIEMER:** Yeah. Yes, ma'am.

16          **MS. ALLEN:** I'm Janice Allen and I'm acting on  
17          behalf of my mother, Nancy Thomas. We -- my  
18          mother was diagnosed with breast cancer and she  
19          had 14 cancerous tumors in her lymph nodes.  
20          They had to be removed in 2000 and we applied  
21          in 2001 and they turned us down in 2004. Well,  
22          since then she's done -- from the breast cancer  
23          and the cancerous lymph nodes, it's done  
24          spread. She has liver cancer, she has bone  
25          cancer, it's in her brain and everything.

1 Well, they turned us down and I called and  
2 asked them, you know -- you know, that's the  
3 reason why it's -- spreads, it's from the  
4 breast cancer and the lymph nodes cancer, and  
5 they said well, they doubt very seriously if I  
6 could reapply because that's a different case.  
7 So what are you supposed to do if they turn you  
8 down, they think -- I mean cancer is cancer.  
9 Once you got it and it spread throughout your  
10 body and -- but they're saying like well, you  
11 know, that's -- that didn't happen 'cause of  
12 that. And they said because of the breast  
13 cancer, because the lymph node cancer, it  
14 wasn't enough doses, so now that it's all  
15 through her body and she's on hospice and all  
16 that, they're saying like well, it's nothing --  
17 no big deal, really, is what they're saying.

18 **DR. ZIEMER:** I don't think we know the answer  
19 to that here at the Board table, but on  
20 specific cases like that, again, you need to  
21 get with one of the caseworkers and have them  
22 follow up to see if there is an opportunity for  
23 that to be considered.

24 **MS. ALLEN:** Thank you.

25 **DR. ZIEMER:** Yes. Sir, another comment?

1           **MR. DISHMAN:** Could I --

2           **DR. ZIEMER:** Yes.

3           **MR. DISHMAN:** Could I ask the question of who -  
4           - is it Energy or Labor that is abusing these  
5           people on this reconstruction? Is it Energy  
6           Department or is it the Labor Department? I  
7           know --

8           **DR. ZIEMER:** You'll put me on the spot.

9           **MR. DISHMAN:** -- you see, that's the problem.

10          **DR. ZIEMER:** I don't -- I don't know the --

11          **MR. DISHMAN:** It's to --

12          **DR. ZIEMER:** -- answer to that, I --

13          **MR. DISHMAN:** -- keep the hat away from these  
14          people --

15          **DR. ZIEMER:** No, no.

16          **MR. DISHMAN:** -- you know.

17          **DR. ZIEMER:** We're -- we're trying --

18          **MR. DISHMAN:** It's hide the hat.

19          **DR. ZIEMER:** We are trying to find the  
20          information that can be used for this --

21          **MR. DISHMAN:** But surely you know if we're --  
22          when they protest, and they protest too little,  
23          should they protest to the Labor Department or  
24          the Energy Department? We hope the Labor  
25          Department cares more about them than the

1 Energy Department because they've been down  
2 that road and there's big ol' ruts running in  
3 that road.

4 **DR. ZIEMER:** Yeah, yeah, I understand. I don't  
5 --

6 **MR. DISHMAN:** But where does the buck stop?

7 **DR. ZIEMER:** Yeah, I don't --

8 **MR. DISHMAN:** The buck's got to stop somewhere.

9 **DR. ZIEMER:** Yeah, I don't know the answer to  
10 that. We're -- we're trying to address what we  
11 can. We -- we've heard many concerns here  
12 tonight. We will -- you know, we're trying to  
13 address those. I don't know how effective we  
14 will be, but we will try. That's all I can do  
15 -- tell you tonight, you know.

16 **MR. DISHMAN:** But we -- but we don't know what  
17 Department we're --

18 **DR. ZIEMER:** And I'm --

19 **MR. DISHMAN:** -- having problems with.

20 **DR. ZIEMER:** -- I'm not sure. You know, if I  
21 said one or the other --

22 **MR. DISHMAN:** Does some of our Board members  
23 know?

24 **DR. ZIEMER:** No. Well, you know, it's like  
25 who's to blame for -- I mean --

1           **MR. DISHMAN:** If you can't figure out who to  
2 blame --

3           **DR. ZIEMER:** Well, you know, the --

4           **MR. DISHMAN:** -- you can't get results.

5           **DR. ZIEMER:** The problem is a complex problem  
6 that has grown up over the years. I mean --

7           **MR. DISHMAN:** Well, we agree.

8           **DR. ZIEMER:** -- all of you folks -- all of you  
9 folks -- and us, most of us have had nuclear  
10 experience -- we -- we entered -- we entered  
11 these fields really, in a sense, on behalf of  
12 our country. All of you were, in a sense,  
13 volunteering, in many cases. You now see that  
14 you didn't know fully perhaps what the risks  
15 were that you were facing, and -- and I'm not  
16 even sure the agencies at that time knew those  
17 themselves, and that's probably part of the  
18 problem. They didn't monitor appropriately, by  
19 today's standards. And we're going back and  
20 trying to correct mistakes of the past, and  
21 it's very difficult to do, very difficult to --

22           **MR. DISHMAN:** Please let the record show that  
23 no one knew what Department this falls under.

24           **DR. ZIEMER:** Well, we know who has certain  
25 responsibilities. You asked who's to blame for

1 the problems --

2 **MR. DISHMAN:** Well, who has responsibility for  
3 the dose reconstruction?

4 **DR. ZIEMER:** NIOSH is responsible for  
5 conducting dose reconstructions.

6 **MR. DISHMAN:** Is that under Labor?

7 **DR. ZIEMER:** No, that's under Health and Human  
8 Services.

9 **MR. DISHMAN:** Health and Human Services.

10 **DR. ZIEMER:** Right.

11 **MR. DISHMAN:** It's not under --

12 **DR. ZIEMER:** Labor -- Labor's responsible for  
13 verifying certain things -- the medical  
14 records, the employment records and doing the  
15 determination of probability of causation. So  
16 those responsibilities are split. Department  
17 of Energy has the responsibility for providing  
18 records, and we're aware of your concern about  
19 the records. So it's split up.

20 **MR. DISHMAN:** And that's why we can't ever --

21 **DR. ZIEMER:** We understand.

22 **MR. DISHMAN:** Thank you.

23 **DR. ZIEMER:** A gentleman over here on my left.

24 **MR. RUSSELL:** My name is M. L. Russell. My  
25 previous badge number's 29562. I'm a sick





















1 research on this, as you can see. I work in  
2 the medical field, and my father had metastatic  
3 adenocarcinoma of the rectum. He didn't have  
4 just a few sites, but he had five primary sites  
5 of cancer. And you know, based on data from  
6 the American Cancer Society, cancer facts and  
7 figures 2005, the probability that cancer will  
8 result from radiation exposure increases as the  
9 dose increases. And NIOSH dosimetry  
10 calculations for my father, based on their  
11 findings, the District Office calculated the  
12 probability of causation for rectal cancer and  
13 determined that the probability that the cancer  
14 was caused by exposure to radiation during  
15 employment is 10.03 percent. And he worked out  
16 there nearly 30 years as a machinist. He began  
17 employment in '54 at age 35 and in 81 he was  
18 age 63 and ten months later he was diagnosed  
19 with final stage cancer. And ten percent, hmm.  
20 When I looked back at all the information that  
21 I was given, the determination is made based  
22 upon guidelines also developed by NIOSH, and  
23 incorporated into an interactive computer  
24 program that OWCP uses to calculate the  
25 probability that a claimant's cancer was caused



1 by exposure to radiation. Whatever your  
2 methodology is for that, you know, we need it  
3 in laymen's terms and I agree with -- there was  
4 a young man who spoke earlier -- it's not a  
5 percentage. Any -- any amount of exposure is  
6 over-exposure, and it is not -- it's just not  
7 even feasible that this is going on. We know  
8 of a secretary at K-25 who got compensated, and  
9 my father was a machinist who -- he ground  
10 uranium, and please explain this to me and take  
11 this back to whomever it is necessary. Thank  
12 you.

13 **DR. ZIEMER:** Thank you. Yes, sir.

14 **MR. DELOZIER:** I'm Martin Delozier. This is my  
15 father over here. I didn't come prepared to  
16 talk tonight, but he worked at the plants, I  
17 also worked at the plants for ten years. Just  
18 to give you a quick history of what I did, I  
19 was -- when I first started at the plants I  
20 worked at the -- down at K-25. My job was --  
21 when I first got there was take the Geiger  
22 counters -- they brought equipment out of the  
23 plant, to test what the radiation level was,  
24 whether it went to this yard or this yard or  
25 this yard.

1 But all that aside, what I'm -- want I want to  
2 say here and try to get an understanding of  
3 what we're supposed to do. We're looking for  
4 information to turn in to you guys to request  
5 or whatever, and ask for medical records which  
6 these people cannot get from the plants, very,  
7 very difficult. You've admitted yourself that  
8 you have trouble getting them. Just looking  
9 for some guidance what to do.

10 Also, some of the other things that you're  
11 looking for, by everybody's admittance, you  
12 just have trouble getting this information. So  
13 to help these people find out what we need to  
14 do next, we're looking for some answers from  
15 you guys. And if you don't have the answers,  
16 these people are lost. And we're looking for  
17 answers from you all. That's what these  
18 meetings are for, answers from you guys to tell  
19 us what to do, what papers to fill out, how to  
20 get the papers if we can't get them and you  
21 can't get them. And to reconstruct the dose  
22 things, as everybody knows, is impossible. I  
23 mean I worked out there and never had a dose  
24 meter.

25 **DR. ZIEMER:** Right. NIOSH has people on deck

1 here to help with individual cases such as  
2 yours, so you need to --

3 **MR. DELOZIER:** Well, it's not indi-- I'm just  
4 looking for information for the whole people.  
5 Tell us where to go next --

6 **DR. ZIEMER:** Oh --

7 **MR. DELOZIER:** -- 'cause you're requiring  
8 information that we cannot get. You're  
9 requiring information that can't be done.

10 **DR. ZIEMER:** Right.

11 **MR. DELOZIER:** I mean like my father had cancer  
12 and the records were shredded seven years ago,  
13 just like other people here. I mean we've got  
14 a new instance of it now and we do now have  
15 current records. He's -- 7th of this next  
16 month he's going for surgery. So that'll help  
17 a little bit there, but we're looking for  
18 general information for everybody as what steps  
19 do people need to do since they're up against a  
20 brick wall.

21 **DR. ZIEMER:** Right.

22 **MR. DELOZIER:** And they cannot get anything --  
23 cannot do anything. We're spinning our wheels  
24 and going nowhere but backwards. And that's  
25 what the answers we're looking for. Thank you.

1           **DR. ZIEMER:** Thank you. Yes, right here, sir.

2           **MR. HACKWORTH:** My name is James Hackworth.

3           I'd like to commend the panel in regard to the  
4           composition of the panel. I think it's

5           admirable that you have people from the hourly  
6           workers as well as professors and a -- and a  
7           variety of people. That's -- that's required.  
8           That's good.

9           But I would like to say this in -- in regard to  
10          being able to reconstruct a -- a dosage over a  
11          period of years, whether it be at K-25, Y-12,  
12          X-10, Fernald, wherever it may be. Here is  
13          some of the problems that there's been a lot of  
14          encountering -- my friends, other folks, many  
15          of them are dead, but here -- here is -- almost  
16          each and every one encounters. If you go back  
17          to 1943 when it first began, I had a brother  
18          that worked at Y-12 initially and in regard to  
19          the -- oh, golly, I can't think of the name --  
20          the initial production in Y-12. But here's  
21          what a lot of folks are encountering (sic).

22          There was no records kept prior to 1950 at Y-  
23          12. I think a lot of these folks know that.  
24          So here's -- here is a huge question question  
25          that I've got. How can you possibly go back

1           and reconstruct something unless you talk to a  
2           lot of these people that have been there? Many  
3           of these people are dead. You cannot go back  
4           and give those people a name to come back and  
5           talk with. Okay? So therefore, I would -- I  
6           would like for the gentleman to explain how  
7           they reconstruct with no records.

8           Another point I'd like to make perhaps some of  
9           the folks are not aware of, the dose rates have  
10          changed over the years. I started working in  
11          1951. The allowable dosage rate was much  
12          higher then than it is today. Now there's  
13          another thing that should be taken into  
14          consideration, and -- and I hope -- I hope it  
15          is. But if it hasn't been, it needs to be  
16          implemented.

17          So, you know, here these people say no  
18          dosimeters, no -- everyone had a badge -- film  
19          badge of some sort, but I -- I would agree  
20          there's -- there's many, many people that did  
21          not wear dosimeters that should have been.

22          Another problem area that we have in regard to  
23          being able to produce adequate records for  
24          their defense -- or not their defense, for  
25          their record or their loved ones' record -- is

1           the fact that I do not feel that the  
2           contractors got -- they should not be allowed  
3           to get away with not some involvement in this.  
4           Okay? Because they had the responsibility to  
5           see that these industrial hygienes, health  
6           physics and the other programs to protect the  
7           workers were carried out. They did an  
8           inadequate job. There is no question about it.  
9           So therefore, the burden is coming back to the  
10          individuals to -- to prove something that's --  
11          that's impossible to prove.  
12          Now I understand the gentleman and his  
13          calculations and methodology, the whole bit.  
14          But there's a big element missing -- no  
15          records, 1943 to 1950. So pray tell me, how  
16          can you go back and calculate something to non-  
17          existent records? They do not know the  
18          buildings he worked in, the level of activities  
19          these individuals were working, and the dosage  
20          rate they were in. Huge problem, gentlemen.  
21          **DR. ZIEMER:** Well, let me give you the quick  
22          answer. If there are no records, no monitoring  
23          records, no dosimetry records and no records of  
24          what sources were present, then dose cannot be  
25          reconstructed, and that would be the basis for

1 a Special Exposure Cohort, though.

2 **MR. HACKWORTH:** Yet these folks -- yet they  
3 died of the various type cancers.

4 **DR. ZIEMER:** Right.

5 **MR. HACKWORTH:** Okay?

6 **DR. ZIEMER:** So there -- and there very well  
7 may be groups, depending on the years and the  
8 locations, where that is the case. And if that  
9 is the case --

10 **MR. HACKWORTH:** That is very much the case.

11 **DR. ZIEMER:** Yeah, right.

12 **MR. HACKWORTH:** Many of those folks are  
13 deceased.

14 I would like to just -- one -- (unintelligible)  
15 one final message. Okay?

16 **DR. ZIEMER:** Okay.

17 **MR. HACKWORTH:** Mr. (sic) Wade, I understand  
18 that you -- you run back and reporting to Human  
19 Services. Is that -- that's your  
20 responsibility. Is that correct?

21 **DR. WADE:** Correct.

22 **MR. HACKWORTH:** Okay. You heard the -- you  
23 heard the voices of the people tonight. You  
24 heard other meetings, perhaps. It's -- I'm  
25 going to kind of quote a little bit from

1 another person that made a statement one time.  
2 You heard the message. You heard the people  
3 and their statements. Their statements do fit,  
4 so you should go back and tell your folks to  
5 submit.

6 **DR. ZIEMER:** Okay. Thank you.

7 **MR. HACKWORTH:** Thank you.

8 **DR. ZIEMER:** The hour's growing late and I see  
9 many people are leaving. I feel like perhaps  
10 we should officially come to a close -- well,  
11 we have one --

12 **UNIDENTIFIED:** May I say something?

13 **DR. ZIEMER:** You certainly may. Please come to  
14 the mike. I don't want to call it off too  
15 soon, but I know many folks are leaving and  
16 that indicates --

17 **MR. BOWERS:** I'm Leonard Bowers. I spent 44  
18 years at Y-12. Most of these people out here  
19 I've worked with. I'm now 76 years old. I  
20 came to Oak Ridge High School when I was 14  
21 years old. This creek here -- creek behind  
22 this building, I used to play in it when I was  
23 a child. Then when I went to work in Y-12 in -  
24 - in 1950, I saw what went in that creek, and I  
25 used to wade there and swim in this creek out



1           here. And then finally they build a settlement  
2           pond out there. But this gentleman that just  
3           spoke a few minutes ago, he was trying to think  
4           of the Tennessee Eastman Corporation. Now  
5           they're the people that had the records back  
6           then. They're out of Kingsport.  
7           Now I'm an old-timer out here, and I still have  
8           my memory. But what these people have gone  
9           through with -- I worked in the mercury, I  
10          waded in it. I've left out there when my shoes  
11          were so hot that they would -- that they'd take  
12          them up and we'd wear little soft shoes to the  
13          change-out, and they disregarded safety  
14          altogether.  
15          When the tiger team came in from Washington,  
16          you know, they shut the plant down out there.  
17          And one of these gentlemen came in my lab -- by  
18          the way, I made printed circuit boards and I've  
19          dealt with gold, I've dealt with platinum, you  
20          name it, I worked in Y-12 from one end to the  
21          other. I went to work there in 1950 and that's  
22          when we was taking the silver out of the  
23          tracks. I was a crane operator. I served my  
24          apprenticeship out there, and I left and I went  
25          into the military and I spent four years in the

1 Air Force and came back. And while I was gone,  
2 my raises went on, my seniority went on.  
3 But we'll get back to some of the things that  
4 these people have lived with. Let me tell you,  
5 right now -- I just found out recently -- I  
6 went to the Welmouth School. I didn't come  
7 prepared to speak to night or anything. But I  
8 have just got a report back and the lady, she  
9 was out of Nashville that did these tests on  
10 me, and when she first looked at my fingers she  
11 said Mr. Bowers, she said you've got heavy  
12 metals in your body. Well, right out in the  
13 car right now I've got -- I've got the stuff  
14 out there, and the rating -- like arsenic,  
15 beryllium, mercury, sodium, potassium -- I  
16 worked with all that stuff. And I start  
17 tomorrow for tests to find out about these  
18 metals that's in my body.

19 But I know what these people went through. I  
20 was there. I spent six and a half years on the  
21 Brigger\* reactor, until President Carter shut  
22 us down. I spent 12 and a half years in  
23 biology. Now I've been around some very smart  
24 people in this world, and I went all over that  
25 plant from building to building, and I've got

1 pictures of things that I worked with. We  
2 worked with asbestos and back in the very  
3 beginning we worked with carbon tet. That's  
4 what we cleaned electrical parts with.

5 **DR. ZIEMER:** Sure.

6 **MR. BOWERS:** When the tiger team came in, do  
7 you know they shut my lab down, and the  
8 gentleman -- he left me his card; I don't know  
9 if I still have it or not at the house -- but  
10 they were giving me a hard time in that plant,  
11 and he set down and he talked to me, and I told  
12 him -- well, what they did, they condemned that  
13 lab. When you process printed circuit boards,  
14 you gold plate, and that gives off phosgene  
15 gas. The roof -- there was one man, he came in  
16 my lab and he said Leonard, he said I was up  
17 there at the bus stop going to the cafeteria  
18 and he said I looked up there on that roof, he  
19 said I could see it, there's a big hole in your  
20 roof. I said what? He said there's no  
21 exhaust. Now I won't go into details, it's  
22 late and a lot of you people have talked, but  
23 I've been from one end of that plant to the  
24 other. I've worked in every building out  
25 there. I've worked with some of the smartest

1 scientists in the world.  
2 And it's been the educational -- I've put my  
3 hands down in centrifuge that were so hot that  
4 -- that they would leave with it. Well, I'll  
5 give you example. Back -- let's see, this  
6 would have been 1959, was working 9201-2,  
7 foreman. I asked him for 200 amp disconnect  
8 switch. Well, he was a retired colonel, and I  
9 asked him when he came up to me and I told him  
10 what I needed. I thought he'd order me a  
11 switch. Well, he comes wagging one back and I  
12 said -- well, his last name started with a K,  
13 I'll just call him Mr. K. -- I said Mr. K.,  
14 where did you get this switch? Back on the  
15 mezzanine. And I said has health physics  
16 checked it? He says are they supposed to? I  
17 said yes, and so we call health physics in and  
18 a fella -- his initials were D.W., he's dead  
19 now -- and they put him on to wash that switch.  
20 Now this was a switch we was going to put on  
21 out in the hall. So what does he do? When the  
22 health physics man gets down there, he puts his  
23 Geiger counter on it and Mr. -- well, Mr. W.,  
24 I'll call him -- he washed that thing for four  
25 hours, and when the health physics man came

1           back he said send it to the burial grounds.  
2           And another thing I can tell you that went on  
3           out there -- I'm an old-timer, and I'd like to  
4           share this with you.

5           **DR. ZIEMER:** Okay. Remember now, folks are  
6           getting tired.

7           **MR. BOWERS:** No, this is -- this is the last.  
8           In 19-- this would have been 1955. Many of  
9           y'all know Charlie Robertson, don't you, that  
10          died. I was Charlie's apprentice. We worked  
11          together over a year, and we went in 9201-1 and  
12          we were on the second floor and here I am, I  
13          just got back from the service, and the guys  
14          were talking that they had connected the  
15          thorium line to the drinking water fountain.  
16          Yes. Now I don't know if it was actually  
17          turned on or not. We just said let's get out  
18          of here.

19          So I didn't come prepared to talk tonight, but  
20          like I say, I go way back. And when -- I was a  
21          usher at the Grove Theater back in the '40s,  
22          and that's my picture in the paper y'all see  
23          which says "The Atomic Bomb, the Beginning or  
24          the End?" That's me when I was 16 years old,  
25          and I know what has gone on. And I lose my

1 trend (sic) of thought sometimes, but it's been  
2 interesting. I love living in Oak Ridge. I  
3 graduated in 1947, and I've been around quite a  
4 bit. But these people here, I don't know what  
5 -- if I have problems or not, but you name it,  
6 I know more about Oak Ridge than any of y'all  
7 in this room because when you was an  
8 electrician in Y-12 you would go from one end  
9 to the other, that plant. You never knew where  
10 you were going on overtime. And these people  
11 are hurting. I've worked with them -- well,  
12 you spoke of Jack Case a little while ago.  
13 Well, Wayne Wallace was his first -- was his  
14 first wife, and Wayne -- I was working with  
15 him, and he developed this problem down in  
16 Alpha 5 in the mercury. And I felt sorry --  
17 she did get a settlement, I believe.  
18 But like I say, I worked with many of them out  
19 there. I worked with Herman Postman, how many  
20 of y'all know Herman? Well, I started with  
21 Herman back when he first came here. He was 26  
22 years old and he worked in 9204-3, and I went  
23 down and hooked up his vacuum pumps and I made  
24 a prediction. I said there's a young man  
25 downstairs that's going to go up in this

1           company, and he went to the top. He became a  
2           vice president.  
3           But we had a lot of things we shared together.  
4           We worked on the DCX program. You name it, I  
5           worked on it. Every time they'd run out of  
6           money, I'd go somewhere else, and these people  
7           -- I worked with some of the finest people in  
8           this world. And these people right here, I've  
9           worked with them. I've changed the motors out  
10          for them, their lights and all. But I'm just  
11          proud to be an American. And what I like most  
12          about when I was out there, many of them  
13          dreaded going -- taking a lie detector test,  
14          known as the polygraph test. I thought it was  
15          a honor to go up there and take that polygraph  
16          test, that I was a red-blooded American and I  
17          was proud of this country, and that's when I  
18          went in the service and then I saw things  
19          change. And the man who was head of security  
20          out there and he was head of all the guard  
21          department, and I used to sit in his lap when I  
22          was a little boy. He lived with us at Tellico  
23          Plains, and I would -- he would tell these  
24          stories. But he was one of the finest men --  
25          well, he is dead now, but I didn't mean to talk

1           so long, but I just came in here and just heard  
2           these people, and I know how they're hurting.  
3           And I appreciate any help that y'all can give  
4           them.

5           **DR. ZIEMER:** Sounds like a good note to end our  
6           evening on. Thank you very much for sharing  
7           that. Thank all of you for coming tonight and  
8           sharing with the Board. We appreciate it.  
9           We will be meeting again all day tomorrow.  
10          You're welcome to return and learn more about  
11          the dose reconstruction process.

12          (Whereupon, the meeting was adjourned at 9:10  
13          p.m.)

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**CERTIFICATE OF COURT REPORTER****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 day of January 25, 2006; 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 7th day of March, 2006.

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**STEVEN RAY GREEN, CCR****CERTIFIED MERIT COURT REPORTER****CERTIFICATE NUMBER: A-2102**