

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

convenes the

TWENTY-EIGHTH MEETING

ADVISORY BOARD ON  
RADIATION AND WORKER HEALTH

DAY ONE

The verbatim transcript of the Meeting of the  
Advisory Board on Radiation and Worker Health held  
at the Adam's Mark, St. Louis, Missouri, on February  
7, 2005.

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February 7, 2005

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-- "\*" denotes a spelling based on phonetics, without reference available.

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(in order of appearance)

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Mr. Shelby Hallmark, DOL

Dr. James Neton, NIOSH

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SHANEHEN, JUDY  
SOVAR, RICH AND EVELYN  
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SPICKETT, EVELYN  
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TYNDALE, TINA  
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VERHOFF, GWENDOLYN  
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WALKER, ED AND JOYCE, BSCAG  
WATSON, DAVID P., JR.  
WHITE, WALTER, JR.  
WIESEHAUS, JOHN J.  
WINDISCH, ANTHONY  
WOLFF, TOM  
WOODS, JANET  
YERINGTON, LASCA  
ZAK ROSEMARY  
ZIEMER, MARILYN

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

(1:05 p.m.)

WELCOME AND OPENING COMMENTS

1  
2  
3  
4 **DR. ZIEMER:** Good afternoon, everyone. I'd  
5 like to call to order the 28th meeting of the  
6 Advisory Board on Radiation and Worker Health.  
7 I'm Paul Ziemer, Chairman of the Board. The  
8 record will show that all of the Board members  
9 are here this afternoon, with the exception of  
10 Dr. Andrade, who is ill and could not make it;  
11 Dr. Anderson will be joining us later this  
12 afternoon by telephone hookup, who -- he's in  
13 Anchorage, Alaska today.

14 For those who were not here at the morning  
15 session of the subcommittee, I'd like to remind  
16 you of several things. First of all, the  
17 sessions this week are being videotaped by  
18 Louise McKeel, who's with Village Image, and so  
19 if you wonder what the taping is, I -- well, it  
20 seems to have disappeared, but -- maybe she got  
21 all the footage she needed, but I was going to  
22 mention that I was expecting the taping to  
23 continue throughout the sessions, and maybe it  
24 will.

25 We would request that if you have phones or

1 beepers that you turn them off while you're in  
2 the room here. We've had experience in the  
3 past where those have interfered with the  
4 proceedings and with the sound system.

5 Please register your attendance with us today,  
6 if you've not already done that. The  
7 registration book is at the entryway on the  
8 tables there.

9 Also there are a number of handouts at the back  
10 of the room, including today's agenda, as well  
11 as a number of related items that you can avail  
12 yourself of as you see fit.

13 Our Designated Federal Official today is Dr.  
14 Lew Wade, and Lew, I'd like you also to have  
15 the opportunity to make a few remarks at this  
16 point.

17 **DR. WADE:** Thank you, Mr. Chairman. I'd like  
18 to welcome you all and thank you on behalf of  
19 Secretary Leavitt\*. While he's only been on  
20 the job several weeks, I know that he's aware  
21 of this Board and its deliberations and his  
22 need to interact with this Board. And also on  
23 behalf of John Howard, Director of NIOSH, but I  
24 don't have to do much of that 'cause John  
25 Howard is here and in the front row.

1           **DR. ZIEMER:** Welcome, John.

2           **DR. WADE:** Again, I think it's terribly  
3 important that the Director be here to hear the  
4 deliberations of this Board.  
5 Let me explain to you why I'm in the chair.  
6 Larry Elliott has done a noble job of filling  
7 this role, but it's become ever more apparent  
8 that Larry needs to -- to sit in his chair as  
9 the OCAS director and interact with this Board  
10 on many important issues, and that would limit  
11 his ability to serve the role of the Designated  
12 Federal Official. So -- so I assumed that role  
13 so we can avoid either a real or an apparent  
14 conflict of interest that might exist between  
15 Larry in his role -- former role of DFO of this  
16 Board and his role as the director of OCAS. So  
17 I have the honor of -- of filling his position.  
18 Just a couple of general comments. I think it  
19 is terribly important that -- that not only  
20 does the Board deliberate and pass motions, but  
21 that the Board also creates a very full record  
22 of its deliberations. I would encourage all  
23 Board members to be sure that their thoughts  
24 are included in this record. As we get into  
25 the business of SEC petition evaluation, I

1 think it is terribly important that that record  
2 be as rich as it can be. NIOSH is striving  
3 very hard to have a process that is transparent  
4 and inclusive of information and position and -  
5 - and let me start with the Board and ask you  
6 to see that that record is made as complete as  
7 possible.

8 That's all, Paul. Thank you.

9 **DR. ZIEMER:** Thank you very much, Lew. And in  
10 that regard, let me add a couple of comments,  
11 both as a reminder to the Board, as well as for  
12 information for the members of the public who  
13 may be here today, and that has to do with the  
14 voting procedures for the Board.

15 There are actually 12 voting Board members,  
16 including the Chair, which means that we  
17 actually do not have a mechanism for breaking  
18 tie votes. There are 12 voting members if all  
19 are here and present, and we do hope when we do  
20 votes this week that we will have both Henry  
21 and Tony available by phone. Our procedures to  
22 allow us to have others -- other Board members  
23 vote in that manner if the hookup can be made.  
24 But in any event, for particular motions to  
25 move forward where a majority is required, a

1 tie vote in essence results in the failure of  
2 the Board to reach consensus. I simply point  
3 that out and remind you of that.

4 Also I do want to point out that normally under  
5 Robert's Rules the Chair does not vote except  
6 in cases of a tie. However, this Board made it  
7 known early on in its own procedures that it  
8 wished to have the Chair vote in any event, so  
9 that in situations such as may be coming up  
10 where we have particular issues to vote on, the  
11 Chair's vote will be recorded, as well.

12 Lew, do you have anything to add on the voting  
13 to make sure that we have covered that  
14 appropriately?

15 **DR. WADE:** I think even with 12 and with the  
16 Chair voting, there is a mechanism to pass a  
17 motion and then to defeat a motion, and a six-  
18 six vote would defeat a motion.

19 I would again repeat that it's not just the  
20 motion and its resolution, but also the record  
21 that's created that's terribly important.

22 **DR. ZIEMER:** Right. Thank you very much.

23 **NIOSH PROGRAM STATUS REPORT**

24 We're going to proceed then with the agenda as  
25 you have it before you. The first item this



1           afternoon is the program status report from  
2           NIOSH, and Heidi Deep is going to bring that to  
3           us today. Heidi, welcome back.

4           And Board members, you do have in -- in your  
5           second tab, have copies of Heidi's  
6           presentation. And they are on the table, as  
7           well, for others who are here.

8           **MS. DEEP:** Thank you, Dr. Ziemer. Good  
9           afternoon. As Dr. Ziemer mentioned, my name is  
10          Heidi Deep and I'll be presenting the program  
11          status report for -- for NIOSH. The purpose of  
12          this presentation is to present to you the  
13          progress that we have made, both long-term and  
14          short-term.

15          This slide illustrates submittals versus  
16          production as of January 31st, 2005. The blue  
17          line represents the cases that we have received  
18          from the Department of Labor. As you can tell,  
19          there's been a downward trend. We've been  
20          averaging between 200 and 300 cases per month,  
21          short-term. In January 2005 this number  
22          dropped below the 200 mark.

23          The green line represents the draft dose  
24          reconstruction reports we sent to the  
25          claimants. This is an upward trend, and it

1 speaks for our production. And we've been  
2 averaging about 500 dose reconstruction drafts  
3 sent to claimants per month.  
4 The red line illustrates the final dose  
5 reconstruction reports we sent to the  
6 Department of Labor. This again is an upward  
7 trend, and since we last met in December this  
8 number has increased. I will go in more detail  
9 about these figures in the following slides.  
10 Since the inception of the program we've  
11 received a total of 17,912 cases from the  
12 Department of Labor as of January 31st, 2005.  
13 This chart breaks down the cases received by  
14 district office. The trend has not changed,  
15 for Jacksonville takes the lead at 36.7  
16 percent, Seattle at 31 percent, Cleveland 21  
17 percent and Denver at 11.3 percent.  
18 These next few slides -- this is where I break  
19 down the numbers in the submittals versus  
20 production. This is the cases we've received  
21 from the Department of Labor by quarter as of  
22 January 31st, 2005, a quarter being every three  
23 months, quarter one equaling October, November  
24 and December. There's a downward trend here  
25 where we've maintained an average of 700 --

1           between 700 and 800 cases per quarter, equaling  
2           about 250 cases per month. You notice for  
3           quarter two for 2005 this only includes the  
4           month of January where we've only received 190  
5           cases.

6           This chart illustrates the draft dose  
7           reconstruction reports we've sent to the  
8           claimants by month as of January 31st, 2005.  
9           This follows an upward trend, where you can see  
10          in the past seven months we've been maintaining  
11          an average of 500 Dose reconstruction reports -  
12          - drafts to claimants. This means that we are  
13          out-pacing the number of cases coming in and  
14          we're reducing a backlog.

15          This chart illustrates final dose  
16          reconstruction reports sent to Labor as of  
17          January 31st, 2005, again illustrating an  
18          upward trend. In January 2005 we reported a  
19          record month of sending out 529 cases to Labor.  
20          Although we did drop in December, this may be  
21          related to a number of factors as these figures  
22          are claimant-dependent, meaning that once we --  
23          we have to -- in order for a final report to be  
24          sent out, we have to have the signed OCAS-1s,  
25          complete the closeout interviews for the dose

1 reconstruction final reports to be sent.

2 It's also important to point out that we have  
3 almost doubled the number of dose  
4 reconstruction reports we've sent in less than  
5 a year.

6 In terms of Department of Energy response to  
7 requests for exposure records, we've requested  
8 17,827 exposure monitoring records for  
9 claimants, and then 17,332 we've received  
10 responses from Energy. In terms of age of  
11 outstanding requests, for 60 days or more  
12 there's 56; 90 days or more, 27; 120 days or  
13 more, 22; and 150 days, 57. It's important to  
14 mention that we maintain interaction between  
15 the Department of Energy monthly and keep up to  
16 speed on these outstanding requests.

17 This slide illustrates telephone interview  
18 statistics as of January 31st, 2005 where one -  
19 - cases for which at least one interview has  
20 been completed, 17,540. This is just one  
21 interview, where you can have -- it's important  
22 to point out that there can be multiple  
23 claimants on a case. And then the interview  
24 summary reports sent to claimants, this number  
25 is higher because it includes multiple --

1 multiple claimants on a case. It's 23,956,  
2 with only 475 interviews left to be conducted  
3 for claimants, but this number can also include  
4 -- could have less cases because of multiple  
5 claimants per case.

6 The number of interviews conducted as of  
7 January 31st, since October of '04 we've  
8 conducted between 300 -- 300 to 400 interviews  
9 monthly, but this number is decreasing as you -  
10 - as the number of cases coming in are  
11 decreasing.

12 Dose reconstruction statistics as of January  
13 31st. The cases in pre-DR assignment, 9,498 --  
14 pre-DR assignment meaning that we're depending  
15 -- waiting for information from Energy,  
16 employment records, CATIs to be completed and  
17 site profile documents. Cases assigned for  
18 dose reconstruction, 1,102.

19 These last two bullets it's important -- I'm  
20 going to point out a statistic -- when -- for  
21 NIOSH, we have completed 41 percent of these  
22 cases, so of the 17,912, that's 40 percent --  
23 40 percent of overall cases we've completed.  
24 So with that in mind, draft DR reports sent to  
25 claimants is 662. The final DR reports

1 completed, 6,650, which also includes the  
2 administratively closed cases.

3 Cases completed by NIOSH tracking number. We  
4 expect the first 5,000 to hold a larger number  
5 of cases because of -- they've been in -- in  
6 our logs longer, but we do -- we have  
7 emphasized completing the first 5,000 cases  
8 because they've been in-house the longest. We  
9 have a special team working on these first  
10 5,000 on a case-by-case basis. It's also  
11 important to mention that the first 5,000 cases  
12 is dependent on coworker data, which is  
13 something that you already know. It's been  
14 mentioned in the previous Advisory Board  
15 meetings. And the first 5,000, we're almost  
16 halfway through in terms of completing these  
17 cases.

18 Administratively closed, which I mentioned  
19 previously -- the reasons why a case would be  
20 administratively closed, if we have not  
21 received a signed OCAS-1 within the allotted  
22 time period with the 60 days that the DR is  
23 sent out and then we allow another 14 days --  
24 contact the claimant again, send out another  
25 OCAS-1 for them to send, and then we will

1           administratively close the case if we haven't  
2           heard back from them. But it's not as cut and  
3           dry as that. We try to make as many efforts as  
4           we can to get in touch with the claimants to  
5           make sure that they are understanding the  
6           process. But this totals 65. If you add those  
7           figures together it totals 65 cases that have  
8           been administratively closed. This -- this --  
9           there has been an increase from eight to 20  
10          from December '04 to January of 2005, and there  
11          -- this is -- this figure is claimant-  
12          dependent, so it all depends on what we get  
13          back from the claimants, their OCAS-1 signed.  
14          And also it's relative to the number of draft  
15          dose reconstruction reports that we -- we send  
16          out, which the number is increasing.  
17          Reworks which we get back from the Department  
18          of Labor to make changes whenever a claimant  
19          provides new employment information or changes  
20          in cancer information, they come back to us for  
21          us to reprocess the dose reconstruction, which  
22          -- we've received 525 and returned 307, meaning  
23          if you track the two figures, 525 minus 307,  
24          that's 218 that we have in-house as of January  
25          31st.

1 Phone calls and e-mails, number of phone calls  
2 OCAS has received, 36,323, and these are from  
3 claimants, authorized reps. ORAU has larger  
4 figures because they handle the CATIs, the  
5 closeout interviews and any SEC phone calls  
6 that have been recently processed, and it's  
7 139,347.

8 And e-mails, 5,784, but important to mention  
9 here that a claimant could contact us by e-mail  
10 and they may not provide all the information  
11 for us to provide status for them, but we'd  
12 definitely get in touch with them.

13 SEC petition status as of January 31st, 2005,  
14 we've received a total of 17 SEC petitions, 11  
15 of which are active. Five of the 11 are  
16 qualified for evaluation, representing two  
17 sites, Mallinckrodt and Iowa Ordnance Plant.  
18 And six are -- six are closed. This  
19 information is published on our public web  
20 site, and it does illustrate the six closed  
21 petitions and the sites.

22 And of active petitions, they represent the  
23 following sites you'll see listed down in the  
24 last five bullets which -- which sites it  
25 represents and the number of petitions. For



1           the Iowa Ordnance Plants the five have been  
2 merged into -- or four have been merged into  
3 one and one has been received in January.  
4 Our accomplishments. In January we sent out  
5 over 17,000 activity reports to our claimants  
6 and authorized representatives, and we've -- we  
7 have met the goal of exceeding final dose  
8 reconstructions at 6,000, and we have -- we'll  
9 be submitting three SEC evaluation reports to  
10 the Board representing Iowa and Mallinckrodt.  
11 We've hired a statistician part-time, and in  
12 terms of the progress of site profile  
13 documents, we've approved since December 2004  
14 eight Technical Basis Documents and four  
15 Technical Information Bulletins.  
16 This concludes the -- my program status report,  
17 and I'll be open for questions.

18       **DR. ZIEMER:** Thank you, Heidi. Let's open the  
19 floor for questions. Who wants to go first? I  
20 can't actually see everybody, but I'm looking  
21 across there 'cause I know that Jim usually has  
22 his tent turned up there quickly and -- go  
23 ahead, Jim.

24       **DR. MELIUS:** That was a signaling system.

25       **DR. ZIEMER:** Yes.

1           **DR. MELIUS:** The numbers aren't great, but I  
2 noticed in your report on the DOE response to  
3 requests for exposure records that there  
4 appears to be some increase in those,  
5 particularly those over 90 days or more,  
6 compared to the last meeting.

7           **MS. DEEP:** For over 90 days, 27?

8           **DR. MELIUS:** It was 27 last -- well, if you  
9 total all the ones from this meeting, it's over  
10 100 over 90 days or more and at the last  
11 meeting we were about 60 or 70. I'm just  
12 trying to understand what -- that's just normal  
13 correspondence delays over the holidays or is  
14 that a -- a problem occurring with one or two  
15 sites?

16           **MS. DEEP:** Well, Hanford and X-10 kind of  
17 represents a hold-up for a lot of these -- the  
18 requests that are outstanding. But in terms of  
19 how long they -- why they've been delayed, we --  
20 -- like I said, we -- we keep a dialogue between  
21 DOE. Stu?

22           **MR. HINNEFELD:** I just wanted to offer that  
23 we're not -- we don't have any particular  
24 systematic problem with anybody. I think it's  
25 just normal fluctuation.

1           **DR. MELIUS:** Yeah, thanks. My other question  
2 is -- again, I've asked it before, and that is  
3 the cases completed by NIOSH tracking number,  
4 and you've made some progress in the first  
5 5,000. Looks like you've taken off about 400  
6 to 500, something like that. By the way, thank  
7 you for giving us these graphs in bigger fonts.  
8 I can read the current ones. I can't -- sure I  
9 can quite make out the last ones, so looks like  
10 you've made some progress there, but it also  
11 looks like that progress is pretty much across  
12 the board. So if you look at the cases, the --  
13 the 15,000 and the 16,000 cases, there's also  
14 been a lot of progress there, so --

15           **MS. DEEP:** Yes.

16           **DR. MELIUS:** -- again, could you fill me in a  
17 little bit more on the first 5,000 and what's  
18 happening with them? You mentioned today  
19 something about coworker issues. Last time we  
20 heard about construction worker issues. I'm  
21 just -- I mean it's --

22           **MS. DEEP:** Well, the first 5,000 we're -- we're  
23 -- we have a special team put together to  
24 emphasize working on the first 5,000, but we  
25 definitely are working on the overall -- all

1           the cases, but we're looking at cases, the  
2           first 5,000, to reduce the backlog and also  
3           because they've been in-house the longest.  
4           Something that was mentioned at the Advisory  
5           Board meeting in December is that coworker data  
6           is holding up a lot of the processing of the  
7           dose reconstruction reports for the claimants  
8           within the first 5,000 range --

9           **DR. MELIUS:** Could you --

10          **MS. DEEP:** -- and because of coworker data that  
11          we're waiting on.

12          **DR. MELIUS:** Could someone elaborate on why  
13          we're waiting for coworker data?

14          **DR. NETON:** Yeah, this is Jim Neton. The first  
15          5,000 cases have gone -- have been gone through  
16          and we've accom-- we've completed the ones that  
17          were the ones that fit the efficiency process  
18          as being overestimates or underestimates or  
19          whatever. It turns out that a number of those  
20          that are in the first 5,000 are going to depend  
21          upon the completion of the coworker data  
22          evaluation. That is, we have no monitoring  
23          information for those workers and we need to  
24          substitute some surrogate exposure values. And  
25          ORAU is working towards that end, it has just

1 not progressed along as quickly as we had  
2 hoped.

3 **DR. MELIUS:** When you say work -- ORAU is  
4 working on that, how are they working -- how is  
5 that being produced? How do we -- what  
6 evidence of that do we -- I'm -- I'm not  
7 looking -- I mean is there a special report, is  
8 it a modification to the site profiles?

9 **DR. NETON:** Actually they'll appear primarily  
10 as these Technical Information Bulletins --

11 **DR. MELIUS:** Okay.

12 **DR. NETON:** -- that'll go out and they'll  
13 describe a -- a fairly well prescriptive  
14 approach as to how you deal with it for each  
15 site. Now whether those will get rolled up  
16 into site profiles eventually remains to be  
17 seen, but they will originally appear as  
18 special reports. They will appear on our web  
19 site.

20 **DR. ZIEMER:** Judson, were you --

21 **DR. MELIUS:** (Off microphone) (unintelligible)  
22 or somebody else?

23 **DR. ZIEMER:** Judson Kenoyer.

24 **MR. KENOYER:** Let me -- let me add to that.

25 I'm Judson Kenoyer from the ORAU team. Two of

1 the four Technical Information Bulletins that  
2 Heidi referred to are directly affiliated with  
3 the coworker data. They set the -- they set  
4 the baseline on how we're going to do it for  
5 external dosimetry and internal dosimetry. It  
6 establishes the process. So within the next  
7 two or three months, you will -- you will see  
8 the results of -- of some of that coworker data  
9 study. We're looking at -- we're working on Y-  
10 12 data, X-10, K-25, Paducah and Hanford right  
11 now, so you'll see some results fairly soon.

12 **DR. MELIUS:** And is that the same effort as  
13 involving construction workers that Jim Neton's  
14 talked about --

15 **MR. KENOYER:** No, that's -- that's actually a  
16 separate coworker study looking at the -- first  
17 of all, the data from Savannah River, and I'm  
18 helping lead a subtask group on that, so that's  
19 -- that's actually a site effort.

20 **DR. MELIUS:** Okay.

21 **DR. ZIEMER:** Larry Elliott?

22 **MR. ELLIOTT:** I'd just like to add to Jim  
23 Neton's comments. Another way we're attacking  
24 the first 5,000 is we're -- we're giving a very  
25 concerted, focused effort to identifying cases

1           in those -- that first 5,000 where we don't  
2           think we can do dose reconstruction, where we  
3           haven't found any information to support the  
4           dose reconstructions, so we're -- we're looking  
5           at that, as well.

6           **DR. MELIUS:** And when is that -- I believe last  
7           time you referred to that work going on and  
8           some sort of report being due soon or something  
9           -- maybe I'm -- my recollection isn't that --

10          **MR. ELLIOTT:** Yes, in Livermore we mentioned  
11          this and we talked about ORAU providing us a  
12          report on the first -- their first screening of  
13          that 5,000. We have that report and we're  
14          working with ORAU to refine it, and in the  
15          course of the next six months they're to  
16          provide an additional report beyond that, so --  
17          but we have the draft. We're working with them  
18          to refine the first report now.

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

20          **DR. MELIUS:** Could I request that -- I think  
21          it'd be appropriate that we would -- the Board  
22          could get a presentation on actually all three  
23          of those, at the appropriate time. One would  
24          be this effort involving the coworker data.  
25          It's clearly something we're going to be

1           dealing with in the next couple of days with  
2           the SEC evaluation, so I think it would be  
3           useful to have a briefing there.

4           Secondly, on the effort with construction  
5           workers -- again, I'm not quite sure on the  
6           timing on that, if that's as soon.

7           And third, on the approach being used and the  
8           results of this effort to screen for those  
9           where dose reconstructions can't be done.

10          **DR. ZIEMER:** You've heard the request, and  
11          Board members, is there general agreement that  
12          you'd like that information?

13          It appears to be. Thank you.

14          **MR. ELLIOTT:** We'll certainly bring forward a  
15          report to you on the coworkers data issue and  
16          how we're approaching that. We'll bring a  
17          report to you on the attempt and efforts we  
18          have underway to identify cases where we can't  
19          do dose reconstruction that would constitute an  
20          SEC. We're not at the point ready to bring you  
21          anything on construction workers. The request  
22          for a proposal, which is the way the government  
23          goes about soliciting a contract to do this  
24          work, I think is going to be signed this week  
25          or next week, and that will put folks on task



1 to get this job done, so --

2 **DR. ZIEMER:** Could there be, however, a report  
3 simply describing what the process will be, or  
4 what -- I'm trying to understand --

5 **MR. ELLIOTT:** Well, the process for  
6 construction workers is the same as the site  
7 profile development process. They're talking  
8 to workers. They're -- they're drafting a -- a  
9 chapter, if you will, or a Technical Basis  
10 Bulletin that speaks to construction trades  
11 experience on the particular site or sites in  
12 question. Our first two sites are Savannah  
13 River and Hanford, and certainly when we  
14 develop that a little more we can bring that  
15 before the -- before the Board.

16 **DR. ZIEMER:** Thank you.

17 **DR. MELIUS:** Okay. Is --

18 **DR. ZIEMER:** Follow-up?

19 **DR. MELIUS:** One final thing along with that,  
20 it would be at least helpful to me, maybe to  
21 other members of the Board, when you're -- when  
22 we're doing some of these -- next round of  
23 presentations on some of these issues is to  
24 have some sort of estimate on -- of the --  
25 those that are left from the first 5,000 or

1           some number, how they fit into different  
2           categories -- a third of them are X.

3           **MR. ELLIOTT:** Okay.

4           **DR. MELIUS:** To the extent that you can do  
5           that, that's -- do that. I'm not looking for  
6           something, you know, 346 or something, but you  
7           know, a percentage so we have some idea of what  
8           --

9           **DR. ZIEMER:** What the distribution is on those?

10          **DR. MELIUS:** Distribution is, yeah.

11          **DR. ZIEMER:** That seems reasonable. Thank you.  
12          Other questions for Heidi or for the staff?  
13          Anyone have a question before Jim goes to round  
14          two here? Okay, Jim, I guess you've got the  
15          floor again.

16          **DR. MELIUS:** Yeah, I guess -- this is actually  
17          a question from last time, also. Can you  
18          update me on the status of ORAU's -- I don't  
19          know if it's a renewal, new contract, whatever,  
20          where that is and the amounts of money  
21          involved?

22          **MS. DEEP:** I don't have that information.

23          **DR. MELIUS:** Somebody have the information?

24          **DR. ZIEMER:** The question is the status of the  
25          ORAU contract.

1           **DR. MELIUS:** I believe at the last meeting we  
2           were told it was being --

3           **MS. DEEP:** A cost performance?

4           **DR. MELIUS:** -- and was being renewed and  
5           additional monies were being put into it and --

6           **MR. ELLIOTT:** The contract is --

7           **DR. MELIUS:** -- being negotiated at that time,  
8           so you weren't --

9           **MR. ELLIOTT:** The contract is a five-year  
10          awarded contract. The -- what we talked about  
11          last time was, at the point we're at right now  
12          where we're involved with ORAU in negotiating  
13          the next -- it's -- every six months there is a  
14          cost performance award fee. It's an  
15          incentivized, negotiated award fee. In other  
16          words, we place criteria about their  
17          performance in front of them and in order to  
18          achieve any award money they have to meet  
19          certain levels of that criteria. That's the  
20          incentive aspect of it. So that -- that is --  
21          that's under constant -- almost constant  
22          negotiation for the future six months.  
23          We have -- we're about mid-year or mid-way  
24          through the five-year contract. We are -- we  
25          put money into the contract just -- in January,

1           and I'm not -- I don't have the figures with  
2           me. I don't know if Stu has them or -- Stu  
3           doesn't have them, either. We'll have to bring  
4           those to you at the next meeting or we'll get  
5           it before, but I don't have those final figures  
6           at this time.

7           We -- the next -- this -- this modification on  
8           funding for the contract will take us through  
9           the next 18 months, and that will leave the  
10          final 18 months of the contract then will have  
11          what is called another contract mod where we  
12          look at the work remaining and we negotiate  
13          with ORAU on what the cost will be to complete  
14          that work and complete the final year of the  
15          contract.

16          **DR. MELIUS:** I would appreciate if you could  
17          provide that to us prior to the next meeting.

18          **DR. ZIEMER:** Okay. Other comments or  
19          questions? Yes, Roy DeHart.

20          **DR. DEHART:** With regard to the administrative  
21          closed records, do those represent the cases in  
22          which an award has been made or a determination  
23          of no reward has been made?

24          **MS. DEEP:** The reasons why we consider a case  
25          to be administratively closed is if we haven't

1 received -- can you hear me? -- if we haven't  
2 received an OCAS-1, a signed OCAS-1 back from  
3 the claimants and they have -- how that works,  
4 they receive an OCAS-1 form in the mail  
5 whenever we send out the draft dose  
6 reconstruction reports. They read through the  
7 draft dose reconstruction, they get the OCAS-1,  
8 they sign it, they have 60 days from the time  
9 that is mailed out to the time -- from that  
10 time point for them to get it back to us. If  
11 we haven't received the OCAS-1 within the 60  
12 days, we send out another OCAS-1 with a letter  
13 explaining to them they have an additional 14  
14 days to send it back. Of the 65  
15 administratively closed reports that we have  
16 in-house, only one of them has been -- tended  
17 to be compensable where we've actually reached  
18 out to the claimant, who didn't understand the  
19 process, which was a survivor, and -- but of  
20 the 65, they tend to be non-compensable and  
21 they're single claimants -- cases.

22 **DR. DEHART:** Do you have any estimate of how  
23 many have been sent out total, even though you  
24 haven't received responses from those?

25 **MS. DEEP:** How many have been sent out to the

1 claimants?

2 **DR. DEHART:** Of the OCAS form for signature.

3 **MS. DEEP:** The OCAS-1 -- those -- that's  
4 included -- well, that -- you can assume that  
5 in the draft dose reconstruction reports that  
6 are sent to the claimants on a monthly basis.  
7 That's in --

8 **DR. DEHART:** Yes, okay.

9 **MS. DEEP:** -- on the previous slides, up  
10 towards the beginning.

11 **DR. ZIEMER:** So this would be 60-whatever out  
12 of 6,000 or something?

13 **MS. DEEP:** For January there was 504 that were  
14 sent out, draft dose reconstruction reports  
15 sent to claimants, so with an OCAS-1.

16 **DR. DEHART:** That was what I was --

17 **MS. DEEP:** So we're averaging about 500 a  
18 month.

19 **DR. DEHART:** Okay.

20 **DR. ZIEMER:** Okay. Other questions?

21 **MR. ELLIOTT:** Let me help Heidi out here for  
22 Dr. DeHart. Each time a draft dose  
23 reconstruction is sent to a claimant, an OCAS-1  
24 goes along. We have sent over 7,000 of those.  
25 If you count the ones we've sent to DOL and the

1 ones right now that we have in hands of  
2 claimants, that number's larger than 7,000.  
3 This 60 represents the population we have not  
4 heard back from. Does that help? Does that  
5 answer your question?

6 **DR. DEHART:** Yes, and I would suggest that that  
7 be titled that way.

8 **DR. ZIEMER:** Richard, did you have a comment?

9 **MR. ESPINOSA:** Yeah, under the response to  
10 request, I'd like to see a breakdown by site.  
11 And the reason for that is I just want to see  
12 if there's any problem sites out there on the  
13 90 days and above.

14 **MS. DEEP:** Certainly. Responses? Is there any  
15 particular -- 60 days or more -- are you  
16 talking about outstanding requests?

17 **MR. ESPINOSA:** Yes.

18 **DR. ZIEMER:** Rich is really asking are there  
19 particular sites that are represented there.

20 **MS. DEEP:** Actually there's two sites that  
21 stand out. For over 60 days or more, Hanford  
22 has 22, with Oak Ridge, the X-10 facility,  
23 having 18. These two facilities tend to hold  
24 the largest figures of all the other facilities  
25 within 60 day, 90 days, 120 days, 150 days or

1 more, for each one of those categories.

2 **DR. ZIEMER:** All the way through.

3 **MS. DEEP:** Yes.

4 **DR. ZIEMER:** Yes.

5 **MS. DEEP:** Aside from -- yeah, Hanford and X-10  
6 tend to be -- hold a large number, except Oak  
7 Ridge, X-10, doesn't have any requests over 150  
8 days. They tend to be more in the 60 days and  
9 90-day category. They have 18 and ten,  
10 respectively.

11 **DR. ZIEMER:** Thank you. Others? Okay, thank  
12 you very much, Heidi.

13 **MS. DEEP:** Thank you very much.

14 **DOL PROGRAM STATUS REPORT**

15 **DR. ZIEMER:** Shelby Hallmark is with us again  
16 today. Shelby, welcome back. He's going to  
17 report on the Department of Labor program  
18 status.

19 **MR. HALLMARK:** Okay, am I on? Oh, good. It's  
20 my pleasure to be back to speak with the Board  
21 and with the audience here today. I'll try to  
22 move quickly through the slides -- if I can  
23 figure out how to do the machine -- 'cause I  
24 think you've seen these slides several times  
25 before and I'll try to hit the high spots,



1           maybe have some time for questions.

2           Okay. All of these slides for the first 12 or

3           so are Part B slides, and then at the end I'll

4           have a couple of shots with respect to the new

5           Part E program, just to talk a little bit about

6           how we're getting that started.

7           With regard to the claims received and the

8           breakout by types of conditions here, these

9           data are -- should be familiar with you from

10          previous presentations. I would -- I would

11          note that the percent of claims involving

12          cancer is growing, as we would expect that

13          would be the case, and that the other non-

14          covered conditions we believe is a declining

15          group. When we have fully established our Part

16          E program and have our regulations in place, we

17          expect that group to go away because that is

18          really sort of an artifice (sic) of the

19          separation between the old Part D program and

20          the new -- and that -- and the current B.

21          People who filed what were really Part D claims

22          with us got into this category of non-covered

23          conditions and got a denial from us. In the

24          new world we'll treat all claims as Energy

25          claims, EEOICPA claims. We'll find which side

1           the person belongs on and this group will  
2           disappear. And it will save us a lot of  
3           unnecessary paperwork and denials flowing  
4           around the system that really don't make a  
5           whole lot of sense. So hopefully that's one  
6           positive impact of the consolidation of the  
7           Part E program with -- with Part B.  
8           Case status -- here now again, as I've  
9           explained many times before, case versus claim,  
10          case relates to an individual worker; claim can  
11          be multiple if there are multiple survivors.  
12          That's why the numbers here are lower, 44,000  
13          versus 60-plus. The point made by this slide  
14          is basically that we are -- DOL's process  
15          remains current. We have a working backlog of  
16          cases being handled at the district offices for  
17          recommended decisions and at our final  
18          adjudicatory branch making our final decisions  
19          -- 95 percent, in fact, of all receipts have  
20          been resolved at the district office level,  
21          either by a recommended decision or referral to  
22          NIOSH, and 89 percent have gotten a final  
23          decision or referral to NIOSH.  
24          Have I gotten to the next slide here? Yes,  
25          there we are. Okay, this tells you a little

1 bit about the outcomes. As has been reported  
2 before, we're approving roughly 40 percent of  
3 the claims at final decision. But if you take  
4 out those -- those non-covered conditions which  
5 are the old Part D claims by accident in our --  
6 in our program, then the approval rate rises to  
7 56 percent. That's -- that's been a continual  
8 circumstance in the program.

9 With respect to cases -- to the responses that  
10 claimants have made to our recommended  
11 decisions in the district offices, this is the  
12 total outcomes since the inception of the  
13 program through January 13th, what's  
14 interesting to note here is that roughly ten  
15 percent of the cases involve some sort of  
16 request for further review or a hearing.  
17 That's, we think, an indication that the  
18 program is being administered fairly well in  
19 our district offices.

20 NIOSH referrals, obviously the NIOSH cohort is  
21 what the Board is particularly concerned with  
22 and so we'll get into a little more detail  
23 here. And I'm sure you'll note that our  
24 numbers and NIOSH's are never going to be  
25 precisely the same and, you know, if that --

1           that -- that's a resolution I don't think will  
2           ever come in my lifetime. I think what I would  
3           note about this is that -- one of the things I  
4           would like to note is that when a NIOSH dose  
5           reconstruction is completed and returned to  
6           DOL, our goal is to do a recommended decision  
7           on that case within 21 days, and that goal has  
8           been -- was met during fiscal year 2004. In  
9           the first quarter of 2005, which ended just a  
10          few weeks ago, we dropped off -- we fell -- 25  
11          days, it rose to 25 days. I would ascribe that  
12          in part to the increased production that you  
13          just heard from Heidi with respect to NIOSH  
14          cases coming to us so it was a little more work  
15          for us to do. And also in part to our having  
16          diverted some of our staff to get Part E up and  
17          running as quickly as we could. So there has  
18          been some drop-off there. We don't intend for  
19          that to stay the case. We're going to get back  
20          down under 21 days for the rest of fiscal 2005.  
21          Correct, Pete? Am I right on that? Good, I'm  
22          glad to hear that.

23          And it's also note-- worth noting from this  
24          slide that about 24 percent of the final  
25          decisions on dose reconstructed cases have been

1 approved to date. The approval rate at the  
2 recommended decision level is about 20 percent.  
3 NIOSH case remands, now in our -- my  
4 presentation last time in Livermore we talked a  
5 little bit about what we can tell the Board in  
6 terms of the outcomes of cases that have been  
7 reconstructed through the NIOSH process and  
8 where we're having to send them back when we --  
9 from a hearing or a review of the record. And  
10 that's -- this number here is the number that  
11 we have gleaned -- that we're able to get our  
12 hands on. I think there were actually 20 or 30  
13 more remands to NIOSH that were -- that the  
14 case file could not be located at the moment  
15 that we did this survey, but I think this is  
16 close. About 300 have been remanded from our  
17 final adjudication board.  
18 And we'll talk a little bit about how that's  
19 broken out, and I know it -- as I say, it's of  
20 interest to you. One thing you'll hear me say  
21 is that I can't break it out the way we would  
22 like and I think you would like, which is which  
23 are errors by NIOSH and which are new evidence  
24 presented in our process. Very, very difficult  
25 to do and we'll continue to try to peel that

1 onion, but I'll give you what I can.

2 You see here where these remands came from,  
3 about half from claimants objecting to our  
4 recommended decision and to the NIOSH data that  
5 supports the recommended decision, and about --  
6 the other -- the 140 in the non-contested  
7 cases, that's where our final adjudication  
8 board is looking at the decision -- recommended  
9 decision from the district office on their own  
10 motion, in effect. And if they find a problem,  
11 would go ahead and proceed with it, even though  
12 the claimant has not raised it.

13 All right, now why were these remands done out  
14 of these 300 remand. We've broken it into  
15 three categories here, which are -- I think  
16 primarily are drawn from the fact -- the way  
17 our adjudication process works and our  
18 regulatory structure works. A little bit  
19 difficult for me to explain -- or for me to  
20 understand, frankly -- the difference between  
21 application and methodology. Basically,  
22 methodology is a -- would be a remand where the  
23 individual is -- is asserting that the NIOSH  
24 methodology is not appropriate. And the reason  
25 why it's separated out from application of the

1 methodology, which is what that application  
2 shorthand means here, is that the application  
3 might be something where we would argue that we  
4 need to send it back and we would actually, at  
5 DOL, possibly look behind the dose  
6 reconstruction report that we received from  
7 NIOSH.

8 With respect to methodology, if a claimant is  
9 arguing I don't think that the use of a  
10 comparat-- or coworker group is appropriate,  
11 we're not going to question NIOSH's use of that  
12 methodology because that's been established in  
13 their regulations. However, if the claimant is  
14 asserting you used the wrong coworker cohort,  
15 that would be an application issue and we would  
16 eventually make a decision about that, one way  
17 or the other. But in this case, these are all  
18 cases that would have been referred back to  
19 NIOSH for comment about those kinds of issues.  
20 And factual of course is the biggest one, and  
21 we'll talk a little bit more about what that  
22 category means. These are the -- this is a  
23 breakout of the types of factual issues. As  
24 you can see, the biggest one is that one --  
25 that more cancer, a different cancer has

1           arisen, an additional cancer has arisen,  
2           possibly between the time that the dose  
3           reconstruction report was completed and our  
4           final decision. Employment issue's another  
5           large one. The claimant may assert that there  
6           was an employment period not covered in the  
7           dose reconstruction, or not adequately  
8           explained by the report itself.

9           Type of cancer issues, one reason or another we  
10          believe the wrong cancer has been applied in  
11          the report; district office IREP issue, that  
12          probab-- DO, that's what DO means, district  
13          office -- that could very well be an error on  
14          the part of our staff in applying the IREP, and  
15          I think it also could include some NIOSH  
16          issues. And frankly, I think that would be  
17          just one or two cases. Date of diagnosis, just  
18          possibly the onset date is -- is changed. And  
19          in three percent of the cases we got an OCAS-1  
20          that was not signed. This is the category that  
21          Heidi was discussing just now in terms of the  
22          administratively closed. We can't act on a  
23          case that hasn't been signed so it would be go  
24          -- it would go back to NIOSH.

25          It's important to note that of these remands,



1 the overwhelming majority do not -- have not --  
2 at least of the ones that have been re-decided,  
3 have not changed the outcome. Only four have  
4 resulted in an acceptance out of the roughly  
5 140 or so that have been re-decided. Most --  
6 the 167's the largest number, is still pending  
7 re-decision, but for the most part the -- the --  
8 - I would describe this to a punctiliousness on  
9 the part of our -- our final adjudication folks  
10 to make sure that every T and I are -- are  
11 crossed and dotted, respectively. And many  
12 times that will result in NIOSH coming back,  
13 explaining in further detail what the basis for  
14 their report was, and the outcome remains the  
15 same. In any case, we will continue to do that  
16 and obviously that's important to the process  
17 that we -- that we -- we do in fact flush out  
18 all these issues.

19 Now I've gotten behind on my cheat sheets here.  
20 Excuse me a moment while I shuffle papers.  
21 Somebody turn the lights up 'cause I can't even  
22 read my big writing here.

23 Okay. This gives you just the basic data with  
24 respect to our payments at this point and that  
25 -- obviously we're over the \$1 billion mark

1 with respect to compensation and medical  
2 benefits. And the NIOSH claims, we've actually  
3 made 1,400 or so claim-- payments on cases that  
4 have been through the NIOSH process, which --  
5 again, I would say suggests that while it has  
6 been slower than all of us would like to  
7 evolve, the NIOSH dose reconstruction process  
8 is in fact now working and has delivered  
9 benefit outcomes to quite a number of people.  
10 Obviously we still -- we all want to see it  
11 accelerate.

12 I'll turn now to Part E very quickly. As you  
13 know I think, the Congress amended the EEOICPA  
14 in October to abolish the old Part D program  
15 that had been administered by Department of  
16 Energy and created new -- okay, so somebody had  
17 tried to abolish me here, I think -- abolished  
18 Part D and created a new Part E for us to --  
19 which DOL would administer. We are in the  
20 process of beginning that administration. Part  
21 of what we're doing as an effort to address the  
22 key problem we face, which is that there were  
23 25,000 cases in the process waiting for us when  
24 it transferred from DOE, was to get up and  
25 running as quickly as possible. So we -- the

1           bullet here with respect to interim procedures  
2           refers to the fact that we have -- especially  
3           with the good work of our Solicitor's Office --  
4           divined ways that we could start making  
5           payments before we even put regulations in  
6           place for the program, so we have what we call  
7           -- it's actually a preliminary procedure that  
8           we're using to make payments. We have done  
9           that with respect to a number of cases, which  
10          I'll show you in a minute. We've had some  
11          check ceremonies to get the word out that this  
12          is in fact occurring and we've had our first  
13          town hall meeting.

14          Here are the stats on this program -- 23,000  
15          cases have already been transferred from DOE.  
16          And by the way, they're doing a very effective  
17          job of coordinating with us on this transfer.  
18          About 1,900 cases are still in the Part D  
19          physician panel process. The statute that  
20          abolished Part D said that it could continue on  
21          until the -- for the cases that were still in  
22          the panel process, and that's what's left of  
23          them now. And they will continue to spin out  
24          decisions which we can use under Part E.  
25          We've made 159 recommended decisions and 97

1 final decisions, or we had as of last week  
2 sometime. We're only doing approvals under  
3 these preliminary procedures because we don't  
4 yet have in place the regs that would  
5 adjudicate disputes. But as you can see, we  
6 already have a respectable start and we expect  
7 hundreds more cases to be processed under this  
8 approach before we get our regs out, which --  
9 about which I'll say a few things.

10 The regulations are currently in process right  
11 now. These will be interim final rules. They  
12 will be published -- we are certainly hopeful,  
13 as this would -- by the statutory target of  
14 late May, or earlier, if we can accomplish  
15 that.

16 We have a task force that Pete Turcic and his  
17 team in the Energy Division have pulled  
18 together -- primarily again pulled from within  
19 our Part B ranks -- who are working to  
20 establish all the pieces that are necessary to  
21 create a brand new program like this, and I  
22 think they're doing an excellent job.

23 There will be a series of town hall meetings,  
24 and I'll talk about that in a moment.

25 Part B claimants. There's one -- one

1 significant revision to Part D in the October  
2 2004 amendments, has to do with the issue of  
3 residual contamination at AWE -- Atomic Weapons  
4 Employer sites and expanding the employment  
5 eligibility window with respect to those sites.  
6 We are working on that in conjunction with our  
7 development of the Part E regulations and  
8 procedures, and what this bullet suggests is  
9 that there are a small cohort of folks, roughly  
10 200 -- little over 200 -- who were denied under  
11 Part B -- the existing statute -- pre-existing  
12 statute -- because their employment began after  
13 the DOE contract period, but during a period  
14 that NIOSH has found that there was residual --  
15 significant residual contamination at that  
16 site. Those individuals are going to be  
17 receiving notification from us within the next  
18 few weeks that they are in that cohort and that  
19 if they wish we will reopen the claim at their  
20 request, to be considered under the newly-  
21 revised eligibility criteria. So that's moving  
22 ahead, as well, and we expect that to work out  
23 for us.

24 Last slide here, and I'll then open the door  
25 for questions, is just a quick look at the --

1 at our plans for town hall meetings around the  
2 country to -- primarily to explain how Part E  
3 is going to work, what people who are in that  
4 program should expect from us. The first --  
5 this is on the left side of the screen here are  
6 -- and the top of the right are sites we're  
7 going to be getting to in the next -- I'd say  
8 month and a half or two, at the most. The  
9 other locations to be announced would be -- are  
10 probably going to be the next phase after our  
11 final -- interim -- final regulations are  
12 issued so that we can explain in greater  
13 detail, and that -- some of those other  
14 locations will be returning to the larger sites  
15 so that we can explain how the full program  
16 will be implemented when it is in fact public.  
17 So that's -- that's basically where we are with  
18 respect to Part E and Part B, and I'll be glad  
19 to take questions.

20 **DR. ZIEMER:** Thank you, Shelby. First Robert  
21 Presley -- oh, okay, Rich, you're first? Then  
22 we'll just go right around, Robert --

23 **MR. ESPINOSA:** Well, I just --

24 **DR. ZIEMER:** -- Roy, Jim.

25 **MR. ESPINOSA:** Just wondering how you're going

1 to notify the sites of the -- of the town hall  
2 meeting.

3 **MR. HALLMARK:** How will we notify them?

4 **MR. ESPINOSA:** Yeah.

5 **MR. HALLMARK:** We --

6 **MR. ESPINOSA:** Are you going to publish it in  
7 the paper or...

8 **MR. HALLMARK:** Right, we will -- our process on  
9 that will include a news release --  
10 (unintelligible) who would be contacting  
11 Congressional delegations and local folks who  
12 are important to the program in each site, and  
13 typically we'll do that a couple of weeks  
14 before the event so that we have enough notice  
15 and information flowing out to the public at  
16 the site so that we can ensure that people are  
17 aware of it and that they are well attended.

18 **MR. PRESLEY:** Shelby, could I ask you when --  
19 when you have these public meetings, please let  
20 the Board members know. It was -- you had your  
21 first one in Oak Ridge, and I read about it in  
22 the newspaper and got asked about it, so it  
23 sure kind of made it look bad on me that I  
24 wasn't even there.

25 **MR. HALLMARK:** I'll take that under advisement.

1 We definitely want to do that. I think the  
2 first site -- we were anxious to get that --  
3 that meeting done quickly and we weren't as  
4 well-organized as -- as we might have been. So  
5 we certainly want to make sure that you're  
6 aware of these items, we get it -- the  
7 information to you so that you can participate  
8 if you'd like when we come to your  
9 neighborhood.

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

11 **DR. DEHART:** Workers who have developed cancer  
12 and are qualified under Part B I understand are  
13 also now qualified under Part E, thus it would  
14 appear to be only an administrative process to  
15 take care of their Part E claim. Are they  
16 being notified of that process of how to go  
17 ahead and file under Part E?

18 **MR. HALLMARK:** That'll be -- those kinds of  
19 issues will be part of what we talk about at  
20 the town hall meeting, but with respect to a  
21 large number of them, they've already filed  
22 their claims under the old Part D, and those  
23 claims will be automatically deemed to be  
24 claims under Part E, so they don't need to do  
25 anything, individuals in that category. And



1           then we'll be in touch -- I think -- we've  
2           already sent out a letter to all our -- all of  
3           the old Part D claimants, the 25,000 that I  
4           showed in the slide earlier, indicating that  
5           we've taken over the program, that their claim  
6           will now be transferred automatically,  
7           requiring no further action on their part. And  
8           since roughly -- I'd say about 90 percent of  
9           the 25,000 who are in the DOE backlog are also  
10          Part D claimants, so a big number that you're  
11          thinking about are in the queue.  
12          There's another subset of people who've filed  
13          under Part B and for one reason or another  
14          never filed under Part E. They will need to  
15          come forward to us and -- if -- if they want to  
16          proceed with the additional eligibility, and  
17          we'll be discussing how that can be done, as  
18          well.  
19          Right now we're -- we continue to receive  
20          claims and will take them at our resource  
21          centers in the major sites, using the old forms  
22          that DOE was using, until we get new forms in  
23          place through regulations -- but we intend to  
24          do that.  
25          Now let me just quickly say, it's not an

1           entirely administrative process. Because while  
2           approval under Part B is deemed to be automatic  
3           approval under Part E with respect to causation  
4           of the illness, you then need -- the  
5           individual, if it's a living worker, that  
6           individual would need to show their eligibility  
7           against the criteria for compensation under E.  
8           And for a living worker, that would be some  
9           kind of an impairment rating that translates  
10          into a -- an amount of -- a percentage which  
11          links to \$2,500 per percent payment and/or wage  
12          loss compensation based on years when their  
13          total salaries were less than a -- the  
14          thresholds, so that has to be done.  
15          And with regard to survivors, many of the Part  
16          B recipients are survivors. First -- and this  
17          is very important for everybody to understand -  
18          - they must be survivors within the definition  
19          of Part E, which is the traditional Workers  
20          Comp survivor, the narrower definition, which  
21          includes spouses and dependent children at the  
22          time of death.  
23          The second test is the survivor must show that  
24          the death of the worker was caused or  
25          contributed to by the condition which was

1 approved under Part B. We expect that in the  
2 large majority of cases that will -- that will  
3 be relatively straightforward, and the number -  
4 - the number of cases that we're handling now  
5 are all survivor cases, the ones we're paying  
6 under our pre-reg approach are survivor cases  
7 where there's a death certificate that links up  
8 very closely, either to a Part B condition  
9 that's already been approved or to a condition  
10 that Department of Energy's physician panels  
11 had already approved in terms of its causation.  
12 All we need to do is that separate step of  
13 showing -- showing that the death was related,  
14 and that's -- that's how we're able to proceed  
15 on those.

16 **DR. MELIUS:** You answer-- actually answered  
17 most of my questions, but one left is, as a  
18 sort of a corollary to that, though, people  
19 that are not -- the people who don't meet the  
20 probability of causation test for Part B could  
21 still be eligible under Part E, also. And will  
22 that be taken care of in your regs and so  
23 forth?

24 **MR. HALLMARK:** People who do not meet the Part  
25 B --

1           **DR. MELIUS:** They'll be eligible under Part B,  
2 but they will be -- they did not have  
3 sufficient probability of causation to have  
4 their claim accepted.

5           **MR. HALLMARK:** That's something we'll have to  
6 address in our regulations, also.

7           **DR. ZIEMER:** Let's see, I think Rich, you were  
8 next and then Leon.

9           **MR. ESPINOSA:** On slide nine you have a little  
10 mention there of employment issues. What --  
11 what type of issues is that? I mean -- it's 30  
12 percent. It's a high number.

13           **MR. HALLMARK:** On the reason for the remand?

14           **MR. ESPINOSA:** Yeah.

15           **MR. HALLMARK:** The employment issues -- that  
16 would include, for example, a claimant who  
17 comes to our -- to a hearing or presents to the  
18 -- to our adjudicatory group evidence that  
19 there was a period of employment which was not  
20 directly addressed in the dose reconstruction  
21 report. Now that could be that information  
22 about that period of employment was newly-  
23 discovered in the interim -- and this goes back  
24 to my point about trying to separate out errors  
25 in the NIOSH process from new evidence. The

1           employment period could be something new that  
2           was -- that's educed because a survivor found  
3           some information from a neighbor or relative  
4           that wasn't available when NIOSH did their  
5           interviews. Or it could be something that  
6           NIOSH missed. It was there in the file and it  
7           just didn't get addressed. Or it could be  
8           something that's actually addressed in the dose  
9           reconstruction report, but not clearly. We  
10          wouldn't have remanded it if the -- if our  
11          adjudicatory person could go -- could go back  
12          and look at the dose reconstruction report and  
13          say no, Claimant, you've raised a question  
14          about the period 1962 through '65 as a pipe  
15          fitter and here's where -- here's where the  
16          report shows that that employment was  
17          addressed. But it's possible that when our  
18          claims staff looks at it, they can't find that  
19          reference. We send it back to NIOSH. NIOSH  
20          comes back to us and says yes, that was  
21          incorporated but we didn't -- we weren't clear  
22          enough. Here's another paragraph that explains  
23          how that period of employment was in fact  
24          addressed in the estimation process. So that -  
25          - those -- it's a whole range of possible

1 issues. And again, we would -- we're not  
2 giving up on getting closer to the evaluation  
3 of how many of these are -- are just errors  
4 from the NIOSH perspective versus things that  
5 fall out of the adjudicatory process. We're  
6 going to continue to work on that.

7 It's interesting to note that in our -- of 60-  
8 some-odd hundred dose reconstructions that have  
9 come back to us, we only have a little over 300  
10 which have been remanded to NIOSH, period, from  
11 the adjudication process. And that's about  
12 what, less than five, six, seven percent? It's  
13 a small number. It's -- and then obviously  
14 many of those are not errors, they are new  
15 evidence. So that -- I don't know what that  
16 seems to suggest. That would seem to suggest  
17 there is a relatively quality process going on,  
18 but it's obviously something that requires us  
19 to continue to look at it and look deeper.

20 **MR. ESPINOSA:** Thank you.

21 **DR. ZIEMER:** Leon?

22 **MR. OWENS:** Shelby, under the final decisions  
23 claims slide, my question's in regard to the  
24 non-covered employees. Is that a function of  
25 DOE not being able to verify employment, or is

1           it another reason?

2           **MR. HALLMARK:** Not -- you mean the reason of  
3           not a covered employee, the reason for denial?

4           **MR. OWENS:** Right, for the employees that are  
5           not covered.

6           **MR. HALLMARK:** No, they would -- they would --  
7           typically the reason they're -- that category  
8           would be individuals where, in one fashion or  
9           another, we have chased down and -- and reached  
10          a finding with respect to their employment, but  
11          we have determined that it was -- that they  
12          were not an employee of the site. For example,  
13          they worked for a construction firm but we  
14          don't place the construction firm at the site.  
15          And those -- there aren't -- there weren't many  
16          in that category who fall out altogether. The  
17          other -- the other employment issue would be  
18          individuals who came to work at the site or for  
19          a contractor or subcontractor, but after the  
20          period of time that was the DOE contract at an  
21          AWE. Again, some of those are the ones that I  
22          was speaking of who will be newly affected by  
23          the residual radiation amendment that opens the  
24          window for them in some sites. That's a small  
25          number, also.

1           **MR. OWENS:** Yes, sir. That was my question,  
2           particularly in regard to -- to the Paducah  
3           site. What we have found were there are a lot  
4           of the older workers who did work for various  
5           subcontractors building specific buildings, and  
6           some of those individuals have received letters  
7           -- have received letters stating that DOE has  
8           been unable to verify their employment. So  
9           right now we're in the process of -- those that  
10          are still surviving, of getting affidavits to  
11          support that position. So I do -- I do feel  
12          that there might be some subcontractors that  
13          performed work, not necessarily in the entire  
14          facility, but on specific projects that might  
15          have missed -- been missed.

16          **MR. HALLMARK:** Well, that -- we have a  
17          exhaustive procedure to go as deep as we can on  
18          those kinds of cases. Just the fact that an  
19          individual receives a report from DOE saying we  
20          can't place the person doesn't stop us. We go  
21          to affidavits, we go to corporate sponsors,  
22          corporate entities in some cases, and we go to  
23          Social Security Administration and obtain wage  
24          records that we then try to put together with  
25          affidavits to -- to make a nexus with respect



1 to the particular work.

2 Now it's not to say that there aren't -- there  
3 aren't going to be cases where all of that  
4 fails and we can't -- you know, and there's  
5 just not proof the individual actually worked  
6 there. But certainly we push all the envelopes  
7 that we can to come to closure on that issue.

8 **DR. ZIEMER:** Mark?

9 **MR. GRIFFON:** Yeah, looking on that same slide  
10 actually, final decisions, there's a category,  
11 insufficient medical evidence --

12 **MR. HALLMARK:** Uh-huh.

13 **MR. GRIFFON:** -- 3,270 denied. Does that -- I  
14 wonder if there's any breakdown within that  
15 topic. Is it -- is it the case where a person  
16 couldn't provide any medical information, or  
17 were there access issues that they couldn't get  
18 very old medical records, or --

19 **MR. HALLMARK:** I would imagine -- typically  
20 that's a question where the individual's  
21 asserting that they have beryllium disease,  
22 usually with a pre-'93 diagnosis, and we find  
23 that the condition was not -- cannot be  
24 identified as beryllium disease. They assert  
25 cancer and we find it's a pre-- you know,

1 precancerous leukemia -- the sort of borderline  
2 issues where the individuals --

3 **MR. GRIFFON:** So most -- most of those, though,  
4 the evidence doesn't support the condition that  
5 was --

6 **MR. HALLMARK:** Correct.

7 **MR. GRIFFON:** Okay.

8 **MR. HALLMARK:** In other words, that's as  
9 opposed to the non-covered condition group  
10 where we would deny because the individual  
11 presents with asbestosis and that's just not --  
12 that's just not covered. These are people who  
13 are making a claim of one of the covered Part B  
14 conditions, but we've found they -- that they  
15 can't -- they can't prove the claim in that --  
16 on the medical basis.

17 **MR. GRIFFON:** And then the -- the last bullet  
18 on that slide talks about POC less than 50 and  
19 cancers not related. What are cancers not  
20 related, as defined here?

21 **MR. HALLMARK:** Help me out with this, Pete,  
22 cancers not related. I --

23 **DR. ZIEMER:** Pete Turcic.

24 **MR. TURCIC:** That's the CLL.

25 **MR. HALLMARK:** Okay, you have the one --

1           there's one cancer that's -- that's identified  
2           in our structure as not being radiogenic, and  
3           so in -- technically speaking, it doesn't come  
4           under the POC process because of that treatment  
5           in the NIOSH reg.

6           **DR. ZIEMER:** Okay. You have a follow-up, Mark,  
7           or --

8           **MR. GRIFFON:** No, I thought that was the case.  
9           I just wanted a clarification on that.

10          **DR. ZIEMER:** Other --

11          **MR. GRIFFON:** Thank you.

12          **DR. ZIEMER:** -- questions or comments for  
13          Shelby?

14          **MR. HALLMARK:** We will attempt our best to make  
15          sure that the Board is -- is apprised as these  
16          town hall meetings are done, and I -- I'm not  
17          sure what the best way of our doing that is,  
18          but we'll work with -- with Lew and others --

19          **DR. ZIEMER:** Work with Lew and make sure that,  
20          as a minimum, perhaps an e-mail notice that  
21          there'll be something in a particular Board  
22          member's locality that gives them the  
23          opportunity to at least be there and observe  
24          and participate.

25          **MR. HALLMARK:** Right.

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

2           **MR. HALLMARK:** I do -- I do apologize that we  
3           dropped the ball in Oak Ridge and we certainly  
4           don't want to do that again.

5           **DR. WADE:** Thank you, Shelby.

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

7           **GENERAL PUBLIC COMMENT**

8           We're a little bit ahead of schedule, and the  
9           Chair's been asked to consider allowing some of  
10          the public commenters who might not be able to  
11          be here later in the day to avail themselves of  
12          this opportunity to address the assembly, and  
13          I'm going to allow that. We do need to keep on  
14          schedule because we have a sort of a time-  
15          certain session at 3:00 o'clock. We will take  
16          a break at 2:45, but we have some time now that  
17          we can allow some of the members of the public  
18          who will not be able to be here later to  
19          address the group.

20          I have the list of those who have signed up,  
21          but I don't know which ones are the ones who  
22          are not able to be there -- be here later, so I  
23          simply ask them to self-identify and we'd be  
24          pleased to have those speak at this time. They  
25          can use the mike here in the center and if any

1 of those are present, if you'll simply approach  
2 the mike and identify yourself, and then the  
3 Board and the assembly can hear from you.

4 **UNIDENTIFIED:** (Off microphone) Most of those  
5 people have already left --

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

7 **UNIDENTIFIED:** (Off microphone) Okay, they came  
8 back.

9 **DR. ZIEMER:** Yes, identify yourself, please,  
10 for the record.

11 **UNIDENTIFIED:** Good afternoon, gentlemen.  
12 I thank the privilege to get up here and say a  
13 few words. We're just about ready to leave. I  
14 worked at the Weldon Spring plant. I was the  
15 second person hired out there. I worked in  
16 every building but three. It's a process that  
17 went all the way through the plant and I was a  
18 chemical operator. I have cancer, several  
19 different kinds of cancer. Some of the people  
20 that I work with, especially the ones that came  
21 from downtown plant, from the foremans (sic),  
22 they all passed away. I hate to say this, but  
23 a gentleman named Jim Mitulski, he was a  
24 foreman, Leo Pyres, several more. All these  
25 people worked on the Manhattan Project. They

1           came out to Weldon Springs and very  
2           knowledgeable what uranium did and what we did  
3           out there, but I hate to say this, but  
4           actually, gentlemen, we were used as guinea  
5           pigs.

6           The only protection we had was a respirator, a  
7           film badge. That's the only protection we had.  
8           We urinated in a bottle every 21 days. If you  
9           got hot on one job, they put you on another  
10          job. I've got all the old -- all the records  
11          of mine from Oak Ridge, Tennessee. I went over  
12          them with my fellow workers, the ones that's  
13          still living, and I can see why some of them  
14          did pass away. Their radiation level was very  
15          high.

16          I live six miles away from the plant. What  
17          gets me, gentlemen, it took \$900,000 to clean  
18          up that plant. That's -- it cost more to clean  
19          it up than it was built. Believe me, I've got  
20          all the information from the newspaper and from  
21          Oak Ridge, and when they made all their  
22          proceedings and everything, it just --  
23          heartbreaking, when I go by there every day and  
24          see that plant there, and all the people that  
25          passed away. People like Charlie

1 Bradensteiner\* was my fellow worker. He passed  
2 away a year ago. His wife had to sell her  
3 house to pay for her medical bills that Charlie  
4 had cancer. She did not receive one penny from  
5 the government. People like that really makes  
6 me feel really, really bad.

7 This is why I'm down here today or whenever I  
8 can come and help other people who worked at --  
9 for Mallinckrodt. I know the technology might  
10 (unintelligible) been there, but they knew what  
11 radiation that we had because they were down  
12 here on Manhattan Project all those years, all  
13 the foremen. They came from down there, came  
14 out there. They used to tell us what went on  
15 down in -- down there at the plant down there.  
16 But gentlemen, I hope that something comes out  
17 of this so some of these other people can get  
18 some benefits out of it. Thank you.

19 **DR. WADE:** Excuse me, sir, would you --

20 **UNIDENTIFIED:** Bob, would you like to speak a  
21 word?

22 **DR. WADE:** Would you give us your name, sir,  
23 please?

24 **MR. ROTH:** Charles L. Roth.

25 **DR. WADE:** Thank you.

1           **MR. ROTH:** Here's a gentleman, Bob Fulkerson.  
2           He was about the 15th or 16th went to work out  
3           there. He can tell you about the process.

4           **DR. ZIEMER:** Okay. Bob?

5           **MR. FULKERSON:** Bob Fulkerson, F-u-l-k-e-r-s-o-  
6           n. I'd just like to say we -- at Mallinckrodt,  
7           this is Weldon Springs. We took the raw  
8           material, changed it into liquid, then it went  
9           to orange, then it went to green and then we  
10          made metal out of it and went through the whole  
11          process out there. I worked -- I'd like to say  
12          something about the furnaces I worked in.  
13          We would fire these furnaces -- we'd put  
14          magnesium with the green salt and it was like a  
15          bomb, and it'd fire -- you'd heat these up to  
16          like 1,000 degrees. Well, it was okay as long  
17          as everything worked right. But there was a  
18          liner in these shells and a lot of times this  
19          liner wasn't perfect. And when this went off,  
20          it just literally blew up. And a lot of times  
21          we had to evacuate the whole buildings for the  
22          smoke and the -- and the -- and the dust and  
23          then we couldn't go back in sometimes till the  
24          fire department would clear it. And this  
25          happened once or twice a week. I think we had



1           seven furnaces, and a lot of smoke and a lot of  
2           dust. And like Charlie said, the only  
3           protective clothing we had was cotton -- white  
4           coveralls and cotton gloves. Had a mask that  
5           we put on when we felt like we needed it, which  
6           didn't do any -- smoke didn't do anything for  
7           it. And so that's I wanted to say something  
8           about the furnaces there, and there was a lot  
9           of dust and in the break rooms, floors were  
10          always dusty. We drank coffee in there. It --  
11          it was -- it was not too good. And I think  
12          that's all I have to say. Thank you.

13          **DR. ZIEMER:** Thank you, Bob. Another gentleman  
14          approaching the mike here.

15          **MR. SEMARADI\*:** Yes, I'm Andrew Semaradi. I  
16          worked at the airport. I don't want to take  
17          anything away from these Mallinckrodt people  
18          'cause they've been through it all. I worked  
19          43 years for a fueling company out there. We  
20          used to watch Mallinckrodt trucks come in and  
21          dump along that third runway. Most people  
22          don't know it's there. In 1995 or '96, my job  
23          -- I fueled for 30 years, 31 years, and then I  
24          was utility man. And any time they had  
25          anything that looked like kerosene or fuel or

1 anything, they'd call me. I had a suction  
2 truck used to suck this stuff up. When they  
3 started doing that construction on the east  
4 terminal, the new east terminal, they had --  
5 they held that up for over a year because of  
6 the contamination in the ground, didn't know  
7 what to do with it. So anyway, somebody came  
8 up with an idea, I think they made a -- they  
9 called it a glycol recovery system. The glycol  
10 and all the water went into that. They never  
11 did use it for glycol recovery because it was  
12 so full of contamination, they couldn't. They  
13 had -- looked like a Esther Williams swimming  
14 pool up there that they put the glycol in, and  
15 I've got pictures where they had fire hoses  
16 going into this pump house down there that was  
17 taking it out of these containment pools and it  
18 was flooding down towards the airport. And  
19 once they opened up our fuel lines, that water  
20 all came down towards the terminal. And any of  
21 you people ever flew on an airplane, I'll  
22 guarantee you and I could show you today --  
23 they fired me back in 2001, but I could show  
24 you today 'cause people still contact me, that  
25 this water -- you know, anybody who's a

1 hydrologist or geologist know that water goes  
2 down and oils and things come up. This is  
3 still coming out today. A guy called me  
4 yesterday and said that water, when it rained,  
5 it comes up. And if they set your bag down on  
6 that ramp, you're taking this home to your --  
7 I've got a oil can that was eaten up in less  
8 than a year. And when we went to one of the  
9 Mallinckrodt meetings they had a radiation  
10 detector there and it set off the needle. And  
11 I've got samples. They tell me -- if anybody  
12 knows kerosene, it's as clear as water. The  
13 people at the airport say well, no, this is  
14 fuel. It's in the ground, came through the  
15 ground. It's still as black as my thing here  
16 is today and I had NIOSH out, I had OSHA.  
17 These people all contacting before they come  
18 out and there's so much cancer at that airport  
19 if -- the Teamster Union, the Machinist Union,  
20 I went to them trying to get a list of all the  
21 people -- I've probably got 100 people that I  
22 know that are dying of cancer. Now it might  
23 not be the cancer that you're talking about,  
24 but I'll guarantee you that Mallinckrodt dumped  
25 out there. And it might not just be

1           Mallinckrodt 'cause I know the National Guard  
2           and MacDonald Douglas and all them have. But  
3           we'd like to be included in some of this, too,  
4           because I've got two -- I had six operations on  
5           my arm. It ate my arm up. And I've been  
6           fortunate enough in my life, my doctors said,  
7           to get away from there and I got a -- I'm still  
8           living. There's so many people I know that  
9           have died, they die every week. And I've got a  
10          report here. I've got -- we forced TWA and the  
11          airport to run some tests and I've got  
12          radiation -- we can't get radiation reports.  
13          They won't tell us.  
14          Now there's pesticides, DDT and things that  
15          have been banned since in the '70's that is in  
16          that ground water, and I've -- and like I say,  
17          if I could find one of these people from NIOSH  
18          were out there -- and they don't do a thing,  
19          DNR doesn't do anything, we're on our own.  
20          Nobody will con-- tie any of this together.  
21          And I'm fortunate enough I'm in good shape now,  
22          but I was ready to die a couple of years ago  
23          and -- but we're going to have other people  
24          come down here later tonight that their  
25          husbands have died and things, and I would like

1 to have the air-- 'cause we're a contractor.  
2 We got into this same thing, and I could show  
3 you -- and if we ever get a good -- anybody  
4 that's really interested, I've got enough  
5 people that will show you exactly where all  
6 this stuff is. Just like these people from  
7 Mallinckrodt, they could probably walk right  
8 out there now and show you exactly where this  
9 stuff is at. And it hasn't been cleaned up and  
10 it's a -- that airport expansion they're doing  
11 now, that big hole they dug down there, is just  
12 a way to get rid of the contamination at the  
13 airport. And once us people are dead, nobody  
14 will ever know what they're sitting on top of  
15 there. And that's my soap box I guess. Thank  
16 you.

17 **DR. ZIEMER:** Okay. Thank you. It's -- Andrew.  
18 Yes, thank you, Andrew.

19 Okay. Yes, sir?

20 **MR. LEACH\*:** My name is Bob Leach and I put in  
21 about 13 years with Mallinckrodt in the uranium  
22 division, and I, too, worked at Plant 4 and it  
23 was one of the filthiest places I've ever  
24 worked in my life. And I also, like the other  
25 gentleman said, many a times I was inside those

1           furnaces to clean out where the molten metal  
2           had blown out, the uranium metal, and had to  
3           clean it up and get it ready for the next  
4           firing. And many times that molten metal would  
5           come right onto the floor of the area, and of  
6           course many of us were exposed to it. They  
7           always told us oh, this won't hurt you. It'll  
8           be out of your system within the week, and  
9           that's all we could find out about them.  
10          Now I -- I've got -- I've had prostrate (sic)  
11          cancer, which was removed. The cancer has  
12          returned. The doctor says I'll have it the  
13          rest of my life. I also had two skin cancers,  
14          but in my -- what I found out, none of this is  
15          covered under this 20-some cancers that they  
16          supposedly will cover, and I think it's  
17          ridiculous because it's many of us ended up  
18          with that type of cancer, but I don't know if  
19          we'll ever see anything or not.  
20          But I worked anywhere from 40 to 76 hours a  
21          week out at Weldon Springs because when they  
22          had that plant running seven and eight -- or  
23          seven days a week and more, you worked. And I  
24          was a supervisor a lot of the time, but I still  
25          had to be there all the time. And I put my

1 claim in in January, I believe it was, of 2002.  
2 But I just hope that they change how many of  
3 those cancers that they're going to cover  
4 because, from a selfish viewpoint, I think I'm  
5 entitled to it, too.  
6 But the one thing I wanted to bring out, I  
7 called Cincinnati, which -- to find out how my  
8 claim is going. I called them on August the  
9 30th, and it had never been assigned to medical  
10 at that time, and they said that they just  
11 didn't have the information they needed from  
12 site profiles. I called back in January, the  
13 14th, and the lady there -- and they're always  
14 very nice, don't get me wrong. They're very,  
15 very nice, but she said Mr. Leach, I might as  
16 well tell you that since you worked at Plant 4  
17 of the Destrehan and Weldon and the Weldon  
18 Springs records will not be finished until last  
19 part -- latter part of June, and then they got  
20 to go back to them and then if they approve it,  
21 then they have to go to the medical and -- for  
22 approval there. And I commented, I said what  
23 am I figuring on, another year? She said at  
24 least another year before we can get to your  
25 cases and -- but she said that they're doing

1 all they can, but that's what makes it bad when  
2 you worked at two different plants and they  
3 have to get the exposure records from both  
4 plants.

5 Well, I commented to the lady, and it's -- if  
6 it's going to take this long, I'll probably be  
7 laying out in Jefferson Barracks Cemetery  
8 before they get this going. Thank you.

9 **DR. ZIEMER:** Thank you, Bob, for sharing that  
10 with us and -- lady at the mike, yes, please?

11 **UNIDENTIFIED:** Do you have time for one more?

12 **DR. ZIEMER:** You bet.

13 **MS. SHUMACHER-CORDING:** My name is Sharon  
14 Shumacher-Cording -- excuse me while I pull  
15 this down. Shelby -- I forgot your last name -  
16 - I take exception with what you said up there,  
17 and I got a little bit of I think we're  
18 slightly bashing NIOSH, and maybe that wasn't  
19 your intent, but that's what I read. The NIOSH  
20 folks have been nothing but super, super great  
21 -- to me, anyway. I don't understand a lot of  
22 what you said because they're approved over  
23 here, they're not approved over here. We do  
24 consider medical records. Oh, yeah?  
25 Burlington, Iowa -- was that two years ago,



1 gentlemen? One year ago? Yeah, it was a year  
2 ago -- we were blatantly, angeredly (sic) told,  
3 in no uncertain terms, by government  
4 representatives of both Departments, DOL and  
5 DOE, that medical records were not, will not,  
6 never will be considered in any of these cases.  
7 Now somebody at that meeting taped that meeting  
8 and I can get that transcript for you. We had  
9 a couple of experts from the DOE and DOL there  
10 that just wouldn't have any truck with us at  
11 all, whereas the NIOSH guys were nothing but  
12 kind. They were factual, they were up-front,  
13 across the board. So I kind of feel like I was  
14 lied to.

15 My hus-- first husband worked at the Iowa Army  
16 Ammunition Plant in Burlington, Iowa from  
17 October of '66 until the move from AEC was made  
18 to Pantex. Material checker. Those guys were  
19 all over that facility. Yard L was considered  
20 the ship-in/ship-out yard for AEC. I didn't  
21 know until I appealed a denied decision claim  
22 that at the shipping point of going to Pantex  
23 all of the checkers handled the balls of  
24 uranium bare-handed, no protection at all.  
25 During the course of their employment for AEC,

1           the one gentleman from Mallinckrodt -- urine  
2           test, badges -- that was a joke. I will have  
3           some more comments for the SEC petition on  
4           Wednesday. I personally find it sad that the  
5           Iowa Army Ammunition Plant was not even  
6           recognized at your inception. From what I've  
7           sat here all day and watched and seen and  
8           heard, you folks are giving us your very best  
9           shot, during the very best you can with what  
10          you have to work with. And you are to be  
11          admired and applauded for that. Anybody gives  
12          you any static, just hit them over the head,  
13          because you really are trying. But the folks  
14          in Iowa -- and to a lesser degree,  
15          Mallinckrodt, because at least Mallinckrodt  
16          gets a site review, we don't -- I think. Did I  
17          read that right, Mallinckrodt folks, did you  
18          get a site review? Okay. Because we weren't  
19          known. We were the black hole. We didn't  
20          exist. But at some extent all of the 22  
21          accepted cancers, the cancer claims have been  
22          filed and all of them have been denied.  
23          Larry's case is 4895. I'm in my second appeal  
24          process.  
25          You keep doing what you have to do and work at

1           it hard. I talked to this gentleman here this  
2 morning, and I have nothing but respect for you  
3 guys. But again, Iowa is being left out of  
4 your process, and if there's some way that the  
5 Ordnance Plant and Iowa can get added to your  
6 list -- because how can you in reality get a  
7 true -- true cross-case mix without all of the  
8 plants being included. But I think DOL and I  
9 need to talk. Thank you very much.

10       **DR. ZIEMER:** Thank you. Your first name,  
11 ma'am, was -- was it Sharon?

12       **MS. SHUMACHER-CORDING:** Sharon.

13       **DR. ZIEMER:** Sharon. Thank you.

14       **MR. THORNHILL:** Gentlemen, could I have a  
15 couple of minutes? I'm not going to talk long.  
16 My name is George Thornhill. I worked at  
17 Mallinckrodt at Weldon Springs, and we had a  
18 meeting here about -- a few months ago and they  
19 called me and I was very excited to go because  
20 I thought I was going to get to see a bunch of  
21 my old friends. And I was just shocked when I  
22 got there what I seen. So many of them had  
23 cancer, and I want to thank God I don't have  
24 it. I'm one standing right here in front of  
25 you that, as far as I know, I don't have any

1 cancer. But I've been pallbearer for every one  
2 of my foremen I worked for out there. And I  
3 want to let you know, I've seen some very sick  
4 people that's suffered a lot.

5 We worked out there in the pilot plant at  
6 night. It's like all plants, when all the  
7 bosses go home, then you do all the things you  
8 wasn't supposed to do in the daytime. I seen  
9 us put stuff in these plants that birds flew  
10 over at night and them birds would fall flat  
11 out of the sky and die -- boom -- because of  
12 the nitric acid and stuff that we was dumping.  
13 And we was just doing our job. None of us knew  
14 we was exposed to anything. We didn't know  
15 anything at all was going on. We was making  
16 \$2.16 an hour, big money, but that's what we  
17 did. And I worked there till the plant closed.  
18 But I didn't realize that so many of them was  
19 getting cancer and that's what they died from.  
20 And thank you for your time.

21 **DR. ZIEMER:** Thank you very much. We have  
22 about three minutes, if there is any further  
23 comment. We do have another public comment  
24 session later this afternoon. Yes, ma'am,  
25 please approach the mike.

1           **UNIDENTIFIED:** My dad died of lung cancer --

2           **DR. ZIEMER:** Would you state your name, please,  
3 for the record?

4           **MS. IRWIN:** Sue Irwin.

5           **DR. ZIEMER:** Sue Irwin?

6           **MS. IRWIN:** He lived three years after he was  
7 diagnosed with lung cancer, and we worked in  
8 nuclear plants from 1942 to 1957. And he was a  
9 very gifted welder, and because of this he was  
10 asked to work on the atomic bomb. And Dad said  
11 that it was so secret that not even his bosses  
12 knew what they was working on. And one of the  
13 sites that Dad worked on was -- he was working  
14 by hisself (sic) one night and a pipe broke,  
15 and he said he went in -- he went in to fix it,  
16 and he was saturated with nuclear waste.  
17 He suffered from lung problems all of his life.  
18 He always carried Luden's cough drops in his  
19 pocket, and then he was diagnosed with lung  
20 cancer and he died.

21           But we have all of his medical records. We  
22 have information that he worked on six  
23 different sites, and I don't know what else it  
24 takes to prove that he was exposed to  
25 radiation. The last information we got, they

1           were still doing the dose reconstruction. So  
2           it's kind of a mystery, you know, why it's  
3           taken so long.

4           **DR. ZIEMER:** Thank you for those comments.  
5           We're going to recess now for approximately 15  
6           minutes. We'll return and be addressing the  
7           regular agenda item, and then we will have  
8           another public comment session beginning at  
9           4:30. So I declare us recessed now till 3:00  
10          o'clock.

11          (Whereupon, a recess was taken from 2:45 p.m.  
12          to 3:10 p.m.)

13          **SITE PROFILE REVIEW - BETHLEHEM STEEL**

14          **DR. ZIEMER:** Following our Board meeting in  
15          December -- or during our Board meeting in  
16          December, we had before us on the agenda the  
17          site profile from Bethlehem Steel -- or the  
18          review of the site profile of Bethlehem Steel.  
19          And if you look in your minutes, Board members,  
20          on page 31 you'll see how -- you'll be reminded  
21          of the Board's action on that. And that was  
22          the Board request that NIOSH and SC&A respond  
23          to each other's reviews of the report and that  
24          the Board requests that NIOSH res-- the NIOSH  
25          response address each of the findings and

1 observations, with particular emphasis on the  
2 first two comments on page 8 of the report and  
3 so on. And in essence, we asked NIOSH and we  
4 asked SC&A to work together to resolve some  
5 differences that were evident at that meeting.  
6 We had Board members present during those  
7 times, also, to observe the intertake (sic) and  
8 exchange on that.

9 Today we're going to have a report from NIOSH  
10 which talks about those issues, and Dr. Neton  
11 will identify the issues that have been  
12 resolved between NIOSH and SC&A, will identify  
13 some issues where they -- there still is  
14 perhaps a disagreement or a difference in  
15 views, and there are a number of cases where  
16 NIOSH is specifically asking the Board to weigh  
17 in with its views on particular aspects of  
18 this.

19 So with that as an introductory comment, I'll  
20 call on Dr. Neton now to present NIOSH comments  
21 on the SC&A review of the Bethlehem Steel site  
22 profile review.

23 **DR. NETON:** Okay. Thank you, Dr. Ziemer.

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

25 **MR. PRESLEY:** Henry.

1           **DR. ZIEMER:** Henry, are you there?

2           **DR. ANDERSON:** (Via telephone) Yes, I'm here.

3           **DR. ZIEMER:** Okay. And Dr. Neton is just  
4 getting ready to make the presentation.

5           **DR. NETON:** Thanks again, Dr. Ziemer. It's --

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

7           **DR. NETON:** -- my pleasure to be here in St.  
8 Louis this afternoon to talk about the  
9 Bethlehem Steel profile review, our comments on  
10 it. Dr. Ziemer gave a good part of my  
11 introductory remarks, so I think maybe I can  
12 speed things up a little bit here.

13 I would like to correct one thing, though. In  
14 our interaction with SC&A we did not have  
15 members of the Board present with those  
16 interactions. I think you may have been  
17 thinking about the dose reconstruction report  
18 reviews. This was -- essentially we went off  
19 and unilaterally worked on our report, but did  
20 interchange and receive some feedback verbally  
21 from SC&A on -- on their thoughts -- on their  
22 written thoughts.

23 And Dr. Ziemer's absolutely right, we've come  
24 to some -- some conclusions that are a little  
25 different than what I reported to last time.



1           There were -- in the report, to refresh  
2           everyone's memory, there were eight findings,  
3           seven observations, three procedural  
4           conformances identified, and six strengths,  
5           which were bulletized items at the back of the  
6           report, and I won't be discussing those today,  
7           for obvious reasons. But as we discussed  
8           earlier in the day, a finding, as defined by  
9           SC&A for purposes of this report, is something  
10          that represents a significant issue. It's  
11          likely, in the end of the day or the long run,  
12          to impact dose reconstruction. So this is the  
13          most serious nature of a finding or of a  
14          comment that they could make.

15          The seven observations were perceived  
16          weaknesses or deficiencies that we should go  
17          back to the drawing board, look at things, take  
18          a deeper, arm's length look at it and see if we  
19          really have covered that issue completely as we  
20          thought we may have.

21          And there's three procedural conformance  
22          issues. These are discrepancies related to our  
23          own way of doing business, whether it's the  
24          regulation or our own internal procedures, have  
25          we really done what we said we were going to do

1 consistently across the board.

2 I'm going to focus mostly on these findings

3 today because these are areas that are more

4 serious in nature -- at least identified by

5 SC&A. They could impact dose reconstruction.

6 I am going to, at the end, summarize our

7 discussion on some of the observations and go

8 over the procedural conformances -- issues.

9 I will say that we've come to agreement on a

10 large part of these findings, but there still

11 remain some issues outstanding. And as Dr.

12 Ziemer identified, we stand in front of the

13 Board and ask their advice and opinion on this.

14 There are a couple of areas, and I'll point out

15 at the appropriate time what those are.

16 Written reports were provided to the Board, I

17 believe last Monday, via e-mail, so the Board

18 should have received them. I also believe that

19 there are copies at the back table for members

20 of the public to review.

21 With that, I'll just get into it, and I could

22 think of no better way than to go over the

23 findings individually, so that's what I'll do,

24 but I will focus primarily on -- I'll focus

25 more effort on the first two findings, which is

1           what's -- which is the direction we received  
2           from the Board.

3           The first finding focused on the personnel  
4           monitoring data. As was established at the  
5           last meeting, we have no internal dosimetry  
6           data for workers at Bethlehem Steel. There are  
7           no urine samples to go -- to rely on to  
8           establish what the exposures may have been  
9           between 1949 to '52, so we relied on air sample  
10          estimates. SC&A has called into question the  
11          appropriateness of those air samples. In a  
12          sense, they didn't say that the air samples  
13          were inappropriate, it's just that NIOSH didn't  
14          do a very good job explaining that they were.  
15          And the fact is, we actually -- we agree with  
16          that.

17          We will -- as I indicate in the first bullet  
18          there, we do -- we do feel that the -- there  
19          are AEC documents out there that do support the  
20          use of air -- the air monitoring data that we  
21          used. If you recall last time, there were no  
22          air monitoring data available for the '49 and  
23          '50 time period at Bethlehem Steel, and we  
24          relied on the Simonds Saw and Steel air sample  
25          data, particularly the air samples taken on

1           October 27, 1948. Those we believe to be a  
2           situation -- and I think the report, SC&A's  
3           report, acknowledges this, if any of those air  
4           samples at Simonds were applicable, this time  
5           period was. There was no ventilation over the  
6           areas of the highest concentration and the  
7           radiological controls that were in place were  
8           probably about at their -- at their worst at  
9           that time. So we have these 40 or so air  
10          samples at Simonds Saw and Steel.  
11          And then for our report, we had about 114 air  
12          samples that we relied on for the Bethlehem  
13          Steel, characterization 51 and 52. Since that  
14          time, a number of additional samples have come  
15          to light, and the total number available to  
16          date is somewhere around 200, although there  
17          are a number of samples that admittedly is --  
18          it's hard to read the data. It's a little bit  
19          shaky. But somewhere close to 200 is the  
20          number of air samples we have available.  
21          Why we say we believe that the AEC documents  
22          support the use of air samples is the actual  
23          October 27th report itself. It was the  
24          intention of the AEC personnel at that time to  
25          go and establish what the actual exposures were

1 to the workers in the facility. They went and  
2 took air samples that they believed were  
3 representative of various work locations, and  
4 established what's known in the business as a  
5 time-weighted average exposure. That in itself  
6 indicates that they had some confidence that  
7 the individual samples that were taken were --  
8 were representative.

9 In addition to that, we've uncovered some  
10 documents that are more modern in time frame --  
11 in the 1970's, I believe -- where AEC has  
12 outlined their approach. The person who took  
13 many of these air samples, and actually took a  
14 lot of the air samples at Bethlehem Steel, was  
15 a person named Al Breslin\*, who many of you may  
16 know had been at the Health and Safety  
17 Laboratory for a long period of time. Al  
18 Breslin is a recognized expert, in my mind, on  
19 air sampling. He established these programs.  
20 And in the written document that we provided  
21 the Board, we've gone through and identified  
22 the highlights of what Mr. Breslin's approach  
23 was at that time. They go through and discuss  
24 what's -- what are known as process samples,  
25 general area samples and -- and breathing zone

1 samples.

2 Process samples -- and any of you who look at  
3 the air sample data, you'll see a P next to the  
4 air samples, that's a process sample that was  
5 taken to identify sort of the upper magnitude  
6 of the exposure. Even in Mr. Breslin's  
7 documentation he indicates that you should not  
8 use these samples to do doses or exposures to  
9 workers because they in fact -- no one received  
10 those exposures, they're high. An example of  
11 that would be putting an air sample right at  
12 the aperture of a furnace where a worker never  
13 really frequented, or right in the process  
14 stream of a rolling mill, whereas a worker may  
15 have had to have, because of physical  
16 constraints, been a foot or two away.  
17 We actually used those process samples in our  
18 profile. So there are a number of reasons why  
19 we believe they're representative, but we do  
20 agree that the profile needs to be revised to  
21 support this consideration or this conclusion,  
22 and we're certainly committed and will be doing  
23 that, and we've actually started the process in  
24 that way.

25 This just speaks to what the finding itself

1 identified, that there were issues with  
2 quality. We had not defined the quality,  
3 applicability and reliability, and we're  
4 certainly going to do that.

5 And then this connection to ICRP-75 was  
6 identified by SC&A. That's our -- a general  
7 guidance document for radiation protection of  
8 workers. In that general document there's a  
9 section on air samples and it does speak to a  
10 lot of these type of issues -- what is a  
11 quality air sample, how reliable are they, when  
12 -- how should they be taken so that you ensure  
13 that you've really covered the workers'  
14 exposures.

15 One does need to remember, though, that for  
16 purposes of the compensation program we are not  
17 trying to accurately reconstruct every worker's  
18 exposures. We're -- if we don't know and have  
19 very little confidence on the accuracy of an  
20 individual exposure, we can rely on an upper  
21 value exposure where we're confident that no  
22 worker, or almost no workers were exposed  
23 above. So you have to distinguish between the  
24 accuracy of the dose reconstruction and the  
25 accuracy of the -- or the accuracy of the dose

1 and then the accuracy of the dose  
2 reconstruction.

3 This just goes through some of the rationale as  
4 to why we believe their task spe-- well, of the  
5 -- they are appropriate for reconstructing  
6 doses, and I think I -- I -- this slide I  
7 presented last time. I'm not going to go over  
8 it in any detail, but you know, these were  
9 task-specific evaluations, included  
10 measurements at work locations where maximum  
11 exposures -- I talked about the process  
12 samples.

13 Part of SC&A's report talked about the fact  
14 that these were short-term samples, which I  
15 believe tended to indicate to them that these  
16 were short-term samples and how could that be  
17 representative of the workers' exposure. The  
18 reason they were short-term samples is because  
19 that was the duration of the exposure. There  
20 are a number of 40-second samples taken at the  
21 rolling mill, at the face of the rolling mill,  
22 but that's the length of time it took for an  
23 18-inch bar of uranium to actually traverse  
24 through the rolling mill and be done.

25 Again, the AEC Medical Division processed these



1 samples. I spoke last time about Dr. Naomi  
2 Harley who was responsible for many, if not  
3 all, the measurements that were taken at -- at  
4 at least Bethlehem Steel and provided a  
5 description of the quality control process or  
6 the -- the manner in which these were processed  
7 at EML.

8 And for the reasons I mentioned above, we  
9 believe that they are more representative  
10 samplings, as defined by ICRP-75, than what is  
11 conventionally known as a general area sample  
12 that is just taken there to monitor the  
13 workplace to ensure that the controls you put  
14 in place are adequate. These are a far cry  
15 from that type of sample.

16 This is a simple schematic of the layout of the  
17 rolling mill area at Simonds Saw and Steel.  
18 This is out of the profile that will be coming  
19 out shortly, but I put a little star here at  
20 all the locations where these -- there were 40  
21 air samples taken I think on this particular  
22 day. Two were controls, so there's 38 net  
23 samples, and if you count these stars, they  
24 won't all add up to 38 because many were taken  
25 in triplicate. Most notably there were

1           triplicate samples taken on either side of the  
2           rolling mill here, and some over here where the  
3           material's being transferred from the furnace  
4           to the rolling mill.

5           There's -- there's two -- two stages here. The  
6           first pass is called a roughing mill. You take  
7           a five-inch bar of uranium, weighs about 200  
8           pounds, push it through. You run it through a  
9           second time. The idea was to get about a 15  
10          percent reduction in diameter each pass, and  
11          then two passes through the -- two passes  
12          through the finishing mill and they're done.  
13          The highest air sample taken on each -- the  
14          highest average air sample taken is right here,  
15          the first pass through the rolling mill. It  
16          comes -- it came out of the furnace heated to  
17          about 1,200 degrees Fahrenheit, very oxidized  
18          surface because in the early days they were not  
19          done in a salt bath. They were done directly  
20          in the furnace and pushed right through here.  
21          So this is where that 1,000 MAC air sample  
22          occurred -- 1,070 I think is the actual value,  
23          the highest recorded value at Simonds Saw and  
24          Steel.

25          The difference between this process and the one

1 at Bethlehem Steel is Bethlehem Steel is a  
2 continuous mill. There are essentially six  
3 stations like this connected sequentially so  
4 that when one puts the bar in at the first end,  
5 it goes right through and comes out already  
6 finished. None of this manual feeding through  
7 twice happens. It just goes right through the  
8 process. And that was done in the interest of  
9 speeding up the process, getting a better  
10 uranium product in a more timely manner.  
11 Okay, finding number two -- and this is  
12 probably the most significant finding, in my  
13 mind, that appears in their report -- is that  
14 the triangular distribution was not  
15 statistically representative of the data -- of  
16 the Simonds Saw and Steel dataset. They also  
17 identify that -- they said the upper bound  
18 wasn't claimant favorable.  
19 Actually we -- we took a look at this in some  
20 detail, and it turns out that there are -- and  
21 we recognized this early on -- there are two --  
22 are two underlying lognormal distributions for  
23 these datasets, one for the Simonds Saw and  
24 Steel data, one for the Bethlehem Steel data.  
25 What we tried to do is to have a one-size-fits-

1 all with a triangular distribution to represent  
2 both 1949 to '50, '51 and '52. And in fact, in  
3 doing that, we tended to increase the exposure  
4 to the workers rather than decrease it, using  
5 the triangular.

6 I'm going to just skip ahead real quick to the  
7 next slide so I can explain that, and then I'll  
8 come back. This is the lognormal distribution  
9 of the data for the Simonds Saw and Steel.

10 This is a representation of the lognormal data  
11 for the Bethlehem Steel. First you can see the  
12 striking difference in the air concentration  
13 value, the tremendous difference. This is an  
14 order of magnitude or more lower than this, on  
15 average. And this is a representation of the  
16 triangular distribution.

17 Now the assertion by SC&A that the upper end  
18 does not go beyond 1,000 is true. But what  
19 happens when you sample this triangular  
20 distribution, you can see that there is a large  
21 gap between the upper -- the values in the  
22 upper air concentrations for the measured  
23 values and our -- our -- the curve we actually  
24 used. So when you go through in the Monte  
25 Carlo process and sample this, you end up

1           sampling a much higher frequency of values at  
2           the upper tail than if you were to use the  
3           actual lognormal distributions. So in fact  
4           what ends up happening is -- I've gone back and  
5           looked at about five to seven cases that were  
6           done using the triangular, and this is a rough  
7           approximation, but the actual values for the  
8           probability of causation dropped by about 30  
9           percent if we were to take this curve and this  
10          curve and use them to calculate the workers'  
11          exposures.

12          So again, this is not a statistically precise  
13          model. It is the model that was used for dose  
14          reconstruction purposes.

15          Let me just go back now and talk about the  
16          second point, which I think is very relevant.  
17          SC&A, however, did make a very interesting  
18          observation, which is that this single facility  
19          distribution, this one-size-fits-all, may  
20          actually underestimate doses for maximally  
21          exposed workers. In other words, we sampled  
22          that whole distribution uniformly -- well, not  
23          uniformly, but in accordance with distributions  
24          -- frequency. What if a worker actually had  
25          his nose in rolling mill number one for ten

1           hours a day for 48 rollings? Then in fact it's  
2           correct, we would underestimate that worker's  
3           exposure. So in a sense, we conclude -- we  
4           concur with SC&A that the use of a frequency  
5           distribution is not appropriate, and we should  
6           go back and use something more representative  
7           of the highest exposed workers.

8           In an ideal world, we'd like to go back and  
9           identify who were the highest exposed and who  
10          weren't. We've done that, we've looked at the  
11          job descriptions provided by claimants. It's  
12          virtually impossible to make a determination  
13          that would stick, I think. I mean you're  
14          getting the claimant's job description maybe  
15          the last year they worked, not when they worked  
16          in '48. They may have changed jobs multiple  
17          times. And in fact, most of the job  
18          descriptions that I've seen put them in a  
19          position where they would be highly -- could be  
20          highly-exposed, let's put it that way --  
21          laborers, millwrights, people that were in the  
22          general plant environment and not like  
23          cafeteria workers necessarily.

24          So to address this issue, we're going to model  
25          the air samples using the lognormal

1           distributions just as I indicated, distribution  
2           for Simonds and distribution for Bethlehem.  
3           But we're going to pick the 95th percentile  
4           value of that distribution and use that as a  
5           constant value to input into the dose  
6           reconstructions. We feel that this circumvents  
7           the issue of the highest exposed workers. It's  
8           claimant favorable for most workers and at  
9           least representative of the highest exposed  
10          workers.  
11          This particular graph just depicts the fact  
12          that these samples do fit a lognormal  
13          distribution very well; correlation  
14          coefficients approaching, you know, unity; you  
15          get similar if not better fit for the Simonds  
16          Saw and Steel data.  
17          Now one thing I want to point out, though, is  
18          SC&A report actually goes one step further than  
19          this. They say okay, the highest worker is at  
20          the 95th percentile. That seems reasonable.  
21          But how well do you really know that 95th  
22          percentile value. You only have three air  
23          samples at that upper limit. We agree that  
24          they were at the highest location. They were  
25          at rolling mill area number one -- three of the

1 five highest were at rolling mill number one.  
2 And so we were pretty confident we had the  
3 upper limit captured.  
4 SC&A's approach is, let's say -- if we went out  
5 to the 95th percentile, which would be at 1.645  
6 on this chart here, and say NIOSH were to use  
7 this value, they're saying well, you don't know  
8 that value very well; you should put some  
9 uncertainty bars -- those of you who do  
10 statistical analysis would recognize you'd put  
11 error bars about this curve -- but they weren't  
12 even saying that. They weren't saying put  
13 error bars about this curve. Put error bars  
14 about this individual point. Very difficult to  
15 do. And in fact, in their discussion, one gets  
16 the feeling that there's no really good  
17 statistical way to do that.  
18 Well, we are going to stick with the 95th  
19 percentile for a number of reasons, and I've  
20 tried to outline these in three bullet items.  
21 One is that we believe that the rollings that  
22 were done at Bethlehem Steel in '51 and '52 --  
23 they're much lower. We observed that with the  
24 air samples. But that the process used at  
25 Bethlehem Steel would result in lower air



1 samples, even in '49 and '50, if we had them.  
2 These are, (a), because they were finished  
3 rollings. Workers that we've talked to that  
4 worked in the plant at that time indicated that  
5 the six-inch bar mill, which had the six  
6 continuous rolling operations, only processed  
7 finished uranium. Matter of fact, the uranium  
8 that was actually produced at Mallinckrodt went  
9 to either Simonds Saw and Steel or Allegheny  
10 Ludlum for rough rolling. They rolled it down  
11 to about a two-and-a-half-inch bar. Then and  
12 only then would it go over to Bethlehem Steel  
13 to be finish-rolled down to a -- its ultimate  
14 diameter, about one-and-an-eighth inches.  
15 Secondly, the furnace operation. Remember I  
16 talked about this gas-fired furnace operation  
17 at Simonds Saw and Steel. Even at Simonds Saw  
18 and Steel at the end of 1949 they abolished the  
19 use of that because they realized it was too  
20 messy of an operation. So it's unlikely that  
21 any rollings occurred at Simonds Saw -- at  
22 Bethlehem Steel just using gas-fired furnaces.  
23 There are indications that furnaces were used,  
24 but it's what's called a muffled furnace.  
25 There's no direct contact, and it essentially

1 was a pre-heater before they put it into the  
2 salt bath itself.

3 The second and probably more important issue  
4 here is the time-weighted average exposure.  
5 Remember I said in October 27th, 1948 the  
6 purpose of collecting those 40 air samples at  
7 Simonds was to figure out what is the time-  
8 weighted average exposure to the workers. The  
9 time-weighted average exposure of the highest  
10 worker, using that analysis, was 190 times the  
11 maximum air sample -- air concentration. Our  
12 95th percentile will end up using somewhere  
13 close to 600. So we feel that there's a margin  
14 of safety or conservatism built into that  
15 number to begin with, even given that the  
16 processes are not completely similar. We've  
17 analyzed this and we believe that it's fairly  
18 representative.

19 The third thing, which we've just indicated --  
20 and this is not in your report, but you know  
21 how you get these flashes when you're driving  
22 home at times? Well, we had air sample data  
23 for Simonds Saw and Steel. And in fact, it was  
24 ta-- they were taken -- there's much air sample  
25 data available for Simonds Saw and Steel, but

1           there were a number of samples taken in fairly  
2           close proximity to October 27, 1948. So we're  
3           pretty comfortable that -- remember, I said  
4           it's important that -- early time frames there  
5           was no ventilation, or little -- no ventilation  
6           over the highest areas, anyway. So these  
7           workers -- they took 60 air samples total over  
8           what, six different time periods, well after  
9           the 27th. We really don't know if these  
10          workers continued to roll steel or not -- or  
11          uranium. I'm assuming they did, but let's say  
12          they didn't, and their only exposure was  
13          October 27th, what would be coming out in their  
14          urine if they breathed almost 600 times the  
15          maximum allowable air concentration for ten  
16          hours on that day? This is the urinary  
17          excretion curve that would be predicted.  
18          Now here are the actual measured samples. So  
19          again, yet another proof or -- not proof, but  
20          indication that the -- the use of about 600 MAC  
21          is fairly indicative and in fact somewhat  
22          conservative representation of the workers'  
23          exposures at that time.  
24          I think all these facts taken collectively give  
25          at least NIOSH a comfort level that the

1 exposures of using 600 MAC is a fairly  
2 reasonable estimate.

3 Okay. I'll move on. I know I took a little  
4 bit of time on that, but I think those were two  
5 --

6 **MR. GRIFFON:** Can I just ask a quick  
7 clarification on that, Jim?

8 **DR. NETON:** Yeah.

9 **MR. GRIFFON:** Did you run any -- any IREP  
10 models to compare how your outcomes came with  
11 just a constant value at the 95th versus your  
12 triangular distribution? I'm sure --

13 **DR. NETON:** I'm not sure exactly --

14 **MR. GRIFFON:** -- I mean did they always improve  
15 the POCs or increase the POCs? Did you -- in  
16 other words, did you take the -- you said you  
17 examined using the lognormal -- or the -- the  
18 lognormal distribution --

19 **DR. NETON:** Right.

20 **MR. GRIFFON:** -- versus the triangular --

21 **DR. NETON:** I used two lognormals, though, one  
22 for Bethlehem air data and one for Simonds air  
23 data --

24 **MR. GRIFFON:** Right.

25 **DR. NETON:** -- and when you use those together,

1           you will get a PC value that is lower every  
2           time.

3           **MR. GRIFFON:** Right.

4           **DR. NETON:** And the reason --

5           **MR. GRIFFON:** Did you do a similar comparison  
6           with your constant value at the 95th, though?

7           **DR. NETON:** Oh, the constant's going to go up  
8           because the effective air concentration's going  
9           to double. I think -- if you remember last  
10          time, the effective air concentration, which is  
11          really sort of what IREP ends up using, was  
12          about 334 MAC for the triangular.

13          **MR. GRIFFON:** Right.

14          **DR. NETON:** It's going to go up to about 600.

15          **MR. GRIFFON:** Right.

16          **DR. NETON:** I think these numbers --

17          **MR. GRIFFON:** (Unintelligible) discussions of  
18          the effect of the uncertainty on driving the  
19          POC model, but I just wanted to...

20          **DR. NETON:** Yeah, it turns out that the  
21          uncertainty distribution itself was -- it's  
22          equivalent of giving 334 MAC for the  
23          triangular. We will use -- don't quote me on  
24          this exactly -- it's about 600. We have to go  
25          back and make sure all the air sample data

1 we're using are appropriate and that sort of  
2 thing.

3 Okay. Finding number three talks about the  
4 selection of the minimum, mode, and maximum for  
5 table 2. There were two tables in the site  
6 profile, a lower table and an upper table. And  
7 what we did was, if any case would be -- appear  
8 to us to be over 50 percent for the lower  
9 table, we never bothered to use the upper  
10 table. The upper table is really the  
11 triangular distribution that we just talked  
12 about. It was the high table. The low table  
13 was based on Simonds -- or Bethlehem Steel  
14 actual air sample data -- much, much, much  
15 lower. The reason for that is, any cancer that  
16 was going to be compensable was -- I think  
17 almost with -- save one exception, was  
18 compensable under this low exposure model. In  
19 other words, the lung cancers, maybe the liver  
20 cancers, the ones that you would expect to have  
21 higher doses because of their metabolic  
22 behavior were all compensable under air sample  
23 concentrations similar to what happened at  
24 Bethlehem Steel in '51 and '52. You didn't  
25 need to have the Simonds Saw and Steel data in

1           there to drive that over compensability.  
2           Anyone that looked like it was under 50  
3           percent, though, would have run under this much  
4           higher matrix that -- that looked -- that  
5           included the Simonds Saw and Steel data. And  
6           in fact, all of those cancers were also non-  
7           compensable under there.  
8           We never used it, though, to make determination  
9           -- it obviously was confusing to SC&A -- since  
10          it was not really used to deny any cases or to  
11          calculate any cases that would appear to be  
12          denied, we're just going to take it out. It's  
13          not -- it's not going to affect the  
14          compensability for any case or future analysis.  
15          It's just too confusing to leave in there so we  
16          just feel it's most appropriate to take it out.  
17          So that finding I think we're in pretty good  
18          agreement on.  
19          Finding number four is a little bit of a vexing  
20          issue for us. SC&A has talked about steel  
21          workers in a heavy environment may actually  
22          breathe through their mouth more than through  
23          their nose than either the general population  
24          or even the general worker. And honestly, I'm  
25          a little bit confused by the comments, because

1           they appear to say two things to us, but we've  
2           gone through and looked at this in some detail.  
3           If one looks at the ICRP-30 default values for  
4           heavy exercise, it assumes that a worker  
5           inspires at about three cubic meters per hour.  
6           That is a fairly hefty inhalation rate. And  
7           not only that, they assume that 50 percent of  
8           that time a worker is breathing through their  
9           mouth. So the comment that SC&A makes that we  
10          need to consider oro-nasal breathing I think is  
11          somewhat part and parcel built into the ICRP  
12          models.

13          We did not have all the workers in the original  
14          profile breathing at the heavy worker rate, but  
15          we concede that yes, we don't know that, so  
16          we're going to assume all workers were heavy  
17          workers.

18          Now I need to distinguish between heavy work  
19          and heavy exercise. This is an ICRP construct.  
20          It may be somewhat dense to folks, but the  
21          heavy work ends up being at 1.7 cubic meters  
22          per hour, and what that assumes -- and I just  
23          noticed there's a typo here -- it assumes  $\frac{7}{8}$   
24          light exercise and  $\frac{1}{8}$  heavy exercise. So if  
25          you'd correct that in your notes it'd be good.



1 But in a sense what this is -- it's a hybrid.  
2 It says I'm a heavy worker and eight -- one  
3 hour out of the shift, if I'm working eight  
4 hours, I'm going to be breathing three cubic  
5 meters per hour, 50 percent through my mouth.  
6 So it acknowledges that a certain percentage of  
7 the time when you're working, you're going to  
8 be doing that.

9 I know of no job that breathes three cubic  
10 meters per hour. In fact, if you look through  
11 the ICRP values, I think for uranium miners in  
12 Africa they assume somewhere around 1.3 cubic  
13 meters per hour. I think uranium mining is a  
14 fairly demanding job, as well. So in some ways  
15 I'm puzzled why this was a finding because a  
16 finding means that -- that we've done something  
17 completely inappropriate and it really needs to  
18 be fixed, where I think this -- this falls  
19 more, in my mind, under the observation  
20 category where, you know, there's an  
21 indication. Maybe you ought to look further  
22 into this and do some more homework.

23 But nonetheless, we're willing to -- we're  
24 going to increase the model to 1.7 cubic meters  
25 per hour, which means that a percentage of the

1 time workers are going to be mouth breathing.  
2 Now one other way to read this report, though,  
3 it says that there's a table in there that  
4 talks about people who are habitual mouth-  
5 breathers. There is a certain segment of the  
6 population that breathes a good percentage of  
7 their -- through their mouth, no matter what.  
8 So by inclusion of that table, I'm not sure  
9 whether the SC&A report wants us to assume all  
10 workers are habitual mouth-breathers -- because  
11 there's no way in a compensation program we can  
12 go back and establish that for every worker, so  
13 that would then be the default -- or whether  
14 they're really just saying you need to maybe  
15 boost up this distribution here.

16 Now at this point NIOSH is standing with -- we  
17 believe the default value that's in ICRP for  
18 heavy work is appropriate. We see no real data  
19 or indication to the contrary here. But we're  
20 certainly interested in hearing the opinion of  
21 the Board on this. This one of these areas  
22 where we need -- we'd like to have some advice  
23 and discussion, and we're willing to reconsider  
24 this, depending on what the Board determines.  
25 Okay, finding five was the ingestion dose

1 estimates. We're low. They didn't include all  
2 the ingestion dose that a worker could have --  
3 could have experienced by working at Bethlehem  
4 Steel. In looking at this, though, I think at  
5 the end of the day we were not in that much of  
6 a disagreement for the individual rolling days.  
7 On an individual day our air dispersion model,  
8 which just took all the amount of uranium in  
9 the air and deposited it on the ground, ended  
10 up with a worker ingesting about 20 milligrams  
11 of pure uranium. The SC&A report -- I wouldn't  
12 call it a recommendation, but suggested maybe  
13 an upper limit of 100 milligrams per day based  
14 on experience of workers in dusty trades like  
15 construction might be more appropriate. And we  
16 grant that.

17 But if you look at this, though, this is 20  
18 milligrams of pure uranium. They are ingesting  
19 material in an environment that has a lot of  
20 steel dust around. If you talk to people like  
21 Ed Walker, he'll tell you that the uranium --  
22 the iron dust in the plant was sometimes four  
23 inches thick. So in a sense what you're going  
24 to have is uranium deposited in this iron dust  
25 matrix, and so the fraction of the 100

1 milligrams that SC&A suggests, if it's around  
2 20 percent, which I think is probably an upper  
3 estimate, we're not in too -- not in  
4 substantial disagreement, I don't think, here.  
5 I think one thing SC&A does disagree with is  
6 how our dispersion model came about. We're  
7 going to take a look at that and revisit the  
8 dispersion of air and deposition on surfaces.  
9 But I think at the end of the day we're not far  
10 apart with SC&A's reported recommendations.  
11 Where we still had a disagreement, though, was  
12 the exposure from ingestion due -- and  
13 inhalation, for that matter, in between  
14 rollings. And I'll address that under finding  
15 seven.

16 Finding six, the default particle deposition  
17 parameters were not claimant favorable. This  
18 again I don't think was based on -- and I think  
19 this, in my mind, more appropriately falls in  
20 the area of an observation, because there is no  
21 direct evidence provided by SC&A that particle  
22 sizes were smaller. They're suggesting that  
23 they could be.

24 Well, we've looked at the default -- the  
25 definition of default particle sizes for ICRP

1 and, to remind the Board, that assumes a five  
2 micron particle size, which is fairly  
3 consistent with work that involves operations  
4 involving mechanical processes. But it's  
5 important to remember that that five microns is  
6 not a fixed value. It has a geometric standard  
7 deviation associated with it, so it does allow  
8 for the existence of other particle sizes.  
9 So we've looked at the ICRP recommendations  
10 here. We feel that it -- it bears to our  
11 conclusion that five is adequate. We also went  
12 and looked at some other facility -- publica--  
13 published values at facilities. In fact,  
14 rolling milling operations. And again, five  
15 microns does not appear to be inconsistent with  
16 those studies.

17 And one thing I've ignored here is Simonds Saw  
18 actually, in 1950, went and did a particle size  
19 study where they took floor samples -- I forget  
20 the exact operation, but it's not unlike what  
21 you would experience at the mill -- and the  
22 particle sizes were very consistent. And in  
23 fact, with the standard -- with the geometric  
24 standard deviation 2.5, which is probably  
25 fortuitous, but the particle sizes are very

1 consistent with using five microns. So in our  
2 opinion there is no reason at this time, unless  
3 future evidence comes to the fore, that we  
4 would change that value.

5 Okay, this is what I talked about earlier  
6 where, you know, we did not have any exposure  
7 from residual contamination included in our  
8 model. In looking at this, we do now agree  
9 that we should include residual contamination.  
10 The evidence that we have to conclude that  
11 there was none was documentation indicating  
12 that they cleaned up between rollings. Uranium  
13 was a valuable commodity in metal at that time.  
14 And also we had an air -- a smear value.  
15 Remember I reported where they actually did a  
16 smear of the area before and after the rolling  
17 and indicated the area were clean. Well, the  
18 fact of the matter is, though, we only had one  
19 smear. And also from worker interviews that  
20 SC&A conducted, it led us to the conclusion  
21 that it would be pretty hard to clean up every  
22 atom of uranium and demonstrate it. So we do  
23 believe that there is credibility -- there's  
24 some credit that should be given for  
25 contamination in between rollings, and we stand

1           ready to do that.

2           We haven't fixed on the exact model yet, but

3           we're going to include both inhalation and

4           ingestion. There are some ways to do this. We

5           can have -- we can model the ingestion after

6           representative intakes of dust. Remember we

7           talked about this 100 milligrams of ingestion

8           per day -- may be higher, I'm not sure exactly

9           where that's going to be fixed. But it does

10          need to be -- one does need to take into

11          account the dilution that occurs as you process

12          steel and it mixes with this uranium. The

13          amount -- the fraction of what you're ingesting

14          of that 100 milligrams per day will go down

15          between rollings, so we'll -- we will take that

16          into consideration.

17          Also -- let's see intakes of dust -- oh, and

18          then for the inhalation intakes, there are some

19          published values that we're aware of for places

20          like steel mills where -- you know, what is the

21          dust loading in a steel mill just based on

22          resuspension, no operations occurring, and what

23          are people breathing in. And again, we can

24          apportion the amount of the resus-- the

25          fraction of the resuspension that's due to --

1           due to inhalation of steel -- or iron oxide,  
2           essentially, versus the amount of uranium  
3           that's in that. So we stand ready to do that  
4           and we've already started working on an  
5           approach to -- to that.

6           They did mention in their review that external  
7           doses need to be addressed, and we agree. We  
8           do believe they're going to be extremely small  
9           for residual contamination, but for  
10          completeness' sake we at least need to do some  
11          sort of a mention of that and cover -- cover  
12          the waterfront there.

13          Okay, the last finding, external dose due to  
14          various models -- modes of contact, this is an  
15          area where -- and this shows up also in the  
16          observations, that workers make assertions  
17          about well, I was holding or I was carrying  
18          metal. Your model only assumes that I'm -- I'm  
19          one foot from it, you know, at a certain amount  
20          of time. So we've gone back and looked at this  
21          a little closer. If you look at the annual  
22          dose of the distribution, it's 133 rem on an  
23          annual basis. It's a huge amount of external  
24          dose, particularly shallow dose, to give to a  
25          worker. So -- and we compared this to a



1           situation like where workers were working at  
2           Fernald between '52 and '55. The highest  
3           exposure was ten rem. They processed 20-  
4           something million pounds of uranium here and  
5           machined it. I think the highest that I can  
6           come up with is about 600,000 pounds per year  
7           production of processing of metal at Bethlehem  
8           Steel.

9           So here we have a facility that did a lot of  
10          work, the doses are much higher than the  
11          annualized mean. But we also need to do a  
12          better job -- and I'll talk about this in the  
13          observations -- of communicating that to the  
14          workers. If there's any shortcoming that we  
15          have in our profile, it's -- it's we didn't  
16          communicate how we approve (sic) at these -- how  
17          we arrived at these conclusions.

18          Two years ago when we were putting this  
19          together, we wrote this, frankly, for a health  
20          physics group that was going to use this to do  
21          dose reconstructions. Now we understand fully  
22          that we need to go better and document why  
23          these -- these observations were used and how  
24          they speak to the sort of exposure scenarios  
25          that aren't exactly addressed.

1 I did a calculation -- if you take this mean  
2 value of exposure, it would be the equivalent  
3 to a worker either sitting on or carrying or  
4 holding an ingot of uranium for three hours  
5 every day. I mean so we allow -- I mean we  
6 don't say that the worker was in contact with  
7 it, but the equivalent dose would be delivered  
8 if three hours out of that entire day the  
9 worker was handling the uranium. So we don't  
10 believe that there's a huge issue here.  
11 The observations I kind of lumped on one slide.  
12 Observations one, two, three, four and five are  
13 really the result of questions, worker --  
14 worker questions, comments raised during  
15 either, separate and apart from SC&A's review,  
16 the rollings after '52; or SC&A interviewing  
17 workers and workers saying well, I worked more  
18 than ten hours, or I -- there were cobbles and  
19 they cut these things and there were these  
20 short, episodic events that occurred. Those  
21 are the kind of things that are covered in  
22 these observations. And as I just mentioned,  
23 we need to do a much better job explaining why  
24 the model we're using -- why 600 times the  
25 maximum allowable air concentration for ten

1 hours a day is sufficient to cover those types  
2 of episodic events that may have occurred, and  
3 why our external exposure model sufficiently  
4 addresses these other incidents where a worker  
5 may have actually had to grab a bar for a  
6 while, that sort of thing. And it really is a  
7 matter of doing a much better job explaining  
8 it.

9 Observation six questions why environmental  
10 exposure is not included. The fact is that we  
11 assumed all workers were occupationally  
12 exposed, so you know, the occupational exposure  
13 was the relevant metric. Environmental  
14 exposure when they're off work is not -- is not  
15 included, other than the fact that we will now  
16 add residual contamination, which I suppose one  
17 could consider that an environmental exposure,  
18 but you know, we assumed the workers were  
19 breathing very high occupational levels during  
20 entire work -- you know, the work episode.

21 Seven questions photofluorography. We agree  
22 that we need to evaluate that, and we've  
23 already started on looking through the use of  
24 photofluorography at Atomic Weapons Employers.  
25 If you remember, we focused early on at

1 photofluorography at Department of Energy  
2 facilities where there was large masses of  
3 people being screened. We don't know if  
4 photofluorography was really used at Bethlehem.  
5 If there's any indication at all there was,  
6 we're certainly going to include it. Early  
7 indications are -- we looked at some Simonds  
8 Saw and Steel medical evaluations, and they're  
9 not. Now that doesn't mean Bethlehem wasn't,  
10 but suffice it to say that if there's any doubt  
11 at all, we're going to go ahead and include  
12 photofluorography as a -- as a means of  
13 exposure for medical -- medical evaluations.  
14 Okay. In the last slide, about -- there was --  
15 there was three procedural conformance issues  
16 raised. One had to do with the ICRP-75  
17 guidance and I think I kind of discussed that a  
18 little bit. The other two had to do with the -  
19 - SC&A's opinion that NIOSH was required to use  
20 worst-case exposures for these calculations,  
21 and in fact we're not. I mean we do claimant  
22 favorable assumptions when the technology can't  
23 inform us or science can't inform us. But I  
24 think -- I think the root of this observation -  
25 - these issues were that it's -- we didn't do a

1 good enough job explaining the difference  
2 between a claimant favorable estimate and an  
3 intentional overestimate.

4 A claimant favorable estimate is when you have  
5 two equally plausible scenarios and both --  
6 both seem reasonable, and one gives you a  
7 higher dose, we're going to pick the one that  
8 gives you the higher dose every time.

9 For part of the efficiency process, though,  
10 we've developed some -- some procedures, OTIB-4  
11 I think is the one cited in the review, that  
12 provide intentional overestimates to what we  
13 believe to be demonstrably low exposure group -  
14 - worker groups. You know, whether they were  
15 cafeteria workers or administrative folks, we  
16 will say okay, that worker group certainly did  
17 not have anything more than 100 times the MAC  
18 over their entire work history for all time,  
19 and demonstrate that even under that scenario,  
20 the PC value is certainly going to be less than  
21 50 percent.

22 That's a very different -- different beast.  
23 And so there is really no good reason why we  
24 should use that -- that document and apply it  
25 to someplace like a Bethlehem Steel.

1           Okay. I know this is not really germane to the  
2           review, but the question comes up often is what  
3           does this really mean in terms of cases'  
4           compensability. So I just have a slide here --  
5           I apologize, it's slightly out of date, but  
6           we've done most of the Bethlehem Steel cases so  
7           probably not that different today. But you can  
8           see there's an extreme bimodal distribution of  
9           compensabilities here. About 43 percent of the  
10          cases were over 50 percent already. These have  
11          not been all through the Department of Labor.  
12          These are the dose reconstructions we've done,  
13          so based on the doses that we've calculated,  
14          sent over to Department of Labor, we believe  
15          that this many are going to be over 50 percent  
16          at the end of the day.  
17          More significantly I think, though, is to point  
18          out that 44 percent of the cases, even given in  
19          the old profile, values are less than ten  
20          percent. Now the reason for this of course is  
21          the nature of the exposure. It's primarily the  
22          inhalation model that drives it. When you  
23          inhale uranium, uranium doesn't concentrate in  
24          the pancreas, it doesn't concentrate in the  
25          bladder or various other organs. So even under

1           these conditions, if this value were doing --  
2           if these cases were to increase by an order of  
3           magnitude, factor of ten, it would not put them  
4           over 50 percent. This is not a linear scale.  
5           It's not five times this will get you over 50.  
6           It's not a linear scale at all, so these cases  
7           by and large would require more than ten times  
8           the dose.

9           So what I'm really saying is, with these  
10          adjustments that we've made or will make and  
11          are considering and will consider, based on the  
12          Board's advice, we don't see a wholesale shift  
13          in -- in compensability from the Department of  
14          Labor's final adjudication, even if we do  
15          modify the -- when we modify these profiles,  
16          how some of these cases end up being changed is  
17          hard to predict, but I suspect that there will  
18          be some change in these cases, particularly the  
19          ones in the 40 -- 30 to 40 percent range, but  
20          we -- it's very difficult to calculate --  
21          estimate that. It's a really individual --  
22          there's so many parameters that drive that that  
23          I couldn't tell you that today, and in fact we  
24          haven't revised the model yet. But I just  
25          wanted to point that out. I think it's very

1 significant to point out this bimodal  
2 distribution. And in fact I think this is not  
3 going to be uncommon for many of the sites  
4 where inhalation exposure drives  
5 compensability, places like uranium facilities,  
6 plutonium facilities, that sort of thing.  
7 Okay, with that I've finished my formal  
8 remarks. I'll certainly be willing to take any  
9 questions.

10 **DR. ZIEMER:** Thank you, Jim. We'll have a  
11 moment for questions here. I want to remind  
12 the Board that on the Bethlehem site profile we  
13 do need to reach a kind of closure. I'm  
14 hopeful that we will reach that closure before  
15 we leave St. Louis this week.

16 The findings that Jim has gone through -- it  
17 appears that some of them have been largely  
18 resolved, but there are others where they --  
19 where NIOSH has specifically indicated where  
20 they differ from SCA in terms of their view and  
21 where they have specifically asked -- for  
22 example, on page 6 of the narrative, not the  
23 power point presentation but page 6 of Jim's  
24 narrative, for example, in the second paragraph  
25 where it says NIOSH believes that the use of



1 the 95th percentile and so on adequately  
2 reflects the upper limit, but NIOSH is  
3 interested in hearing the Board's thoughts on  
4 this issue and is willing to reconsider our  
5 position based on the Board's recommendation.  
6 And there are several spots through the  
7 narrative where NIOSH has in fact asked for  
8 specific input. And in a sense, if the Board  
9 is able to address those issues, that will be a  
10 way of coming to closure. We have the  
11 opportunity to weigh in that we agree with  
12 NIOSH or we agree with SCA -- SC&A, or we  
13 believe that there's some other viewpoint or a  
14 mid view or whatever it may be, so we have that  
15 opportunity. And I hope as we begin to discuss  
16 -- and I think we can take some general  
17 questions -- and we may not be able to finish  
18 this yet today because we have a public comment  
19 session beginning at 4:30, but we can get  
20 underway here and we can ask questions, and  
21 then we can begin to deal with the specific  
22 issues and try to bring some level of closure  
23 to the Bethlehem site profile review.  
24 So with that comment, Dr. Roessler, I see you  
25 have a comment or question?

1           **DR. ROESSLER:** My comment, and then a question.  
2           My comment is that I think that this is a very  
3           good process. As an individual Board member, I  
4           don't have the time and I -- and most -- many  
5           cases, don't have the expertise to evaluate the  
6           -- what do we have, hundreds or thousands it  
7           seems like of pages that are coming from SC&A,  
8           so I think to have this point and counterpoint  
9           for us is very productive. And my conclusion  
10          from this is that a lot of the findings can be  
11          addressed by just explaining better what NIOSH  
12          did. Some of them there is a disagreement.  
13          And I think by putting it out on the table like  
14          this where we can actually look at the  
15          individual specifics on this site is a good  
16          process.

17          My question, though, is is -- I'm thinking to  
18          the future -- is how -- how will this  
19          information we're getting from this particular  
20          site and the evaluation apply to future sites?  
21          Will this -- will NIOSH improve probably in  
22          explaining things? Will there be things that  
23          we resolve that will apply to future sites?

24          **DR. ZIEMER:** That's an excellent question and  
25          it's really a process question. And one might

1 reflect that this parallels the process for  
2 dose reconstructions. We basically at our last  
3 meeting set forth a sort of six-step process  
4 for how dose reconstruction reviews would be  
5 handled, and it may be that the Board would  
6 like to inaugurate a similar type of process  
7 for the site profile reviews where we -- we  
8 have an initial report of a site profile review  
9 that we then ask NIOSH and SC&A to go through  
10 this kind of process which involves both fact-  
11 finding -- that is, are the facts correct;  
12 where there's disagreements, is it a  
13 disagreement on actual -- the science or is it  
14 simply a factual misunderstanding or what's the  
15 nature of the disagreement, and try to then  
16 reach some consensus on those issues where it  
17 is simply a misunderstanding or an  
18 informational issue versus those where it's a  
19 pure, valid, scientific disagreement on either  
20 how one interprets or how one should apply the  
21 particular situation. But I think we must  
22 have, as we proceed forward, not only how we  
23 come to closure on this particular review, but  
24 what will the process be for future reviews.  
25 And this provides an opportunity for us to put

1 a kind of template in place for that.

2 Dr. Melius.

3 **DR. MELIUS:** (Off microphone) I actually had  
4 questions on some of the specific points, I  
5 don't know -- excuse me.

6 I actually had questions on some of the  
7 specific comments, so I don't know if people  
8 have some other -- Mark, do you have some  
9 general ones first? If not, I'll start.

10 **MR. GRIFFON:** Yeah, I was -- I was actually  
11 just going to propose a process, at least for  
12 this phase, for this report, but if you want to  
13 --

14 **DR. ZIEMER:** You might want to hear the  
15 question --

16 **MR. GRIFFON:** Right.

17 **DR. ZIEMER:** -- specific questions first then.

18 **MR. GRIFFON:** Yeah, so you might as well go  
19 first.

20 **DR. MELIUS:** And I'll start with comment -- SCA  
21 comment number two, I guess is where we're  
22 going through here.

23 **DR. NETON:** Procedural conformance comment or -  
24 -

25 **DR. MELIUS:** Finding number two.

1           **DR. NETON:** Finding two, okay.

2           **DR. MELIUS:** Finding, yeah.

3           **DR. ZIEMER:** This is the triangular  
4 distribution comment?

5           **DR. MELIUS:** Yeah, it -- do that. And I guess  
6 my question is going through -- if we're  
7 adopting this as a way of going forward, are  
8 you assuming that the -- then the interview  
9 information in this application of this  
10 approach would not allow you to distinguish  
11 between people that were say more highly  
12 exposed than others? You made -- made that  
13 comment when you were presenting this and that  
14 -- and I didn't know whether it was one based  
15 on the interview information you have from the  
16 CATI interview or from your follow-up to the --  
17 in talking to the workers and some of the  
18 follow-up that -- the meetings we've attended  
19 in Buffalo and so forth.

20           **DR. NETON:** That's a good question, and what I  
21 was speaking to was the -- the job category  
22 that is included in the application to the  
23 Department of Labor. There's a job title block  
24 and I forget where it appears, but -- then we  
25 look through the distribution of those, there's

1           543 and they were all over the map, but most  
2           all the workers indicated some type of job  
3           where one -- one could make a value judgment  
4           that they were fairly heavily exposed. So it  
5           really didn't seem to make any -- we couldn't  
6           tell from that where you -- where you draw the  
7           line, based on job title.

8           Now what you're speaking about is the CATI, the  
9           computer-assisted telephone interview. And  
10          first of all, I think roughly half, if not  
11          more, of our claimants are survivors, so that  
12          we're not going to get much information from  
13          them. So then you're left with the other 50  
14          percent, who are active claimants, former  
15          workers, and yes, you're right, we could -- we  
16          could, based on the statements collected in  
17          that interview, maybe come to a better sense of  
18          their exposure situation.

19          How that plays out in an adjudicatory process  
20          and stuff is beyond me. I don't -- it would be  
21          very difficult -- we could, in a sense, parse  
22          out the ones who, like I said, well, I was a  
23          cafeteria worker and so I had no exposure. Now  
24          at that point then you're relying on the  
25          veracity of the claimant's statements and --

1           and -- I don't know, that's an area where I  
2           don't want to tread. That's a policy type  
3           thing. But in our opinion, it would be very  
4           difficult to stratify them in the -- in the  
5           large mass. There may be some, some small  
6           percentage that you could, based on the  
7           interview, come to the conclusion there was no  
8           exposure.

9           **DR. MELIUS:** Yeah, see -- see, what I'm  
10          struggling with is figuring out how this issue  
11          of which distribution to use and -- and how to  
12          use that distribution in terms of handling  
13          claims, how that interacts with individual dose  
14          -- individual claimants.

15          **DR. NETON:** Okay.

16          **DR. MELIUS:** Because essentially what you're  
17          doing with Bethlehem is coming up with one  
18          approach -- one metric that applies to  
19          everybody, and you just basically just plug in  
20          how long they worked there and what organ  
21          system --

22          **DR. NETON:** Correct.

23          **DR. MELIUS:** -- they have cancer, and does not  
24          at all take into account anything about their  
25          type of job or any -- any other individual

1 information. And that may be all that's  
2 available and therefore you have to come up  
3 with some approach there. There may be other  
4 situations where -- where there may be more  
5 individual information available, better work  
6 histories or whatever. But what you've done is  
7 a very generalized sort of an epidemiological  
8 approach, you're just -- though applying it to  
9 claims as opposed to what you would do for an  
10 epidemiological study or some study to  
11 generalize about exposures there. And I'm  
12 trying to get the context in which we're  
13 supposed to then make a recommendation to you  
14 as will this -- is this correct, and --

15 **DR. NETON:** Well, the approach here is no  
16 different than what the original site profile  
17 had, which is one-size-fits-all. All we're  
18 suggesting is that --

19 **DR. MELIUS:** Yeah, no --

20 **DR. NETON:** -- that the values are going to go  
21 up for the '49 and '50 time frame and --

22 **DR. MELIUS:** But what we're -- what we're tal--  
23 discussing about is how to refine that, or  
24 should that approach be refined --

25 **DR. NETON:** Yeah, I agree with you, Dr. Melius.



1           **DR. MELIUS:** -- in some way, particularly --  
2           and this particular issue is very much an issue  
3           of just how to refine that in a very  
4           methodological way.

5           **DR. NETON:** We're very interested in hearing  
6           the input from the Board on that. I will -- I  
7           will offer that -- remember I mentioned at the  
8           low exposure matrix, it doesn't take much  
9           inhalation exposure for a worker to move over  
10          into above 50 percent for -- for certain  
11          cancers, so does it really make any sense then  
12          to start stratifying and saying well, you had  
13          ten MAC exposure and you're over 50 percent, or  
14          you had 500 and you're over. It's sort of a  
15          economy there of efficiency -- the efficiency  
16          process.

17          **DR. MELIUS:** Right.

18          **DR. NETON:** But we're certainly very interested  
19          in hearing the Board's input on this.

20          **DR. ZIEMER:** Okay, additional comments or  
21          questions?

22          **DR. NETON:** Dr. Ziemer, if I -- finish here.  
23          I'd just like to point out that we did not want  
24          to presuppose that the Board was in total  
25          agreement with SC&A's findings, by the way. I

1 mean just because we're in agreement does not  
2 necessarily mean the Board should be, I  
3 suppose, and so --

4 **DR. ZIEMER:** Yes.

5 **DR. NETON:** -- I guess that's obvious, but --

6 **DR. ZIEMER:** Yes, thank you.

7 **DR. NETON:** -- I just wanted to state that.

8 **DR. ZIEMER:** Mark?

9 **MR. GRIFFON:** I guess what I was going to  
10 propose was you know, try -- in an attempt to  
11 try to come to resolution while we're in St.  
12 Louis, I like how you phrased that, not right  
13 now, but while we're in St. Louis. I wondered  
14 if we could ask our subcontractor tonight to  
15 give a one to two-page, very brief summary  
16 response to these -- to what's been pointed out  
17 today, and I think that all the arguments are  
18 out there, so this can really be a brief  
19 response. They can even cite previous  
20 arguments they've made if they still stick to  
21 those, but they don't have to re-- you know,  
22 they don't have to elaborate them any further,  
23 but just a matter of saying we agree with  
24 NIOSH's modifi-- you know, resolution for  
25 finding number one, we agree with -- you know,

1 we disagree with finding -- number two  
2 resolution for this matter and it's -- and it's  
3 expanded on in our report A or whatever,  
4 something to that effect that they can put  
5 together on short order and then we can -- then  
6 we can, in our deliberations tomorrow or  
7 Wednesday, compare the two and say -- you know,  
8 that -- that'll help us with a rationale and a  
9 final resolution for this -- this site profile  
10 report, I think. At least it will --

11 **DR. ZIEMER:** I think the Chair is going to ask  
12 the Designated Federal Official to make a  
13 determination on -- as to whether or not this  
14 can -- this is a kind of task, whether it's  
15 within the framework of the tasking of our  
16 contractor, whether the contractor would in  
17 fact be both prepared and able to do what  
18 you've just said, and --

19 **DR. WADE:** Let's take them in turn. I think it  
20 is within the scope of the contract, but let me  
21 turn to Dr. Mauro. Would -- would you and your  
22 staff be able to devote time this afternoon and  
23 this evening to putting together this one or  
24 two-page summary?

25 **DR. MAURO:** I guess the brief answer is

1           probably no, and the reason is -- first of all,  
2           let me say that I could see that a tremendous  
3           amount of work has been done on behalf of NIOSH  
4           to come to grips with so many complex issues,  
5           and now we're hearing a lot -- the positions  
6           taken by NIOSH -- the strategies. I don't  
7           think they are specific, but there are  
8           certainly strategies that have been outlined.  
9           I -- now I don't -- our team consists of a  
10          group of perhaps eight people, including  
11          numerous statisticians, internal dosimetrists,  
12          health physicists, industrial hygienists that  
13          collectively prepare our work and our work --  
14          our report. I would think it would be  
15          presumptuous on my part to come forward with a  
16          position on such short notice without a  
17          deliberative process within my team. So I  
18          would say I'd prefer not to be put in that  
19          position at this time.

20          However, I believe we can -- our team can  
21          reconvene and -- to discuss these matters. Now  
22          the only question is again a process question.  
23          Were we to reconvene our team and I were to  
24          communicate -- and we were to communicate to  
25          the rest of the team our understanding -- which

1 I, by the way, I do fully feel I do fully  
2 understand, and the rationale behind it -- and  
3 there's also a lot of material that Dr. Neton  
4 had made reference to, very important material;  
5 for example, the information regarding the  
6 diameter of the particles, that is new data.  
7 So in effect, what we have here is a preview of  
8 what one would consider to be a -- either an  
9 addendum to the site profile, perhaps a rev to  
10 the site profile, that would contain a lot more  
11 descriptive material, the supporting  
12 documentation, the rationale. By way of  
13 process, I guess I would be thinking that we,  
14 our team, under the direction of the Board, we  
15 would not take any steps along these matters,  
16 would I guess be on the receiving end of a --  
17 of a more complete offering as this is --  
18 certainly this was a terrific overview and a --  
19 but I think the proc-- the next step in the  
20 process is once that material has been  
21 assembled, let's say by NIOSH and presented to  
22 the Board, at that time I would say that Board  
23 may want to request that we have one of these  
24 meetings similar to the one we had at  
25 Mallinckrodt where we go through each one of

1           these.

2           We would like, of course, an opportunity to  
3           receive that material, have a chance to  
4           deliberate amongst our full team, which  
5           includes the full spectrum of scientific and  
6           engineering disciplines, and then have a  
7           meeting with NIOSH, in a public setting similar  
8           to the Mallinckrodt meeting, where we can go  
9           through this list and perhaps at that point  
10          actually go -- check off okay, here's still  
11          something that might be outstanding.

12          So I have to say -- to answer your question  
13          again, I -- I would say I would rather not try  
14          to do that this evening.

15          **DR. ZIEMER:** Thank you, John. I think the  
16          Board fully understands what that looks like  
17          from your point of view.

18          And -- but -- and Mark, that also may play into  
19          what we need to think about in terms of our own  
20          process then and what the role of the  
21          contractor would be in this kind of situation.  
22          Jim?

23          **DR. MELIUS:** Yeah, I have a couple of comments  
24          on that. First of all, I personally would be  
25          interested in at least having some response, if

1           appropriate, from SC&A as to whether the NIOSH  
2           response did address their comments. I'm a  
3           little confused, for example, about finding  
4           number six, and it may be that I didn't  
5           understand and I was actually sort of flipping  
6           through my papers when -- trying to find this  
7           when Jim was doing his presentation, but it  
8           seemed to me, at least from my -- the previous  
9           presentation on this and the current presenta--  
10          it wasn't clear to me that that -- that NIOSH's  
11          response did address what SC&A's actually  
12          comments were, which seemed to be more of an  
13          organ-specific issue, as opposed to a general  
14          issue about particle distribution. I may have  
15          misunderstood you, Jim, and -- and so forth,  
16          but I guess I would be interested if there were  
17          any other issues like that.

18          If not, I think we need to -- I don't think we  
19          can expect SC&A to do a full response, nor  
20          should they. There's a lot here in the NIOSH  
21          response which I think is future work on their  
22          part, also. I think -- and what I take out of  
23          this is that they were going to make some  
24          modifications, however that will be done, to  
25          the site profile. I think then the Board has

1           to make a decision later on as to do we review  
2           that? NIOSH may -- may want a decision. How  
3           should that be reviewed? And that would be  
4           more appropriate, but I don't think we can come  
5           to closure on that, other than the sense of --  
6           of I think we have to say yeah, we agree with  
7           the general approach NIOSH is taking on these  
8           issues. They're going to further explore some  
9           of these issues, get further information. I  
10          have some comments at some point where we could  
11          -- would reinforce what I think should be done  
12          on some of these issues. But again, I don't  
13          think we can expect SC&A and NIOSH to come to  
14          sort of full agreement and closure at this  
15          point in time.

16          **DR. WADE:** Just a general observation for my  
17          part. I think that the -- that both parties  
18          have come a long way towards resolving issues.  
19          I think SC&A is to be complimented, as are the  
20          staff at NIOSH. I think we've come a long way.  
21          The question the Board has to contemplate is  
22          how far do you take this process and when do  
23          you, as you said, Dr. Melius, when do you say  
24          to NIOSH please go forward and do what you say  
25          and bring back that modified site profile for



1 the Board to look at again. So again, I think  
2 we're coming towards the tail of the curve.  
3 The question is how far do we go.

4 **DR. ZIEMER:** Other comments? Or questions?  
5 What -- what is the Board's pleasure on the  
6 specific questions that NIOSH has asked? There  
7 are one, two, three, four --

8 **DR. MELIUS:** Could I ask --

9 **DR. ZIEMER:** I see four specific places where  
10 NIOSH has asked for Board input.

11 **DR. MELIUS:** And on finding number six, Jim  
12 started to get up to respond, and then I think  
13 he --

14 **DR. ZIEMER:** Oh, sorry, Jim.

15 **DR. MELIUS:** -- may be responding to my lack of  
16 understanding, so --

17 **DR. NETON:** Yeah, I might have been not clear  
18 enough on finding number six, but the crux of  
19 the issue -- as our understanding -- is that  
20 there could have been smaller particle sizes at  
21 Simonds Saw and Steel that were not covered by  
22 the representative or default five micron  
23 particle size distribution. And I think what  
24 you see in their discussion is examples of the  
25 doses to various organs that could be higher if

1           the particle size distribution were skewed more  
2           towards the smaller particles. So it's not so  
3           much an organ-specific issue. It is is it  
4           plausible that the AMAD, the aerodynamic median  
5           activity diameter of the particles is  
6           substantially less than five microns, as  
7           specified in the default by ICRP so that our  
8           dose reconstructions are in error for -- to  
9           those organs that they've identified. But the  
10          crux of the issue is -- you know, we first have  
11          to establish is five-micron default acceptable  
12          or not.

13         **DR. MELIUS:** Thank you, Jim. That helps.

14         **DR. ZIEMER:** Wanda Munn.

15         **MS. MUNN:** It would certainly be helpful to me  
16          if we could articulate very specifically  
17          exactly what we've been asked to do today. If  
18          we as a Board could respond to those four, then  
19          perhaps we would have a -- we did say four,  
20          didn't we? Then perhaps we would have a better  
21          grasp of how much further this rather iterative  
22          process has to go on. There's significant  
23          concern, and I think justifiably so, that we  
24          will never have perfect information. We will  
25          have to decide when we have adequate

1 information to pursue in as fair a manner as  
2 possible. So perhaps we could start with  
3 articulating those four.

4 **DR. ZIEMER:** Let me identify the four, and it  
5 may be that you'll want to cogitate on these  
6 further this evening and deliberate more  
7 tomorrow, but the first of them -- I'm looking  
8 now at the narrative of Dr. Neton's  
9 presentation, not the power point part. I  
10 believe the first one is on page 6, the second  
11 paragraph. That is the issue of the -- the air  
12 sampling distributions. It's the triangular  
13 distribution versus the lognormal distribution  
14 issue and whether or not their selection of the  
15 95th percentile, I believe on the triangular,  
16 adequately reflects the upper limit of  
17 exposures for the workers. That's -- that's  
18 the first one.

19 And what they've said is NIOSH is interested in  
20 hearing the Board's thoughts on this issue.  
21 The second one is near the bottom --

22 **DR. NETON:** Dr. Ziemer, could I just interrupt  
23 one second, please?

24 **DR. ZIEMER:** Yes.

25 **DR. NETON:** It really wasn't on the triangular.

1           It was on the use of the lognormal  
2           distribution.

3           **DR. ZIEMER:** Use of the lognormal, but it's  
4           under the discussion of the triangular, yes.  
5           And then the second one is at the bottom of the  
6           page, and that is the selection of the -- the  
7           default inhalation mode. This has to do with  
8           the mouth/nose breathing issue. It's  
9           articulated at -- in the last paragraph of page  
10          6. And again, the last sentence says (reading)  
11          If the Board believes that the default  
12          inhalation mode for workers at Bethlehem Steel  
13          should be habitual mouth breathing rather than  
14          the default values recommended by ICRP, NIOSH  
15          will reconsider this position.  
16          So that would be the second issue.  
17          The third one is set forth on page 8, the  
18          second paragraph. Toward the end of the  
19          paragraph it says NIOSH believes the site  
20          profile adequately and appropriately addresses  
21          the particle size and deposition properties of  
22          uranium aerosols at Bethlehem Steel. NIOSH is  
23          interested in hearing the Board's thoughts on  
24          this issue and is willing to reconsider our  
25          position based on the Board's recommendation.

1 This is the issue Jim was just talking about, I  
2 believe, is the five micron default issue, and  
3 the possibility of higher doses from smaller  
4 particle size.

5 Let me ask one clarification there, 'cause I  
6 don't recall, in the SC&A were -- was SC&A --  
7 were you talking about a -- was it a .1 micron  
8 monodisperse or was it -- what was the size?

9 **DR. MAURO:** No, I -- in that case the point we  
10 were making is that one micron AMAD as opposed  
11 to five micron AMAD could make a difference.  
12 And a little bit more rationale for the basis  
13 for selecting a five micron AMAD would have  
14 been appreciated. We recognize that ICRP does  
15 recommend as a default value, lacking better  
16 information, going with a five micron AMAD.  
17 But at the same time does not rule out using  
18 some smaller value if in fact it's appropriate.  
19 So I guess the point we were making there is  
20 we'd like to hear a little bit more about that.  
21 And now Jim has pointed out that there are some  
22 data, which is very interesting, where he's  
23 saying that he sees 2.5 micron AMAD particles  
24 and -- and I have to -- I -- since this is a  
25 subject near and dear to my heart that I -- I'm

1 familiar with and given the density of the  
2 particle, we're talking about a two-micron in  
3 diameter particle, then when you factor in the  
4 density of the material, which could be five,  
5 seven grams per centimeter cubed, all of a  
6 sudden we're talking about an AMAD that's above  
7 five. So I would say, on first blush -- now  
8 I'm almost like going back on what I said  
9 before, but it happens to be a subject I'm  
10 familiar with, I would very much like to see  
11 the information Jim has regarding the particle  
12 size, AMAD, and given the fact that we're  
13 talking about densities that are fairly high,  
14 his arguments about five micron AMAD becomes  
15 very compelling.

16 **DR. ZIEMER:** Okay, let me -- let me see if I  
17 understand now. On the five micron -- Jim,  
18 NIOSH is talking about an AMAD, aerodynamic  
19 mean diameter, which takes into consideration  
20 the density, does it not, of the particle?

21 **DR. NETON:** (Off microphone) (Unintelligible)

22 **DR. ZIEMER:** Yes, okay. So -- so the only --  
23 the only differential here is what one would  
24 select for the mean aerodynamic diameter and  
25 both assuming at lognormal distribution. You -

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**DR. MAURO:** I'd go as far as to say that this happens to be one of the ones where I think we got closure. This happens to be one of the issues that I think -- you know, not -- assuming that we have the data --

**DR. ZIEMER:** Be careful what you say.

**DR. MAURO:** -- we have -- we have closure that is -- I think the -- given that the type of evidence that Jim has just made re-- is there, what I would say is that five micron AMAD as the default value for this particular exposure scenario we're talking about certainly seems to be appropriate and reasonable based on the information Jim just presented.

I take the risk of saying that with my colleagues sitting to my left. I'm cert-- my sense is, though, that since this is a subject that I -- sort of out in front of, I -- I will take the liberty to say that I think we've got one here that we could put in the check column. Thank you.

**DR. ZIEMER:** And the main point, though, was to justify the selection of it then. Yeah, thank you very much.

1           And then the -- on page 10 -- on page 10,  
2           paragraph three, NIOSH does not believe it's  
3           necessary to adjust the external exposure  
4           values in the site profile. NIOSH is  
5           interested in hearing the opinion of the Board  
6           on this issue.

7           So I believe, Dr. Mauro, those are the items  
8           that NIOSH has asked for specific feedback on.  
9           I think what I'm -- what I would like to do at  
10          this time, if the Board's agreeable, is allow  
11          you some time to think about these things. We  
12          have other work sessions later in the week. I  
13          want to move on to the public comment session,  
14          unless Dr. Roessler, you have a pressing  
15          comment before we do that?

16          **DR. ROESSLER:** I think so, because we just saw  
17          how easily one of these was handled by Dr.  
18          Mauro addressing this specific point that we  
19          were going to address. I find it really  
20          difficult to cogitate about the other ones,  
21          even overnight or over another day, without  
22          having some sort of general comments or  
23          instruction or guidance from SC&A. After all,  
24          they're our subcontractor. I think they  
25          deserve to give us --



1           **DR. ZIEMER:** Well, and one of --

2           **DR. ROESSLER:** -- some guidance on --

3           **DR. ZIEMER:** -- the possible responses would be  
4           not necessarily to resolve the issue at this  
5           meeting, but to instruct NIOSH and our  
6           contractor as to how they should go forward,  
7           and that's another thing you can cogitate on.  
8           I like to use that Indiana phrase, cogitate.  
9           Okay? Is that an Indiana phrase? It sounds  
10          like it, doesn't it? Hoosiers. I can say  
11          that, I'm one.

12           **GENERAL PUBLIC COMMENT**

13          Now we have a public comment period coming up.  
14          Before we actually have public comment, let me  
15          introduce some folks who are here, and I hope  
16          we don't overlook anyone we should, and I'll  
17          ask them just to stand so they can be  
18          recognized -- and I hope I pronounce names  
19          correctly. Tom Horgan with Senator Bond's  
20          office -- Tom, are you still here? There's  
21          Tom. Thank you. Debbie Dornfeld with Senator  
22          Talent's office -- Debbie here? Thank you, in  
23          the back. Jim Mitus\*, is it, Mitus, from  
24          Representative Todd Aiken's office. Jim, do we  
25          have that correct?

1           **MR. MITUS:** That's correct.

2           **DR. ZIEMER:** Thank you. Welcome, all of you.  
3           Also here this afternoon we're pleased to have  
4           Mayor Graham, who is Mayor of the City of  
5           O'Fallon, Illinois, and he's requested -- been  
6           requested to attend and would like to address  
7           the group during the public comment period, so  
8           we'd be pleased to hear from Mayor Graham. Are  
9           you here, sir? Thank you. Please approach the  
10          mike.

11          **MAYOR GRAHAM:** Thank you very much for helping  
12          me out. I have a City Council meeting tonight,  
13          but I had some comments. First I'm going to  
14          start by showing you my correspondence over the  
15          last two years dealing with my parents. I grew  
16          up on the Iowa Army Ammunition Plant in  
17          Burlington, Iowa. I lived there from 1948  
18          through 1966 when I graduated from the  
19          University of Iowa. I want to thank the  
20          committee and especially Senator Harkin and  
21          Senator Bond for the work they are doing and  
22          making me informed.

23          I just am going to be fairly brief. Both of my  
24          parents worked at the plant. I worked at the  
25          plant. My uncle and aunt worked at the plant.

1 I have a brother and sister that worked out  
2 there. My father worked on Line 1, which was  
3 the top atomic energy line, security clearance,  
4 that -- for those 30 years. My mother worked  
5 on various lines.

6 What I'm trying to get at is there was a lot of  
7 exposure out there. My parents would have  
8 taken a job at that plant at that time even if  
9 they'd known the exposure, because that's --  
10 that's how it worked. They grew up during the  
11 Depression. They came up and wanted to work.  
12 But what we're upset about is the process, and  
13 I know you're trying to get through that. It's  
14 very disconcerting to have thousands of people  
15 -- I grew up there, I know many of the people  
16 that worked there. I knew many of the people  
17 that have passed on. To have to go back and  
18 reconstruct a medical history back to 1948,  
19 provide that information, mail it in and then  
20 receive response after response back saying  
21 that at that particular plant they cannot  
22 provide the exposure for those people. They  
23 don't have any records. So it's very  
24 difficult, as I talk to people in my home town  
25 and they're saying well, here we are. We

1 provided it.

2 We can prove that these people died of cancer,  
3 which is one of the criteria. But at the same  
4 time, on the -- and I'm going to say the  
5 government, and as part of the government, I  
6 understand; it's frustrating for both parties.  
7 Okay? But the reconstruction of the exposure  
8 cannot be done. Many of these people -- I  
9 actually worked out there on these lines --  
10 would be yellow. They would turn yellow from  
11 the products we handled -- their face, their  
12 hands -- and none of this has been explained to  
13 this date.

14 In addition to that, actually growing up on  
15 that ordnance plant -- and it was a wonderful  
16 place to live, I'll tell you that now. But in  
17 my back yard I could see the test shells that  
18 they fired out there. Some of them did contain  
19 test traces of radioactivity. Everyone at that  
20 ordnance plant ate from the gardens. Now we  
21 all have heard of Chernobyl and we know that  
22 there have been medical problems from the wind-  
23 carried radioactivity in those areas. I've  
24 requested on many occasions the -- I think  
25 they've done soil samples. None of those are

1           forthcoming.

2           My point is is that all these people have been  
3           hurt. They don't want anything free. We don't  
4           really -- you know, I'll live fine. My parents  
5           are dead. That isn't the point. What they're  
6           upset about and what you need to understand is  
7           that it took all of those years till 2000 till  
8           this was disclosed to them, all these medical  
9           problems they've had for all these years.

10          And I appreciate what you're doing, but when  
11          they send these form letters out that this is  
12          full of, I think that I am of average  
13          intelligence. Now some people would argue  
14          because I'm a mayor, so I'll just tell you that  
15          now, but I don't think the average person can  
16          go through this process and file most of these  
17          claim forms, even though you've provided the  
18          800 numbers. You call the 800 numbers, many of  
19          the people are part-time. So if you call for  
20          Mary Ann today or Tom tomorrow, they'll tell  
21          you well, they will be working next Thursday.  
22          So it's just -- the process needs to be cleaned  
23          up. The program needs to be -- if you're going  
24          to send out and say look, if there's cancer  
25          involved, you're going to be paid -- and I have

1           several letters that say that -- then if they  
2           prove cancer, you know people are upset, just  
3           give them the rules, the criteria, and let's  
4           move forward. People deserve answers and I  
5           think that's what you're doing. Thank you for  
6           your time today, sir.

7           **DR. ZIEMER:** And thank you, Mr. Mayor, for  
8           being with us today.

9           We're going to proceed with the public comment  
10          period. I would like to point out if you do  
11          wish to make comments that if you have  
12          particular issues that deal with your own --  
13          with a case, if you're a claimant or relative  
14          of a claimant, we -- we would ask that you not  
15          ask this Board to, in the public forum, deal  
16          with your case. You're welcome to share with  
17          us your story, but if you have particular  
18          issues, be sure to see one of the NIOSH staff  
19          people so that they can follow up with you  
20          after the meeting. You know, if you want to  
21          know where some document is or what has to  
22          happen next in particular cases. We're more --  
23          this Board is here to hear your comments, but  
24          we are not in a position to answer, in the  
25          public forum, questions about particular cases,

1 is -- I hope you all understand that situation.  
2 So we're going to proceed --

3 **UNIDENTIFIED:** Excuse me, there was a lot of  
4 people that came in on a bus and what time does  
5 that bus leave, 6:30?

6 **DR. ZIEMER:** The question is, there's people  
7 that have come in on a bus?

8 **UNIDENTIFIED:** Okay, we were wondering about  
9 the time.

10 **DR. ZIEMER:** Let me tell you how many names I  
11 have here. I have -- I have 27 people who have  
12 asked to address the assembly, and we -- we  
13 have -- we have set aside an hour and I think  
14 we can go over that if we need to, you know, go  
15 a little longer than that, but you need -- if  
16 you are addressing the assembly, you need to be  
17 fair to your fellow addressees and -- and save  
18 time for them, too, so -- and --

19 **MS. BROCK:** Dr. Ziemer --

20 **DR. ZIEMER:** Denise, yes.

21 **MS. BROCK:** I was just curious if anyone would  
22 mind if the people that rode in on a bus -- we  
23 provided some public transportation, but it  
24 does leave at a certain time. I don't know if  
25 that would be 6:00 or 6:30. If anyone would

1 mind if those people went maybe first or if we  
2 started running over before the bus -- so the  
3 bus doesn't leave without them, if they could  
4 make comment?

5 **DR. ZIEMER:** That would be fine if --

6 **MS. BROCK:** I think there's only ten, so --

7 **DR. ZIEMER:** If those that are the bus group,  
8 if you would take it upon yourselves to come to  
9 the mike first -- who are the bus -- the folks  
10 on the bus? Would one of you just start -- you  
11 need to indicate who you are and then  
12 sequentially just come to the mike.

13 The Chair must excuse himself briefly, and I  
14 will be back. It's not that I don't want to  
15 hear what you say, but the Chair must take a  
16 comfort break. Lew, if you will --

17 **DR. WADE:** Sure.

18 **MS. DANIEL:** My name is Gwen Daniel and I'm  
19 speaking for my husband, Carl Daniel, who  
20 worked at the uranium division of Mallinckrodt  
21 from 1954 to '66, and then he worked downtown  
22 at the Mallinckrodt -- at the Mallinckrodt  
23 plant in the plants, and he died of cancer four  
24 years ago, of lung cancer.

25 I myself -- I know this isn't brought up, but I



1           went to school out at the Weldon Spring School  
2           during the '50's, and a lot of my classmates  
3           have died of cancer and I -- myself included.  
4           I haven't died yet, but I have had mouth cancer  
5           and had to have part of my jawbone removed, but  
6           apparently there's a lot of residual  
7           contamination out there and was during the  
8           '50's. That's all.

9           **DR. WADE:** Could I have your name again,  
10          please? I'm sorry, ma'am. Your name?

11          **MS. DANIEL:** Gwen Daniel.

12          **DR. WADE:** Thank you. Other bus riders? Okay,  
13          let me get the -- let's just go down the list  
14          then according to the time that you signed in.  
15          The next name that I have is Fran Ryan. Is  
16          Fran with us?

17          **MS. STROPES\*:** This -- this is Fran Ryan, my  
18          sister, and I'm reading her comments.  
19          Three of my -- my name is Fran Ryan, and mine  
20          is Flo Stropes, and I'm the elder sibling of  
21          our father, Frederick Summers\*, who worked at  
22          Mallinckrodt in the '30's, '40's, '50's and  
23          '60's. He was a very excellent employee.  
24          Three of my family members worked at  
25          Mallinckrodt. Back in 1943 Mallinckrodt

1 workers were told they were performing a  
2 partic-- a patriotic duty. Unfortunately,  
3 without their knowledge or consent, they were  
4 being exposed to unacceptable levels of  
5 radiation. This has been compared to human  
6 experimentation that took place in  
7 concentration camps during World War II.  
8 Many of these people helped make the atomic  
9 bombs that ended World War II. And later,  
10 nuclear weapons that protected America during  
11 the Cold War. In 2000 the compensation program  
12 was set up to help workers and their survivors.  
13 The difficulty arises in proceeding -- in  
14 providing the burden of proof. The reason for  
15 it is the company records are missing or  
16 destroyed, and doctors are retired or dead. In  
17 2005 Senator Christopher Bond introduced a bill  
18 which would help ease the burden of proof for  
19 former workers at Mallinckrodt Chemical  
20 company. Senator Bond's measure was  
21 unanimously approved by the Senate. We are  
22 forever grateful to Senator Bond for all of his  
23 assistance.

24 When I was 22 I watched my father, Fred  
25 Summers, die. I took care of him at night

1 after I came home from work. I gave him pain  
2 shots, which is one of the hardest things I've  
3 ever done. Then some six years later I watched  
4 my sister Annie -- she worked at Weldon  
5 Springs, as well as Destrehan -- become sick.  
6 I will never forget the Saturday morning  
7 walking in with my mother, and my three-year-  
8 old nephew running up to us saying "I can't  
9 wake Mommy. I even tried waking her with my  
10 drum." And then his 16-year-old sister coming  
11 in and saying "I think Mom is gone." My sister  
12 should not have died that young and left these  
13 young kids. Even they were never the same  
14 again.

15 Since some of the reports came out I've had to  
16 relive these memories again, causing great pain  
17 once more. The injustice of course in my  
18 sister Annie's case is that if the reports  
19 would have been public, she wouldn't have --  
20 she would have -- wouldn't have lived but her  
21 suffering could have been made eased more.

22 I have watched my other sister, Delores  
23 Stuckenschneider, suffer through cancer twice  
24 and always live with the fear that it will come  
25 back. She worked also at Weldon Springs and

1 Destrehan.

2 After 9/11 President Bush was quick to offer

3 the survivors \$1 million. America didn't cause

4 9/11. It was caused by terrorists from Saudi

5 Arabia. This proves that we are a generous

6 country. In contrast, the atomic energy

7 workers have been waiting five years for

8 compensation. In fact, some have died waiting.

9 They are made to feel like criminals in a court

10 of law. They are waiting for compensation for

11 something that was caused by their own

12 government, without their knowledge or consent.

13 I would suggest that while you are in town you

14 visit Weldon Springs and see for yourself what

15 a toxic waste site it is. None of us here,

16 myself included, would have -- and myself, my

17 sister -- would have been here if it hadn't

18 been for my father and those who worked with

19 him at -- in the '40's. He helped to make the

20 bomb components that ended World War II. What

21 would have happened had they not done that?

22 And let's not forget the men who worked in the

23 '50's and helped to win the Cold War.

24 When I was sitting with my dad taking care of

25 him at the end, he kept saying "bill of

1            lading," and it stuck in my mind and all those  
2            years it never made sense until those reports  
3            came out. And I think maybe he wanted to tell  
4            me this. I don't know, I can only guess. What  
5            I do know is that my father was one of the  
6            great generations of Americans. He worked at  
7            Mallinckrodt's in the '40's, '50's and '60's.  
8            He taught his five children a lot about  
9            responsibility, loyalty and love. The atomic  
10           energy workers have shown they're patriots.  
11           Now is the time for you to show them you  
12           appreciate what they did for America.  
13           I did not write any comments, but I'd like to  
14           make a few. I want to know who -- who was  
15           running the show at that time? Why weren't  
16           these protected with safety measures? I'm a  
17           nurse and I've been a nurse over 60 years. We  
18           have lots of ways that we protect thing, you  
19           know, that -- that you're -- that you're  
20           exposed to. If -- if that had been done, would  
21           you be here today or would we be here today?

22           **DR. WADE:** Thank you both very much.

23           **DR. ZIEMER:** Thank you. Who's next? We still  
24           have more people from the bus?

25           **DR. WADE:** No, we have no bus people.

1           **DR. ZIEMER:** No more bus people, okay. Dan  
2           McKeel? Dan is from Washington University St.  
3           Louis.

4           **DR. MCKEEL:** Yes, sir. Good afternoon. I'm a  
5           pathologist at Washington University, and I was  
6           also here in October at the 2003 meeting. But  
7           today I'd like to briefly address just three  
8           aspects of the Mallinckrodt Special Exposure  
9           Cohort petition that you'll hear about tomorrow  
10          and discuss.

11          The first is that I really am quite puzzled and  
12          very disappointed that the Mallinckrodt SEC  
13          that we're going to hear about appears not to  
14          cover MCW uranium division workers who worked  
15          for the same company but did not work at the  
16          Destrehan plants 2, 4, 6 or 7 from 1942 -- from  
17          '57, but who did work at Weldon Spring and/or  
18          Hematite. And I also -- and those people  
19          worked in the '50's, and then this also does  
20          not cover the construction workers, the  
21          truckers who worked for MCW uranium division  
22          for multiple agencies, the Atomic Energy  
23          Commission, ERDA, Department of Energy, at any  
24          of those three sites covered at any period.  
25          And I think this is very unfair and very

1 unjust.

2 Now perhaps that's going to be done in the  
3 future, but I really think it should be done  
4 with this proposal.

5 I also believe that the Mallinckrodt site  
6 profile should have included and should include  
7 in the future multiple technical basis  
8 documents, not just the one for the Destrehan  
9 Street facility, but also for Weldon Spring and  
10 Hematite. The latter two components have not  
11 appeared on the NIOSH docket. I did see one  
12 paper today that said that it was being  
13 prepared for the end of April this year for  
14 Weldon Spring. Nor have the site profiles been  
15 posted on the OCAS/NIOSH web site.

16 I was made aware that there was a site profile  
17 meeting last week at the Weldon Spring  
18 Superfund interpretive site. And I guess my  
19 comment is that if these kind of meetings are  
20 being held about the Weldon Spring site, or  
21 Hematite, that they should be advertised and  
22 that all the stakeholders should know about  
23 them. And I wonder why this meeting wasn't  
24 made -- made known-about.

25 Last time I addressed the committee I was

1 concerned about two articles by ORAU'S Dr.  
2 Elizabeth DuPree-Ellis, and I questioned then  
3 why those two documents were not included in  
4 the Mallinckrodt site profile. I definitely  
5 think they should be included in this new Rev.  
6 1 of the Mallinckrodt Technical Basis Document  
7 that I understand was extensively discussed  
8 last month at the TBD review held at the  
9 Cincinnati NIOSH office. I've attached these  
10 two copies this time so that if you wish to  
11 include them, you may do that.  
12 But I am struck by the fact that SC&A, who  
13 prepared the draft evaluations of the SEC  
14 petition, found that NIOSH was unable to do  
15 adequate MCW dose reconstructions for 1942  
16 through '48, and that they came up with the  
17 interesting conclusion, I thought, that the --  
18 although they had dose data from 1949 to '57,  
19 they had to ask the Board for advice because  
20 they questioned the validity of the data. And  
21 these kind of considerations tell me that my  
22 fall 2003 concerns about missing and inadequate  
23 MCW dose data in the ORAU scientific papers  
24 were quite on target.  
25 For that reason, and others, I believe that the



1           entire MCW cohort, '42 to '57 inclusive, should  
2           be awarded SEC status and receive compensation  
3           without further fruitless attempts to do  
4           accurate dose reconstructions with flawed or  
5           missing radiation dose data.  
6           My final point is a brief procedural concern,  
7           and that is that on Friday, I believe,  
8           approximately 570 new pages of documents  
9           pertinent to the SEC petition for Mallinckrodt  
10          were placed on the -- on your web site, just a  
11          few days before this meeting today. There was  
12          a disclaimer that the draft SEC evaluation by  
13          SC&A had not been even reviewed by the Advisory  
14          Board. This late posting was reminiscent of  
15          what happened before the -- before the -- the  
16          2003 meeting when the TBD was approved and  
17          posted on the NIOSH web site on October 24th,  
18          just four days prior to the 28th/29th meeting.  
19          And I would simply suggest that this time  
20          period is insufficient to allow careful  
21          consideration of these reports by either the  
22          public or the Board.  
23          Anyway, thank you very much. I appreciate the  
24          work you're doing. I do appreciate your  
25          letting us comment.

1           **DR. ZIEMER:** Thank you, Dr. McKeel. The Chair  
2 would like to comment -- in terms of the  
3 posting of the SC&A reports -- that at the time  
4 of the Bethlehem Steel report the Board was  
5 operating under a policy that we would not post  
6 these in advance of the Board meeting. This  
7 was objected to greatly by the Bethlehem Steel  
8 people, some of whom are here in the audience  
9 today, and the Board revised its policy to make  
10 the document, in its draft form, available to  
11 everyone at the same time it became available  
12 to the Board. That is -- that is why it was on  
13 the site and, in the interest of public  
14 transparency, the document becomes available to  
15 everyone at the same time it becomes available  
16 to the Board. So I hope you understand why  
17 that is. We had not reviewed it yet, either,  
18 and that's why the disclaimer. It's the  
19 report. We're glad to have input from you or  
20 anyone else on the report, but that's the  
21 reason. We want to make everything available  
22 that we have for our deliberations.

23 Let me continue now. We have Mr. Ed Walker.  
24 Ed actually is a Bethlehem person. Ed?

25           **MR. WALKER:** Thank you, Doctor. It's a

1 pleasure seeing you all again. I want to thank  
2 you for the opportunity to talk in here and  
3 from what I've heard there's a lot of people  
4 here that have almost the same issues that we  
5 have up at Bethlehem Steel. So I've cut my  
6 speech in half, which I'm sure'll make y'all  
7 happy, but there -- there are a few issues and  
8 -- and maybe tomorrow, so if there's a public  
9 speaking period I may have a few more.

10 But really in respect for these people that are  
11 here -- I'm with Bethlehem Steel Group and I  
12 have cancer and I'm a claimant from Buffalo,  
13 New York. And I put my claim in in 2001 and  
14 I've been denied a few times. And the -- I'm  
15 here kind of to talk today on the site profile  
16 and the size of Simonds Saw facility, which  
17 they used. And I'd like to ask Dr. Neton a  
18 question. What size was the Simonds Saw  
19 facility, do you know, where they actually  
20 worked on uranium? Do you have any idea?

21 **DR. NETON:** (Off microphone) The size of the  
22 (unintelligible) inch rolling mill where we got  
23 the high air samples?

24 **MR. WALKER:** Yeah, where the two rollers are  
25 at.

1           **DR. ZIEMER:** For the record, I think -- we  
2           can't hear Dr. Neton's response.

3           **MR. WALKER:** Oh, okay.

4           **DR. ZIEMER:** If you do want to respond --

5           **MR. WALKER:** It's kind -- it's kind of  
6           important or I wouldn't ask.

7           **DR. NETON:** Yeah, I don't have the exact  
8           dimensions with me, but I'm sure we can obtain  
9           that. But as indicated in the drawing, there  
10          are -- there were two rolling mills positioned  
11          fairly next to each other, and a furnace and  
12          then a quenching table and a weighing station,  
13          but I don't -- I don't know the exact  
14          dimensions of that area of the facility.

15          **MR. WALKER:** Okay. I -- I went out there and  
16          visited the site. I took my wife for a ride  
17          one day, and we only live about an hour from  
18          it, and I couldn't get to it, either. It was  
19          blocked off, but I could see from a distance,  
20          and I would say the facility was -- probably  
21          wasn't much further than here from the wall in  
22          front of us and possibly to the side of us. It  
23          was just a section of a plant that had two  
24          rollers in it and it was on a mud floor and it  
25          had a platform so they could slide their

1 uranium or steel, whatever they had, by hand --  
2 they put this up on the platform. And the  
3 reason I'm telling you the size of this  
4 building is because Bethlehem Steel building  
5 that we worked in uranium in was about 1,000  
6 feet long. It was around 30, 40 feet high and  
7 about -- I'm -- and this I'm kind of guessing  
8 at, I -- I have talked to people but it's kind  
9 of iffy; some say 70 feet wide, some say 50,  
10 but it was a pretty wide building. But after  
11 these bars that were rolled with uranium, which  
12 were a continuous rolling, as Jim Neton said,  
13 they would go onto a rolling table, and that  
14 was a series of rollers.  
15 Now this rolling table that I'm referring to,  
16 and I got this information from people that  
17 worked there. I was there myself. Some of  
18 them were more familiar, could give me a more  
19 accurate description. I got drawings at home.  
20 What actually happened, they had rollers and  
21 shears. This -- this rolling table alone,  
22 after it went through this six stands of  
23 uranium, is 375 feet long. To put that in  
24 perspective, that's about four times the length  
25 of this building. It was around 50 feet wide,

1           so I'm guessing maybe half -- this is just the  
2           roller bed inside the building. I'm guessing a  
3           little -- little wider than here -- here to the  
4           side, and it was all rollers. As the steel  
5           come off these hot -- out of these hot stands,  
6           it would roll out. There was dogs -- what we  
7           called dogs that would come up and -- this was  
8           all rolling, all the dust falling down, and it  
9           would put the steel aside and store it till  
10          they want, then they would drop it in and roll  
11          it down again.

12          Now we're told and Mr. Neton said that -- I've  
13          seen the reports, too, that says that this  
14          facility was cleaned up at the end of every  
15          rolling so it would be ready for steel rolling.  
16          Okay.

17          Underneath this rolling bed, which was about  
18          three -- three feet off the floor, was a  
19          basement. And in this basement -- it's eight  
20          foot tall, and all these gears and that that  
21          roll -- that move these bars from one side on  
22          this -- on this cooling table was operating to  
23          move this around. It was full of nothing but  
24          gears, shafts, chains and they had to clean  
25          that out periodically. They had five men to

1 clean that out.

2 Now if you read the documentation, it says that

3 if they finished their rolling by the next day

4 when the shift came in, this place would be

5 clean of uranium. The crew was usually five

6 men, if everybody showed up for work. Most of

7 the rollings were done on a Sunday. I cannot

8 phantom (sic) -- I worked in the plant myself,

9 I worked on the furnaces, I cannot phantom

10 (sic) that place being anywhere nears clean,

11 knowing how some of the workers worked down

12 there. There -- there wouldn't be a chance --

13 any equipment you took in there, vacuum cleaner

14 or anything, to clean up that area down below.

15 That's a full cellar underneath this whole bed

16 four times as long -- and I hope you understand

17 my concern. There's -- this drops down. All

18 the scab -- scaling fall off these rollers that

19 goes down. This was never cleaned up. We

20 can't go there today because the government

21 went in and filled it full of concrete. That

22 whole lower level, the whole floor that -- the

23 place was filled in. So there are no records

24 there. There's no way of getting them.

25 And then the other problem I had -- and this

1           isn't taken in consideration in the technical  
2           base data. There's -- there's no allowance  
3           taken, no air samples taken down there,  
4           nothing. And it was just virtually impossible.  
5           There's wires, there's electric motors. That's  
6           all buried in concrete. So no readings could  
7           be taken, no readings were taken.  
8           Now these guys that worked down there, it  
9           wasn't (unintelligible) standing next to a bar  
10          going by you for ten hours. This was every  
11          night that they went in. So I don't believe  
12          you can get a dose construction (sic) out of  
13          something like that.  
14          Then constantly throughout the documents it  
15          talks about machining and grinding. What's  
16          worse than machining and grinding on uranium?  
17          I've talked to men that worked there. There's  
18          billet preparation before they could even roll  
19          these things. They would be going through  
20          grinders and -- like 50 tons. There's never no  
21          air samples taken where this grinding was done.  
22          And you have to remember, Bethlehem Steel had  
23          no equipment at all to protect themselves,  
24          either to breathe or eat the stuff, 'cause it  
25          was in the air.



1           And we're talking about the air samples, and  
2           this is not a lie. I was 18 years old when I  
3           worked there, and I would go in there and every  
4           man at the end of the shift -- every man that  
5           come out of there, when you would cough it was  
6           like licorice. You would cough for maybe 20  
7           minutes when you come out of there with black  
8           stuff. And I'm sure there's ore dust in there.  
9           I mean I'm not going to argue that. A lot of  
10          it -- may be more than that, but we had no idea  
11          how much uranium was mixed in with it.  
12          Every -- every man in my locker room I can  
13          remember as a kid, and I can still remember,  
14          just got brought up to me, in the corner of  
15          their eye was black, a dot, like sleep in your  
16          eye. They'd come back from the job carrying  
17          their tool bag, just -- just like somebody had  
18          taken chalk and covered their face black. And  
19          this was every day. And again, some of it --  
20          and probably a lot of it -- was ore dust, but  
21          what about the people that worked in uranium?  
22          So -- and my contention is this kind of stuff  
23          wasn't monitored.  
24          So the billet preparation room where they --  
25          when they got these billets, they had to prep

1           them, and this is mentioned -- this isn't  
2           something that it's my little story. This is  
3           mentioned in the declassified documentation I  
4           got. There's nothing mentioned in the dose  
5           reconstruction at all about any air samples  
6           taken at the billet preparation. If you're  
7           going to prep 50 ton of steel, that wasn't done  
8           ten minutes before you -- you started up the  
9           rollers. That had to be done maybe days  
10          before.

11          There's so many uncertainties in the Bethlehem  
12          Steel plant that I don't know how you could  
13          complete a dose reconstruction, you can modify  
14          it all you want. And the one bad thing about  
15          it is, it was last June -- we -- I've been  
16          getting denied 15 months I've been denied on a  
17          technical base document that supposedly had a  
18          site profile on it. Last June we had a meeting  
19          and I was told -- and it's documented -- that  
20          that's the first time anybody ever spoke to  
21          anybody worked at Bethlehem Steel. I got a  
22          crew of 15 -- around 15 people together. We  
23          had a meeting. We explained this kind of stuff  
24          -- not quite to this detail that I have now  
25          because you constantly learn every day -- but

1           that's the first time that NIOSH ever spoke to  
2           -- I was being denied for 15 months on a  
3           technical base document that had none of this  
4           stuff in it.  
5           Not only that, I ate that stuff. And I had a  
6           display out at that meeting. I sat there and I  
7           ate my sandwiches and stuff. It was never  
8           mentioned in the technical base document. Then  
9           all of a sudden, we -- we redone the technical  
10          base document and it was included. Why wasn't  
11          it included when the document was first put out  
12          15 months earlier because reports from Simonds  
13          Saw said that you can't get a proper dose  
14          reconstruction without ingestion. Now if you  
15          had had a document from Simonds Saw and you  
16          were reading it and you based our site profile  
17          on it, you would have -- have to have seen it.  
18          So -- well, I've used up my own time, so at  
19          that -- our group and the group I represent  
20          from Buffalo just would -- maybe if you can get  
21          me an answer before I leave and go back to  
22          Buffalo. Just how long do we have to wait?  
23          We've been waiting -- shouldn't this stuff been  
24          done when the program started? Here we are  
25          four years later and we've gotten no place at

1           this point. Until the audit came out and we  
2           got some people digging in and finding out this  
3           information, it meant nothing, what I said or  
4           anybody said went on. We were just -- we were  
5           cut right off. And I think this is a wrong in  
6           the most fundamental value in American justice,  
7           really, for the Bethlehem workers and for these  
8           people down here. Thank you.

9           **DR. ZIEMER:** Okay. Thank you, Ed. Let's see,  
10          Brown -- is it --

11          **UNIDENTIFIED:** (Off microphone)  
12          (Unintelligible)

13          **DR. ZIEMER:** I'm sorry? Is it Rena -- Rena  
14          Brown? I'm -- I'm having trouble reading the  
15          writing here.

16          **UNIDENTIFIED:** (Off microphone)  
17          (Unintelligible)

18          **DR. ZIEMER:** Huh?

19          **UNIDENTIFIED:** (Off microphone)  
20          (Unintelligible)

21          **DR. ZIEMER:** Oh, okay. Tom?

22          **UNIDENTIFIED:** (Off microphone) I pass.

23          **DR. ZIEMER:** Oh, okay. Thank you. Delores  
24          Stuckens?

25          **MS. STUCKENSCHNEIDER\*:** Stuckenschneider.

1           **DR. ZIEMER:** Stuckenschneider, okay. I didn't  
2 go past the line here. Okay.

3           **MS. STUCKENSCHNEIDER:** I am Delores  
4 Stuckenschneider, and first I would like to  
5 thank you for coming to St. Louis again. I'm a  
6 former employee of Mallinckrodt Chemical Works  
7 and worked at the Destrehan and Weldon Springs  
8 plant for nine years. Before I read my  
9 statement, I want to thank Senator Bond for all  
10 the help he's giving -- is trying to give us to  
11 obtain this compensation. I really appreciate  
12 it. And my heartfelt thanks to Denise Brock,  
13 who's worked so hard for all of us for the last  
14 several years.

15           The first time I heard about the compensation  
16 was in the St. Louis Post Dispatch on January  
17 12, 2001, four years ago. Former Secretary of  
18 Energy Bill Richardson said, quote, This  
19 compensation that has bipartisan approval is  
20 for workers who were sickened or died from  
21 exposure to radiation or other hazardous  
22 substances while working on nuclear weapons.  
23 He added, quote, This is the law. It is an  
24 entitlement program not dependent on  
25 appropriations, and this is going to happen.

1 He also stated, quote, Workers need to contact  
2 us, but the burden of proof is on the  
3 government, not the workers. We will help  
4 workers determine their eligibility.

5 But four years later, we're still waiting.  
6 When I read the article about the reason for  
7 the compensation, I was shocked. Then it  
8 turned to anger and disappointment that my own  
9 government has put me and others in harm's way,  
10 without our knowledge or consent. I couldn't  
11 believe it. I lost a father and a sister  
12 because of this.

13 I'm having trouble seeing today, too.

14 I attended the first meeting held here in St.  
15 Louis at the Millennium Hotel July the 26th,  
16 2001. There were representatives from the  
17 Department of Energy and Department of Labor  
18 present. I understood them to say that they  
19 would be able to get our employment records,  
20 medical records, and even records from  
21 insurance companies on medical bills we paid  
22 years ago. When I sent in my application it  
23 said to enclose employment records and medical  
24 records.

25 After three requests by mail and phone,

1           Mallinckrodt sent me a certified letter stating  
2           they had no record of me working for them. I  
3           couldn't believe that, either.

4           Finally the Department of Labor sent to Social  
5           Security for the dates. This delayed my  
6           application from moving forward for several  
7           months. With my application I sent the  
8           surgeon's report, pathology report showing it  
9           was a rare type of breast cancer, and X-ray  
10          reports, all of which I thought was enough to  
11          prove I had cancer. I was later informed I  
12          needed a letter from my oncologist stating that  
13          he administered chemotherapy to me after the  
14          surgery. They also wanted to know what chemo  
15          drugs he used for both cancers, and wanted the  
16          stage of the lung metastasis.

17          My oncologist's secretary told me he said,  
18          quote, They should know that a metastasis to  
19          both lungs is stage four.

20          I understood the burden of proof would not be  
21          on the workers, but it's getting to the point -  
22          - oh, why bother. And I think if it had not  
23          been for Denise Brock getting involved, a lot  
24          of us would have given up.

25          After I graduated from high school I applied

1 and was accepted for a position at Mallinckrodt  
2 Chemical Works. I was overjoyed, and when I  
3 found out I would be working for the Atomic  
4 Energy Commission, that made it even better. I  
5 had just turned 18 years old, and I thought it  
6 was so cool that I was going to be investigated  
7 by the FBI and they were going to check my  
8 school, family, friends and neighbors so I  
9 could have a secret clearance to work there.  
10 The pay was good, and I would be working in a  
11 company my dad and sister worked at. How much  
12 better could it get?

13 As I found out later, working there came with a  
14 high price and we paid it. My dad and sister  
15 are now deceased, in my opinion because of  
16 their employment at Mallinckrodt. My sister  
17 died at the age of 39, leaving two young  
18 children, and my dad died at 68.

19 My dad worked at Mallinckrodt in the shipping  
20 yard area at the main plant for 45 years, from  
21 1917 to 1962. He died at age 68 of lung  
22 cancer. My dad had no desire to retire at 65,  
23 but was told he had to. Unless someone can  
24 prove otherwise, I am convinced now that his  
25 last X-rays at Mallinckrodt showed he had spots



1           on his lungs and this was the reason he was  
2           made to retire. I have been stonewalled in my  
3           attempt to get his medical records from the  
4           Department of Energy under the Freedom of  
5           Information Act.

6           While working at Mallinckrodt I don't remember  
7           my dad taking sick days. He didn't believe in  
8           them. And he never complained of feeling bad.  
9           It was only after he retired that he told us he  
10          didn't feel well. I have no medical training,  
11          but I think I have heard lung cancer cannot be  
12          detected on an X-ray for several years. If Dad  
13          had known what he had had earlier, he had a  
14          better chance of surviving. At 67 he went to  
15          surgery, but the surgeon said the cancer had  
16          traveled through his whole body, and he died  
17          six months later.

18          I have heard from plant workers who said that  
19          they knew they were taking part in making  
20          atomic bombs, but they didn't know the dangers.  
21          As I worked in the office, I had no idea this  
22          was the ultimate goal, or that I was in any  
23          danger. We were told not to discuss our job  
24          with anyone, at work or at home.

25          I received 91 pages of my medical history at

1           Mallinckrodt. Now, since I've learned the  
2           dangers we were exposed to, I realize why we  
3           received a physical every year, and records  
4           were kept of our sick days and the nature of  
5           our illnesses. I was surprised that it  
6           supposedly showed my radiation exposure from a  
7           film badge. I didn't wear a film badge. I  
8           wore an identification badge showing I had a Q  
9           clearance, and I took it home every day. To  
10          the best of my knowledge, I never turned it in.  
11          A few times I would forget to bring my badge,  
12          and since I worked in the plant area I had to  
13          get a guest badge from the security guards.  
14          This might be where they got the exposure  
15          information. When I got this badge I did the  
16          same as I did with my identification badge, and  
17          that was to put it in my purse or pocket. I  
18          took it out when I had to pass the security  
19          guards, so this would be the only time it was  
20          out in the open. It's hard for me to find  
21          their claim monitoring my exposure credible.  
22          I understand your purpose here today is to  
23          focus on the Destrehan plant, and I hope you do  
24          what is right for the workers here, and also at  
25          Weldon Springs. I think many of us worked at

1 both plants, and since both plants were  
2 Mallinckrodt Chemical Works, I can't understand  
3 how or why the Destrehan plant site profile was  
4 completed over a year ago and Weldon Springs  
5 hasn't been started yet.

6 I submitted my application July 27th, 2001. It  
7 wasn't until April, 2004 that my claim finally  
8 made it to the last major process to  
9 completion. I'd call and check on the status  
10 every three or four months, and my last call  
11 was January 3rd of this year. I was told by  
12 someone at Oak Ridge Associated Universities  
13 that they're waiting on a couple of documents  
14 before they can begin the Weldon Spring site  
15 profile, and it might be started in April of  
16 2005. Then I have to wait who knows how long  
17 to have a physicist examine it. Now I'm told  
18 there's a conflict of interest and it's on  
19 hold.

20 I don't think I'm the only one who feels that a  
21 fair reconstruction dosage is impossible to get  
22 on Weldon Spring employees. Unless you were  
23 actually there in the plants, there's no way  
24 one can tell or even guess what the employees  
25 were exposed to and in what way. Weldon

1           Springs is now a seven-story-high tomb of  
2           radioactive waste and is called a, quote,  
3           tourist attraction, unquote. The fact that the  
4           plant and all its contents were buried tells me  
5           the whole area was contaminated and too  
6           dangerous to move. If you have never seen it,  
7           I hope all of you will take time to go and look  
8           at it. And if you feel safe, maybe take the  
9           steps to the top of the mound. Frankly, I  
10          wouldn't trust it myself.

11          At Weldon Springs I was a clerk-typist in the  
12          Plant 6 office. My office was connected to the  
13          plant area by two inside doors. Plant workers  
14          came in the office, as did office workers into  
15          the plant. I recall putting on paper coverings  
16          for my shoes, which I didn't always remember to  
17          do. I don't recall worker -- plant workers  
18          having a change of clothing when they came into  
19          the office. Almost everything we worked with  
20          or handled came directly from the plant area.  
21          I would like to mention that a lady I worked  
22          with in the same office at Destrehan and Weldon  
23          Springs also had a rare type of breast cancer,  
24          the same as I did. I am the first one in my  
25          family to have breast cancer, and she told me

1 she was also the first in hers. Coincidence?

2 I don't think so.

3 I mentioned this before in a statement I read  
4 when you were here in 2003 about all the dust  
5 that accumulated on our desks daily, and I had  
6 to walk outside between the plant and the main  
7 building several times every other day to  
8 relieve the switchboard operator. And like  
9 some of the other women, the nylons I wore,  
10 which were mandatory, were short-lived. They  
11 would tear and shred. Mallinckrodt had start  
12 reimbursing us for them, so they did know what  
13 was causing this. The odor coming out of the  
14 stacks was sometimes overwhelming, and it's  
15 kind of scary now to know what we were inhaling  
16 this all the time.

17 It's good that the government is finally  
18 acknowledging what was done to the nuclear  
19 workers and giving the compensation, but  
20 unfortunately it can't bring back employees  
21 that have died. It can't give back the years  
22 of suffering cancer (unintelligible). I hope  
23 the present government -- or anyone, for that  
24 matter -- learns from this that no one has the  
25 right to put anyone's health or lives in danger

1 without their knowledge and consent. It really  
2 upsets me that we are waiting so long to  
3 receive this compensation. This is surely  
4 bureaucracy at its worst. It's sad that  
5 several employees that I know of have died  
6 since the compensation has started. I am  
7 hoping that the present government will show  
8 compassion and make restitution for the wrongs  
9 that were made to the nuclear workers before  
10 any more former workers pass away.

11 Last, but certainly not least, I would ask that  
12 you pass the administrative SEC that Denise  
13 Brock has petitioned. The SEC has got to cover  
14 all the years that work was done for the Atomic  
15 Energy Commission at Destrehan and Weldon  
16 Springs. It really is the only fair and right  
17 thing to do. Thanks for listening.

18 **DR. ZIEMER:** Thank you, Delores. Next I have  
19 Anthony Windisch.

20 **MR. WINDISCH:** Given that much documentation  
21 about radiation exposure has been lost or  
22 destroyed, I can really appreciate the  
23 difficult task that you, the committee, are  
24 having with dose reconstruction. In trying to  
25 do dose reconstruction, did you study the work

1 habits and the environment of those many  
2 workers who have already died of cancer? And  
3 would any person who worked in that same  
4 environment have enough radiation to also die  
5 of cancer? Please consider that in view of  
6 lost or destroyed documentation. It's one  
7 thing to play with graphs and everything else,  
8 but us people out here who are waiting for a  
9 decision by -- by your -- your people don't  
10 really understand a lot of those charts and  
11 what they mean.

12 The bottom line is that many of our coworkers  
13 have already died of cancer, and we're  
14 wondering if we have to be dead before we have  
15 any chance of getting compensation. Thank you  
16 for the job you're doing, and thank you for  
17 your attention.

18 **DR. ZIEMER:** Thank you, Anthony. Next I have  
19 Janet Davis. Or Janette, maybe, Janette Davis?  
20 It appears to be Janette or Janet, Janette.

21 **MS. DAVIS:** Yeah, I wonder who put my name  
22 down? Well, I'll say a little bit  
23 (unintelligible).

24 **DR. ZIEMER:** One of your friends signed you up,  
25 did they?

1           **MS. DAVIS:** Well, they might've. I did work  
2           for Mallinckrodt since 1951 until 1959, and I  
3           was down at Destrehan for about seven years, I  
4           guess. And then I went out to Weldon Springs  
5           for two years.

6           One thing that kind of irks me is about hearing  
7           that things are lost. I worked in the lab. I  
8           did a lot of testing on everything there was --  
9           well, down at Plant 6. I was there when they  
10          closed down because I couldn't get a ride out  
11          to Weldon, and I tested everything that we  
12          really knew what the radioactivity was there.  
13          It was on record. Whatever -- whatever  
14          happened to it, I don't know. And being's I  
15          was the last one -- one of the last ones down  
16          at Plant 6, I did a lot of testing out at  
17          Weldon Springs, and we knew what the  
18          radioactivity was out there. I don't know what  
19          happened to the records.

20          And I was one of the dumb ones that I kept one  
21          of my check stubs, and I know what my check  
22          clock -- the clock card number was because I  
23          was so proud of that check. I was making a  
24          little bit more money than my husband was then,  
25          and I kept it. And for some reason, I told my



1 family, keep this because I don't know -- if  
2 something ever happens and I'm gone, that  
3 you've got something that I worked there, and I  
4 still have that stub today.

5 Mom told me way back, she said Janette, is --  
6 is it really safe there, and I said well, sure,  
7 Mom; they say it's low grade radiation, radio--  
8 ation, and she said they remember people that  
9 used to wet a little brush and they painted the  
10 numbers on a watch and it was called radium,  
11 and -- are you going to have any trouble with  
12 this? No, I -- no trouble. Well, here I am.  
13 I did a lot of work in the spec lab and, as I  
14 say, I couldn't get a ride out to Weldon so I  
15 was one of the last ones, and I learned every  
16 job there was in the lab, and it was up to me  
17 then whenever things came through that I would  
18 work in that particular little area. I think I  
19 will write down a lot of the things. Someone  
20 said to me today, you know, you really ought to  
21 write a lot of that down because a lot of those  
22 people aren't here today, and I guess I'm  
23 getting to be one of the last ones.  
24 I've got a lot of things wrong with me, and you  
25 know what, they can't find out why. And I'm

1 told well, you're going to have to live with  
2 it, and I have been living with it for many  
3 years. I couldn't go to work because I can't  
4 drive. I have vertigo real bad, and -- been to  
5 the doctors at Barnes, still get the answer,  
6 can't help you, you'll have to live with it.  
7 So I really don't know if any of that pertains  
8 to this or not, but I'm here listening, and --  
9 I did worry about Weldon, though, about things  
10 getting into the wells. Maybe I'm saying  
11 things I shouldn't say, but I'm being honest.  
12 Oh, and I did -- and when I did work down at  
13 Plant 6, one of the last jobs I had is -- they  
14 had sewers, and I didn't know what the sewers  
15 were. And they told me that they were the  
16 holes, and they had like either bricks in them,  
17 and I guess they flushed a lot of the -- would  
18 we call it sludge or -- this liquid into these  
19 sewers, and then it was my job at the very end  
20 to test those before they were flushed into the  
21 river. Well, one time I ran like the devil to  
22 try to get somebody over me because boy, did I  
23 have a high radium conte-- or uranium content.  
24 And in those days -- oh, it was too late; it  
25 was flushed. And I was told that -- that would

1           have been in the '50's -- about \$10,000. There  
2           wasn't said -- too much said then that it was  
3           the uranium that went in there, but -- I could  
4           go on, just little things that I saw.  
5           I saw the trucks pull out and the stuff would  
6           be steaming that would be in the truck, and I  
7           think back a lot about a lot of that. And that  
8           was a hot spot then. That was hot in the north  
9           -- in north St. Louis. I don't think people  
10          realized what they were living around. And one  
11          time we had a big tank blow up. We didn't know  
12          what it was. We were told to stay by our job.  
13          And you weren't supposed to talk too much to  
14          the other people. You had your work to do, you  
15          did it, and -- so you stay -- I was doing  
16          spectrographic work and I stayed by it. And I  
17          thought gee, I really ought to let my folks  
18          know that I'm going to be late, you know,  
19          getting home. And so when things kind of  
20          quieted down and I called Mom and she said  
21          well, gee, I know exactly what happened. I  
22          said well, I can't tell you what it's about,  
23          but I'm going to be here for a while. And it  
24          was on the news and the radio and -- you know.  
25          But that was an empty tank that blew and blew

1 the wall out and it -- it was interesting.

2 Interesting work.

3 I did get a call from one of the reporters from  
4 the Post Dispatch a couple of years ago, and I  
5 said well, Mister, I really can't talk this  
6 over with you. If you show me your  
7 credentials, why -- and then maybe I can. And  
8 so then when it was in the paper and they told  
9 the different parts per million and different  
10 things, well, then I felt well, I guess it's  
11 out now so it's okay.

12 But it was fun watching them when we left Plant  
13 6 and they had the little model of what Weldon  
14 Springs was going to look like. We were going  
15 to have a lot less contamination in the system  
16 because that was glass instead of what we --  
17 what we had in Plant 6 that was metal. And it  
18 was -- those were just a few of the things I  
19 knew, but thanks for giving me your time. I  
20 didn't know I had so much I could talk about,  
21 but if you have any questions, I'll be glad to  
22 help you.

23 **DR. ZIEMER:** Okay. Next, Louis Mc-- McKeel,  
24 McKeel. Louise?

25 **MS. MCKEEL:** I guess I'm the videographer and I

1 don't normally speak, but I do think I will now  
2 because I've collected a lot on this particular  
3 topic and about Weldon Spring. And I have some  
4 feelings, if not all the facts that Dan has.  
5 Actually I want to say, too, that I have quite  
6 a few facts at my house because I counted up  
7 154 filing drawers in my house. Not all of  
8 them are on the Weldon Springs topic, but I  
9 could tell you the exact number and then you'd  
10 know exactly how much we know. But we -- Dan --  
11 -- I'm going to go on about this just a little  
12 bit.

13 Dan began by going to Busch Wildlife to just  
14 relax after the 80-hour week that he has at  
15 Barnes Hospital. And I said Dan, you know,  
16 there might be a little problem out there. And  
17 he was very believing and saying -- I mean  
18 we're part of people who've been in nice  
19 neighborhoods, good schools, we're not used to  
20 the government fudging on us. We thought we  
21 knew the people in the government. Some of  
22 them are our ancestors and stuff like that. So  
23 we weren't expecting the worst.

24 But then I got him interested in just looking,  
25 and now it's several years later. And I think

1 Dan is really angry. I think he's more angry  
2 than I'm about to confess myself, but we think  
3 that the basic thing that we have noticed, just  
4 as citizens who started out going to Busch  
5 Wildlife Reserve, is that the Department of  
6 Energy and all the people associated, everybody  
7 who belongs to an agency in this room, is  
8 kidding us, me and Dan and a lot of the people  
9 here. And by this time I have a lot of tape to  
10 show you all, talking about things and the way  
11 -- I mean I just made some notes at lunch, and  
12 I know you're bored and the bus is leaving, but  
13 I also have spent a lot of time behind the  
14 camera and I'm going on a little bit.  
15 We're al-- Dan and I are always looking for  
16 facts and statistics. I can brag that I got an  
17 A in statistics in social work school at  
18 Washington University for my master's degree in  
19 social work, so I know a little bit about it.  
20 And I'm interested in it, besides. Maybe  
21 that's why I even take up topics like this.  
22 I want to say, too, that Dan and I have been  
23 married 43 years, and I think the -- we had  
24 what I believe I heard lately, a beautiful  
25 ambition to try to be a good doctor and try to

1 deliver health care to the community and the  
2 world that we knew at that time. And we really  
3 haven't deviated from that just a whole lot in  
4 the 43 years, and I can still stay that.  
5 And it's in that spirit that I'm kind of  
6 appalled at what I got on my yards and yards,  
7 my miles, no less, of videotape. But anyway,  
8 some of the things that bother me, just from  
9 this morning, and I'm a little bit off the  
10 street. I don't know everything here, but  
11 things that just concern me a lot -- dose  
12 calculation could be accurate. I mean  
13 everybody seems to just forget that fact that  
14 it's -- that it is -- that you don't have the  
15 records. They seem to just let that go by.  
16 But there should have been records. There  
17 could have been records. If I'd been a  
18 secretary in anybody's office in this room and  
19 I'd lost the records, I think I'd have been  
20 fired. And especially important records that  
21 have to do with people's health, with their  
22 lives, with their death and with their -- their  
23 families for a generation or more to come. How  
24 could you lose such records? What is that?  
25 Unless of course it might be a little

1 deliberate, it occurs to me, after I tape a few  
2 miles of videotape about it.

3 And I see selective memory here. I mean, you  
4 know, if it's beneficial on one side, well,  
5 then you might be able to do that. But if it's  
6 not beneficial, then you probably can't, and on  
7 and on.

8 But anyway, the dose calculation's based on  
9 badges. You know, the people standing here in  
10 -- in various feet of measurements of yellow  
11 cake, I hear and things. A badge doesn't  
12 necessarily even measure all of that. And  
13 badges can malfunction. I know every little  
14 thing that you have can do that. A lot of  
15 times we've been hearing where people just  
16 didn't wear them all or most of the time.  
17 Certainly I have heard that people working in  
18 these conditions weren't told. And I really do  
19 not believe that they were. Some, perhaps, but  
20 probably not. Even -- even the most -- the  
21 least educated people who I've talked to about  
22 this have common sense. And they just weren't  
23 -- that nobody appealed to their common sense,  
24 and that angers me just as a wife and mother  
25 and human being on the planet.



1           Anyway, they didn't wear -- a lot of times they  
2           didn't wear their badge during the most  
3           dangerous parts of the job. Some of this is  
4           rumor, but then again, I think there are people  
5           here who could probably confirm some of that.  
6           Another thing about -- I think they didn't  
7           check the arithmetic on adding up about the  
8           badges. I mean everything is fluffy about the  
9           numbers on this thing. It's well, you know, it  
10          might be -- but it is not concrete. There is  
11          not the data. There is not a level of fact  
12          that I think that most people could expect from  
13          -- from an ordinary secretary. And I believe,  
14          as a taxpayer -- I feel doubly vulnerable. I  
15          think that what could be going on here is a way  
16          to try to appease and try to make it seem and  
17          put these folks off and you know how hard it is  
18          to get here and everybody's dying and all these  
19          other problems, delay, I guess we could get to  
20          -- in psychology you can go through the defense  
21          mechanisms and you can use all of those to get  
22          out of the situation. But the point being that  
23          when -- the fact really is that the taxpayer  
24          might become vulnerable to this after all.  
25          They might wind up needing to pay more for

1           these people than everybody here seems to kind  
2           of think that they might get out of. And that  
3           would be bad for me, the taxpayer, my kids, and  
4           then basically everybody in the room and all  
5           that, but taxpayer might need to pay for that.  
6           In the meantime, the taxpayer needs to pay for  
7           28 meetings to discover what I feel plainly and  
8           boldly and perhaps meanly and crassly are very  
9           fluffy thoughts about not addressing the basic  
10          human needs of the workers in this room, in  
11          this nation, and probably in the world. So I'm  
12          just going to say that on my first day here,  
13          and maybe I'll hear some things that'll make me  
14          feel better.

15         **DR. ZIEMER:** Okay. Thank you, Louise. Next  
16         we'll go to William Headrick. William I  
17         believe has some overheads, too, that he's  
18         going to use. Is that correct, William?

19         **MR. HEADRICK:** That is correct.

20         **DR. ZIEMER:** All right.

21         **MR. HEADRICK:** I have a power point  
22         presentation loaded on the computer. Should I  
23         come up and start it or...

24         **DR. ZIEMER:** Let's -- I think Chris is going to  
25         help you out here.

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(Pause)

**MR. HEADRICK:** Thank you. First of all, I'm a little young to have worked at Mallinckrodt or Weldon Springs, so I put together a slide presentation and this is from a letter that my mother wrote for the July 9th, 2003 meeting which she wasn't able to attend because of illness.

My mother was Shirley Joyce Headrick and she's currently deceased.

She was born on July 28th of 1935. She passed away November 15th of 2004. She worked at Mallinckrodt from August 5th, 1953 at the Destrehan Street plant to August 15th, 1959. I'll get into August 15th, 1959 a little more in a minute. At that day she was transferred to Weldon Spring where she worked until December 31st, 1967.

This is a synopsis of the letter, which I'm going to read to you. Your letter telling of a meeting of Mallinckrodt claimants to be held on Wednesday, July 9th, 2003 at the Iron Workers Local No. 396 hall 2500 59 St. Louis from 6:00 to 10:00 p.m. has been received. It is my hope to be present, but the health condition of

1           myself and my husband may not permit our  
2           attendance. If you want to read the following  
3           into your record, please feel free to do so.  
4           I am one of the former nuclear workers from  
5           Mallinckrodt Destrehan site and Weldon Springs  
6           who has lung cancer. On August 14th, 2002  
7           surgery on my left lung, with removal of a  
8           bronchioloalvaolar carcinoma, commonly known as  
9           Carr's carcinoma, left, my left lung was  
10          performed. Right lung tumors are inoperable  
11          due to proximity to veins and artery. Only one  
12          percent have this type of lung cancer, and  
13          probable cause are pollutions or radiation,  
14          with surgery as the only recourse. Chemo or  
15          radiation treatments are not effective.  
16          Having seen the November 24th, 2002 article in  
17          the Post Dispatch, contacted you for assistance  
18          and information in filing a claim. Following  
19          is the summary of events which followed.  
20          December 18th, 2002, U.S. Department of Labor  
21          acknowledges receipt of claim for benefits  
22          under the Energy Employees Occupational Illness  
23          Compensation Program of 2002.  
24          January 30th, 2003, Department of Energy,  
25          Washington, D.C. acknowledged application from

1 assistance from EEOICPA.

2 March 3rd, 2003, U.S. Department of Labor  
3 advised DOE cannot confirm employment history,  
4 nor can Mallinckrodt, Incorporated.

5 Actually, they told her she didn't work there.  
6 However, she contacted the Social Security  
7 Administration to corroborate (sic) the  
8 employment information. Now nobody wanted to  
9 believe her documents that showed she'd worked  
10 there.

11 March 14th, 2003, EEOICPA writes DOE advised us  
12 they have no information on you.

13 April 2nd in 2003 she telephoned DOE and was  
14 advised when Weldon Spring facilities closed  
15 contaminated records were shredded and not  
16 available.

17 June 16th, Social Security records pertaining -  
18 - received proving that she was a Mallinckrodt  
19 employee from 1953 through 1967.

20 June 11th, 2003, Department of Labor  
21 acknowledged full support for my claim record,  
22 copy of case file referred to NIOSH for  
23 evaluation of dose reconstruction.

24 She was shocked to read, quote -- from NIOSH,  
25 when done for research purposes, dose

1 reconstructions may take months to years to  
2 complete. In compensation programs a balance  
3 between efficiency and precision is needed.  
4 When the process is fully implemented it will  
5 be possible to develop reasonable estimates of  
6 the time needed to complete a dose  
7 reconstruction.

8 June 25th, 2003 NIOSH received case file  
9 showing Department of Labor has determined her  
10 employment and health condition are covered  
11 over the EEOICPA Act. NIOSH plans to request  
12 radiation exposure information data from DOE,  
13 who had already advised her that the  
14 information was destroyed due to contamination.  
15 Here's her opinion that was included in the  
16 letter.

17 All of this sounds like delay tactics and  
18 cover-up with money spent on bureaucratic  
19 procedures. If records of my employment were  
20 destroyed due to contamination, am I also waste  
21 material to be destroyed? How does \$200  
22 billion for massive cleanup of sites, \$70  
23 million for radiation dose estimates, compare  
24 with \$150,000 per worker with cancer who  
25 breathed alpha or beta-emitting isotopes, as

1 well as being exposed to gamma radiation.  
2 Radiation exposure was given a very low  
3 priority, and protection standards negligible  
4 compared to today. Refer to Missouri Resource  
5 Review, Volume 8, Number 21, summer of 1991.  
6 We definitely need Special Exposure Cohort  
7 status. Shirley J. Headrick.  
8 Now, since then my mother's passed away, and  
9 she's asked me to pursue this for her. Give  
10 you a few of the dates. August 14th, 2002 was  
11 the diagnosis date. This is after they'd  
12 removed half of her lung. June 16, 2003, claim  
13 received from DOL. June 25th, 2003, letter  
14 sent to claimant. August 25, 2003, telephone  
15 interview, we're moving fast here, doing good  
16 work. October 15th, 2003, report sent to  
17 claimant. What happened for a year? August  
18 18th, 2004, conflict of interest letter sent to  
19 claimant. November 15th, 2004, claimant passes  
20 away during cancer surgery. January, 2005, I  
21 received a letter from NIOSH. Dose  
22 reconstruction not started. No explanation.  
23 They haven't felt like starting it since August  
24 14th, 2002.  
25 Employment information while she was at

1           Mallinckrodt. Enlarged lymph node removed in  
2           1958 by Mallinckrodt physician at Barnes  
3           Hospital. Barnes physician and Mallinckrodt  
4           all refused to share records with the employee.  
5           My mother assumes that the records were  
6           destroyed -- or I should say assumed.  
7           Dosimeter badge and records destroyed at  
8           Destrehan site after medical exam. She assumes  
9           this. She knows that they took all of her  
10          records away from her and took her dosimeter  
11          badge. And on August 15th, 1959 they  
12          transferred her to Weldon Springs. This is the  
13          same day they confiscated all of her records.  
14          A note about her job. Her desk had to be wiped  
15          clean from black dust that covered it daily.  
16          She didn't know what the black dust was.  
17          A few notes from her employment that she was  
18          able to keep. They didn't confiscate these.  
19          Black dust eats holes in nylons. Black dust  
20          eats holes in car paint. Miscarriage in 1957.  
21          This is after her employment. Twelve years  
22          until next pregnancy. Birthing problems. Son  
23          in hospital after birth, barely survived. Many  
24          birthing problems and sick offspring, similar  
25          to other of her coworkers.



1 I note on Federal government efficiency. Dose  
2 reconstruction has not started in January of  
3 2005, yet we have a letter from NIOSH claiming  
4 it started August 14th, 2002. Two letters,  
5 conflicting dates. DOE claimed records were  
6 shredded due to contamination of facility, so  
7 the facility was closed and they couldn't  
8 verify employment because they shredded the  
9 records and destroyed the dosimeters. This was  
10 received April 2nd, 2003 from DOE.

11 I'll let you read what you will into that.  
12 That's what my mother had asked to be read to  
13 you on July 9th of 2003. It's now only a year  
14 and a half later and we have not progressed  
15 actually one second past July 9th of 2003, as  
16 far as I can tell from listening to the  
17 discussions today. Maybe we've spent a few  
18 more billion dollars. Thank you.

19 **DR. ZIEMER:** Thank you, Dr. Hendrick (sic),  
20 sharing that. I recognize your frustration.  
21 We have one individual who's one of the bus  
22 riders that would like to speak. Are you  
23 approaching the mike now? And please state  
24 your name for the record, please.

25 **UNIDENTIFIED:** First of all, I want to thank

1           you for giving me a chance to talk. I worked  
2           for Mallinckrodt --

3           **DR. ZIEMER:** Could you state your name, sir?  
4           Could you state your name for the record,  
5           please?

6           **UNIDENTIFIED:** Can I -- I'm sorry?

7           **DR. ZIEMER:** Give us your name, please.

8           **MR. MUECKE:** Edward, and the last name's  
9           spelled M-u-e-c-k-e.

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

11          **MR. MUECKE:** I worked for Mallinckrodt -- I  
12          started in 1947. Now I was asked today if I  
13          hate the company. Truthfully, no. I had no  
14          reason to hate the company for not telling me.  
15          As far as I was concerned, they -- they did  
16          hold things back. I didn't know what I was  
17          doing and I didn't mention what I was doing, to  
18          anyone. In those days you didn't do it because  
19          the Russians didn't have the bomb. But the  
20          building that I originally worked in, the sign  
21          on the outside, it said that the first uranium  
22          produced in the first atomic bomb was produced  
23          in this building. Well, I stayed in the  
24          radiation department from 1947 and I -- ten  
25          years later I -- well, I went from Plant 4 --

1           was knocked down and I went to Plant 5 that was  
2           built and was going to be one of those things  
3           where the air is going to be -- well, it -- at  
4           Plant 4 I should say it was deplorable. I mean  
5           it was the worst of all.  
6           We had -- they gave you a respirator, but it  
7           was so heavy you would never wear it. And none  
8           of us wore it. We didn't know -- we were  
9           mixing what we called green salt and mixing it  
10          with magnesium. And when you put those into  
11          what they call a bomb shell, we had no -- in  
12          the Plant 4, we had nothing to pick up that  
13          dust, no ventilation at all, you know -- or  
14          vacuum, I should say, to pull it away.  
15          Well, when they -- we moved from there down to  
16          Plant 6E, they tore that building down, that  
17          Plant 4. When they tore that down -- they  
18          wouldn't do it today, but they just knocked it  
19          down and they took all the bricks -- hauled  
20          them all away. Then they came in and took  
21          eight feet of -- approximately eight feet of  
22          dirt -- of bricks and all out, and they went  
23          down and they came in with fresh dirt and put  
24          dirt in there. They then came and asphalt that  
25          -- and if you go down there today, it's a

1           parking lot.

2           Now that Plant 6E that was so good, well, when

3           I went down there -- it was, in the beginning

4           it worked real good. And all this air that you

5           were taking in from dust and all, they had big

6           containers that -- bags, we called them, and

7           what they had on the outside was air blowing in

8           there. And what that air was doing, as it

9           moved up and down, was knocking that material

10          loose and it'd fall into these drums and they

11          were hauled off to the airport. Well, I'd go

12          along -- I was utility men (unintelligible) and

13          we'd go along and I'd say to the foreman, I'd

14          say that one section up there, I cannot --

15          well, it was collecting the dust. It had an

16          electric eye in there and the electric --

17          anything breaks that beam shuts the thing down,

18          so I go to the foreman on a Monday and I said,

19          in particular -- I went to him and I said I

20          can't keep that thing on automatic. The thing

21          will not stay on automatic because it was being

22          -- breaking that -- you mean to tell me we

23          worked on Saturday time and a half, Sunday

24          double time, and you come to me on a Monday and

25          tell me that you want to shut that thing down?

1 Put that thing on manual and forget about it.  
2 Now the person outside here, he's breezing  
3 along thinking boy, I'll get a big breath of  
4 air. He takes a big breath of air, he's taking  
5 all of that (unintelligible) what we were  
6 putting out into the air. He didn't know it.  
7 That's when they moved that Plant 6E out to  
8 Weldon Springs. Well, I had too much seniority  
9 at that time to go to Weldon Springs, so I  
10 stayed there.

11 And the media asked me if I disliked them. No,  
12 I must have liked them a little bit because I  
13 spent 50 years with them.

14 I want to thank you for the time. Thank you.

15 **DR. WADE:** Thank you, sir. Next we have Mrs.  
16 Tyndale.

17 **MS. TYNDALE:** My name is Tina Tyndale. My  
18 husband's name is Franklin Tyndale. He was  
19 employed at ABB, the former Mallinckrodt plant,  
20 from February, 1992 through June of 2001 when  
21 the plant closed. He will be here tomorrow to  
22 talk about his position, the exposure and that  
23 type of thing. I'm just here to tell our  
24 story. It's very difficult for him to talk  
25 about.

1 He worked a lot of seven-day, 12-hour shifts.  
2 He also started body-building while employed  
3 there. He was in excellent health. For the  
4 body-building he consumed large amounts of  
5 water, mostly at work, since this is where he  
6 was most of the time. He never was told that  
7 the water was contaminated.

8 He also worked on the scanner where the rods  
9 had to be activated to check for proper  
10 enrichment. This area had the highest dose of  
11 radiation in the plant.

12 In July of 1998 he noticed a bump on his upper  
13 thigh. He went to the doctor and was told it  
14 was a hematoma from lifting weights and not to  
15 worry about it. He had it checked again in a  
16 couple of months and was told the same thing.  
17 I grew more and more concerned because it kept  
18 getting bigger. He went back in February of  
19 '99. This time he was sent to a surgeon, who  
20 did an MRI. The surgeon told us at that time  
21 he didn't think it was anything to worry about,  
22 but he could have it removed in a month or two  
23 if he wanted. The following week the surgeon  
24 called and said they'd changed their minds,  
25 they wanted to remove it immediately. I knew

1           in my heart that someone else had looked at  
2           that MRI and saw something the other doctor had  
3           not, and it wasn't good. This is when our  
4           nightmare started.

5           They did the surgery a few days later. While  
6           Jim was in recovery the doctor came out to talk  
7           to me. He wouldn't answer any of my questions.  
8           He only looked at me and said he needed to keep  
9           his patient's spirits up. I knew instantly  
10          that it was cancer. He didn't have to tell me;  
11          I knew from his behavior. I just didn't know  
12          at that time it would be one of the most  
13          rarest, most aggressive forms of cancer known  
14          to man. Most doctors will never ever see it in  
15          their entire career. That is why it was  
16          misdiagnosed for so long as a hematoma.  
17          The doctor walked off and left me standing  
18          there with all these questions and no answers.  
19          I'll never forget that feeling. I was in a  
20          panic. I was scared and I was sick inside. I  
21          went outside and cried hysterically, finally  
22          realizing the doctor wasn't going to tell him  
23          anything until the biopsy came back the  
24          following week. I knew I had to go in his room  
25          and act as if everything were okay. As soon as

1 I entered the room, he knew that something was  
2 wrong. He could tell I'd been crying. When I  
3 looked up at him there was panic in his face  
4 and he kept saying what is it, what is it, you  
5 know something I don't. I had to lie and  
6 convince him that I was just tired and, you  
7 know, I -- I didn't know anything. Inside I  
8 was physically sick. All I could think about  
9 was him dying.

10 The whole week waiting for the biopsy was hell  
11 because I couldn't think about anything else.  
12 I just kept praying they were wrong, it must be  
13 anything but cancer.

14 When we walked into the office for the results  
15 of the biopsy, the doctor sat on a stool. He  
16 spun around and he had this horrible, sad look  
17 on his face. I could literally see the tears  
18 in his eyes. He couldn't even talk. It took  
19 him about two or three minutes, and all he  
20 could say was I am so sorry, you are so young.  
21 That came out of his mouth before telling him  
22 he had the cancer. And he just kept saying I  
23 am so sorry.

24 We sat there. We couldn't even speak. We  
25 couldn't do anything. It was just devastating.



1 He finally said it was ovular sarcoma\*, a very  
2 rare, very aggressive form of cancer. There  
3 was no talk about helping him get through it.  
4 There was no talk about, you know, he was going  
5 to pull through it, we were going to take care  
6 of this, we were going to -- you know, there  
7 was none of that. He just kept saying I'm  
8 sorry. I mean he basically handed him a death  
9 sentence.

10 The whole visit is just a memory of pain,  
11 sadness, anger -- because I knew instantly that  
12 he got it out there at that plant where he  
13 worked. There was no doubt in my mind. There  
14 was no cancer in his family. He was too  
15 healthy.

16 The problem was, no one in this area even knew  
17 about sarcoma. We kept -- contacted all the  
18 major hospitals. The doctor tried to find a --  
19 a cancer doctor, to no avail. There was no one  
20 here that could treat this cancer. So we had  
21 to start going to M. D. Anderson in Houston.  
22 We went down there on the first visit, and when  
23 the doctor walked in he sat down and he said  
24 we're shocked that you're here. We can't  
25 believe you're alive. I said what do you mean

1           by that? And he said sarcoma usually kills in  
2           four to six months undiagnosed. He had already  
3           had the knot for ten months. I was even  
4           scareder (sic) then. At that point I didn't  
5           know if he was going to live a few more days, a  
6           few more weeks.  
7           They decided to do surgery again. We got to  
8           come back home for I think it was three days.  
9           He said he wanted him to come home and be with  
10          his family for a few days before the surgery.  
11          So we came back home. We went straight back  
12          down there. We were only home for a day, I  
13          think.  
14          We got married that Sunday, in fact -- got  
15          married that Sunday, March 28th, '99. We left  
16          for Houston Monday morning. Our honeymoon was  
17          spent at M. D. Anderson Hospital with him  
18          recovering from the surgery.  
19          They say that the surgery went well. They  
20          biopsied all the tissue that was left in his  
21          thigh. They took out his whole quadrant. He  
22          has a huge -- you know, there's no muscle or  
23          anything there, it's -- his leg is just all  
24          indented. He had to stop body-building. It's  
25          just been, you know, very devastating for us

1           financially, emotionally.

2           They made us come every three months for the  
3           checkups for the first two years. We had to go  
4           to Houston every three months. Depending on  
5           the copays and deductibles and the trip,  
6           sometimes those trips were about \$4,500 each.  
7           I mean it just financially took everything he  
8           had.

9           After two years they put us on six months, and  
10          they told us that the fifth year we could  
11          change to a year. Before that even happened,  
12          they saw changes in the MRI so they put us back  
13          on three months. You know, it's just a  
14          constant. Every time we go there we never --  
15          we never know if they're going to say it's  
16          metastasized.

17          This form of cancer metastasizes to the brain  
18          and to the lung. And when and if it does,  
19          there's very, very little chance of survival,  
20          and that's what we're faced with every day,  
21          because the cancer is so rare that there have  
22          been no long-term studies. So what they're  
23          telling us is their good guess. So we're  
24          looking at probably, after five years, 30 to 50  
25          percent chance that it will metastasize.

1           So as I stand here right now, having to come  
2           here and even beg for, you know, compensation  
3           we shouldn't have to do, you know, I know in my  
4           heart that at any given time we could have to  
5           go to Houston and stay there for 12 months of  
6           chemo and radiation. We can't financially even  
7           do that without this money. It won't be  
8           possible. We would have to stay here, and that  
9           will be a death sentence for him, because they  
10          can't treat it here. It's extremely important  
11          for him to be compensated.  
12          He is so afraid of this he will not take out a  
13          loan. We cannot get a house. We cannot get a  
14          car. We cannot do anything. We can't even use  
15          the credit cards because he knows that if  
16          anything happens to him, I'll be left holding  
17          all that and I can't do it. You know, these  
18          trips are -- are just outrageous for him. He  
19          stays so depressed for a whole week. The whole  
20          trip down there, the whole time we're there, he  
21          doesn't talk, he doesn't leave the hotel room  
22          to even eat, we order in. I mean he doesn't  
23          even speak he is in such a depression until he  
24          gets the word from the doctor that the cancer's  
25          not returned yet.

1           And that's what our lives have been like since  
2           he worked at that plant.  It's just -- it's  
3           hard -- it's hard for me to comprehend why we  
4           all have to keep coming here and doing this and  
5           getting denied, because the excuses just aren't  
6           good enough for me anymore.  The bottom line is  
7           you all know all the people who have died and  
8           are still dying today, and nobody's doing  
9           anything about it.  That's just outrageous to  
10          me, you know.  It's time for all these people  
11          to be compensated for the hell they've been  
12          through and their families.  It's really time  
13          to stop all these excuses of there hasn't been  
14          a site profile and there has -- what more proof  
15          do you need than death everywhere?  Thank you.

16          **DR. ZIEMER:**  Thank you for sharing a very  
17          difficult tale.

18          Let me just sort of inform you all where we are  
19          at the moment.  We have one bus rider who  
20          wishes to speak, and the gentleman -- okay,  
21          yes.

22          **MR. VOGNER:**  My name is John Vogner.  I worked  
23          for the uranium division downtown, and also at  
24          Weldon Springs.  And I've been trying to get  
25          hold of my medical records and I've got all

1 kinds of runaround. I've called Paducah and  
2 Oak Ridge and everyplace else, and I had a time  
3 establishing the fact that I had worked for  
4 Mallinckrodt. I originally wrote to  
5 Mallinckrodt for my health record and also my  
6 employment record. And after bugging them back  
7 and forth and everything like that, I finally  
8 heard from a lady down there and she sent me a  
9 copy of my employment.

10 Now while at Mallinckrodt at the Destrehan  
11 plant on the river there, we had pitchblende  
12 coming in at that time from the Belgian Congo.  
13 And from what I understand, that was pretty hot  
14 stuff. I was in and out of tanks and stuff  
15 like that, working on level indicators and  
16 things on that order. And I worked all through  
17 the plant with Mr. Windisch that brought this  
18 up, and like I say -- I mean where are my  
19 records at? Was I hot enough they decided we'd  
20 better get rid of these things or what? And  
21 that's what I'm worried about. Am I supposed  
22 to drop dead so my wife has to go ahead and go  
23 through all of this stuff? Thank you.

24 **DR. ZIEMER:** Okay, thank you. We have  
25 approximately a dozen individuals left, half of

1           whom have asked for five minutes each, some  
2           have asked for ten minutes each, and some 15  
3           minutes, which tells me we have well over an  
4           hour yet. What I would like to find out is  
5           whether any of those who have signed up plan to  
6           be here either tomorrow or the next day and  
7           would be willing to do their comments at one of  
8           the -- we have several other public comment  
9           periods coming up tomorrow and Wednesday. If  
10          there are those, I would suggest -- if they --  
11          if they're willing to. We can certainly stay  
12          as long as we need to, but if there are some  
13          who would be willing to postpone their comments  
14          to one of the later sessions, that might help  
15          some who are not able to do that and who may  
16          need to leave.

17          Are there any who signed up that might be able  
18          to do their comments -- could you tell us your  
19          name?

20          **MS. MAUSER:** Terri Mauser.

21          **DR. ZIEMER:** Terri? Thank you. Any others?

22          **DR. WADE:** A lady over here.

23          **DR. ZIEMER:** Where?

24          **DR. WADE:** The lady right here.

25          **UNIDENTIFIED:** My name is Donna

1 (unintelligible) and (unintelligible) tomorrow.

2 **DR. ZIEMER:** Okay, Donna, thank you. Any  
3 others?

4 **MR. SCHNEIDER:** (Off microphone) I'm Clarence  
5 Schneider and I'll wait till tomorrow.

6 **DR. ZIEMER:** Thank you, Clarence.

7 **MR. BOYD:** (Off microphone) James Boyd.

8 **DR. ZIEMER:** James? Thank you.

9 **UNIDENTIFIED:** My name is (unintelligible) and  
10 (unintelligible).

11 **DR. ZIEMER:** That's fine. Any others that  
12 would want to postpone? Okay, fine. Let's  
13 proceed then. Let's see, actually the next --  
14 you can go ahead, ma'am, and then I'll catch  
15 the others.

16 **MS. CROCK:** My name is Jamie Crock and my dad  
17 was employed by Mallinckrodt. He's been  
18 deceased for about seven years, but he was  
19 employed by Mallinckrodt at Destrehan and at  
20 Weldon Springs. Again, as everyone else has  
21 said, I would like to thank you for this  
22 opportunity to talk. My first question to you  
23 is have any of you been to Weldon Springs to  
24 see that site?

25 I don't understand how the government can spend



1           the millions and billions of dollars that they  
2           have spent --

3           **DR. ZIEMER:** That may be the phone  
4           (unintelligible), and sorry, we'll get this  
5           corrected here -- a voice from somewhere --  
6           cyberspace. Sorry for the interruption.

7           **MS. CROCK:** That's okay. I don't understand  
8           how the government can spend billions of  
9           dollars to clean up a site and not help the  
10          people who worked there. These people invested  
11          a lot of time and energy to help the government  
12          be able to do what it needed to do, and the  
13          government has basically deserted them. We've  
14          been at this for probably five years, and all  
15          we keep doing is getting mail. We've spent  
16          enough money in mail between us and NIOSH and  
17          dose reconstruction and all of those people  
18          that you could have paid the \$150,000 and saved  
19          yourself a lot of mail and time.  
20          But anyway, he -- my dad had radiation-induced  
21          cataracts at the age of 40. He had skin  
22          cancer. He hauled uranium waste in his car.  
23          He would take us as children and show us where  
24          he delivered it to and put it in bunkers in  
25          Busch Wildlife area. And we still live with

1           this today because we have the house that he  
2           built when he was employed by Mallinckrodt, and  
3           he -- I'm sure he brought that home from work  
4           with him every day. He was a payroll  
5           specialist. He was in the plant. He would  
6           have to try to read time cards that were  
7           completely covered in dust. So like I said,  
8           basically it's just, to me, all of you people  
9           being here tonight in this big fancy room, we  
10          could be helping a whole lot of people.

11          **DR. ZIEMER:** Thank you. Shirley Cavaleski?  
12          Shirley? Is Shirley not -- not here, perhaps  
13          has left. Okay.

14          Frank O'Hare? Michael Amro? I'm having a  
15          little trouble reading this one. It's a short  
16          name, looks like an A-m-r-o, Anro? Okay.  
17          Rosemary Zack? Thank you.

18          **MS. ZACK:** Yes, I worked for Mallinckrodt from  
19          1957, April of 1957 through December of 1966.  
20          At that time -- I worked for document control  
21          when I first became an employee there for a  
22          number of years, and I do know that one time --  
23          and I also filed in the technical library, and  
24          I do know that at one time I accompanied a  
25          guard out in the back of the plant and we did -

1           - there was an incinerator there and they did  
2           burn some -- as I was told, it was declassified  
3           documents. I don't know exactly what we  
4           burned, but I do know that we did that.  
5           And when I was in -- 1963 I did suffer a  
6           miscarriage while working there, and I've had  
7           three operations -- I've never had cancer, but  
8           I've had three operations and had non-malignant  
9           tumors removed. And I have at the present time  
10          a cyst on my spine and I also have a cyst on  
11          one of my kidneys. It's monitored by my  
12          doctors once a year by MRI. And I just wanted  
13          to bring that to your attention and I guess  
14          that's it.

15         **DR. ZIEMER:** Okay, thank you very much. Mary  
16         Jennon -- Jennon, is it? Is that close?

17         **MS. JENERRY:** Mary Jenerry.

18         **DR. ZIEMER:** Jenerry, okay. Thank you. I like  
19         the sound of that, Mary Jenerry.

20         **MS. JENERRY:** Yeah, and I worked in -- for  
21         Mallinckrodt in 1957 and '58 and in 2000 why, I  
22         had kidney cancer. I had to have my kidney  
23         removed. And while I was working at  
24         Mallinckrodt why, there were a lot of things  
25         that went on that I -- I didn't think anything

1 of until all this came about. I've seen like  
2 yellow dust in the cafeteria, and I've seen men  
3 come in with covers on their boots, but I -- I  
4 mean I thought we were completely safe. I  
5 loved Mallinckrodt.

6 The guards would go from one station to the  
7 other, so I don't know, maybe they were out in  
8 the plant. I'm sure they were. I have seen  
9 them bring -- one time they brought some frogs  
10 in and, you know, it was just being like funny,  
11 showing them to me and they were from one of  
12 the ponds out there, and they were so deformed  
13 that I even had to turn my head. It was  
14 horrible. And -- well, I guess that's about  
15 it.

16 I drank the water out there. I've seen the --  
17 out at the pipes I've seen yellow smoke, but I  
18 didn't know what it was. I think the building  
19 -- probably the whole building probably had  
20 contamination in it, but I wasn't aware of  
21 that. I was young. I was totally trusting and  
22 I loved working for Mallinckrodt. But now  
23 every six months I have to go for a blood test  
24 to see if I -- my other kidney's working. So  
25 hopefully everything'll be okay. Thanks a lot

1           for your time.

2           **DR. ZIEMER:** Thank you, Mary. Germine  
3 Holtmeyer\*.

4           **MS. HOLTMEYER:** ... and --

5           **DR. ZIEMER:** Gerine, I'm sorry, I got that  
6 wrong.

7           **MS. HOLTMEYER:** That's okay, everybody has  
8 problems with it. My husband's name was Robert  
9 Holtmeyer. He worked at Mallinckrodt at Weldon  
10 Springs in the '50's and early '60's, and he  
11 was diagnosed with cancer when he was 49 years  
12 old, colon cancer. And the doctor said that he  
13 had had it for years. He was a seemingly  
14 healthy man with parents and grandparents that  
15 lived into their eighties.

16           The day he came home from the doctor with a  
17 diagnosis of cancer, I collapsed and screamed,  
18 That damned Mallinckrodt Chemical, and he  
19 replied -- and I can still hear him -- I know,  
20 I know. It was a fear he lived with, mainly  
21 because he had lost many Mallinckrodt coworkers  
22 and carpool buddies by now, all due to cancer.  
23 He was able to walk one of his three daughters  
24 down the aisle, but never got to see his  
25 grandsons.

1 I was told that my husband's records were also  
2 destroyed, and I had to go through Social  
3 Security and everything to get records to prove  
4 that he worked there. My claim has been  
5 denied. However, I have appealed and I'm  
6 appealing to you right now, please help us.  
7 Thank you.

8 Oh, I'm sorry, my sister-in-law is with me, and  
9 her husband also worked there and she asked me  
10 to get up and say a few words for her. He was  
11 also my husband's buddy and in the carpool, so  
12 they had something in common. He worked there  
13 in the '50's. He was a maintenance man and  
14 whenever there was trouble somewhere, he was  
15 called to fix it. He had a boil on his leg --  
16 and I saw a picture of it and it was so gross -  
17 - he had a boil on his leg and it would burst  
18 and burn, and his skin would turn yellow.

19 One time something was leaking at work and it  
20 exploded, and he had to climb up a ladder and  
21 pull another man out to save him. Hard telling  
22 what that was he was exposed to.

23 We had ten children. When he died I had five  
24 of them to raise by myself. He was 55 years  
25 old when he died. Thank you.

1           **DR. ZIEMER:** Thank you very much. That  
2 completes our public comment period. And  
3 again, I -- the -- one, two, three, four, five  
4 individuals who volunteered to postpone till  
5 tomorrow, we will have you on the schedule then  
6 first thing tomorrow.

7 Is there another comment?

8           **MR. SEMARADI:** I was on that list earlier.

9           **DR. ZIEMER:** Oh, okay. Maybe -- maybe we --  
10 maybe you were out when we called your name.

11           **MR. SEMARADI:** Yeah, well, I -- Andy Semaradi.  
12 I came in earlier and you guys -- after your  
13 break there and before we --

14           **DR. ZIEMER:** Okay.

15           **MR. SEMARADI:** And while I'm on a -- while  
16 these people are on a roll here, I'd like to  
17 know -- I had NIOSH, OSHA, everybody out there  
18 at the airport. This is a different thing, but  
19 like the man said a while ago, he loaded the  
20 trucks that dumped at the airport. And I know  
21 for a fact that -- I've got test results, I've  
22 got samples -- this stuff was dumped out there  
23 and we've been -- now this man here come up --  
24 he had a good presentation on what he was doing  
25 there. When you're having a hearing like this,

1           how long do these people have to wait?  
2           Shouldn't this company here have an answer for  
3           you when you have this here going on? I mean  
4           I've been fighting since 1996 trying to get  
5           information from the government on what it is.  
6           And according to my right to work hazard --  
7           workplace hazards, access to your exposure  
8           records, 29 CFR -- these guys from the NIOSH  
9           will tell you -- these companies are supposed  
10          to keep your records 30 years after you leave  
11          employment. And instead of these guys waiting  
12          for you to pay them \$150,000 or \$250,000, can't  
13          you sue Mallinckrodt because they don't' have  
14          their records? It says in the rules here  
15          you're supposed to have the records. I mean  
16          isn't there a different way? I'm going to go  
17          after them on the waste water -- individuals  
18          can sue the government for discharges. Now  
19          I've had hazwopper\* training. I know what I'm  
20          supposed to do and what I'm not. Now when they  
21          tell me to pick up contaminated, polluted  
22          radiation water and dump it into Coldwater  
23          Creek out there into Missouri and it goes into  
24          the river, I'm violating the rules and the laws  
25          if I do anything, but NIOSH, OSHA, DNR, nobody



1           wants to help these people, and it's about time  
2           -- you know, you people -- I think you've all  
3           got a good idea that you're wanting to help the  
4           people, but when you're having a hearing like  
5           this, when this man puts a presentation up and  
6           you're going to be voting on something, the  
7           other company doesn't have an answer, you know,  
8           how long do they have to wait? It's going on  
9           forever and it's about time to get something  
10          done.

11         **DR. ZIEMER:** Thank you.

12         **MR. SEMARADI:** And why can't they sue  
13         Mallinckrodt? And if anybody looks, we've had  
14         air sampling done at the airport. We've had it  
15         -- okay, what have you got, Washington  
16         University does it, somebody else does it, and  
17         what do you -- when you go down to Barnes  
18         Hospital, what do you see? A Mallinckrodt  
19         wing, a Monsanto wing, a MacDonald-Douglas  
20         wing, and these are the people that polluted,  
21         so they're giving millions of dollars to these  
22         research places and there's nobody going to do  
23         a thing about it because that's where their  
24         money comes from. It's about time you people  
25         started paying somebody.

1           **DR. ZIEMER:** Thank you. That will then  
2           conclude our session for today. Let me remind  
3           you that the Board will be in session all day  
4           tomorrow -- I'm looking for the agenda. I  
5           believe we start at 8:30 in the morning.

6           **DR. WADE:** 8:00.

7           **DR. ZIEMER:** Or 8:00 in the morning, providing  
8           all the equipment works well. There are some  
9           public comment sessions on the schedule  
10          tomorrow, so I hope many of you will be able to  
11          be here. Thank you very much. We're recessed  
12          till tomorrow.

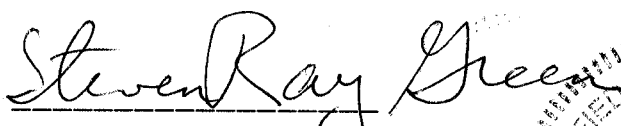
(Whereupon, an adjournment was taken to  
Tuesday, Feb 8, 2005.)

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

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of February 7, 2005; and it is a true and accurate transcript of the testimony captioned herein.

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

WITNESS my hand and official seal this the 2nd day of March, 2005.

  
**STEVEN RAY GREEN, CCR**  
**CERTIFIED MERIT COURT REP9 TELk**  
**CERTIFICATE NUMBER: A-21`2**

