

1 **DR. MCKEEL:** There are 94 people who have
2 claims at NIOSH and it would capture 70 of
3 those in that '57 to '60 group --

4 **DR. WADE:** And --

5 **DR. MCKEEL:** -- and of those, 41 have a
6 presumptive cancer.

7 **DR. WADE:** Well, I'm not sure of the numbers,
8 so let's just walk through it a little bit. Go
9 ahead.

10 **MR. ELLIOTT:** No, I think -- I think Dan's
11 right --

12 **DR. MCKEEL:** I think there are numbers from
13 Laurie (unintelligible).

14 **MR. ELLIOTT:** -- that -- yeah, these are the
15 numbers that we've given --

16 **DR. MCKEEL:** I checked them last night, right.

17 **MR. ELLIOTT:** These are the numbers that we
18 have given them, and I don't have them right
19 here in front of me, but --

20 **DR. MCKEEL:** (Unintelligible)

21 **MR. ELLIOTT:** -- essentially there's a --
22 there's a subset of these claims that only have
23 time in the residual period. And if in your
24 scenario, Dr. Wade, we come forward with an
25 evaluation report that establishes a class for

1 which dose -- uranium dose cannot be
2 reconstructed for the residual period, that
3 would be the class and those people who had
4 presumptive cancer, one of the 22, would --
5 would find themselves compensated. The
6 remainder -- this is another reason why this is
7 so critical that we be -- be very thorough in
8 our efforts. The remainder of that group, that
9 subset, who had non-- a non-presumptive cancer
10 would essentially have the -- the only remedy
11 that we can apply in a partial dose
12 reconstruction would possibly be the
13 occupational medicine dose, which is the X-ray
14 -- annual X-ray, and that's not going to get a
15 lot of people compensated.

16 **DR. WADE:** Right.

17 **MR. ELLIOTT:** We cou-- we would not pick up
18 thorium.

19 **DR. WADE:** But following forward on Dr.
20 Melius's suggestion of taking action that would
21 deal positively with certain situations, the
22 residual contamination step would deal
23 positively with certain situations and wouldn't
24 close the door on coming back and dealing with
25 people if we could resolve this issue of the

1 thorium.

2 **MR. ELLIOTT:** If that -- if that scenario was
3 that the thorium issue became part of the
4 coverage, we would have to look at can we
5 reconstruct that.

6 **DR. WADE:** Yeah, I just wanted to get it on the
7 record, that's all.

8 **MR. ELLIOTT:** And that's where a lot of -- I
9 mean I applaud Dr. McKeel and John Ramspott and
10 all the work that SINEW is doing. They -- they
11 have -- well, essentially they've been a
12 research arm of NIOSH in all of their efforts
13 and all the information that they've brought
14 forward has certainly been beneficial and we've
15 added it. It's -- in many cases I know they've
16 brought it forward knowing this kind of goes
17 against our argument in a way because some of
18 this is technically, you know, well-developed
19 enough that it can enable them to do some kind
20 of dose reconstruction, perhaps. But you know,
21 they brought up other good points about the
22 limitations of that, so I applaud you. Thank
23 you.

24 **DR. ZIEMER:** I wanted to --

25 **DR. MCKEEL:** Thank you.

1 **DR. ZIEMER:** -- check and see if Arthur Weid--
2 Weider is on the line. He's the petitioner
3 from Dow. Arthur, did you come on the line at
4 all? Arthur?

5 (No responses)

6 **DR. WADE:** We have two people here to speak.

7 **DR. ZIEMER:** Apparently not, so -- we have a
8 couple of folks -- additional folks here to
9 speak --

10 **DR. MCKEEL:** Yes, sir, they came all the way up
11 from Illinois today, so we'd love to have them
12 have an opportunity --

13 **DR. ZIEMER:** Sure.

14 **DR. MCKEEL:** -- to make some brief remarks.

15 **DR. ZIEMER:** Let me -- let me ask how brief it
16 will be. Do we need to take comfort breaks
17 first or have they --

18 **DR. MCKEEL:** I think they're -- they're going -
19 - they are going to try to get back tonight, so
20 --

21 **DR. ZIEMER:** No, no, I just meant is it -- are
22 we talking about 30 minutes each or --

23 **DR. MCKEEL:** If -- if Bill can be very short --

24 **DR. ZIEMER:** You're going to keep them brief so
25 --

1 **DR. MCKEEL:** What do you think? Do you think
2 you can -- can y'all do three minutes?

3 **DR. ZIEMER:** Well, go ahead. Go ahead.

4 **DR. WADE:** You don't need to be brief. Go on.

5 **DR. ZIEMER:** No, I'm --

6 **DR. WADE:** No need to be brief.

7 **DR. ZIEMER:** I was just going to -- you know,
8 we can take a break first if necessary, but...

9 **MR. HOPPE:** Hi, I'm Bill Hoppe. I worked at
10 Dow from 1961 to 2002. I got 18 years in the
11 rolling mill and I've got 22 years in
12 maintenance. And in the rolling mill we did
13 almost everything, but my main job I guess
14 you'd say would be in shipping. I was a crate
15 builder down there. The duty was block trucks,
16 make sure, you know, everything was secured on
17 the trucks when they shipped it.
18 We usually ship out about four trucks a month
19 to Rocky Flats. It was thorium and it would go
20 from -- the gauge would be anywhere from 016 up
21 to about eight inches thick metal, and each
22 truck probably held anywhere from 36,000 pounds
23 to 40,000 pounds, all depends how heavy the
24 metal was in that.

25 And then in the rolling mill everyone did

1 almost every job, and when they ran the thorium
2 thin sheets they'd make two or three passes,
3 then they had to sand everything off, get all
4 the dirt off of it. Any gouges in it they had
5 to get that off. It'd go through a picker
6 line, then it would go back through the mills
7 again, and they did that maybe 20, 30 times
8 like that. It'd be dust all over the place.
9 And then when I got into maintenance, I got
10 into the instrument shop in the maintenance
11 part and my job there was to check on the
12 instrumentation and that, and I worked a lot in
13 the pot room checking the instruments for the
14 temperature. Whenever they ran thorium it was
15 real critical to keep the temperature with four
16 degrees. And I ran up to about -- thorium up
17 there till about 1996 or so.
18 And the only time I ever had a badge on -- the
19 government came in in 1995 or '96, I'm not
20 positive there, but we had to wear a badge
21 while we were in the pot room, and then when we
22 got done we just threw them in a bucket and
23 about two months later they just threw them
24 away. I've got a statement on that.
25 And go back to when I was in the rolling mill -

1 - I'm jumping all over the place, but -- sorry
2 about that, but -- when we shipped out to Rocky
3 Flats, we used to have to put stickers all the
4 way around the metal, don't put film within 20
5 foot of this package. And then when they got
6 metal back from Rocky Flats, if it was thin
7 sheets and that, sometimes we'd unload it and
8 set it over there by where the track well was.
9 It might sit there for two -- one, two, three
10 weeks before they'd take it over to casting.
11 But whenever they brought in the heavier plate,
12 they had a guy by the name of Jay Burns, he was
13 the head of metals for Dow, and Bill Barnes,
14 Sr., he was a top salesman for Dow at that
15 time, and they -- they'd be sitting there
16 waiting for this metal to come in. They'd
17 weigh it, put it right on the wagon and haul it
18 right straight over to casting, and I don't
19 know why -- you know, why that was so
20 important, the heavier stuff, but that's what
21 we had down there.

22 And I don't know about the dose reconstruction.
23 I've got a list of job classes met and we only
24 know of three guys that was on the same job the
25 whole time they were down there, and all the

1 rest of them was all over the place. I did
2 everything in the mill except for three jobs,
3 so if you'd like to have it, I've got it here
4 for you. That's about all I can -- I know
5 right now.

6 **DR. ZIEMER:** Good. Thank you very much. Thank
7 you very much, and the other gentleman, we'd be
8 pleased to hear from you.

9 **DR. MCKEEL:** Homer Simmons I think was the
10 ninth person to file a claim at Dow, and that
11 was in August of 2001. He's been denied for a
12 Title -- for Part E and -- just remind
13 everybody that there's something like 20 Part E
14 claims from Dow, which is an AWE only site.
15 And his Tit-- his Part B claim is still open
16 today.

17 **MR. SIMMONS:** I worked in there for 45 years.
18 My brother worked in casting. He died of
19 cancer at 46 and I -- we been working at it
20 pretty hard since then. And we had the head of
21 all the casting departments for Dow Chemical,
22 Julius Smith, offered his 'vice to take and
23 help any way he could and nobody accepted it
24 and he died since then. And there's an awful
25 lot of widows out there that's been waiting for

1 this money to come in that's never got it,
2 either. And they call you up wondering what
3 are -- what are you doing there, I -- so what
4 do you tell them, you're not doing nothing?
5 And most of them are all at the age where
6 they're about ready to -- they need everything
7 they can get, too. And -- and this book
8 specifies that all the metal cast uses -- it
9 uses a belinium (sic) in it, so that -- almost
10 every metal in there that's been cast, it has
11 belinium (sic) used in it, so it's really not a
12 question 'cause it's published in a book where
13 anybody can read it. You don't have to have
14 paperwork to read it. They put out a thing for
15 my foreman, he -- or my brother when he was
16 foreman that shows that the used uranium and
17 they had Geiger counters and they looked
18 through a box and they found the ones that had
19 the best beats and that's the ones they casted.
20 And everybody worked all over the plant. They
21 worked from -- not one job, but every place and
22 so everybody's almost versatile and they all
23 worked around seven and there was caustic pipes
24 and stuff where they cleaned it up the cramen
25 (sic) breathed it and the people on the floor

1 all -- almost all of them handled it and every
2 time they cleaned it up it failed to pass
3 anyway so they never really cleaned the plant
4 up since they started. And basically I can't
5 see how they can even let the plant stay in the
6 condition it is with -- with not taking the
7 people in there and making them aware that they
8 should be claimed for right now. But other
9 than that, I ain't got much else to say.

10 **DR. MCKEEL:** There's one point I wanted Homer
11 to clarify for y'all and that is that in many
12 of the documents about Dow you will see
13 references to, quote, mag, quote. And I wanted
14 him to let -- just let you all know that most
15 of the ti-- they did a tremendous amount of
16 work with magnesium, and the book he's talking
17 about has to do with magnesium. It's by W. H.
18 Gross* from the American Society for Metals,
19 and it does talk about the use of beryllium in
20 some of the magnesium alloys.

21 **UNIDENTIFIED:** (Off microphone)
22 (Unintelligible) history of the whole plant
23 (unintelligible).

24 **DR. MCKEEL:** Right, it's a general book about
25 metal fabrication at -- at all of Dow, but I

1 want Homer to just confirm for you all that in
2 many of the documents that refer to mag,
3 they're really not talking about 100 percent
4 pure magnesium metal. They're really talking
5 about magnesium and thorium, and the same when
6 they talk about sludge. A lot of the sludge
7 that they're talking about, some of it was pure
8 magnesium, but a lot of it was
9 magnesium/thorium. I just want him to tell you
10 about (unintelligible) --

11 **MR. SIMMONS:** And -- and each one of the dies
12 they run are all different there, like they run
13 metal for magnesium for Samsonite Luggage.
14 They ran all that, that was mag. And they run
15 like shell castings, they run them
16 continuously, and that's got -- all -- that --
17 all of them got different stuff there and they
18 run that for the government. That was one of
19 their biggest orders for years. And the heavy
20 press belonged to the government, and when
21 business was poor they -- they might let them
22 run something else, but most of the time they
23 run the stuff for the government all the time,
24 and if they had any government orders, they
25 didn't run nothing for the civilian. And we

1 had one guy that come down and testified there.
2 He come out of the hospital and come over here
3 -- he forgot his teeth and he signed a
4 deposition for him, and he died about a week
5 later, but you can see he was thinking about
6 his family. He wasn't thinking of himself.
7 But there's a lot of people's in bad shape
8 there. And like the way you's -- take and keep
9 hauling it around for long and long, these
10 widows ain't going to need it if you wait long
11 enough for them. They won't need no money
12 where they're going, but that's all I got to
13 say.

14 **DR. ZIEMER:** Thank you -- thank you very much.
15 I think we should take a break at this point.
16 When we come back we'll talk briefly about the
17 road ahead on this, and then some other issues.

18 **DR. MELIUS:** I have a rec-- okay.

19 (Whereupon, a recess was taken from 3:13 p.m.
20 to 3:42 p.m.)

21 **DR. ZIEMER:** We're ready now to resume our
22 deliberations, and the Chair recognizes Dr.
23 Melius for purposes of making a motion relating
24 to the Dow Chemical SEC.

25 **DR. MELIUS:** I would move that we engage our

1 contractor, SCA, to start a limited SEC
2 evaluation review related to Dow. This would
3 involve -- right now, since there is no
4 evaluation report, this would mainly involve
5 having them become familiar with the available
6 documentation -- there's actually a separate
7 section on the O drive that contains some of
8 the information we've talked about today, as
9 well as other documentation that NIOSH has
10 gathered. I think this would sort of
11 facilitate us getting ready for the review that
12 -- of the evaluation report as it comes to us -
13 - you know, hopefully it -- in -- in May and
14 would help us get things started.

15 **DR. ZIEMER:** Okay. That was a motion plus
16 maybe a statement of support for the motion.
17 Is there a second to the motion part of that?
18 Okay, Phillip Schofield has seconded it. The
19 motion is to engage -- ask our contractor -- or
20 task our contractor, SC&A, to begin a -- I
21 think you described it as a limited SEC review.
22 It's limited in fact by the fact that there is
23 currently no evaluation report. We do however
24 have the petition. We have some related
25 documents --

1 **DR. WADE:** Posted on the web site.

2 **DR. ZIEMER:** -- those are available. And let
3 me ask the mover and seconder, do you wish to -
4 - to expand the motion to include a -- any sort
5 of a full scale SEC petition review when the
6 documents become available, or do you wish to -
7 - does the Board and the petitioners -- or the
8 motioners -- movers wish to, in a sense, wait,
9 perhaps for another meeting, till we see how
10 things develop? I'm going to assume it's the
11 latter unless you say well, let's expand the
12 motion and cover it fully.

13 **DR. MELIUS:** No, I -- I would suggest that we
14 wait on that. We -- we have a workgroup that
15 is actually tasked with dealing with some of
16 the 83.14 issues, so that's the SEC workgroup
17 that I chair and -- and sort of have them --

18 **DR. ZIEMER:** That workgroup --

19 **DR. MELIUS:** -- sort of monitor what's going on
20 for the time being. We also have a conference
21 call I believe in April, early April, at which
22 time we'll I think be in a better position to
23 sort of understand schedules and so forth for
24 what will be going on, so I would just -- just
25 --

1 **DR. ZIEMER:** So -- so the petition (sic), as --
2 as you've stated it. Ms. Munn, wish to
3 comment?

4 **MS. MUNN:** No, it's more of a query than a
5 comment. I'm not clear on what we're asking
6 SEC -- what we're asking SC&A to do with this
7 SEC petition. Are we asking them to verify
8 that the documentation that has been presented
9 is all that's available? Are we asking them to
10 try to find additional documentation? What
11 exactly are we asking, Jim?

12 **DR. ZIEMER:** Jim.

13 **DR. MELIUS:** The -- the answer to both of those
14 -- your questions -- would be no. What we're
15 asking them to do, and I believe this is how we
16 set up the task order for a limited review, is
17 really simply become familiar with what
18 documentation is already available in
19 preparation potentially for reviewing the full
20 evaluation report when it comes out. So we're
21 not asking them to seek out new information.
22 We're simply asking them to become familiar
23 with and review what is currently available.
24 Again, in the context that in the future we
25 will be asking them to look at -- may-- maybe

1 asking them to look at the evaluation report.

2 **DR. ZIEMER:** Basically, as I understand the
3 motion, this would include all of the materials
4 that NIOSH has developed. It would include the
5 materials developed by the petitioners and by
6 their representatives. So basically it's a --
7 sort of a preparatory action to get them
8 underway.

9 **MR. ELLIOTT:** Just to clarify that, we have on
10 the open drive a folder set aside for Dow
11 Madison. The petition is there. This is an
12 83.14 situation so the -- we told a claimant
13 that we can't reconstruct their dose. That
14 letter exists there, then the -- the form that
15 we asked the petitioner to sign, the form A is
16 there. Our letter establishes why we can't --
17 what we can't reconstruct. All of the
18 material, the information that has been so
19 kindly provided by Dr. McKeel and his
20 colleagues are contained there, as well as
21 anything else that we have brought to bear. We
22 will notify not only the -- the Board, but also
23 SC&A, when we add anything to that folder from
24 this point on. So I don't believe we've
25 touched SC&A on anything that's gone into that

1 folder up to this point, but if you take action
2 on this motion, that tells me that anything we
3 add to that folder we'll not only notify you
4 but we'll notify SC&A.

5 **DR. ZIEMER:** Further comments or questions?
6 Yes, Libby.

7 **MS. WHITE:** Hi, yeah, I just wanted to mention
8 on behalf of DOE that we will once again take a
9 look at all the files that we provided and do a
10 thorough search, both of our own records in our
11 office, the Office of Health, Safety and
12 Security, but work with our Office of Legacy
13 Management and also with the History Division,
14 which was the group that provided the
15 classified information, the four-inch-thick
16 unclassified information, as well, just to
17 search and see if we can find anything else.
18 We'd be happy then to provide a summary of
19 everything we have provided to date and where
20 we have searched and get that to NIOSH and also
21 the Advisory Board.

22 **DR. ZIEMER:** Well, thank you very much, Libby,
23 and we appreciate the -- those extra efforts to
24 -- to help identify such documents. Jim.

25 **DR. MELIUS:** Well, actually let's -- I think we

1 need to move on the motion first, and then I
2 have another brief request.

3 **DR. ZIEMER:** Okay. If -- are we ready to vote
4 then?

5 Okay. And Mike, are you still on the line?

6 **MR. GIBSON:** Yeah.

7 **DR. ZIEMER:** And you've heard the motion?

8 **MR. GIBSON:** Yes.

9 **DR. ZIEMER:** Okay. We're now ready to vote.
10 All -- all that are here present in favor of
11 the motion, raise your right hand.

12 (Affirmative responses)

13 And it looks like we have all ayes here. Mike?

14 **MR. GIBSON:** Aye.

15 **DR. ZIEMER:** Voting aye, there are no no's, no
16 abstentions. Thank you very much, the motion
17 carries and is so ordered.

18 Jim.

19 **DR. MELIUS:** And actually I think you may
20 already have the document, but it would be
21 useful for me to have the presentation that Dan
22 just presented to us.

23 **DR. ZIEMER:** I've just now received a copy of
24 that from Dan, and we'll see that copies of
25 this are made and distributed to the Board. Do

1 we have an electronic version?

2 **DR. MCKEEL:** Yeah, the PDF document, Chris said
3 that she'd make sure that that -- that final,
4 final version -- there are a couple of slides
5 that I presented that are not in that. Most of
6 them are, but we will get you -- she will get
7 that to you and hopefully can make copies --

8 **DR. ZIEMER:** So you'll all get --

9 **DR. MCKEEL:** -- for everybody.

10 **DR. ZIEMER:** -- an electronic version of this,
11 which you probably prefer --

12 **DR. MCKEEL:** Right, and there is a little
13 handout that expands on a few more things. I
14 sent you a nicer copy of the map, the
15 contamination map like that. And so --

16 **DR. ZIEMER:** Is that -- is that on the
17 electronic --

18 **DR. MCKEEL:** It is on the electronic, but it's
19 lower resolution. That -- so if you wanted to
20 scan that one, for example, that's a better
21 copy of that.

22 **DR. ZIEMER:** Better copy, so maybe I should
23 give that to Chris.

24 **DR. MCKEEL:** I think that would be a good idea.

25 **DR. ZIEMER:** Where'd she go? She -- well, I'll

1 catch -- I'll catch --

2 **DR. MCKEEL:** Yeah, the electronic file is right
3 there on the laptop and it's yours, so --

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

5 **DR. MCKEEL:** And I do appreciate the motion and
6 the extra effort and --

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

8 **DR. MCKEEL:** -- the Board's efforts, NIOSH's
9 efforts, DOE's efforts and everybody. Thank
10 you.

11 **DR. ZIEMER:** Well, we thank you again, Dr.
12 McKeel, for your efforts in this particular
13 case.

14 **DR. WADE:** Just very briefly for the record,
15 I'll meet with the contracting office and then
16 we will talk to SC&A and what we will instruct
17 them to do is to undertake a limited focused
18 review of the materials posted on the -- the
19 shared drive related to Dow Chemical and that --
20 -- they'll review those materials from a
21 technical point of view and that will be the
22 nature of the instruction.

23 **DR. ZIEMER:** Let's see, was there -- Jim, did
24 you have an additional comment or was --

25 **DR. MELIUS:** No, I was --

1 DR. ZIEMER: -- that was it?

2 DR. MELIUS: -- just getting --

3 (unintelligible) was what I wanted.

WORKING GROUP REPORTS

WORKING GROUP CHAIRS

4 DR. ZIEMER: Now we are going to have an
5 opportunity to get updated on the activities of
6 our various workgroups. And I think what we'll
7 do is we'll just go right down the list. Was
8 this distributed?

9 DR. WADE: Yes, everybody should have a copy.

10 DR. ZIEMER: There's a -- there's a copy of the
11 current workgroups and subcommittee that has
12 been distributed to you. This is a -- a
13 version of Larry's e-mail that was distributed
14 --

15 DR. WADE: My e-mail.

16 DR. ZIEMER: Larry -- not Larry's, Lew Wade's
17 e-mail that was distributed to you earlier, and
18 what I did is I took Lew's e-mail and I simply
19 reconfigured it and indented some things so it
20 was easier for me to read and -- and in the
21 process of that, my computer decided to delete
22 Robert Presley from one of the workgroups. All
23 I was doing was indenting, but I learned now
24 that in the process Mr. Presley went off into

1 cyberspace. He actually is a member of the
2 Fernald site profile group, and he wondered why
3 we had removed him. I wasn't able to convince
4 him that it was by order of the President of
5 the United States, so he's going to remain on
6 that group. So if you would correct your copy,
7 the workgroup on the Fernald site should
8 include Mr. Presley.

9 Now let's go back through the list. We've
10 already heard from the Subcommittee on Dose
11 Reconstruction.

12 Workgroup on the Nevada Test Site site profile,
13 Mr. Presley is the chair of that.

14 **MR. PRESLEY:** We met last time right before the
15 Naperville meeting. We have not met since. We
16 just got a matrix on comments that SC&A had
17 made on the -- their latest set of comments. I
18 believe Mark sent that what, Thursday or Friday
19 of last week. SC&A has that back. We're
20 currently commenting on that as a group and
21 that's where we stand.

22 **DR. ZIEMER:** Okay. Thank you. Board members,
23 any questions for that workgroup at this point?

24 **DR. WADE:** I would have one general question --
25 and in fact, for all the presenters. When do

1 you contemplate getting the workgroup together
2 again, Robert?

3 **MR. PRESLEY:** Lew, that's something we've got
4 to decide and talk about, our -- all of our
5 schedules. What we'd like to do -- I think
6 everybody'd like to do this, is since a lot of
7 us are on the -- you know, different workgroups
8 is if we can get together and have our meetings
9 back to back so that all of us can -- that are
10 -- that are on more than one workgroup can go
11 to wherever we go one time and -- and meet, you
12 know, for a day or two, maybe three, whatever
13 it takes. That's what we need to sit down as a
14 -- as a committee and talk about, when we need
15 to do this. But I -- right now, I don't have
16 any dates.

17 **DR. WADE:** All right. So maybe either today or
18 later tomorrow, after all of these discussions,
19 we can start to pick a target week, maybe
20 sometime middle to the end of March, and start
21 to focus.

22 **DR. ZIEMER:** Okay, let's plan to do that.
23 We'll proceed here. The next workgroup is the
24 Savannah River Site, and Mike, you're chairing
25 that. Give us an update on where you are?

1 **MR. GIBSON:** Okay. This again is another
2 workgroup that we had some difficulty of
3 getting DOE to I guess provide us the records
4 we needed. I think that's been worked out now
5 with Sam Glover from NIOSH. There are a --
6 there is a date scheduled from February 28th
7 through March 1st for the Q-cleared members of
8 the working group to -- to go to Savannah
9 River, along with NIOSH and Kathy DeMer (sic)
10 from SC&A to go through the classified data
11 that we need to look at. And I hope to have a
12 conference call that has not yet been scheduled
13 prior to that meeting, just to reaffirm with
14 the working group and NIOSH and SC&A, you know,
15 just what our goals are and then try to tighten
16 things up. So after that -- after that review
17 of the records, we could have another meeting
18 or phone call and discuss what we can discuss
19 and try to have something for the Board,
20 hopefully in the May meeting.

21 **DR. ZIEMER:** Very good. So the February 28th
22 to March 1st time frame you'll -- your group
23 will -- or part of your group will be on site
24 in Savannah River, so that's outside of our
25 window anyway then where we'll need to have the

1 workgroups meet, wherever it is. We want to
2 keep that block of time open for that visit.
3 Thank you, Mike.

4 Then the Rocky Flats, we've already had the
5 report on Rocky from Mark so we can go on. The
6 next one is Chapman Valve, and bef-- the
7 chairman is Dr. Poston. Before Dr. Poston
8 makes his comments, I want to check and see if
9 Portia Wu, who's from Senator Kennedy's staff
10 and who's -- Chapman Valve is amongst their
11 constituency. Portia, are you on the line?

12 **MS. WU:** Yes, I am. Can you hear me?

13 **DR. ZIEMER:** Yes, very well. So we'll have --

14 **MS. WU:** And Stephanie Bass --

15 **MS. BASS:** Yes, I'm on the line as well. I'm
16 from Senator Kennedy's Boston office.

17 **DR. ZIEMER:** Okay, very good, and what we'll do
18 is have Dr. Poston make the workgroup report
19 and then if either of you wish to add comments,
20 that will be fine.

21 Okay, Dr. Poston.

22 **DR. POSTON:** Okay, thank you, Mr. Chairman.
23 This is sort of a pro-- a historical progress
24 report since I'm a rookie.

25

1 Just to remind you, the SEC petition was
2 qualified on November the 9th of 2005, and then
3 the NIOSH SEC petition evaluation report was
4 submitted to the Board on August the 8th, 2006.
5 And in the Las Vegas meeting in September we
6 asked SC&A to perform a review of the petition.
7 Almost immediately, less than a month after
8 that, there was a total rewrite of the petition
9 evaluation report, and so that caused a little
10 delay in the SC&A evaluation.
11 During that period I participated in a -- in a
12 meeting in Springfield, Massachusetts with John
13 and Arjun, and we interviewed former workers
14 and survivors and so forth. That was a
15 interesting situation.
16 And then December the 6th SC&A did release
17 their document. I've read that document in
18 great detail, talked with John about it. It
19 does include both the original -- consideration
20 of the original petition evaluation report, as
21 well as the total rewrite.
22 Basically I don't think there are any major
23 issues. There's probably two things that we
24 need to be concerned about. There is a concern
25 about the fire that occurred in June. There

1 were only five folks involved in that. Some of
2 the assumptions about the internal exposure, if
3 you change the -- the date of intake only a few
4 days, it changes the doses significantly, so we
5 need to iron that out a little bit.

6 The other major issue involves the -- what some
7 people call the chip furnace, other people call
8 it an incinerator, and trying to evaluate the
9 exposures associated with -- with those kinds
10 of things. You may know that when they machine
11 these materials they often put the turnings
12 into a furnace to reduce them to -- to an oxide
13 form so they don't spontaneously ignite. In
14 the early days there were some shipments that
15 ignited, and so it was common practice in these
16 facilities to burn or incinerate the materials.
17 We're very unsure about potential airborne
18 exposures for the workers who had to -- the
19 chips had to be turned to continue to expose
20 surfaces so they would oxidize, and also
21 putting materials in the furnaces and taking
22 them out.

23 Those are the two major issues that we feel
24 like we need to address.

25

1 So the next thing to do is schedule a -- a
2 working group meeting, and I would like to do
3 it as soon as possible. I don't want to be a -
4 - a renegade, however -- if March makes sense
5 for everybody else, then I would cooperate --
6 but I'd like to see if we could get this thing
7 going 'cause I don't think there's a -- I think
8 there's only a couple of issues that need to be
9 addressed. I do think we're going to have to
10 do it face-to-face, but I'd like to get it
11 done, so I -- if -- unless there's someone
12 wants to assassinate me, I'm going to move
13 forward and try to have a meeting --

14 **DR. WADE:** No need to wait till March.

15 **DR. POSTON:** -- as soon as possible.

16 **DR. WADE:** I think that the sooner the better,
17 if --

18 **DR. POSTON:** That's all I have on it.

19 **DR. WADE:** If you want to poll your members and
20 -- at this meeting and get a sense of date, we
21 can schedule the meeting while we're here.

22 **DR. POSTON:** All right.

23 **MS. WU:** This is Portia Wu from Senator
24 Kennedy's office. Have there been any meetings
25 of the working group? 'Cause I'm -- I remember

1 I was on the call when it was set --

2 **MS. BASS:** Right.

3 **MS. WU:** -- and just to clarify, have there
4 been any meetings of the working group thus
5 far?

6 **DR. POSTON:** No. I -- I don't remember the
7 date I was asked to take on this position as
8 working group chair, but I missed -- for
9 personal problems, I missed the December --
10 December meeting and I've just been out of
11 pocket because of some family matters and I
12 haven't been able to convene the working group.

13 **DR. ZIEMER:** But we want to make sure to keep
14 the -- the staffers there informed of any
15 activities of the workgroup, so -- and -- and
16 we will certainly do that. Make sure that Dr.
17 Poston has either your e-mail numbers or -- and
18 I think Jason will be able to provide those for
19 us if needed -- yeah.

20 Did you have any other comments, Portia, or...

21 **MS. WU:** No, it's just -- and I know Mary Anne
22 Reale*, who's one of our petitioners, is also
23 on the line. You know, Senator Kennedy's very
24 concerned that this petition gets as -- as much
25 attention as it deserves and -- and we are

1 concerned about how long it's taken. I realize
2 there are a lot of reasons for that, but we
3 just want to be sure it moves along.

4 **DR. ZIEMER:** Yeah. Based on what the chair of
5 the workgroup has told us, it sounds like they
6 may be able to come to closure fairly rapidly
7 here and -- and be able to bring a
8 recommendation back to the Board, perhaps even
9 by our April telephone meeting, so that's
10 certainly what we'll shoot for, at least.
11 Okay, thank you very much. Let's proceed to
12 the next one then and this'll be Dr. Melius's
13 SEC issues workgroup.

14 **DR. MELIUS:** Okay. Our workgroup met in
15 Cincinnati on I believe it was January 17th,
16 that all members of the workgroup were present.
17 I think Mark was there by phone. Larry and Jim
18 Neton and I think LaVon -- I can't remember who
19 else -- from NIOSH was present, as well as
20 Arjun and I think some other people from SC&A
21 on the phone. We had -- we had a good meeting.
22 We covered two separate issues there. One is
23 the -- the high exposure shorter term expo--
24 time period issue regarding Special Exposure
25 Cohorts. We had a short report from that that

1 was prepared -- Arjun's not here. I believe we
2 distributed it after. There was -- it was
3 prepared for the workgroup but I believe we got
4 it cleared and -- regarding some privacy
5 concerns and then distributed out to the rest -
6 - rest of the Board. If not, I'll make sure
7 that -- that takes place. You don't...

8 **DR. ZIEMER:** I think the Rocky Flats workgroup
9 wanted a copy of that particularly, but I don't
10 know that it has been distributed yet. Nevada,
11 I mean --

12 **DR. MELIUS:** Nevada --

13 **DR. ZIEMER:** -- Nevada Test Site.

14 **MR. PRESLEY:** Haven't seen that.

15 **DR. MELIUS:** Okay, I'll follow up and make sure
16 -- that was my --

17 **DR. ZIEMER:** There were some -- some issues on
18 privacy things that they were to look at, so we
19 need to find out where that is.

20 **DR. MELIUS:** Yeah.

21 **MS. HOMOKI-TITUS:** Can I just clarify something
22 for you all?

23 **DR. ZIEMER:** Yeah.

24 **MS. HOMOKI-TITUS:** There should be no privacy
25 issues that constrict Board members exchanging

1 any information, and there should be no
2 constriction from SC&A giving the Board Privacy
3 Act information. It's only if it's going to be
4 made public that there's a restriction. So
5 there --

6 **DR. ZIEMER:** Yeah, well, let me ask --

7 **MS. HOMOKI-TITUS:** -- shouldn't be any
8 limitation on --

9 **DR. ZIEMER:** -- you this because our -- our
10 workgroup meetings were open. Right?

11 **MS. HOMOKI-TITUS:** Right, so anything that
12 would be made public from one of those
13 workgroup meetings would have to be cleared.
14 But there's no reason that Dr. Melius can't
15 give Mr. Presley --

16 **DR. ZIEMER:** Oh, yeah, I got --

17 **MS. HOMOKI-TITUS:** -- a document.

18 **DR. ZIEMER:** Yeah, yeah.

19 **DR. WADE:** It's also if there's to be a
20 workgroup meeting, workgroup mem-- workgroup
21 members, SC&A could have materials in their
22 hand, but they shouldn't be publicly discussed
23 and they shouldn't be made publicly available.
24 Now obviously we like to have everything that
25 we discuss in our hands in front of the public,

1 but if it becomes a matter of efficiency of our
2 operation, then you can have meetings but just
3 not discuss the materials publicly.

4 **MR. BROEHM:** And I would just say, from the
5 Congressional angle, that on a number of your
6 meetings Congressional staff are listening in
7 by phone. I've had a number of instances now
8 where they're hearing documents discussed in
9 the course of discussions and then come back to
10 me and ask for a copy of that. As much as
11 possible, when these are Privacy Act reviewed
12 in advance of the meeting or subsequent to a
13 meeting, it would be very helpful to get those
14 as soon as they're available so I can share
15 those with the staff and they can have those
16 before them. Particular-- particularly I think
17 the matrix -- matrices that are used to sort of
18 guide discussions, those are often helpful. I
19 know Mark has been great about providing these.
20 That helps them sort of follow the discussion.
21 It gets very technical, and especially being on
22 the phone, I think it's even harder to follow,
23 so...

24 **DR. ZIEMER:** Let me ask, Jason, do you
25 typically know in advance what Congressional

1 people are likely to be on the line in one --
2 each of the workgroups? Do we let you know
3 when the workgroups are meeting, or does Lew --

4 **MR. BROEHM:** I get that through Dr. Wade --

5 **DR. ZIEMER:** Because --

6 **MR. BROEHM:** -- and I send out messages to let
7 them know that one's coming up.

8 **DR. ZIEMER:** -- the easy way to do this would
9 be for us to -- to copy Jason on our documents,
10 and then have him distribute them to the
11 appropriate people 'cause we don't always know,
12 you know, which staffer's going to be on the
13 line.

14 **MR. BROEHM:** No, I would appreciate that coming
15 through me just so that I can be the -- the
16 (unintelligible) --

17 **DR. ZIEMER:** Is that --

18 **MR. BROEHM:** -- link.

19 **DR. ZIEMER:** Would that work well? So the --
20 the chairs, as you make your distributions,
21 make sure Jason is copied. Is that a good way
22 to do it or should we have Lew -- copy it to
23 Lew?

24 **MS. HOMOKI-TITUS:** No, I was just going to say
25 if you're going to add him would you mind just

1 going ahead and adding us 'cause --

2 **DR. ZIEMER:** Well, I don't know; now you're
3 pushing us.

4 **MS. HOMOKI-TITUS:** Okay.

5 **DR. ZIEMER:** No, we -- we can certainly do
6 that.

7 **MS. HOMOKI-TITUS:** Okay.

8 **DR. MELIUS:** Can I just clarify the procedural
9 thing 'cause this issue becomes most
10 problematic when there's a -- the work-- SC&A
11 is rushing to get a report done in time for a
12 workgroup meeting, and they have limited time
13 and I don't think the problem's necessarily at
14 their end, in most instances, and then we're
15 trying to have the workgroup meeting, get
16 report to us. Meanwhile give counsel's office
17 adequate time to review -- review the report
18 and I think it would be helpful if we had some
19 sort of set procedures for that 'cause ideally
20 counsel's office would get it ahead of time,
21 and then by the time anybody on the Board or
22 anybody else should see it, it should be --
23 have, you know, privacy clearan-- Privacy Act
24 clearance and -- and so forth. That way we
25 don't have two different versions of something

1 circulating around and -- and, you know, the
2 potential for something getting mistakenly
3 distributed -- you know, the wrong type of
4 copy, but --

5 **DR. ZIEMER:** Yeah.

6 **DR. MELIUS:** -- in the instance -- the
7 problem's in the instances when it's not, and
8 for example, I never got any -- recall any
9 notification afterwards from the counsel's
10 office about something being cleared 'cause
11 that would go -- go through Lew or go directly
12 to SC&A and I think we just need to sort of
13 reach understanding so we don't avoid -- you
14 know, make proper distribution at the same time
15 we avoid making mistakes.

16 **DR. ZIEMER:** Well, and for a practical matter,
17 for example, and take your last meeting, I
18 think we got the SC&A report from Arjun the
19 night before, or maybe it was that morning. So
20 there would have been not enou-- in -- you
21 know, sometimes that's just a matter -- the
22 contractor has got a lot of irons in the fire
23 and -- and they're pushing pretty hard against
24 deadlines and it's time for the meeting and
25 they've got to get something to us and that's

1 just the -- sort of the nature of the game, so
2 it's -- it's a difficult thing. If you can
3 help us --

4 **DR. WADE:** Well, it -- it's something I'd like
5 to talk about --

6 **DR. ZIEMER:** -- procedurally --

7 **DR. WADE:** -- there's several issues and we do
8 need to review procedures and understand
9 procedures. But in SC&A's case, it begins when
10 SC&A has a report in their hands that they're
11 prepared to turn over to the Board, to NIOSH.
12 What SC&A does is send that report to David
13 Staudt, the contracting officer, and say we
14 want to go public with this report; would you
15 please see that it is okay from the Privacy Act
16 point of view, so step one.

17 Step two is David will take that report and
18 then forward it on to Liz and her team to look
19 at. Liz and her team will look at it in an ex-
20 - as expeditious a way as possible, and they've
21 done that very well, and then they'll return
22 that report to David, who then returns it to
23 SC&A and says okay.

24 Now -- so that's what happens. If we need
25 more than that to happen, we need to talk about

1 that.

2 Now remember, if the -- the report is in the
3 hands of the Board and SC&A and NIOSH and it
4 hasn't yet cleared Privacy Act review, there
5 can still be a meeting. The report can be in
6 front of people. But the report should not be
7 given to the public and should not be -- and
8 there -- and the Privacy Act aspects of it
9 should not be discussed during that meeting,
10 and we're all schooled as to what they are. So
11 that's what happens now. We can talk about
12 that. We can talk about expanding that as you
13 would like.

14 **DR. MELIUS:** But I think it's the situation
15 where there hasn't been time for a prior
16 Privacy Act review that -- that is a little bit
17 more problematic in -- 'cause that review is
18 still going on and we just need to make sure
19 whoever -- whatever then gets distributed, you
20 know, is the cleared document and -- and also
21 to know, you know, how problematic it is and,
22 you know, how --

23 **DR. WADE:** So the --

24 **DR. MELIUS:** -- how do we make sure, you know,
25 it gets up to Congress, gets to whoever 'cause

1 I'm sure even the people in Congress don't want
2 to have to have, you know, reports that sort
3 of, you know, have Privacy Act information and
4 have to be restricted in some way. I mean just
5 hard -- that much harder to keep track of.

6 **DR. WADE:** Okay, so let's deal with that in two
7 steps. The first step is that the Designated
8 Federal Official, who should be at every
9 workgroup meeting, should make clear to those
10 present the issue. If there's going to be
11 reports in front of Board members discussed
12 that are not cleared, that should be made clear
13 on the record, so we should be okay on that.
14 The -- the most vexing issue you raise is in
15 now what happens once the document is cleared
16 in getting it distributed to people. And there
17 it -- it re-- it involves really getting it to
18 Jason and then getting it up on the NIOSH web
19 site. Now we have to make sure that those two
20 steps happen, and I think there's a little bit
21 of open air in those two steps. So we can talk
22 about that.

23 **MS. HOMOKI-TITUS:** We're working on that.
24 Jason and I talk so that -- where we have a
25 channel now for providing him the Privacy Act

1 cleared documents and we usually send the
2 Privacy Act cleared documents back to David
3 Staudt, with a copy to you. Would you like us
4 to start providing them to OCAS as well?

5 **DR. WADE:** I would.

6 **MS. HOMOKI-TITUS:** Okay.

7 **DR. WADE:** I think the two things that have to
8 happen is that -- really three things. Jason
9 needs to get them to give them to the
10 Congressional people. Larry needs to get them
11 to post them. And then Board members need to
12 get them with the understanding that it is now
13 okay to give these things out, so all of those
14 loops need to be closed.

15 **DR. ZIEMER:** Larry.

16 **MR. ELLIOTT:** There's one other important
17 distribution point here. Not only the web
18 site, but I have to take care of, through
19 Laurie Ishak, getting -- if it's an SEC
20 petition-related document, I need to get that
21 into the petitioners' hands. I receive
22 numerous requests for these, but I can't
23 release them to the petitioner until I hear
24 from counsel's office that they're cleared for
25 distribution, so we don't want to forget the

1 petitioners as well.

2 **DR. ZIEMER:** Right.

3 **DR. WADE:** Now could -- could we impose upon
4 you or someone at that point to also send the
5 report to all the Board members?

6 **MR. ELLIOTT:** We do that when we post it on the
7 web site. There's a -- there's a distribution
8 list that you're included on notifying you that
9 the document has been put on the public web
10 site.

11 **DR. WADE:** Okay.

12 **MR. ELLIOTT:** We also do that, for your
13 information, when it goes into the open drive,
14 the shared drive, as a non-redacted piece of --
15 if we get it for that.

16 **DR. WADE:** So then the question to the Board
17 is, is it enough to get Larry's e-mail?

18 **DR. MELIUS:** I may be wrong, but like in this
19 case, I'm not sure where this document would go
20 -- would have gone.

21 **MR. ELLIOTT:** I'm sorry, I was not --

22 **DR. MELIUS:** It's -- it's not a -- not a site-
23 specific document necessarily. It's the 250-
24 day issue and -- I mean I could have missed it
25 and you -- you may have put it up there and I

1 may have missed it, but it's -- you know, it's
2 still a little different than a site --

3 **MR. ELLIOTT:** You're absolutely right, and I
4 think that's another situation that we need to
5 attend to here. We need to -- my suggestion
6 would be we create a folder for your working
7 group --

8 **DR. MELIUS:** Yeah.

9 **MR. ELLIOTT:** -- and notify you when something
10 goes into that folder.

11 **DR. MELIUS:** Yeah.

12 **MR. ELLIOTT:** And if you want us then to post
13 it on the web site, we'll need to hear from
14 general counsel that it's okay to do so.

15 **DR. MELIUS:** Uh-huh.

16 **MR. ELLIOTT:** Okay? Does that sound
17 reasonable?

18 **DR. ZIEMER:** That sounds like (unintelligible)
19 --

20 **DR. MELIUS:** Yeah, yeah, that -- that would be
21 fine, yeah.

22 **DR. WADE:** I would think the default is we want
23 to post everything on the web site once it's
24 cleared.

25 **DR. MELIUS:** Yeah.

1 **DR. WADE:** I think that's our default.

2 **MS. HOMOKI-TITUS:** I also just want to clarify
3 for you all, when we send documents back that
4 have been Privacy Act reviewed, we're sending
5 them back to David Staudt --

6 **DR. MELIUS:** Yeah.

7 **MS. HOMOKI-TITUS:** -- notes to SC&A, but you're
8 sending them in a Word version so that they can
9 see where we have indicated Privacy Act review
10 has to be done, so those need to be converted
11 if you get them from SC&A before they're made
12 public 'cause otherwise they still have the
13 information.

14 **DR. WADE:** Well, let's hear from SC&A then.
15 When you get that Word version then, John, do
16 you then make the changes and make a document
17 available?

18 **DR. MAURO:** At this point we have been in a
19 mode where the product that we put out,
20 especially when they're short-term products
21 such as the ones Dr. Melius is referring to and
22 the one that we sent to Brad Clawson recently,
23 we -- and we have these one-day turnaround,
24 those have been the problematic ones whereby --
25 and the only solution that we've had and what

1 we're dealing with is make sure -- and this is
2 something that we did not always do but now we
3 do do, is put in this statement on the bottom
4 that this may contain Privacy Act material and
5 should be treated as such until legal counsel
6 at NIOSH clears it. Once they get back to us
7 and clear it, then we're -- we know we're free
8 to -- to distribute it, but we don't do that
9 distribution. We're -- what I'm getting at is
10 all we -- all we are now is informed that yes,
11 this piece is now clean and can be -- has been
12 cleared as a Privacy Act document, but we don't
13 take any action from there. I think that at
14 that point, whether it goes up on a web -- the
15 -- the NIOSH web site, whether it's distributed
16 to the various representatives -- Congressional
17 representatives, we don't take that action.

18 **DR. WADE:** Well, let's assume, John, that you
19 get it back from David and it says remove this
20 line.

21 **DR. MAURO:** Yes.

22 **DR. WADE:** So then you do --

23 **DR. MAURO:** And then we do that.

24 **DR. WADE:** -- that and make a clean document.

25 **DR. MAURO:** And then -- yes, and then we do

1 that, but I -- so that we do clean our -- our
2 material.

3 **DR. WADE:** Then what do you do with it once you
4 clean it?

5 **DR. MAURO:** I don't know.

6 **DR. ZIEMER:** Well, John, you are making Board
7 distribution of all of your reports.

8 **DR. MAURO:** We always are making Board
9 distributions --

10 **DR. WADE:** So once you've cleared it, then you
11 make a Board distribution?

12 **DR. MAURO:** Yeah. For example, the last -- and
13 I'm going to have to defer -- the most recent
14 time where that happened where we went through
15 this iterative process where the loop was
16 closed was on material related to Rocky, the
17 separate pieces, and I know Joe's sitting right
18 behind me and I know he received back material
19 that has been so-called cleansed of any mater--
20 now what action Joe has done with that material
21 --

22 **DR. WADE:** Okay, so it's Joe's fault. We've
23 established that.

24 **DR. MAURO:** Let's get Joe up --

25 **DR. WADE:** Let's get Joe up here.

1 **MR. FITZGERALD:** (Off microphone)

2 (Unintelligible)

3 (On microphone) Yeah, consistent with where
4 you're driving, what we have done is when we've
5 gotten the changes -- recommended changes,
6 we've made the changes and then we have sent
7 the changed document back to NIOSH, back to
8 counsel, and basically say here it is. But you
9 know, we would not do any public distribution
10 or anything. But what -- what I was looking
11 for was a confirmation did we change it
12 satisfactorily, did we meet all those changes
13 before we go anywhere else. So any -- any
14 outside distribution would have to take place
15 at that point. Again, we would not do anything
16 other than send it back to NIOSH and I think in
17 the case of Rocky Flats we made it available
18 just to the workgroup and that was it. That
19 was the entire distribution.

20 **DR. WADE:** Okay. Now it would serve everyone
21 better I think if you distributed it to the
22 Board. I -- I see no downside to distributing
23 it to the Board. But what about closing the
24 loop, counsel, in terms of -- you -- you
25 suggest changes to SC&A. Do we assume that

1 they've made them and distribute it? Do you
2 want to see it again before it's released?

3 **MS. HOMOKI-TITUS:** Our preference would be to
4 see it again. If it's a timeliness issue, then
5 I think they're capable of following our
6 direction. There are a number of times,
7 though, that we send them a question that needs
8 to be addressed before we can make a decision.

9 **DR. WADE:** I would like to suggest that if the
10 instructions back to SC&A are simple, then we
11 should assume that they followed those
12 instructions and can release the report. If we
13 find evidence to the contrary, we should deal
14 with it. I -- I wouldn't make it overly
15 complex at this point, so I -- if SC&A gets
16 instructions back that are easy to follow and
17 clear, you should follow them and then release
18 it. If there's any question, then you need to
19 follow up.

20 **DR. MAURO:** So what I'm hearing is we do have a
21 certain degree of discretion here, and that is
22 when we do get instructions back and if we feel
23 that yes, it's clear and unambiguous, we make
24 those changes and we are -- at that point the
25 document is cleansed. If there's any ambiguity

1 on our part regarding whether or not we got it
2 right, then we get back to you.

3 **DR. WADE:** I think that's reasonable.

4 **DR. MELIUS:** Then -- then SC&A would be -- then
5 do a distribution to the Board, as well as to
6 NIOSH -- to Larry and then to Jason to get --

7 **DR. ZIEMER:** No, no, Jason would catch it
8 through Lew, I think. Right? I don't think
9 SC-- or through -- through counsel, but --

10 **DR. MELIUS:** Okay.

11 **DR. ZIEMER:** -- I don't think our contractor
12 has to -- has to get it to Jason. And Jason
13 will take care of the people on the Hill, as
14 appropriate.

15 **MS. HOMOKI-TITUS:** Jason and Larry will get it
16 directly from counsel.

17 **DR. ZIEMER:** Okay --

18 **MS. HOMOKI-TITUS:** You guys.

19 **DR. ZIEMER:** -- that's good.

20 **MR. FITZGERALD:** Yeah, for Rock-- Rocky Flats,
21 I think the only thing this would have changed
22 is the distribution would have been to the
23 entire Board from us, rather than just the
24 workgroup. But we still have the expectation
25 that the -- that counsel would handle further

1 distribution. We wouldn't do anything with
2 that.

3 **DR. ZIEMER:** Thank you. I think that's
4 helpful.

5 **DR. MELIUS:** Can I give my report now?

6 **DR. ZIEMER:** I -- I think --

7 **DR. WADE:** Go ahead, we're done.

8 **MR. PRESLEY:** Question --

9 **DR. ZIEMER:** Go ahead.

10 **MR. PRESLEY:** Question, Wanda's got one and
11 I've got one on this.

12 **DR. ZIEMER:** Yeah, go ahead, Robert and then
13 Wanda.

14 **MR. PRESLEY:** This is clear as mud. Golly bum.
15 Jason just mentioned something about these
16 matrix, to get them out to -- to the people
17 before the -- that we have the meetings. Now I
18 don't think that you all want us to, when I
19 fire my comments or the working group's
20 comments back to -- to SC&A or back to Mark, I
21 don't think Larry wants a copy of all these
22 things flying back and forth. I think what you
23 really want is the document that we're going to
24 use at our next working group meeting. Is that
25 correct?

1 **DR. WADE:** Yes.

2 **MR. ELLIOTT:** I'm going to speak for Jason
3 here, as well. I hope he finds what I have to
4 say amenable to his needs. Our interest is to
5 -- if the working group is going to take up a
6 document from SC&A for its discussion, we would
7 like to be able to not only have that document
8 shareable with the rest of the Board, but also
9 publicly shareable on our web site and
10 shareable with the Congressional delegation
11 that is interested in that document. Then
12 whatever you -- whatever comes out of your
13 deliberation -- you know, your comments on it
14 and that -- I don't need to see those until the
15 document is changed to reflect and address
16 those comments. And then I think it then again
17 has to go through the same process.

18 **DR. WADE:** Yes --

19 **MR. ELLIOTT:** Does that help clear up the mud?

20 **MR. PRESLEY:** Yes, some, but now do you want --
21 do you want me to send you the copy or -- most
22 of the time when I get a new matrix, it would
23 come from Mark. So do you want your people to
24 send it to you or do you want me to make sure
25 you get it? We'll -- we'll -- we'll comment

1 things --

2 **MR. ELLIOTT:** Well, each of the --

3 **MR. PRESLEY:** -- and then we get a new matrix
4 and Mark is the one that we're getting our
5 matrix from and adding comments to it --

6 **MR. ELLIOTT:** Well --

7 **MR. PRESLEY:** -- then we're going back to the
8 meeting.

9 **MR. ELLIOTT:** Here we're talking a different
10 source of information.

11 **MR. PRESLEY:** Right.

12 **MR. ELLIOTT:** The source of information that
13 was being discussed just a moment ago, as I
14 understood the conversation, was about an SC&A-
15 generated document. And I'll tell you that any
16 document that NIOSH prepares also has to go
17 through the same rigorous review for Privacy
18 Act concerns before we distribute it publicly.
19 Okay?

20 **MR. PRESLEY:** (Off microphone) This was
21 (unintelligible).

22 **MR. ELLIOTT:** Pardon me?

23 **MR. PRESLEY:** (Unintelligible) comment
24 document.

25 **MR. ELLIOTT:** Okay. So even though it -- you

1 know, it may come to you from Mark, it has to
2 go still through general counsel, Privacy Act
3 review, et cetera.

4 **MR. PRESLEY:** I want to make sure. Okay.

5 **MR. BROEHM:** I just wanted to confirm that
6 Larry speaking for me was -- was fine. The
7 needs that we have are that, you know, in
8 advance of a meeting I think it's helpful for
9 Congressional staff to have that in front of
10 them in advance of the meeting to help guide
11 them through the discussion.

12 **MR. PRESLEY:** I just want to make sure you get
13 it to the right people and I don't get in
14 trouble for sending you something --

15 **MR. BROEHM:** Right.

16 **MR. PRESLEY:** -- that you're not supposed to
17 have.

18 **DR. ZIEMER:** Wanda? Okay, John, go ahead, do
19 you --

20 **DR. MAURO:** Just to close the loop, when we get
21 a document back that has been cleansed and we
22 have changed it in accordance -- and redacted
23 and removed the material that needs to be
24 redacted in accordance with the instructions we
25 receive, I think one of the things we will do

1 when we send this document out again, there
2 will be a statement on the bottom that confirms
3 that yes, it's clean. So in other words, any
4 document that comes out of SC&A will have one
5 of two things on it. Either it will say this
6 is -- contains potentially PA material, please
7 do not distribute; or it will contain the
8 statement that said this has been checked and
9 cleansed of and can be distributed, so there's
10 never any ambiguity.

11 **DR. ZIEMER:** Good, thank you. Wanda.

12 **MS. MUNN:** My concern is not so much with
13 documents that are eventually going to end up
14 on the web site or will be open information,
15 but if our past experience is any basis for
16 evaluation, most of the Privacy Act information
17 that we see occurs in face-to-face working
18 group meetings. And as -- as long as we're
19 working in face-to-face groups with pieces of
20 paper that -- or -- or any other form of
21 information that has names and identifiers on
22 it, one can have some control of it. But as an
23 example, because the NTS working group is very
24 interested in the results of the SEC's 250-day
25 issues which may still contain some privacy

1 information, there are real reservations in my
2 mind about sending this information
3 electronically.

4 From my perspective, any time I send anything
5 on e-mail, it's an open document. And so I
6 would be very hesitant to put any -- or receive
7 anything that contained names and identifiers
8 by e-mail. I know we all have firewalls of one
9 sort or another, but it's a major concern, it
10 would seem to me, when we're talking about we'd
11 like to have the information that the other
12 working group has developed before it's
13 cleared. I would really hesitate to see that
14 come on e-mail.

15 **DR. ZIEMER:** Actually the information I was
16 referring to was actually an SC&A report -- I
17 think it was Arjun's report -- and it became an
18 official sort of document in itself, so it
19 would have been cleared. But anyway, go ahead,
20 Liz.

21 **DR. MELIUS:** I would just say -- and as I
22 recall this particular document -- first of
23 all, I believe that SC&A does a privacy review
24 themselves before anything gets distributed, so
25 it's not like they're sending everything to

1 counsel's office saying well, what needs to be
2 taken out. There's already been I think
3 appropriate care. There's Privacy Act training
4 and -- and so forth involved. I think in this
5 particular instance the -- the question that
6 came up was -- it was some information from a -
7 - that was publicly available as a thesis at
8 University of Iowa, I believe, that actually
9 had some names and -- historical names in it.
10 It wasn't about people's illness or anything
11 that -- that, and I think there was a question
12 of -- so -- so if it's publicly available at a
13 library, anybody can go and get it, then how do
14 we apply the -- you know, the Privacy Act to it
15 when it gets distributed in the context of a
16 federal -- as a federal document or somehow,
17 you know, connected to the -- to the federal
18 government, but -- but I think everyone's -- I
19 don't think there's -- we have information
20 circulating that's sort of, you know,
21 blatantly, you know, breaks or, you know,
22 violates the Privacy Act. I think there's just
23 questions where -- where there's a question
24 about something and -- and making sure that --
25 especially when you have so -- you know, how do

1 you de-identify something and make sure you've
2 done it appropriately so it's still
3 understandable and useful as a document.

4 **MS. MUNN:** Well, you understand my concern,
5 though, with respect to exchanging e-mail
6 information that we may need and may want, but
7 which may not have been actually cleared.

8 **DR. ZIEMER:** Liz.

9 **DR. WADE:** It's not a trivial question.

10 **MS. HOMOKI-TITUS:** I just wanted to address
11 what Ms. Munn brought up. That is a concern
12 for the federal government and each agency is
13 now working on a new policy regarding e-mail
14 and the sending of e-mail over non-secured
15 networks, et cetera. So I would assume that
16 when the CDC finishes establishing their policy
17 -- and they're putting their employees through
18 the change right now -- that the change will
19 also come to the Board, as well as SC&A and all
20 the other contractors. ORAU, NIOSH, all of us
21 are going to have to start following that
22 regarding the use of laptops and wireless
23 internets and using unsecured networks to send
24 Privacy Act information. So it -- they are
25 aware of it and there is -- policy is

1 forthcoming. It just is not ready yet.
2 They're going off OMB circulars on it right
3 now.

4 **DR. WADE:** And absent that policy, each person
5 has to use their own common sense as to how
6 they will approach it.

7 **MS. MUNN:** And FedEx, hopefully.

8 **DR. WADE:** And FedEx, if that's their choice.

9 **DR. MELIUS:** Well, there's also encryption, and
10 for most -- many medical documents now, Privacy
11 Act kinds of information's handled through
12 encryption and there's some pretty
13 straightforward ways of doing that that are
14 considered to be secure and actually are
15 approved by the federal government, I believe,
16 also, as part of the --

17 **MS. MUNN:** (Off microphone) (Unintelligible)
18 that sort of thing.

19 **DR. MELIUS:** Yeah, yeah.

20 **DR. ZIEMER:** Jim, I think we should hear your
21 report.

22 **DR. MELIUS:** Oh, okay. Where was I? Okay.
23 Whatever report we got from Arjun, we -- we had
24 -- had discussion and then there -- two issues
25 that we -- we were looking at -- or the

1 context, and this one was from the Ames
2 Laboratory, which we've discussed as a past SEC
3 (unintelligible) there, and the second was with
4 the Nevada Test Site. After fairly lengthy
5 discussions we decide the best way to move
6 forward was -- one on the Ames was that SC&A
7 was going to clarify some of the issues
8 regarding potential exposures at that facility
9 from -- from fires and explosions. And that
10 for the Nevada Test Site we would identify a
11 number of exposure in-- incidents there
12 regarding above-ground testing and then
13 evaluate those in the context of their
14 potential -- sort of SEC evaluation and the
15 potential exposures that people have received
16 in less than a 250-day period, and then come
17 ba-- and that -- that was -- would help to form
18 the basis for a report from -- from our working
19 group.

20 The next step in that -- both of those
21 processes, both for Ames and NTS, was to get
22 the people from SC&A together with some NIOSH
23 and possibly ORAU staff, I'm not sure, to work
24 out some of the -- the technical details about
25 how those examples would be developed. And

1 then I expect we'll have those done and we'll
2 be having a discussion of that at another
3 workgroup meeting, most likely prior to our
4 April -- April meeting -- that. So it -- the -
5 - we were making progress. I think we have a
6 path forward that everyone agrees on that will
7 be helpful for everybody involved and should
8 work out.

9 Now I don't know if Paul or Gen or Mark have
10 anything to add to that part of our report, but
11 --

12 **DR. ZIEMER:** No.

13 **DR. MELIUS:** Okay. The second part of our
14 report concerns the 83.14 issue. We were
15 charged with sort of working with NIOSH and
16 trying to evalu-- what would be better ways of
17 presenting and the ty-- types of information
18 that would be useful to have, either in the
19 evaluation report for the 83.14s or for --
20 available to the Board prior to our evaluation
21 of -- of the NIOSH re-- NIOSH reports. We did--
22 - didn't have any new 83.14s to discuss, non--
23 none had come up, so we sort of worked off of
24 our experience with -- one's an 83.14 and the
25 other was an 83.13, but they were sort of

1 similar in that we didn't have site profiles
2 prior to the review of them. One was the
3 Monsanto, the other was General Atomics, I
4 believe and -- do that.

5 And we worked with NI-- I think there's sort of
6 an agreement that there were certain areas,
7 particularly regarding description of work
8 areas and the basis for how NIOSH went about
9 defining the class that could be better
10 explained in the reports, and so we had some
11 di-- dialogue on that.

12 And secondly, we also agreed that it would be
13 very helpful to have some of the backup
14 information for those reports available to the
15 Board on the O drive so that we'd be able to
16 look at that information, review that
17 information prior to the -- our -- any rev--
18 our review of -- of that report. Particularly
19 we're interested in sort of summary or
20 decision-making documents that would be -- not
21 -- not just all access to particularly raw
22 data, but also to some of the background
23 evaluation that NIOSH or their contractors have
24 done in the development of the SEC evaluation
25 report. And NIOSH I think's actually already

1 going ahead and implementing that -- that
2 program and I think it's useful and it will
3 help us in the evaluation of future 83.14
4 reports.

5 Again, I don't know if Gen, Paul or Mark have
6 anything to add to that.

7 **DR. ZIEMER:** You've covered it well. Thank you
8 very much.

9 Then we have the workgroup to review SEC
10 petitions that did not qualify. I think Jim
11 Lockey -- you gave us kind of a summary of that
12 last time, but there was a follow-up action
13 that you were going to do so tell us where you
14 --

15 **DR. LOCKEY:** We were waiting for the -- there
16 were -- if a petition doesn't qualify, the
17 petitioner has the right to appeal it to the
18 Director of NIOSH. I think there were four
19 petitions under review by the Director of
20 NIOSH. There's a committee that does that for
21 the Director and LaVon Rutherford spoke to me
22 this morning and said that that review process
23 has been done and the summary reports are going
24 to be made available to this working group
25 within the next week, and hopefully we can fin-

1 - finalize this during the meeting during the
2 last two weeks in March.

3 **DR. ZIEMER:** Okay. Thank you. I don't think
4 we have any -- well, let's see, Hanford site,
5 yes. Jim, just give us a quick update on
6 Hanford.

7 **DR. MELIUS:** Hanford, we tried to schedule a
8 meeting of -- of the workgroup. We -- if you
9 recall, at the last meeting I reported that
10 we'd had a conference call, the workgroup, with
11 NIOSH and SC&A to try to sort of prioritize how
12 we would approach the site profile review for -
13 - for Hanford. We had actually made --
14 narrowed down some of the issues. The main --
15 main issue that really was ready for discussion
16 had to do with the neutron doses at that
17 facility and we were -- I was trying to
18 schedule a workgroup report and were -- we were
19 not -- unable to come up with a date that would
20 be workable for that before this meeting. So
21 we will have to schedule that meeting now.
22 I would add, and I think we'll discuss -- 'cuss
23 this tomorrow, the particular problem -- issue
24 was the availability of one person from ORAU,
25 Jack Fix, to be available for a meeting. I

1 believe he was out of the country till sometime
2 into February or March, but I -- it points out
3 to this -- this problem of, you know, document
4 ownership. Jack has -- is conflicted on the --
5 on the Hanford site. I think he would be a
6 resource for us, but he -- he is conflicted and
7 -- and here we're in a situation we have a
8 conflicted person, a site expert, but who --
9 but we're holding up, you know, moving along in
10 a process because that person's not available
11 because apparently nobody else has sort of
12 taken over document ownership yet and is ready
13 to meet and capable of fully discussing the --
14 the technical issues involved. And I would
15 hope we'd be able to get beyond that with this
16 because to me it's -- it's a problematic
17 situation, much as we've had with Rocky Flats
18 where so much is -- of the discussion relies on
19 -- on one person who has a -- an admitted, you
20 know, potential conflict of interest on that
21 site. Again, not to take away from their
22 capability or -- or knowledge, but it just I
23 think is a somewhat awkward situation given our
24 concerns about conflict of interest and I think
25 we're going to hear more about that tomorrow.

1 I think Larry and Kate are supposed to give us
2 an update on the implementation of the policy.

3 **DR. ZIEMER:** Okay, thank you. Speaking of
4 conflict of interest, we do have a workgroup on
5 that but I don't think we have any actions --
6 or do we?

7 **DR. LOCKEY:** Well, there's one -- do you want
8 to --

9 **DR. ZIEMER:** Okay.

10 **DR. LOCKEY:** This brings up the --

11 **DR. ZIEMER:** Do you have a -- okay. Emily.

12 **MS. HOWELL:** Our office has been working to
13 provide Dr. Lockey, who's the chair of this
14 working group, with materials so that the
15 working group has something to look over, and
16 we should be getting those to him next week and
17 hopefully the working group will, you know, be
18 able to meet.

19 **DR. ZIEMER:** Okay.

20 **DR. LOCKEY:** Our plan, again, is probably to
21 try to have our first meeting -- last two weeks
22 in March.

23 **DR. ZIEMER:** Okay. Very good, thank you. We
24 already heard from the procedures review
25 workgroup yesterday so that one is done.

1 **MS. MUNN:** Are we going to vote on that today?

2 **DR. ZIEMER:** Huh?

3 **DR. WADE:** Tomorrow.

4 **DR. ZIEMER:** We'll actually have the vote on
5 that tomorrow.

6 **MS. MUNN:** Tomorrow? All right.

7 **DR. ZIEMER:** Yeah. Okay. Workgroup on
8 Blockson, Wanda Munn chaired that one and
9 Wanda, why don't you tell us about those
10 activities.

11 **MS. MUNN:** The Blockson group has not yet met
12 because, as I think all of the Board is aware,
13 the original site profile and SEC petition were
14 pulled back for additional rework and that is
15 underway as we speak. There is no real reason
16 for the group to meet until those documents are
17 available to us.

18 We did have the workers outreach meeting that
19 was put together by the Department of Labor and
20 was -- I think I sent you all a report
21 indicating it was well-attended. I was very
22 pleased to be there myself. The workers were
23 quite forthcoming in their information. I
24 believe several key issues that were of concern
25 to us at the time we went in were illuminated

1 considerably by the comments of the workers and
2 gave Tom something to work with as he went back
3 to address those documents.

4 We're hoping that we will have the
5 documentation from NIOSH in our hands -- what,
6 within the next few weeks? -- so that we'll
7 have something to start to go with. It's our
8 anticipation at this time that the working
9 group probably will meet for the first time
10 sometime in late March if the documents are
11 then available.

12 **DR. ZIEMER:** Thank you very much. I believe
13 that -- well, Fernald work--

14 **DR. WADE:** (Off microphone) Dr. Melius has
15 (unintelligible).

16 **DR. ZIEMER:** Okay, go ahead, Jim.

17 **DR. MELIUS:** Make just one quick observation.
18 In reading actually Wanda's rep-- e-mail to the
19 Board about the Blockson site visit and
20 actually talked to somebody else about it and
21 do that, I certainly was impressed about the
22 type of information that was obtained from that
23 and -- and as I think Wanda said and said in
24 her e-mail how worthwhile that -- that -- and
25 helpful that -- that visit was, and I would

1 certainly encourage NIOSH in its sort of future
2 dealings with I think all sites but
3 particularly some of these sites that have not
4 had as much attention and -- and invol--
5 involvement in that -- that -- you know, prior
6 to evaluation reports -- you know certainly
7 prior to the Board being -- being put in place
8 to take action on these, that -- that we have
9 had significant and outreach efforts and the
10 kind of public meetings and so forth that --
11 that were -- appeared to be handled well and
12 well-attended in -- in the Blockson situation
13 and hope we could continue those. I -- I just
14 think they're very critical to having sort of a
15 credible program, as well as doing technically
16 a good job with these reports. The Blockson --
17 or at least appeared to identify some other
18 group of workers that hadn't been considered in
19 the original report and I thought it was very
20 helpful.

21 **DR. ZIEMER:** Good comment, and I -- I think
22 it's also excellent if we can have at least a
23 Board member present -- Wanda in the case of
24 Blockson. John was able to attend the Chapman
25 Valve meeting. We had some earlier meetings

1 that some of us attended at Bethlehem. And
2 whenever -- particularly those of you chairing
3 working groups, if you or one of your members
4 can participate whenever those activities --
5 that would be excellent. I think a Board
6 presence at these also is useful, not only for
7 the Board, but for the participants as well.
8 Our final workgroup is the Fernald, and we --
9 we heard from -- on that earlier, so that
10 completes our roster of current workgroups. We
11 will have an opportunity tomorrow to talk about
12 adding some additional workgroups, but that
13 gets us up to date on the activities of the
14 present workgroups.

15 I do want to point out tomorrow when -- we're
16 going to adjourn here shortly and -- and we'll
17 reconvene for public comment period later
18 today, but Board members, looking ahead to
19 tomorrow, since we have no formal
20 recommendations to send to the Secretary this
21 time on SEC petitions, we don't have to work on
22 the wording. So the --

23 **DR. WADE:** Brilliant.

24 **DR. ZIEMER:** Huh?

25 **DR. WADE:** Brilliant.

1 **DR. ZIEMER:** The section in the afternoon
2 called Review of SEC Petition Recommendation
3 Wording -- we can delete that. That knocks
4 roughly an hour off your afternoon schedule,
5 and you can look at the rest of the things
6 there, but if -- if we're very efficient on
7 what's there for the rest of the afternoon, it
8 appears to the chair that it might be possible
9 to finish before the next snowstorm hits,
10 whenever that may be. But I'm -- I'm hopeful
11 that we will be able to com-- complete our
12 business early afternoon, so that's just a --
13 sort of an incentive for those of you who want
14 to try to get to the airport in a timely
15 fashion and still allow enough time. I don't
16 know that the roads are completely clear yet,
17 but we'll try to be efficient as we proceed
18 tomorrow.

19 **DR. WADE:** We can certainly work through lunch
20 and then adjourn. I think that --

21 **DR. ZIEMER:** Yeah.

22 **DR. WADE:** -- will save another hour.

23 **DR. ZIEMER:** If we -- if we do that, we could
24 adjourn by 1:00, perhaps even.

25 **DR. WADE:** Perhaps.

1 **DR. ZIEMER:** Now this evening we have a public
2 comment period beginning at 7:00 p.m., so we'll
3 look forward to having you all back at that
4 time. Let me ask if there's any other
5 housekeeping items that we need to take care of
6 before we recess.

7 If not, thank you very much. Those of you who
8 -- members of the public, particularly -- if
9 you do wish to address the Board and the
10 participants this evening, please remember to
11 sign up on the registration sheet out in the
12 foyer.

13 We are recessed till 7:00 p.m.

14 (Whereupon, a recess was taken from 4:46 p.m.
15 to 7:00 p.m.)

PUBLIC COMMENT

DR. PAUL ZIEMER, CHAIR

16 **DR. ZIEMER:** I'm going to call the meeting to
17 order for the public comment session. This is
18 the Advisory Board on Radiation and Worker
19 Health -- make sure you're all in -- you know,
20 if you thought you were coming to the hotel for
21 the big party, this is just one of them, but
22 welcome.

23 This is our second public comment session. We
24 had one yesterday afternoon. I know a number

1 of the local folks came at that time, perhaps
2 concerned about weather, but we're glad that
3 those of you who are brave enough to come out
4 this evening were able to do so.

5 For those of you who aren't well-acquainted
6 with the work of the Advisory Board, this Board
7 is, as its name indicates, advisory. We advise
8 the Secretary of Health and Human Services. We
9 are independent of the government agencies. We
10 don't work for the agencies.

11 We are a group of independent people from
12 various parts of the country with various
13 backgrounds. We do not do the dose
14 reconstructions. We do not adjudicate cases or
15 handle individual problems. That doesn't mean
16 we don't want to hear about problems or issues.
17 We are providing a kind of oversight for the
18 many facets of the dose reconstruction program,
19 so we do want to hear your concerns and your
20 stories insofar as they will help us understand
21 issues that are facing the federal agencies
22 that are administering this program.

23 In this case, our -- the main agency that we're
24 working with is NIOSH, which is part of Health
25 and Human Services, but also relates to work of

1 the Department of Labor and the Department of
2 Energy as well.

3 I'm Paul Ziemer, Chairman of the committee.

4 The committee members are all here. You may
5 see their name tags, but if you're like me, you
6 may have trouble reading them.

7 This is Dr. Gen Roessler, who retired from the
8 University of Florida who now lives in
9 Minnesota -- somewhat close to Lake Wobegon, I
10 understand.

11 Wanda Munn is a retired engineer from the
12 Hanford area -- Richland, Washington.

13 The fella called "court reporter", Ray Green is
14 our -- is our court reporter. Some people have
15 been concerned that he has a breathing problem,
16 but that's part of his -- his apparatus.

17 Dr. Jim Melius is from the New York area. He
18 is a -- both a medical doctor and a Ph.D. by
19 training.

20 Dr. Lewis Wade is the Designated Federal
21 Official. That means he's not an official
22 voting member of this Board, but under the
23 Federal Advisory Committee Act he is the
24 designee of the Secretary of Health and Human
25 Services who helps coordinate the activities of

1 this particular board.

2 I will be sitting there in a moment. I'm a
3 retired professor of radiation safety and
4 health physics from Purdue University.
5 Mark Griffon is a health physicist who
6 basically is a private consultant.

7 Jim Lockey is not here this evening. He's
8 local, University of Cincinnati, an M.D. And
9 the main reason he's not here is he is
10 officially conflicted on the Fernald site, and
11 since we're expecting most of the folks here to
12 be providing information about or concerns
13 about Fernald, Jim would not be allowed to be
14 seated at the table, as it were, for Fernald
15 issues so he is not with us tonight.

16 Bob Presley is from the Oak Ridge area,
17 formerly worked at Y-12 for many years and is
18 still working in another capacity there in Oak
19 Ridge.

20 Another seat is -- that normally is here and
21 not here today is Mike -- I blanked out.

22 **DR. WADE:** Gibson.

23 **UNIDENTIFIED:** Mike Gibson.

24 **DR. ZIEMER:** -- Mike Gibson. Mike, I hope you
25 didn't hear that on the phone. Mike has been

1 calling in all day. Mike, are you still on the
2 phone this evening?

3 **MR. GIBSON:** Yes, Dr. Ziemer, I'm here.

4 **DR. ZIEMER:** Okay. I'm -- I'm claiming old
5 age, that's my story and I'm sticking to it. I
6 -- I wouldn't ordinarily forget the last name,
7 but anyway, welcome, Mike Gibson.

8 Mike has worked around the Mound site. He's
9 from Ohio. He's not too far away, but by phone
10 this evening.

11 John Poston, professor of radiation safety and
12 health physics, Texas A&M.

13 Brad Clawson, who is -- what was that name
14 again? Brad Clawson works in the Idaho Falls
15 area, Idaho National Laboratory.

16 Josie Beach is at the -- in the Hanford site
17 area where she originally worked for the main
18 contractor and now is with C2H --

19 **DR. WADE:** CH.

20 **DR. ZIEMER:** -- CH2 --

21 **UNIDENTIFIED:** CH2M-Hill.

22 **DR. ZIEMER:** -- Hill.

23 **UNIDENTIFIED:** CH2M-Hill.

24 **DR. ZIEMER:** Again, you know, it's the old age
25 thing and that again is my story, Josie, I'm

1 sticking to it. A -- a new -- new member of
2 the Board, this is Josie's first meeting with
3 us.

4 And then Phil Schofield, also his first
5 meeting. Phil is -- comes to us from the Los
6 Alamos area, so we welcome two -- two new Board
7 members with us this evening.

8 So now with that, I'm going to begin with two
9 individuals who have requested public comment
10 from sort of long distance. The first of these
11 is Terrie Barrie, and Terrie, are you on the
12 line?

13 **MS. BARRIE:** Yes, Doctor, I am.

14 **DR. ZIEMER:** Yes, and Terrie Barrie is with the
15 Rocky Flats petitioners. And then I think
16 after Terrie, we will hear also from Kay if
17 she's on the line.

18 **DR. WADE:** Kay Barker.

19 **MS. BARRIE:** Dr. Ziemer, can Kay go first?
20 She's (unintelligible) --

21 **DR. ZIEMER:** Kay can go first.

22 **MS. BARRIE:** Yes.

23 **MS. BARKER:** Thank you, Dr. --

24 **DR. ZIEMER:** Both -- both from Rocky Flats.

25 **MS. BARKER:** Thank you, Dr. Ziemer. Good

1 evening, Dr. Ziemer and members of the Board.
2 My name is Kay Barker and I want to thank you
3 for allowing me to phone in my public comments
4 tonight on the Rocky Flats petition. One of
5 the topics I want to talk about tonight is
6 conflict of interest.

7 I recently heard Ms. Karin Jensen (sic) say
8 that she has no personal conflicts with Rocky
9 Flats. I don't understand what that means. On
10 her ORAU disclosure statement she lists Rocky
11 Flats as an employer. Board member Mike Gibson
12 asked for an explanation, too, but I did not
13 understand Dr. Wade's explanation. Wouldn't
14 anyone who worked for or was assigned to Rocky
15 Flats have a personal conflict?

16 I checked the *Webster's New World Dictionary*
17 for the correct meaning of conflict of
18 interest, and this is what it states: A
19 conflict between one's obligation for the
20 public good and one's self-interest. In the
21 case of Karin Jensen (sic) and Roger Falk,
22 being ex-employees of Rocky Flats but also the
23 authors of the neutron dose reconstruction and
24 the SEC evaluation report, both Karin and Roger
25 now work for NIOSH giving professional

1 testimony against the very people they once
2 worked with at Rocky Flats. Now that's a
3 conflict of interest.
4 How can the NDRP be used against the Rocky
5 Flats employees, as you can't just white out
6 Roger Falk's name and write in somebody else's
7 when Roger is listed as the author of the NDRP.
8 No matter how you look at it, the NDRP is a
9 conflict of interest and can't be used. The
10 same goes for the SEC evaluation report that
11 Karin wrote. It seems like conflict of
12 interest means nothing to NIOSH/ORAU as it was
13 just reported that NIOSH revised the
14 occupational internal dose for Rocky Flats on
15 February 1st of this year. The author of this
16 TBD is Roger Falk as site expert, with
17 NIOSH/ORAU team approving it. Not only is
18 Roger Falk a major conflict of interest, but so
19 is Nancy Daugherty* as Roger used her research.
20 Conflict of interest abounds in the Rocky Flats
21 petition just with all the people who work for
22 NIOSH/ORAU. Not only do you have Karin Jensen
23 (sic) and Roger Falk, you also have Joe
24 Aldrich* and Nancy Daugherty, who I personally
25 knew when she worked at Rocky Flats. Conflict

1 of interest do abound in the Rocky Flats
2 petition, and nothing seems to be done about
3 it. It amazes me that the NDRP and the SEC
4 evaluation report are considered valid, along
5 with the occupational internal dose. If SC&A
6 submitted documents with similar conflicts,
7 would they be accepted? For some reason I
8 think not.

9 How many more conflict of interest do the Rocky
10 Flats claimants have to accept? Conflict of
11 interest, whether person or otherwise, is still
12 conflict of interest and can't be used. This
13 alone should guarantee the Rocky Flats
14 petition.

15 I'm also very concerned about what Mr. Falk --
16 excuse me, Mr. Funk said last night, that Dr.
17 Poston's family members are or were part of the
18 ORAU team doing dose reconstructions. I'm not
19 sure if that is illegal, but it definitely
20 raises concerns in my mind about the ethics and
21 why he's even on the Advisory Board with his
22 family's conflict of interest that affects him.
23 Secondly I'd like to talk about the NDRP and
24 what I found in the NDRP report. The NDRP is
25 not only a conflict of interest, it is not

1 accurate for 1970. Though some of these
2 records are not complete or not present for
3 1970, now isn't that the definition of the SEC
4 petition? Under 2.0, Obligation and
5 Limitations, it states: Except for the
6 application of the NDRP ratios as described in
7 Section 4.1.6, the methods described in this
8 (unintelligible) -- in this TIB apply only to
9 workers at Rocky Flats -- Flats plutonium
10 facility during the period from 1952 to 1970.
11 There are three important caveats (sic) on
12 limitation. The first one: The final NDRP
13 neutron dose for 1970 may not be accurate.
14 Recorded dosimeter status was not always
15 complete.
16 Second item: The gamma dose information for
17 1970 may not be present.
18 Third item: The information on gamma dose was
19 collected only when applicable to the NDRP
20 effort.
21 If the original NDRP lists these caveats (sic),
22 how can NIOSH assume they can use this for dose
23 reconstruction?
24 I must remind you again that in my late
25 husband's case I have, in the NDRP, values for

1 neutron dose a full two years before he ever
2 started working at Rocky Flats. How can this
3 be data reliability and an accurate NDRP. That
4 doesn't include the fact that the NDRP's a
5 major conflict of interest.

6 The third item I'd like to briefly discuss is
7 the site profile. Frequently I hear in the
8 discussions that this is a -- not a site
9 profile issue and not an SEC issue, as well. I
10 disagree that these should be separated. Dose
11 reconstruction is based upon the site profile.
12 If the site profile has errors, and it does,
13 then any dose cannot be reconstructed with any
14 sense of accuracy. NIOSH has already claimed
15 that the site profiles need to be updated every
16 two years. If that is the case, then every
17 dose reconstruction they do would be incorrect,
18 and so on and so on, for every update they do.
19 For an example, just look at all the claims
20 that have been processed on the Rocky Flats
21 site profile before the site profile was even
22 audited and the necessary changes made. Will
23 all of these claims be reopened and corrected
24 to reflect the corrections made to the site
25 profile? This will be -- need to be done at

1 all plants and not just Rocky Flats.
2 The last item I'd like to discuss is something
3 that came up at the January 26th working group
4 meeting. There was a discussion during this
5 meeting about Plants A, B and C. I think
6 everyone agrees that Plant A, or Building 444,
7 was the uranium foundry and that Plant C was
8 plutonium production. I didn't hear any
9 reference to the small foundry in Plant B,
10 Building 881. A quick call was made to a site
11 expert and he said there was a foundry in
12 Building 881. That data was decommissioned
13 prior to 1964. I did a quick Google search and
14 found on a DOE web site the historical American
15 engineering record which mentions that a
16 foundry was in Building 881 from 1953 to
17 approximately 1964. How is it possible that
18 NIOSH is not aware of this? I got the
19 impression that NIOSH is only considering
20 Building 444 as the foundry. Here lies another
21 site profile error and also a dose
22 reconstruction error as well.
23 Dr. Ziemer, I urge you and the other Board
24 members to seriously consider all these issues
25 I have raised this evening before deciding on

1 the Rocky Flats petition. Conflicts of
2 interest alone are serious enough to show
3 NIOSH's inability to reconstruct dose on the
4 Rocky Flats claims.

5 Thank you for allowing me this time.

6 **DR. ZIEMER:** Thank you very much, Kay. I do
7 want to assure you that these issues will be
8 looked at. Mark Griffon is here making some
9 notes next to me. As you know, Mark is our
10 Board person that's heading up that site
11 profile -- or that working group.

12 Also I did want to mention that in cases where
13 the site profiles are revised and amended, any
14 such amendments that do affect how dose
15 reconstructions are done, it is in fact NIOSH's
16 policy to go back and review any previously-
17 denied claims to determine whether or not the
18 updates or changes would affect or change the
19 compensation decision. So that in fact is done
20 across the board when such changes are made.

21 I'm looking to Larry Elliott to make sure I've
22 stated that correctly and he is nodding his
23 head that that is the case, that they do in
24 fact review any cases that had been denied
25 under a previous version of a site profile.

1 With respect to conflict of interest issues,
2 I'll simply suggest that NIOSH again examine
3 the issue of those names that have been
4 mentioned, recognizing that there is an
5 allowance in the process that allows
6 individuals who have worked on a site to be
7 called on as site experts, just as we call on
8 workers who have been on the site to provide
9 input. But there are some specific
10 requirements as to what they can and can't do,
11 so we'll simply ask that NIOSH and our working
12 group again look at those individuals you have
13 named to make sure that they meet those
14 requirements.

15 And the other comments, I think Mark has made
16 some notes here and will make sure that we
17 follow up on that. Thank you very much.
18 Terrie -- Terrie Barrie?

19 **MS. BARRIE:** Yes.

20 **MR. GIBSON:** Dr. Ziemer?

21 **DR. ZIEMER:** Yes, Mike, you have a follow-up
22 comment?

23 **MR. GIBSON:** Yes, if I could, please.

24 **DR. ZIEMER:** Sure.

25 **MR. GIBSON:** I have raised these questions in

1 the past several times, and I've still not got
2 an answer. The people who put together the
3 site profile as site experts, so-called, I've
4 asked repeatedly how many working people, not
5 necessarily union, just working people who did
6 not have management authority, were used as
7 site profile experts. And I would like to know
8 the answer to that question.

9 **DR. ZIEMER:** Okay, I don't know the answer to
10 that, Mike, specifically on Rocky, and maybe we
11 can get that information, but --

12 **MR. GIBSON:** But --

13 **DR. ZIEMER:** -- certainly --

14 **MR. GIBSON:** And for -- for all sites.

15 **DR. ZIEMER:** For all sites.

16 **MR. FUNK:** Dr. Zimmer (sic)?

17 **DR. ZIEMER:** Yes.

18 **MR. FUNK:** This is John Funk from Nevada Test
19 Site. I'd like to pass this on to Mike. In
20 our case, Mike, the whole site profile was
21 taken from a single individual, Mr. Ray Brady,
22 who was a health physicist, and a couple of
23 other people and it passed through three or
24 four hands. By the time it got highly
25 editorialized and in fact it's -- it's so

1 distorted and so misinformed, I don't even know
2 how we've even went as far as we've went. So
3 if the rest of the sites are like ours, they're
4 not -- in fact they came to building trades in
5 Las Vegas and they interviewed them and none of
6 the people in building trades got any
7 experienced personnel from the site. They went
8 to two carpenters, which one was the southwest
9 regional manager and the other one was his
10 assistant, and the regional manager had never
11 been on the test site and his assistant had
12 been an apprentice under me, and he volunteered
13 that he didn't feel that he was qualified
14 enough and he might have been 'cause he was
15 just a welder. But they made no attempt to
16 contact me and they no -- made no attempt and -
17 - although I have managed to put to-- a dozen
18 people together right now. I'm putting my own
19 site profile together. I'm going to submit one
20 with an SEC application with one of my own
21 experts, and people from the site who hold very
22 high positions. But that -- this is what
23 happened to you, it's happened to all of us and
24 it's just one person where they got all the
25 information from and NIOSH editorialized

1 anything we had completely out of existence.

2 Thank you.

3 **MR. GIBSON:** I'm sorry --

4 **DR. ZIEMER:** Thank you, John.

5 **MR. GIBSON:** -- who was that -- was that Phil?

6 **DR. ZIEMER:** I think that was John Funk. Was
7 it John Funk?

8 **MR. FUNK:** Yes, it was.

9 **DR. ZIEMER:** Yeah, John Funk, Mike.

10 **MR. GIBSON:** Okay. Thank you.

11 **DR. ZIEMER:** Thank you. Okay, let's hear from
12 Terrie Barrie now.

13 **MS. BARRIE:** Okay, Doctor.

14 Good evening, Dr. Ziemer and members of the
15 Board. This is Terrie Barrie, the Alliance of
16 Nuclear Worker Advocacy Group, and again I
17 thank you for the opportunity to speak tonight.

18 First I would like to publicly thank Richard
19 Miller for his years of dedication and

20 involvement with the sick nuclear workers.

21 Many of us will miss his insight and efforts to
22 correct the problems with the implementation of
23 EEOICPA. I wish him well in his new position.

24 I would also like to state my displeasure with
25 NIOSH for ignoring Mark Griffon's direction to

1 send the draft SC&A reports I requested on
2 January 9th. Mark Griffon and Dr. Wade assured
3 me that as soon as they were reviewed for
4 Privacy Act issues they would be forwarded to
5 me. The data completeness report was posted to
6 NIOSH's web site on February 6th and -- but I
7 had yet to receive the safety concerns draft
8 report. Both of these reports I believe were
9 submitted to NIOSH in December and I would
10 think that there has been ample time to remove
11 any personal information by now. And I also
12 sincerely hope that all the Board members take
13 time to read these draft reports.
14 Now I would like to offer some observations
15 that I have from listening to the Board working
16 group meetings. NIOSH stated that they
17 interviewed the Rocky Flats site experts on
18 badge destruction. NIOSH's Rocky Flats site
19 experts asserted that investigations into badge
20 destructions were in fact done. SC&A requested
21 proof. NIOSH did not offer proof, only the
22 word of the experts. SC&A could only find one
23 instance of badge destruction investigation in
24 their review of the logbooks that would
25 corroborate (sic) the -- NIOSH's assertion.

1 And I must remind you, as Kay has already, that
2 there is a major conflict with Roger Falk as a
3 site expert. Not only was he responsible for
4 the health physics department at Rocky Flats,
5 but he testified against my husband in his
6 workers compensation claim. If the Board
7 accepts NIOSH's site expert testimony as being
8 the truth, then the Board must accept the
9 petitioners' site experts' affidavits, or
10 SC&A's site experts' testimony, as the truth.
11 Conversely, the Board must ignore NIOSH's site
12 expert's testimony if there is no documentation
13 to back it up, just as the Board demands
14 documentation to prove the petitioners'
15 assertions.

16 NIOSH revealed that they are using the coworker
17 model more frequently because it is easier.
18 Easier does not mean it's accurate. Using
19 coworker model because of its ease here is a
20 gross injustice to the claimants. The Board
21 has not signed off on the coworker model as
22 being scientifically valid, as required by law.
23 By using coworker models NIOSH is ignoring the
24 information supplied by the claimants in the
25 initial interview.

1 In Mr. Jack Wedding's* dose reconstruction, and
2 I do have his permission to use his name, NIOSH
3 ignored his oral history. Mr. Wedding was
4 scrubbed down four times after the '69 fire
5 before he was decontaminated enough to be
6 placed in an ambulance to be taken to the
7 hospital -- to the hospital to be further
8 decontaminated. Mr. We-- (broken transmission)
9 of his Rocky Flats medical records in his file,
10 and that should have included this incident.
11 SC&A stated they could not find conclusive
12 evidence that there is a systemic problem with
13 raw records versus the HIS-20 database, but
14 they did find circumstantial evidence. The law
15 nor the final rule require that a preponderance
16 of evidence standard needs to be met. There is
17 ample documentation showing that there are gaps
18 in records. In SC&A's review they chose to
19 examine only files that had a full year of
20 missing data. I am sure that the percentages
21 of files with gaps would go up if the report
22 included workers' files that were missing any
23 dosimetry. My husband's file, for example, is
24 missing some dosimetry information -- not a
25 full year, mind you, but a quarter for this

1 year or six months for that year.

2 It was widely reported that records from the
3 Fernald plant was -- were buried as toxic
4 waste. It happened at the Rocky Flats plant,
5 too. A report prepared by History Associates,
6 Incorporated for DOE dated August of 1995 shows
7 a list of documents they requested but were
8 reported missing or permanently withdrawn. The
9 Rocky Flats newspaper titled *Envision* dated
10 February 19th of 2004 reports on page seven
11 that, and I quote, More than 466 boxes of
12 unneeded documents were destroyed, end quote.
13 Considering that DOE kept records from 1967
14 that addressed vacation leave for certain
15 employees, I wonder if these documents were
16 really unneeded.

17 A working draft report titled "Managing Data
18 for Long-term Stewards -- Stewardship" was
19 prepared by ICF Kaiser Consulting Group in
20 March of 1998 for DOE. They used Rocky Flats
21 as a focus site. It states in Chapter 4 that,
22 and I quote, Paper records may be fragile.
23 Many old records are preserved with carbon
24 copies. These have proven difficult or
25 impossible to scan electronically. Also paper

1 come read that into the record.

2 **MS. CHANG:** (Reading) I want to thank Chairman
3 Ziemer and members of the Advisory Board on
4 Radiation and Worker Health for the opportunity
5 to submit testimony about issues relating to
6 the review of the Hanford site profile and the
7 Hanford Special Exposure Cohort petition that
8 was recently qualified. In addition, I want to
9 thank Dr. Melius and the Hanford working group
10 for their support to organize issue-specific
11 discussions between NIOSH and SC&A and keeping
12 the process moving toward a resolution. Too
13 many workers at Hanford have waited years for
14 help, and they deserve a comprehensive review
15 without further delays.

16 One of the Hanford working group's primary
17 goals is to provide clarity on some of the
18 difficult issues in question between the NIOSH
19 Hanford site profile and findings from the SC&A
20 review of the Hanford site profile, both of
21 which entail a great deal of complexity and a
22 considerable amount of technical information.
23 For example, the issue of neutron-to-photon
24 ratio methodology for dose reconstruction is a
25 concern that needs careful examination by the

1 working group. The potential that reactor
2 workers at Hanford were exposed to chronic
3 levels of unmonitored neutrons is an issue that
4 NIOSH should explore further and not dismiss.
5 I also want to take a brief moment to comment
6 on the Hanford Special Exposure Cohort petition
7 that NIOSH recently qualified, which would
8 cover all employees at Hanford from January 1,
9 1942 through December 31st, 1990. This
10 petition is a resource providing critical
11 information so that we may better understand
12 the full extent of workers' exposure to toxins.
13 I am concerned that without carefully examining
14 this petition we might wrongly deny worker's
15 compensation to thousands of deserving Hanford
16 employees who have already waited too long. I
17 have full confidence that NIOSH will give the
18 petition a fair and thorough review.
19 I have enjoyed working with the Board to move
20 the Hanford review process forward. It is my
21 hope that the Board ultimately resolves some of
22 the worker compensation issues that have long
23 plagued many workers and their families for
24 years at Hanford. In particular, workers at
25 Hanford deserve a Special Exposure Cohort

1 designation.

2 America's nuclear workforce has a rich
3 tradition of hard work and tremendous sacrifice
4 that has kept our country secure. There is no
5 room for compromise when it comes to workers'
6 safety or health. Time is of the essence, and
7 those workers who have become significantly
8 exposed to unmeasured neutrons deserve quick
9 action, and we have a responsibility to step up
10 and deliver it.

11 Thank you again for allowing me to submit
12 testimony, and I look forward to working with
13 the Advisory Board on worker compensation
14 issues at Hanford.

15 **DR. ZIEMER:** Okay. Thank you very much. Next
16 we'll hear from John Ramsport (sic) and he
17 represents the Illinois nuclear workers.

18 **MR. RAMSPOTT:** Again would like to thank the
19 Board and other authorities are here at the
20 meeting tonight. My name is John Ramspott and
21 I do represent workers at General Steel
22 Industries in Granite City, Illinois.

23 Appreciate -- and also wanted to thank you for
24 the courtesy shown us last night during public
25 comment section where myself, Dr. McKeel and

1 Vincent Kutemperer had an opportunity to try to
2 share some information on activation with a
3 Betatron device.

4 And tonight I'd like to share a little
5 information, if I may. So far at General Steel
6 Industries there have been four dose
7 reconstructions and absolutely -- 'cause we do
8 have copies of them, they've been redacted or
9 the individuals are dead -- there is no
10 Betatron mentioned. It definitely was not
11 taken into consideration and it should have
12 been. And the reason for that is -- it's real
13 simple -- the uranium that went there was to
14 clearly be inspected with a Betatron. That's
15 why the uranium went over there. I don't know
16 how it was missed the first time. Chest X-rays
17 seem to be pretty common. They're X-ray
18 devices. This is an accelerator. I think
19 someone just missed the boat.

20 I think it needs to be considered now. I also
21 believe these four individual cases, which have
22 all -- actually one said it was paid, but then
23 we found out later it was paid because they
24 were at another site, but the other ones
25 definitely should be reopened, and we are going

1 to ask that that happen. And maybe a little
2 direction on the proper authorities to send
3 that request to would really be appreciated.
4 And again, the operation period was 1953
5 through 1966, and then after that period --
6 that is the recognized contract period for the
7 AEC uranium for Mallinckrodt -- we know the
8 device was used all the way through and until
9 the plant was closed in 1973. And again I
10 repeat, they really should have factored that
11 from day one.

12 Now to our knowledge -- and again, with
13 extensive research -- we really aren't sure if
14 they've ever used the Betatron device and it's
15 been factored in to any dose reconstructions at
16 any of the sites that are included in this
17 program. TIB-6000, which covers our site,
18 clearly states that all radiation should be
19 considered for dose reconstruction during the
20 contract period. All radiation it says. We
21 clarified that and everybody was pretty clear
22 on it.

23 Now we have looked for information to find a
24 Betatron or any other sites, and we did that
25 'cause that's a good way to start if we can

1 find their records and see how they're looked
2 at, it gave us an i-- it would give us an idea
3 of what to look for for our site. Well, there
4 was one site that had a Betatron. Actually
5 they had two sites, or two Betatrons equal to
6 the type, or very much like -- same brand as
7 the one General Steel had, and we think they're
8 really important and Mr. Elliott said we try to
9 help quite a bit and we do and in good
10 conscience I got to mention these tonight.
11 There were two of them at Los Alamos. They are
12 referenced in some documents. Actually the TBD
13 document actually mentions a 20-million-volt
14 Betatron and a 24-million-volt Betatron. But
15 sad to say, that seems to be where it stops.
16 And since that particular site is now being
17 considered I believe for an SEC, I don't think
18 it'd be fair if those people don't get their
19 opportunity to see if what we heard last night
20 about activation -- there's no reason it
21 wouldn't apply to them as well. So I'm going
22 to ask that we look at that if we could 'cause
23 the Betatrons are not quite as exotic or -- as
24 a lot of people think with our research, and I
25 do have the documents. We're going to provide

1 a complete package of everything I'm going to
2 discuss tonight to Larry Elliott, the Board --
3 just like we have done in the past. Everybody
4 should be able to use this information.
5 On a recent exploration we also find out the
6 information in this TBD -- we don't believe
7 it's correct. We believe it's really way off.
8 The TBD cited says that a Betatron puts out 25
9 R at three feet or one meter. I have a
10 published Allis Chalmers -- out of a service
11 bulletin document dated 1951, these are the
12 people that made the machine, and the specs are
13 for 22 million, that seems to be the standard
14 at that time, and I'll read exactly what it
15 says in the service manual at 22 million volts
16 the uncompensated X-ray output will be at least
17 100 Roentgen per minute at three feet from the
18 target at the center of the X-ray beam cone.
19 The published report says 25, so it's off
20 considerably. So if what we heard last night
21 about activation takes place, this machine
22 clearly should be considered and they have two
23 of these at Los Alamos -- or did have. They're
24 probably gone now. And the reason we know they
25 were at Los Alamos, we've now found the serial

1 numbers. And the serial numbers for these
2 particular machines -- 'cause this is to let
3 somebody else verify what I'm saying --
4 Betatron number one, the serial number is 1-
5 01005 -- I'm sorry, let me repeat this again
6 and get it straight -- 1-0100-15987, and Los
7 Alamos Betatron number two is 1-012020278.
8 Well, fortunately in the same service manual-
9 type bulletins, this -- I'd have bet a lot of
10 money we'd never find, or it would never have
11 found -- we now have the serial numbers for the
12 two that were General Steel. And the first one
13 at Eddystone, Pennsylvania, which in turn came
14 to Granite City Steel in 1963, was 1-0120-
15 22900. And the second one, which came to
16 Granite City originally, 1-0120-22685. And
17 having been in the office equipment business a
18 long time and know a little bit about military
19 equipment from some friends that I've consulted
20 with, you don't want to lose anything that has
21 a serial number on it. So now we think these
22 should be able to be found, verified, and if
23 they do exactly what the General Steel Betatron
24 apparently does and all Betatrons of that size,
25 it's going to be important.

1 Well, this time went a little further and kind
2 of hit the gold mine. This is a list of 40
3 more. There are Betatrons all over the place.
4 I'm going to read some and they're going to
5 sound pretty familiar 'cause some of them are
6 actually being considered for SECs right now.
7 I'm going to start the way they have them
8 listed, Allis Chalmers Company -- and all these
9 companies, matter of fact, the ones I've
10 checked off here, they're all existing
11 radiation program sites that are on a published
12 list from the Department of Labor, but what I'd
13 like to do is get the latest list double-
14 checked 'cause I bet out of these 40 machines,
15 there may be some other sites 'cause there's a
16 ton of arsenals. Allis Chalmers, Pokitney
17 (sic) Arsenal; Birdsboro Corporation, which is
18 listed as Birdsboro Foundry; Armco Steel
19 Corporation; and of course General Steel
20 Castings Company; Los Alamos, referred on this
21 list and then clarified as University of
22 California; and the Naval Research Laboratory.
23 They all had Betatrons and it's including some
24 AWE sites and DOE sites with SECs in motion, so
25 I feel that we really need to have someone look

1 at this thoroughly. If these are SECs in
2 motion and we're missing these machines, we're
3 missing another radiation source that should
4 have been reviewed for these sites. And the
5 sad part is a lot of these people at these
6 sites have already had dose reconstructions
7 done. If they missed it by a percent and they
8 happened to be in this area where this machine
9 is, I know we're going to ask the ones at
10 General Steel be looked at again and reviewed.
11 I would think that might apply to all those
12 people, too, and that's why we decided to kind
13 of go public on this. It's -- took a little
14 thought, but it's the fair right thing to do.
15 And like Larry said earlier today, we really
16 tried to help a lot of people, not just
17 ourselves or our sites.
18 And kind of in closing, one thing happened
19 today -- this might really be the mother lode
20 'cause gentleman walked up to me and he says
21 oh, yeah, by the way, we had one of those, too.
22 Now this one I haven't verified, but he says is
23 that one of those big things with a magnet on
24 it; is that one of those things? What'd you do
25 with yours over there? I said well, they

1 looked at, you know, metal castings or tank
2 turrets; said what did you do with yours? He
3 said we looked at uranium ingots. One of the
4 people from Fernald, Ray Beatty, who did a
5 fabulous presentation along with Sandra, who I
6 consider very credible and I have to do a
7 little more homework with him, I have his card,
8 he said he had a Betatron at his site, too.
9 And I know that's a fresh SEC site, so now we
10 got two DOE sites. I think there are three
11 SECs in motion maybe for the Naval Lab -- Naval
12 Research Lab, I saw that on Larry's list, and
13 of course Los Alamos and now Fernald.
14 Fernald's the only one I personally can't swear
15 to 'cause I have to do a little homework. The
16 guy described it to a T, said he looked at --
17 or they used it to inspect for flaws in uranium
18 ingots, and they're not on the list but I
19 understand why. We were told that some sites
20 were so secure that their own personnel were
21 actually trained to service them so they
22 wouldn't be on a list of normally serviced like
23 a General Steel, and the same thing happens
24 and, like I say, there are a ton of locations
25 here. Like Rock Island Arsenal, there's a lot

1 of places that we'll need to check out a little
2 further, but it seems to me like maybe the
3 Betatron ought to really, really be taken
4 seriously and looked at now 'cause it affects a
5 whole lot of other sites, and I think the way
6 the law's written, they really do have the
7 opportunity or should have the opportunity of
8 having these factored into their dose
9 reconstructions.

10 So I'm open for any questions or -- I certainly
11 appreciate your time, and again, the courtesy
12 we had last night and -- matter of fact, Larry
13 and I just chatted very briefly at the break.
14 I told him I had some new information coming
15 and we're definitely going to provide him with
16 it, give it to anybody that can use it 'cause I
17 think this is really important. So thank you
18 very much for your time. Any questions?

19 **DR. ZIEMER:** Thank you, John. We appreciate
20 your input on this issue and continued
21 sleuthing on everybody's behalf. Thanks. Any
22 questions, Board members?

23 Okay, let's hear then from Dr. McKee -- McKeel,
24 Dan McKeel.

25 **DR. MCKEEL:** Well, I'm not going to talk about

1 GSI and I'm not going to talk about Dow. I'm
2 going to talk about philosophical big issues,
3 just things that sort of occurred to me as we
4 were all deliberating the past two days.
5 I guess the first issue that I want to follow
6 up on is what Terrie Barrie and Kay Barker just
7 mentioned about conflicts of interest, and I
8 know the Board and ORAU and NIOSH have been
9 dealing with this very actively so I -- I
10 really don't have any big major insights to
11 provide.
12 However, I would like to point out that
13 conflict of interest -- you know, there are
14 social aspects, there are ethical aspects, but
15 in a sense when you're dealing with this kind
16 of a federal Act, it really becomes a legal
17 issue. And I want to couple that thought with
18 the idea that it -- it seems to me, I'm -- I'm
19 not aware of all the background that's behind
20 this, but it certainly seems to me recently
21 that Privacy Act concerns have loomed large in
22 the deliberations of this body, and I sense
23 that there is a -- something's happened down at
24 CDC and in that arena that has -- has led to
25 this. It may be government-wide, I'm not sure.

1 But it occurs to me -- a couple of things. One
2 is, Privacy Act concerns are not new. The law
3 was formulated in 1974. There are several
4 physicians on this Board and certainly in my 31
5 years as a professor at Washington U. medical
6 school, medical concerns were a big -- a big
7 issue for us in protecting private medical
8 information of people and I -- I know the
9 upheaval that was caused when the provisions of
10 the HIPAA law started being applied in -- in
11 the medical arena. So this -- this is a timely
12 issue and I -- I know there are a lot of
13 concerns.

14 I mentioned to y'all yesterday that -- that I
15 have a specific concern about Privacy Act
16 issues, and that goes to the fact that I
17 believe that redacting in our affidavits for
18 the Dow site has actually led to -- I'm -- I'm
19 pleased that they're now posted on the web
20 site, but I think it leads to a serious
21 diminution (sic) of the information we wanted
22 to convey and that you all need to know when
23 you read those documents and consider them.
24 And I just want to mention this, that -- you
25 know, I tried and our group has tried to

1 initiate a dialogue to the people that we think
2 are the people who we really should dialogue
3 about this with, and that's the legal officers
4 at OCAS and NIOSH and CDC, and I -- I name all
5 those because e-- even the machinations of that
6 big agency and sub-agencies within a big agency
7 are rather difficult to define, and I am dimly
8 aware of at least three different legal offices
9 and several FOIA offices within OCAS, NIOSH and
10 CDC. And I guess what I want to speak to y'all
11 as a petitioner, an SEC petitioner, is that it
12 certainly would be useful if somebody would get
13 together within those agencies and publish
14 maybe a little white paper or some guidance to
15 the rest of us who need access to those people.
16 I mentioned last night that we've really been
17 blocked from direct access from talking to the
18 -- the legal affairs officers. And I think
19 this is -- you know, you apply the Privacy Act
20 essentially is a legal issue. And we have
21 expert people in the legal profession with
22 tremendous expertise in that area, and they
23 want to talk to somebody that we can talk on
24 the same level and get this straightened out
25 because we have a goal, you all have

1 constraints, and we need to get it straightened
2 out. And I -- I -- we need some facilitation
3 to find a path forward.

4 That brings me to a not exactly connected idea,
5 but it is somewhat connected, and that is --
6 we're talking about affidavits. The issue was
7 raised earlier today how much weight does the
8 Board, NIOSH, the agencies, how much weight is
9 paid to testimony from workers. And the issue
10 is, who are the real site experts? Are they
11 the people who are -- own TBDs and site
12 profiles? Maybe. But if you think about it --
13 for instance, in the Dow situation, we have
14 affidavits now -- 66 affidavits which
15 encompasses, as I tried to show you today, you
16 know, hundreds of man-years of expertise that
17 can't be gained any other way than actually
18 working at the department. And I'm aware of
19 some, not all, of the early debates that went
20 on in this program about -- particularly at the
21 level of NIOSH -- of when would it be desirable
22 -- most desirable to get worker input into the
23 process. And as I understand the -- the
24 reasoning, there was a debate. One side said
25 well, it would be much better to get worker

1 input early in the process of creating a site
2 profile so that the site profile could be truly
3 informed by people who actually worked there,
4 who -- who really didn't have a conflict of
5 interest with anybody. Now when you get up to
6 the management levels, people who made policy
7 decisions, people who could say were the film
8 badge data -- should they be conveyed to the
9 workers, yes or no, that's a whole different
10 story. But I'm talking about the people who
11 actually ran the presses and rolled the mills
12 and did the extrusions. It seems to me that
13 they're not conflicted. But as I understand
14 it, the decision was made by NIOSH to -- and --
15 and Department of Labor, who shares that task -
16 - that it would be better to wait until after
17 the site profiles are created and then solicit
18 worker input. And it seems to me, with all due
19 respect -- I know there are two sides to every
20 issue -- but that was a very bad decision
21 because we have heard time and time and time
22 again that there has been extra work created
23 for the workgroups and for everybody to
24 basically fix flawed documents where a -- a
25 session probably lasting -- or several sessions

1 lasting four to eight hours with the workers,
2 as we've done, would have clarified many of
3 those issues and really resulted in far, far
4 better, more accurate, more believable, more
5 credible, better accepted site profiles. So
6 you know, it's never too late to change and I
7 would strongly urge there be a debate about
8 this.

9 And along with that debate, I'd just like to
10 say that I -- I was privileged, I think, to be
11 able to participate a little bit in the
12 Blockson outreach meeting we just had in
13 Joliet. And you know, we had a dialogue about
14 the best way to go about that. What was very
15 successful at Dow and GSI was to select topics
16 and let the workers comment on those topics
17 rather than just have a freeform presentation
18 by the workers of what was at the top of their
19 minds right at that moment.

20 So I'm -- I'm not -- I'm not saying there's a
21 right way or a wrong way, but this is something
22 -- I think how you actually conduct a worker
23 outreach, how you solicit site expert testimony
24 from workers who are trying to remember things
25 that happened ten to 50 years ago, that's a --

1 that's an area that needs a little more
2 attention. And you know, I think we ought to
3 initiate such a -- such a -- a process. And
4 then along with that would be where is it most
5 desirable to have that worker -- at what time,
6 what is the timing that we ought to get that
7 worker input into the process.

8 And then finally, I think everybody needs to
9 look inside themselves and come up with a -- a
10 -- a really clear idea of how much weight
11 you're going to attach to various site experts.
12 And I don't know, as a professor at a -- at a
13 medical school, I -- I guess -- one side of me
14 says well, you know, kind of the benign
15 dictatorship idea of things, that the professor
16 knows everything; the students don't know
17 anything. But having done that for 30 years, I
18 have really a different perspective on that and
19 that is we definitely all learn from each
20 other. And I really feel that I learn far more
21 from my students that I -- than I ever taught
22 any individual. And collectively, you know, I
23 was the benefactor of the educational process,
24 not them.

25 I'm sure I imparted a few things that a few

1 people remember, but collectively, they made me
2 a much wiser person. So I've gone through that
3 same experience in this program, which is a
4 little bit new to me, but I've read documents
5 by people who were chosen because they had had
6 no previous experience at the site, and then
7 they read existing documents, basically, and
8 wrote a site profile. So I've seen how that
9 worked out at, you know, Mallinckrodt downtown
10 and Weldon Spring, which I knew really quite a
11 lot about, and -- and -- and so forth at
12 various places. And it's really my considered
13 opinion that -- that the worker input is at the
14 wrong end of the process and that we -- we
15 should revisit that. So that -- that's enough
16 of that little sermonette. That's just sharing
17 the way I feel as a former professor and so
18 forth.

19 The second thing and the last thing I want to
20 talk to you all about, I -- I guess I would put
21 is the general idea of data capture and data
22 management. And it seems to me the more I'm
23 hearing of these processes that that af-- that
24 -- those two processes could use a lot more
25 focused attention. They seem sort of mundane,

1 but I certainly ran into this in the medical
2 school doing large-scale longitudinal studies
3 of Alzheimer patients that actually that sort
4 of methodology, data management I would call
5 it, and collecting data are absolutely
6 essential. And I -- my considered judgment
7 after all this time of being involved with this
8 program is that too little attention was paid
9 to data capture efforts at the front end and --
10 and actually they're just done in a very
11 inefficient, very kind of dis-coordinated way.
12 And that even now, you know, when I read about
13 these regular data capture efforts and that for
14 particular sites, you know, 44 boxes this time
15 and 16 more this time and 12 this time, if you
16 really think about it, you know, you've got 316
17 sites and it's very clear from the research
18 John and I have done that basically he and I
19 have done all the research for our two sites,
20 except during the periods of the cleanup.
21 Now the Department of Energy came in and looked
22 at General Steel for a week, and the Army Corps
23 of Engineer (sic) came in, Oak Ridge National
24 Laboratory made some measurements, but
25 collectively the federal agencies looked at Dow

1 for probably three weeks. That's all. At
2 neither -- during neither of those experiences
3 was there any interaction with the workers, so
4 tho-- those documents are -- are basically
5 uninformed about what actually went on in those
6 buildings, in -- in my opinion.

7 So I have a couple of recommendations just for
8 your consideration. One is, I think everybody
9 ought to get together and say look, rather than
10 collecting this data so sporadically, maybe a
11 lot of effort and -- and actually some more
12 money should be channeled into a major data
13 capture effort for all of the sites and that,
14 you know, there ought to be benchmarks for
15 that. I mean somebody could define -- we have
16 100 percent of the documents to collect, and so
17 the first benchmark would -- at this point, six
18 years into the program, have we got ten percent
19 of that data collected and captured and scanned
20 and on the shareable O drive, or have we got 50
21 percent or have we got 90 percent. And if you
22 did that sort of analysis and you came up with
23 a conclusion that maybe you had 20 percent,
24 then I would say, you know, you'd be -- time
25 would be well spent to divert attention from

1 some of the other things to getting data
2 captured. And -- and you know, I -- I ran into
3 this at -- in the Mallinckrodt SEC and now I'm
4 running again into it in the Dow SEC where
5 documents suddenly appear. And I think part of
6 the reason is because they weren't looked for
7 systematically, so somewhere in this big
8 universe are all the documents we need for Dow.
9 And -- and, you know, it should be thought of
10 in that way, by site. Let's get all the
11 information about these -- this site. I
12 understand it's a major effort.

13 So -- and then just the final thing is, Mark
14 Griffon's group with Rocky Flats I know have
15 been dealing with major issues which really
16 come down to data management issues. How do
17 you cross-walk between two databases,
18 relational databases, some are I'm sure old
19 legacy flat file databases, but there is a
20 wealth of information technology expertise out
21 there that could actually help with that. I'm
22 sure there is within the agencies. But it
23 seems to me that that would be the sort of
24 thing, as well. For example, as a practical,
25 real world thing, we wanted to get people to

1 the Blockson worker outreach meeting, not just
2 as a general meeting but because we needed
3 specifically -- you all needed -- more data
4 about what happened in Building 55 and Building
5 40 and the work flow from the phosphate rock to
6 the extracted uranium. Well, it turned out
7 that NIOSH had the names of 21 people that they
8 (unintelligible) invited. And then we asked
9 the question well, is that all the workers who
10 are living that we could invite to this
11 meeting? Well, it turned out -- and so we
12 initiated a process of asking DOL how many
13 could they come up with. Well, interestingly,
14 they turned up with 39 more names. And then we
15 said okay, that's great, so now we have 70
16 people that we could invite. So could NIOSH
17 send their 21 names to Department of Labor and
18 so the Department of Labor would know who they
19 were and they could send out -- DOL could send
20 out invitations to the other 39. Well,
21 apparently there's a big problem with that
22 happening. Either it's a problem between
23 sharing the names -- we also said the other
24 way; can NIOSH look at the DOL database and
25 pick out those -- you know, mark or flag those

1 21 names and then just send out invitations to
2 the other 39. I was told that that -- that
3 wasn't possible.

4 And I guess I'm going to end on saying that
5 that reminds me of exactly what we've heard on
6 the national level with two big events. The
7 9/11 disaster taught us that in the same little
8 city, the same little municipality, that the
9 fire department and the police department
10 cannot talk to each other. They can't listen
11 to each other on the radio because their
12 systems are not compatible. And there was a
13 lot of talk about getting that all straightened
14 out, and I gather there's been some movement on
15 that, but perhaps not enough.

16 The other time when we heard this is when we've
17 had these massive reorganizations of the
18 intelligence community and we learn that, you
19 know, the FBI and the CIA may have a problem
20 communicating person-to-person, but their
21 databases also have a problem. So it's just a
22 -- a way of saying that I think these are two
23 sort of fundamental infrastructure issues, data
24 capture and data management, that it would
25 really be -- behoove everybody to put some more

1 She's here yet, okay.

2 **MS. JERISON:** Thank you for letting me speak.
3 This is not something I normally do, so just
4 bear with me a little bit.

5 I've run across several questions that NIOSH
6 hasn't been able to answer and would like to
7 bring them to the attention of the Board. I'll
8 address them using my father's claim, since
9 that's what I'm best acquainted with, but I
10 think they have implications for other
11 claimants as well. I know that NIOSH is
12 probably tired of hearing from me and I
13 apologize, but I really feel like some of these
14 things need to be addressed.

15 My father, James Good, worked at Mound
16 Laboratory from 1949 to 1957. He died in 1960
17 when I was ten, the eldest of four children.
18 His death certificate says he died of Hodgkin's
19 Disease. For many id-- year-- years I didn't
20 even have any idea what he did at work. I just
21 knew he was a physicist.

22 In 2002 my mother applied for EEOICPA and I
23 started helping her with the claim in 2005.
24 We're currently on our third draft dose
25 reconstruction. All three have been

1 overestimates. The first one gave my father 44
2 rem, and when I ran the IREP the probability of
3 causation came out to be about 18 percent. I
4 submitted some additional information and NIOSH
5 also revised the way they were dosing the
6 lymphatic system, so the second dose
7 reconstruction came out to 126 rem with a
8 probability of causation of 44.7 percent. I
9 submitted additional information and dose
10 reconstruction number three came out to 159 rem
11 with a probability of causation of 38 percent.
12 So all three of these were overestimates and I
13 still -- well, I still don't think that all the
14 radioactive exposure's been considered, but I
15 don't have a scientific background so I can't
16 follow all the ins and outs of how dose
17 reconstruction is calculated. But I can think
18 logically, and it makes no sense to me that as
19 the rem goes up, the probability of causation
20 goes down, and this is something NIOSH hasn't
21 really been able to explain to me.
22 My mother and I also know that there are
23 monitoring records that are missing from my
24 father. NIOSH disagrees with this and feels
25 that the records are complete. There's a

1 period of several years that he had a few --
2 the he had few bioassay or dosimeter readings.
3 NIOSH says this is because he was no longer
4 working with radioactive materials. But that
5 makes no sense as he was a research physicist.
6 He had five -- or he had six months worth of
7 dosimeter readings in 1954, six months in 1955
8 and none at all in 1956, which results in him
9 getting no missed dose for that year in the
10 dose reconstruction. Except for polonium, his
11 bioassay records are sketchy. He had seven
12 thorium results in 1956, although the papers he
13 wrote on thorium were mainly written in 1955,
14 so these records are either missing or he
15 wasn't monitored. He had one result for
16 protoactinium (sic) within the time frame of
17 the dose reconstruction.

18 So what was -- what was he working on? I found
19 papers that he'd written that document some of
20 the -- what he was doing, and I'm also waiting
21 for a couple Freedom of Information requests.
22 Research papers show that he was working on
23 bismuth, uranium, bazillion monozite (sic),
24 cobalt-60, rare earth elements, polonium and
25 polonium metal compounds, lanthanum -- which

1 was used as a preliminary for actinium work,
2 and a literature search for the preparation and
3 usage of zirconium/tritium targets. I found no
4 papers he wrote yet that show he worked on --
5 with actinium or tritium, but Mound worked on a
6 need-to-know basis. And although people often
7 worked in teams, they didn't seem to look at --
8 look things up for other researchers, so it
9 seems likely that the work he did was in
10 preparation for later work with actinium and
11 tritium, but no documentation survived.
12 NIOSH has told me a number of times it really
13 doesn't matter if he worked with other
14 radionuclides that aren't in his dose
15 reconstruction because their overestimate of
16 polonium exposure would cover these. This may
17 or may not be true. I -- I can't tell, but it
18 doesn't seem like good science to approach it
19 that way.

20 My mother clearly remembers an incident in 1950
21 when my father was sent home from work and
22 remained off for several days. His dosimeter
23 records indicate that he did -- didn't work in
24 his lab for 11 days following the incident.
25 His supervisor, George Pish*, called my mother

1 to warn her he was coming home early because of
2 an exposure and he might be upset. When he was
3 home -- while he was home he drove urine and
4 fecal samples to Mound every day and was sent
5 home, presumably because the samples were too
6 hot to allow his return. Interestingly enough,
7 I found a document, MLM-177, that outlines
8 Mound's policy on exposure for this time
9 period. It states that a worker who has a
10 count higher than 12 C. per minute per 50
11 milliliters is removed from his job or put to
12 work in an area where the possibility of
13 exposure is more remote, or he's barred from
14 the operating area altogether. It says nothing
15 of what would cause a person to be removed from
16 the site for several days.

17 There's no record of these samples. His
18 polonium bioassay results for the day of the
19 incident was zero. There was no surviving
20 radium results. We don't even know at this
21 point what they were testing for. The incident
22 report discusses how a fire started in the
23 glovebox he was working in as he was heating a
24 vial containing polonium with a torch. An
25 explosion caused the gauntlets and rings to be

1 blown off and caught a piece of paper on fire.
2 My father smothered the fire with a smock. The
3 incident report says his next move was to
4 replace the gauntlets, thereby preventing
5 conta-- further contamination of the lab. Then
6 he checked and found his hands and pants were
7 hot. During the rest of the cleanup, a vial of
8 radium was spilled in another hood and he was
9 exposed to this as well.

10 NIOSH has given him credit for the radium
11 exposure, but not for the polonium exposure
12 because they say the polonium didn't spill.
13 There was an explosion in the glovebox. His
14 hands and pants tested hot. He prevented
15 further contamination. NIOSH says the incident
16 report is incorrect and should have said to
17 prevent further potential contamination. I
18 don't see how they can determine this so long
19 after the fact.

20 In the first dose reconstruction he was given
21 no credit for this incident. The second dose
22 reconstruction gave him a little over one rem,
23 and the third one gave him 20 rem exposure for
24 the radium but none for the polonium.

25 One of the big issues that's being raised at

1 the site -- in the site profile review is
2 radon. When I looked at my dad's dose
3 reconstruction there was no mention of radon.
4 When I asked about this I was told that it
5 wouldn't be applicable because it would not add
6 dose to the cancer site. This seems odd
7 because the organ they used as a dose
8 equivalent -- for external radiation, at least
9 -- was the lungs.

10 And at Mound there were handwritten logbooks
11 for the different buildings that discuss
12 everyday occurrences, such as problems with the
13 ventilation system. I've found copies of
14 logbook excerpts from several buildings,
15 including the R building where my father
16 worked. I sent these to NIOSH to document
17 building-wide incidents that my father was
18 exposed to, and also to ask -- and also asked
19 that they be used for all applicable claimants
20 since they reference people by name. NIOSH
21 said that they couldn't use them for other
22 claimants because of a privacy issue, and they
23 added no dose to my father's claim as there
24 were no accidents mentioning him by name.
25 The Mound building site profile review

1 discusses how negative pressure would suck
2 radon into R and SW buildings, and this is
3 borne out by the logbooks. I don't know where
4 the originals of these are, but it would be
5 really good if we could find them.

6 We found Mound medical records where my father
7 had gone to the on-site doctor's office for
8 treatments of cuts and burns. One of these
9 reports that my father -- getting a piece of
10 hot steel in his eye. The first time I asked
11 NIOSH about this I was told that hot meant
12 temperature rather than radioactive, but the
13 word -- because the word hot was not in
14 quotation marks. I asked how they determined
15 this. NIOSH referred me to OTIB-0022, Guidance
16 on Wound Modeling for Internal Dose
17 Reconstruction. It's not specific enough to
18 answer my question. I asked NIOSH for the
19 written documentation or the basis that they
20 were making this determination on and they
21 declined to answer.

22 Next they told me that if it was radioactive it
23 wouldn't have added to the -- any dose to the
24 cancer site. This seems hard to believe as the
25 cancer site was the lymph nodes on the neck

1 below his eye.

2 When my mother has asked about overtime or how
3 the radiation from machines my father worked
4 with was accounted for, she was told that the
5 dosimeter bioassay testing would have picked up
6 all the radiation he was exposed to, no matter
7 how many hours a week he worked or what
8 machines he used. I know that not all the
9 materials were bioassayed for, especially in a
10 research lab, and I don't think all types of
11 radiation was monitored by dosimeters -- could
12 be monitored by the dosimeters, so I don't feel
13 comfortable with this explanation.

14 I also think there's a possibility that NIOSH
15 may be underestimating the neutron dose from
16 the early years at Mound. For about half a
17 year in 1950 my father's neutron dose was
18 reported in reps rather than rems. NIOSH
19 states that reps and rems are roughly
20 equivalent. The 1950 AEC publication, Control
21 of Radiation Hazards in the Atomic Energy
22 Program, states that neutrons and protons --
23 that for neutrons and protons one rep is
24 equivalent to ten rem. Maybe a ten-to-one
25 discrepancy isn't enough to be significant, but

1 I'd feel more comfortable if this were
2 examined.

3 NIOSH also states that there's no indication
4 that Mound subtracted any background radiation
5 from dosimeter readings from 1949 to 1957.

6 Well, equally, there's no indication that they
7 didn't. I would feel much more comfortable if
8 this was based on actual information rather
9 than guessing.

10 Thank you very much.

11 **DR. ZIEMER:** Thank you. Thank you, Deb, for
12 sharing that with us.

13 I inadvertently skipped over Sandra Baldrige.
14 Sandra's with us again this evening, and I
15 think we now have some material that -- is this
16 Sandra's material that was distributed? Yes.
17 Board members, you should have a packet.

18 **MS. BALDRIDGE:** That's actually a summary of
19 the documents in the petition, and I -- it's
20 helped me because if I've got an idea in my
21 head and I'm not sure where I read it, I can
22 reference my summary sheets. I thought it
23 would be beneficial for all of you.

24 But I would like to thank you for this
25 opportunity to speak again this evening -- I'll

1 adjust since I'm a little taller -- I will try
2 to make it brief.

3 I do really appreciate the patience that I have
4 seen not only with the Board members but also
5 the participants. I haven't seen any unusual
6 facial expressions or rolling of the eyes or
7 whatever -- impatience with presentations in
8 the past.

9 I do want to refer just to a couple items that
10 I think are kind of interesting. I have a lot
11 more highlighted but I've chosen to cut it
12 down. The summary primarily outlines
13 incidences or high exposures and a few other
14 interesting items. The reference letters and
15 numbers to the side were my originals. I
16 didn't have the time to do the comparison for
17 you. The first statement -- you can just
18 listen and you'll be able to find them later.
19 This is from a letter, 1951, it says: Cancer
20 is a specific industrial hazard of the atomic
21 energy business. This significant fact
22 justifies, in the opinion of the committee, the
23 continued exploitation of the commission's
24 special facilities for radiation and cancer
25 research, diagnosis and therapy. The committee

1 recommends the cancer program be vigorously
2 pursued as a humanitarian duty to the nation.
3 I have trouble with that.

4 **DR. ZIEMER:** Sandra, what -- what agency was
5 that from?

6 **MS. BALDRIDGE:** That's a letter --

7 **DR. ZIEMER:** I'm wondering if -- that -- that
8 sounds like a cancer research --

9 **MS. BALDRIDGE:** Advisory Committee for Biology
10 and Medicine. That was in a -- a
11 correspondence. It's listed as PE-560, a
12 letter to Dean from Goodpasture.

13 **DR. ZIEMER:** PE-560?

14 **MS. BALDRIDGE:** Yes.

15 **DR. ZIEMER:** Thank you.

16 **MS. BALDRIDGE:** Then identified under index
17 section six of PE-544a, talk-- talking about
18 the sludge furnace alterations for oxidation of
19 thorium residues in Plant 6. It says: There
20 have been 30 known fires in the past four years
21 of pyrophoric thorium residues. In one case
22 the fire burned through a concrete storage pad.
23 Some drums had been stored on soil. In
24 addition to known residues, there are 1,300
25 drums of unknown pyrophoric residues in

1 storage. The operator will manually place a
2 packed thorium charge of approximately 30
3 pounds in the cradle of a hoist.

4 And my question was, not knowing the process, I
5 don't know how he would lift -- pack and lift
6 unless he brought that into some kind of
7 proximity with his body.

8 Thorium residues will be dumped and mixed on a
9 four by eight-foot steel table. Suitable
10 shovels and hoes and rakes will be provided for
11 mixing. The storage area will be temporarily
12 enclosed by a six-foot cyclone fence to prevent
13 cross-contamination of thorium and uranium
14 materials.

15 And my comment is, what stops the wind? The
16 MAC which we have been using for thorium is
17 approximately 20 times that presently
18 recommended by the National Committee on
19 Radiation Protection.

20 PE-178g, talking about cleaning out the burnout
21 oxide conveyors in Plant 5. Up to a year ago
22 the operator had to position himself under the
23 inspection plate to remove it for access under
24 the oxide conveyor. This caused much of the
25 oxide to come down upon him. Breathing zone

1 samples results of this operation were found to
2 be 97,000 times MAC.
3 PE-371c, MACs of 608, with nothing in process
4 to improve the condition. MAC of 465, with
5 nothing in process to improve the conditions.
6 Then in section four, it's probably under the
7 addendum, in PE-397e, which was a health
8 protection review from 1964, it talks about
9 recycled materials from GE-HAPO -- HAPO -- are
10 being processed in several plant areas. They
11 contain impurities. They increase in alpha-
12 beta and/or gamma emitters.
13 Then it also -- under that, it says: Consider
14 neutron film. Detailed study of the neutron
15 generator is needed. Potential air
16 contamination from tritium.
17 My question is, since all these documents are
18 in NIOSH's possession, I was wondering if they
19 had checked workers' records for any of these
20 locations and dates to see if these exposures
21 have been confirmed in the records of dose.
22 And I thank you.
23 **DR. ZIEMER:** Thank you very much. That last
24 one on the neutron film sounds to me like it
25 could be a deuteron tritium accelerator. I'll

1 just throw that out, may be something we can
2 follow up on. If they're talking about -- or
3 that would be a tritium target, a deuteron
4 accelerated to a tritium target to give a
5 neutron -- I think, help me out, John Poston,
6 maybe a 14 MeV neutron.

7 He's shaking his head. Is that -- two of us
8 agree on something here, so it must be right,
9 but I hadn't we -- we had asked before about
10 the neutron issue and this may be partially an
11 answer to that.

12 Now does this come -- this comes out of that
13 site information --

14 **MS. BALDRIDGE:** Right.

15 **DR. ZIEMER:** Right. So I'm wondering if they
16 might have had a DT accelerator. Those are
17 often used as moisture gauges, actually. So --
18 okay, thank you very much, Sandra.

19 Now Andrew Evaskovich -- may not get your last
20 name quite right, Andrew, but it's close --
21 close enough for government work, right?

22 **MR. EVASKOVICH:** Well, as I've said before, you
23 can call me Evak, that's what everybody else
24 does.

25 **DR. ZIEMER:** Right.

1 **MR. EVASKOVICH:** My name is Andrew Evaskovich.
2 I'm with the --

3 **DR. ZIEMER:** Evaskovich.

4 **MR. EVASKOVICH:** -- from Los Alamos. I'm with
5 the Air National Guards Union of America, Local
6 Number 69 there. I just basically wanted to
7 touch on some issues concerning like data
8 capture. During the worker outreach meetings
9 we had a person from NNSA who -- I guess the
10 best word would be -- would be crashed our
11 meeting. This was arranged with NIOSH to come
12 talk with us and for us to present information
13 in order to improve the site profile, and she
14 showed up. I didn't know who she was. Other
15 members knew her because they knew her dad, so
16 they allowed her to attend. However, I think
17 once people found out she was with the NNSA it
18 cast a pall upon the meeting and therefore not
19 all the information was captured, and her name
20 was Philippa Greigo*, and I spoke to Libby
21 Hunt* about this earlier, but I wanted it to be
22 on the record.

23 And being that Mr. Podonsky (sic) was here
24 yesterday talking about records and the fact
25 that there are records in a warehouse that need

1 to be retrieved, I think there are some issues
2 concerning that. I've spoken with Congressman
3 Udall's office about this. Actually they
4 brought it to my attention, but my
5 understanding is, as far as those records go,
6 the hospital is still in control of getting
7 access to them and individuals have to request
8 that their records be looked for and saved. So
9 -- because there's a -- the vast mixture of
10 records. They're not only former AEC
11 employees, because the AEC controlled the
12 hospital and the records up to the mid-- early
13 to mid-'60s, and it was turned over to the
14 county. And sometime -- the records were moved
15 into this warehouse and basically discarded.
16 And like Mr. Podonsky (sic) mentioned, there's
17 an issue with the Hantavirus because rodents
18 were moving in and living among the records and
19 condition of the records is poor.

20 What I would like to request among the Board
21 and Mr. Elliott of NIOSH, and other persons
22 involved, is just to ensure that the records
23 are preserved for the purposes of using them
24 for reconstruction because if individuals do
25 not know or become ill later down the -- you

1 know, down the road or after time, and they're
2 not aware of this and they haven't requested to
3 have those records preserved, they may be lost.
4 So I think we need to preserve all the records
5 until we can determine whose records are there
6 and whether or not they need to be saved.
7 My final issue would be the LANL RaLa SEC
8 because that was approved in September in Las
9 Vegas, and upon further research, in my opinion
10 the -- the SEC did not cover enough areas
11 because there were exposures to areas aside
12 from the ones listed in the SEC because of the
13 experiments that were conducted. There were
14 radioactive clouds that went to local
15 communities, as well as into the Los Alamos
16 area, and there are documented incidents in the
17 human radiation experiments report prepared by
18 the President's Council in the '90s that refer
19 to these experiments and the fact that there
20 was contamination on the main (unintelligible)
21 road and Technical Area 1 from RaLa clouds.
22 I think we have a chance to correct this with
23 the upcoming SEC that Harriet Ruiz has -- her
24 petition that Harriet Ruiz has submitted, that
25 will be reviewed I hope in Denver as far as the

1 evaluation report. So I think this gives
2 everybody a chance to get another bite at the
3 apple and I'm looking forward to that coming up
4 in Denver.

5 I'd like to thank you for your time.

6 **DR. ZIEMER:** Thank you. Andrew, if you could
7 clarify, I'm -- are the records that you are
8 referring to, are those the same ones we were
9 talking about earlier or are there two sets of
10 records that --

11 **MR. EVASKOVICH:** Which are we referring to?
12 This is with --

13 **DR. ZIEMER:** We were talking about some --

14 **MR. EVASKOVICH:** -- Los Alamos.

15 **DR. ZIEMER:** -- and I think Glen was talking
16 about some that I got the impression had been
17 buried.

18 (Multiple off-microphone remarks, none clear
19 enough for identification of the speaker or
20 transcription of content.)

21 **DR. ZIEMER:** Were those the Mound records?

22 **MR. EVASKOVICH:** Those are the Mound records.

23 **DR. ZIEMER:** But -- but were buried at Los
24 Alamos.

25 **MR. EVASKOVICH:** Yes.

1 **DR. ZIEMER:** You're talking about Los Alamos
2 records that are in a -- some sort of
3 warehouse.

4 **MR. EVASKOVICH:** Right, those were --

5 **DR. ZIEMER:** Okay, I --

6 **MR. EVASKOVICH:** -- from the hospital, but they
7 were --

8 **DR. ZIEMER:** Okay. You had talked about I
9 think sort of biological contamination and --

10 **MR. EVASKOVICH:** Correct.

11 **DR. ZIEMER:** -- and I wasn't sure whether that
12 was another set of records and that's --

13 **MR. EVASKOVICH:** Yeah, they're two different
14 sets of records. The --

15 **DR. ZIEMER:** Thank you.

16 **MR. EVASKOVICH:** -- Mound records are different
17 from these records. Mr. Podonsky (sic)
18 mentioned that the DOE has been working to try
19 to recover those records. Michelle
20 (unintelligible) Ortiz from Tom Udall's office
21 has been working on this for quite a while, as
22 well, for the last I believe eight months. And
23 I just want -- and she had informed me that
24 people have to request individually for those
25 records. I -- I think that the whole block of

1 records needs to be saved and they need to be,
2 you know, combed through to determine what is
3 valuable for EEOICPA purposes.

4 **DR. ZIEMER:** Is this hospital still controlled
5 by Los Alamos, or did you say the county now
6 controls it?

7 **MR. EVASKOVICH:** The county took it over I
8 believe in the early '60s and I think now it's
9 a private corporation that has the hospital.
10 And there was -- that was part of the problem
11 was who owned the records, who controlled the
12 records, you know. Several agencies have been
13 involved, the Department of Energy, the county
14 was involved for a while, the hospital itself
15 and that corporation.

16 **DR. ZIEMER:** Okay --

17 **MR. EVASKOVICH:** (Unintelligible)

18 **DR. ZIEMER:** -- Libby and Glen are both aware
19 of the details on this, are they not? And --

20 **MR. EVASKOVICH:** Yeah, I hope so. I know that
21 --

22 **MR. SCHOFIELD:** Paul, could I (unintelligible)
23 on this --

24 **DR. ZIEMER:** Yeah, additional -- Phillip has
25 some comments --

1 **MR. SCHOFIELD:** Some of those records are
2 suspected to have low level alpha contamination
3 on them.

4 **DR. ZIEMER:** As well as the -- whatever --

5 **MR. SCHOFIELD:** Biological contamination, yes.
6 The other thing is, these -- a lot of these
7 records, the way medical records were done in
8 Los Alamos, everybody's records, regardless of
9 the doctor you saw, went into the same file.
10 And this is true from the day you started there
11 or the day you were born. So those records
12 will cover -- in some cases they will cover a
13 person's entire life. Others it will cover
14 from the day they started up in Los Alamos or
15 moved to Los Alamos, whether they were a child
16 or a spouse of a worker or a worker. And
17 that's what the -- that's why these -- this is
18 such a big issue there is because the fact
19 that, unlike where most places your doctor
20 keeps his own set of records. There they were
21 collected from all doctors, from any time you
22 saw a doctor, nurse or anybody, they all went
23 in the same file. And they were just literally
24 thrown in -- this warehouse is part of the old
25 Zia shops area, and they were just thrown in

1 there so they've had a lot of water damage.
2 They've had mice, they've had squirrels in
3 there, and there is indication, like I said,
4 that some of them may have some low level alpha
5 contamination.

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

7 **MR. EVASKOVICH:** Thank you.

8 **DR. ZIEMER:** Don Kummler.

9 **MR. KUMMLER:** My name is Don Kummler and I want
10 to thank the Board for the opportunity to speak
11 tonight. And I'm somewhat hesitant about
12 speaking and I hope I don't regret this later
13 on.

14 Today I picked up some information off the back
15 table and one of the pieces was a VHS tape,
16 which I took home and looked at it tonight and
17 upon reviewing the tape, which was -- had a lot
18 of good information on it, I -- I got a concern
19 as -- as to -- with the reconstruction process
20 in determining exposure.

21 I worked at Fernald and the first thing I would
22 do in the morning is I would go to the laundry
23 room and pick out the cleanest pair of overalls
24 and the cleanest pair of gloves I could find,
25 and then I would go on to the work site and

1 work. Well, upon leaving the site, when the
2 job was finished, I had a clean pair of
3 coveralls and gloves in the gang box that I --
4 I hadn't used. I used -- had them there for a
5 spare set of clothing in case I would need them
6 during the day. And upon leaving the --
7 somebody came out and checked my -- my shoes,
8 my tools, and he noticed I had this pair of
9 coveralls and these gloves in -- in the gang
10 box and he checked them and pegged needle. And
11 I was concerned because just recently I filed a
12 claim a couple of weeks ago for skin cancer
13 and, as you can see, I'm dealing with skin
14 cancer all the time, pre-cancer, basal cell,
15 the other one, squamous cell carcinoma.
16 And so my concern is -- my question is, to the
17 best of your knowledge, has this concern been
18 brought to your attention previously, or is
19 this something you just heard of, you know?

20 **DR. ZIEMER:** That's one of the cancers on the
21 list, is it -- I need some help here, but
22 squamous cell and -- what was the other one?

23 **MR. KUMMLER:** Basal cell.

24 **DR. ZIEMER:** -- basal cell, those are both on
25 the list, are they not? So -- and we've had

1 other cases of cancer that have been brought to
2 the -- for dose reconstruction.

3 **MR. KUMMLER:** I guess my concern is in -- in --
4 during -- you know, watching the tape and the
5 reconstruction process of determining your
6 radiation exposure, how would that fit in if
7 you were -- first thing in the morning you're
8 wearing contaminated gloves and you're wearing
9 contaminated clothing, and you're sweating all
10 day and you're wiping your forehead, you know,
11 and this is where I picked up the -- the -- the
12 skin cancer is on my forehead and my arms, and
13 I just wondered if -- if this has ever come to
14 your attention, you know, that, you know, the
15 contaminated clothing, you know, that the --
16 that the workers were wearing.

17 **DR. ZIEMER:** If -- if that information was
18 provided to the dose reconstructor as -- in
19 your interview process, I assume you have
20 provided this kind of information?

21 **MR. KUMMLER:** No, I didn't -- I didn't -- I
22 didn't tell him about that, I just -- I don't
23 think I did. I just told him, you know, about
24 my skin cancers and I didn't explain that to
25 him. I -- I'm really new at this. I -- just

1 two weeks ago I got some information --

2 **DR. ZIEMER:** But you have -- you have put in a
3 claim?

4 **MR. KUMMLER:** Yes, I have.

5 **DR. ZIEMER:** I think probably you -- you may
6 need to talk with one of -- and Larry can get
7 you -- make sure that that's in your record so
8 the dose reconstructor can take into
9 consideration whatever needs to be done in that
10 case.

11 **MR. KUMMLER:** All right. Thank you.

12 **DR. ZIEMER:** Larry, you can look at that issue.
13 Right?

14 Brad, you have a comment there?

15 **MR. CLAWSON:** Yeah, I -- I just had a question.
16 On -- on your coveralls and so forth like that,
17 Fernald -- did they do their own laundry
18 service?

19 **MR. KUMMLER:** Yes, they did.

20 **MR. CLAWSON:** So everything was done in--
21 inside --

22 **MR. KUMMLER:** Yes, in house.

23 **MR. CLAWSON:** -- in Fernald facility?

24 **MR. KUMMLER:** It was all done in house, yeah.

25 **MR. CLAWSON:** Okay, I -- thank you.

1 **DR. ZIEMER:** Phil, did you have an additional
2 comment?

3 **MR. SCHOFIELD:** I just (unintelligible) one
4 quick comment on that. Do you know if your --
5 all the clean laundry was monitored before it
6 was returned to be put back in service or not?

7 **MR. KUMMLER:** All I know is that when -- at the
8 end of the day I would turn in my work gloves
9 and my coveralls, and the next day I would go
10 back to the laundry room and pick up a new pair
11 of coveralls. I -- I don't know what they --
12 how they -- how they monitor them at all. I
13 just know what I did, you know, just -- I would
14 -- I would go find the best pair of coveralls
15 and cleanest pair of gloves I could find to
16 work with that day, 'cause some of them were
17 pretty rough so I found the best ones, you
18 know. I was just concerned because, you know,
19 of -- you know, I pegged the needle with what I
20 had.

21 **MR. SCHOFIELD:** Did you ever find any
22 (unintelligible) imbedded in the clothing or
23 pockets?

24 **MR. KUMMLER:** I can't say I have, no.

25 **DR. ZIEMER:** Well, again, pro-- provide the

1 necessary information --

2 **MR. KUMMLER:** All right.

3 **DR. ZIEMER:** -- to NIOSH so that they can take
4 that into consideration. Recognize the normal
5 practice, and there's always quirks in the
6 system, the normal practice is to not only do
7 the cleaning but to monitor the -- the garments
8 before they go back into circulation. And
9 there typically is a -- you know, what -- what
10 is a clean garment, and you know, hopefully one
11 would be starting at least with a clean garment
12 --

13 **MR. KUMMLER:** Yeah, these were --

14 **DR. ZIEMER:** -- but that -- that doesn't mean
15 it would look clean from a -- as far as white
16 is white, but you want it to be radiologically
17 clean.

18 **MR. KUMMLER:** Right.

19 **DR. ZIEMER:** But at least raise the issue in
20 your -- in your information input to the
21 system.

22 **MR. KUMMLER:** Okay. Thank you.

23 **DR. ZIEMER:** Yes, and we have another comment
24 from Sandra?

25 **MS. BALDRIDGE:** Yes, I don't know if I have the

1 laundry documents in the SEC petition or not,
2 but I do have documents and there was
3 monitoring where they determined that the
4 inside of the gloves were contaminated and
5 there were a lot of issues about the expense,
6 how they were going to do this and -- and who
7 was going to be provided clothing changes.
8 Subcontractors came in and worked in street
9 clothes, left and took the contamination home
10 with them because they were always looking to
11 cut the budget.

12 **DR. ZIEMER:** And clearly there could be issues
13 of that type, or similar issues, at different
14 sites, depending on their practices and
15 situations, but at least you want the dose
16 reconstructor to be able to take a look at --
17 at the issue.

18 Catherine Tidwell. Catherine wasn't sure
19 whether she wanted to come or not, but
20 Catherine, you can make that decision now.

21 **MS. TIDWELL:** Thank you. My name is Catherine
22 Tidwell. I'm not a site profiler. I'm not a
23 scientist. I'm the widow of a former Mound
24 employee. He worked at the Mound from 1963 to
25 1970 in the SM building, which notoriously I

1 guess was very hot. He was never allowed to
2 talk about what he did and -- and we had five
3 little children so there wasn't a lot of chance
4 for him to talk anyway.

5 Prior to that he worked in the aircraft nuclear
6 propulsion department, General Electric in
7 Cincinnati. He worked there from '57 to '61.
8 They do have record that he worked there, but
9 all his exposure records -- I don't know, they
10 just -- they're gone. I don't know where
11 they're at.

12 In 1987 he was diagnosed with liver failure.
13 Because I am an RN, I knew the physician at the
14 Mount, Dr. Jim Ruffner*, and he worked with my
15 husband and I and my husband did have a liver
16 transplant in 1994. He had it at the
17 University Hospital in Cincinnati, and USTUR,
18 the United States TransUranium Registry, was
19 extremely interested in his case. He did not
20 have cancer, but they very much wanted his
21 liver when it was removed. We did agree to
22 give it to them. They said at the time he was
23 the only living donor of a contaminated organ.
24 It took four years for us to get a report back,
25 and it did say that he had a significant uptake

1 of plutonium which was in his liver. And I
2 don't have exact quote from them, but they said
3 it wasn't as much as people in Russia, which --
4 you know, I feel sorry for those people, but I
5 have no control over that.

6 He did apply, as soon as he was allowed, to the
7 EEOICP. His case was denied because it was not
8 malignant. And my question is, will there ever
9 be any consideration given to anything besides
10 a malignancy?

11 **DR. ZIEMER:** There -- there's another part of
12 the program --

13 **DR. MELIUS:** Subtitle E.

14 **DR. ZIEMER:** -- Subtitle E, which -- maybe
15 Larry can address this a little bit -- that
16 possibly this might come under.

17 **MS. TIDWELL:** Okay, I --

18 **MR. ELLIOTT:** (Off microphone) (Unintelligible)
19 better than I.

20 **MS. TIDWELL:** One other thing -- I mean he
21 suffered for, you know, 18 -- well, 17 years,
22 and he did have some squamous cell, which I
23 have submitted and NIOSH is doing a dose
24 reconstruction but, you know, I don't have a
25 whole lot of faith in that.

1 **DR. ZIEMER:** Yeah, there is -- there is that
2 issue on -- as far as the liver's concerned --

3 **MS. TIDWELL:** But the -- you know, the liver
4 demise was --

5 **DR. ZIEMER:** But Larry will describe for you
6 the -- the provisions of the...

7 **MS. TIDWELL:** Okay.

8 **MR. ELLIOTT:** Yes, under Subtitle E now -- it's
9 part of the compensation program Act, there's a
10 provision that covers toxic chemical exposures,
11 and you can submit your claim for the liver in
12 that way. I don't know if you've done that or
13 not, but Jeff Kotsch is here from DOL. He
14 could perhaps help you in a little more detail
15 than I can since --

16 **DR. ZIEMER:** That -- that would go to the
17 Department of Labor rather than NIOSH.

18 **MR. ELLIOTT:** Rather than NIOSH.

19 **MS. TIDWELL:** Okay. Wasn't that automatically
20 going to --

21 **DR. ZIEMER:** Well, okay, Labor --

22 **MS. TIDWELL:** -- flip over?

23 **DR. ZIEMER:** -- is involved at the front end of
24 this, also, but I'm not sure what happens if --
25 if that came to --

1 **MS. TIDWELL:** I mean do I have to submit --

2 **DR. ZIEMER:** -- to Labor, would -- would -- how
3 would that sort out if --

4 **MR. KOTSCH:** Normally --

5 **DR. ZIEMER:** Yeah.

6 **MR. KOTSCH:** Normally the -- the case would
7 transfer from B to -- I mean the B cases are
8 considered under E automatically.

9 **DR. ZIEMER:** Yeah, so --

10 **MR. KOTSCH:** But B is only, unfortunately,
11 applies to malignant --

12 **MS. TIDWELL:** Right.

13 **MR. KOTSCH:** -- carcinomas.

14 **MS. TIDWELL:** Right.

15 **MR. KOTSCH:** But I know the way the procedure
16 was supposed to work was that all the -- all
17 the B cases that we had in house would -- once
18 we got Part E and became active with that, were
19 -- were to be considered under Part E.

20 **MS. TIDWELL:** How -- how do I know if --

21 **MR. KOTSCH:** Let me take your -- take your name
22 and --

23 **MS. TIDWELL:** Okay.

24 **MR. KOTSCH:** -- (unintelligible) --

25 **DR. ZIEMER:** They can follow up for you and

1 figure out what's --

2 **MS. TIDWELL:** Okay.

3 **DR. ZIEMER:** -- what should --

4 **MR. KOTSCH:** Right.

5 **DR. ZIEMER:** If it didn't happen, they can make
6 it happen.

7 **MR. KOTSCH:** Yeah, we can make it happen and it
8 should have -- it should be happening if it
9 hasn't.

10 **MS. TIDWELL:** Okay. Thank you very much.

11 **DR. ZIEMER:** That completes the list of
12 individuals who have asked to speak, but let me
13 ask if there's anyone else -- yes, please
14 approach the mike and you can identify yourself
15 for us.

16 **MS. CRAWFORD:** My name is Lisa Crawford. I'm
17 the president of Fernald Residents for
18 Environmental Safety and Health, with a local
19 environmental organization that has fought
20 Fernald and finally cleaned it up for the last
21 22 years.

22 I spoke at several hearings on the EICIPO,
23 whatever initials. I just -- I really -- this
24 is a really emotional issue for folks around
25 all the different sites. You know, I'm -- I'm

1 going to be real honest tonight -- which I'm
2 honest always anyway, that's why we're in the
3 position we're in now -- and just say that
4 NIOSH and DOL should be totally ashamed of
5 themselves. This is a very complicated,
6 excessive, burden on the individual that should
7 not be so.

8 I have a sister-in-law who has been through
9 this process for over three years now. Finally
10 she was able to get the compensation. Her
11 father worked at Fernald, not for a very long
12 time; he was a young man in his early 30s. And
13 it took three years. It was kicked back. It
14 was here. They lost the paperwork. This
15 happened, that happened. She said to me six
16 weeks ago when it was finally settled, I FAXed
17 them, I e-mailed them, I snail mailed them, I
18 FedExed them, I UPSed them and they were all
19 lost. She said I could have spit them and they
20 probably would have lost those somewhere along
21 the way. This clearly shows us that there's a
22 problem.

23 The gentleman who spoke earlier, this gentleman
24 right here -- I don't remember his name -- he
25 hit the nail on the head. Yes, you should be

1 talking to every single worker before you start
2 anything else. In the early years at Fernald
3 when they began the cleanup process, we
4 encouraged our site folks to talk to the
5 oldtime workers. And I'll be frank about it,
6 they knew where the bodies were buried. They
7 knew where stuff was buried around the site
8 that nobody else knew, because they were the
9 ones that actually buried it. It's a good
10 policy to go back and talk to people. That's
11 one issue.

12 The other issue he brought up was, you know, we
13 should -- dose reconstructions -- we had one at
14 Fernald. John Till did it. He was veering in
15 the wrong direction so we as a community
16 brought in our own specialist and analyst and
17 veered him back in the right direction, so we
18 felt very comfortable that we had a good dose
19 reconstruction. You can't take overall data
20 and apply it to individual people. It does not
21 work.

22 These workers worked very hard under poor
23 conditions -- I -- I will speak for the Fernald
24 workers because the conditions were absolutely
25 appallingly poor.

1 Another issue that this gentleman spoke about
2 was -- and I think this lady over here -- you
3 know, those of us who live in the community in
4 the early years of Fernald when we were
5 drinking -- I drank from -- my family drank
6 from a contaminated well. Tons and tons of
7 uranium dust was distributed all over this
8 community, and the DOE people would sit in
9 these public meetings and say to us the dust
10 never left the site. That's like telling a
11 worker in a building you didn't get anything.
12 That's bull and we all know it. You know, is
13 there a plastic bubble around this facility or
14 all the facilities? No, we know there's not.
15 Was there a plastic bubble around these
16 workers? No. It's -- it's very emotional. We
17 know that and I know you all, as you sit around
18 the table, you hear this day in and day out.
19 It's emotional for those of us, too.
20 And my final comments are, there's been a
21 tremendous amount of work done on the Fernald
22 facility. There were two lawsuits filed, one
23 by the residents, one by the workers. There is
24 so much data and information that's available
25 if somebody will go and look for it. There's a

1 law firm that has reams and reams and reams of
2 information. Don't put the cart before the
3 horse. If it's there and it's available, I
4 would encourage all of you to go and find it
5 and look for it.

6 And again I would just say NIOSH and DOL should
7 be totally ashamed of themselves. This is a
8 long and tedious process. It makes the people
9 in the community and the people who are
10 fighting for their loved ones feel stupid,
11 worthless. You know, if I send you something
12 five or six times and you lose it, I think
13 you're incompetent; it certainly isn't me
14 that's incompetent. And it shouldn't take this
15 long and this tedious of a process to repay and
16 compensate these workers for literally, in some
17 cases, putting their life on the line for this
18 country.

19 DOE now stands back and says these are Cold War
20 warriors. These are Cold War American heroes,
21 and dadgone it, let's make sure we're
22 compensating them for giving them all these
23 dadgone diseases and contaminating them and
24 causing them to have cancers. Thank you.

25 **DR. ZIEMER:** Okay. Thank you, Lisa, for those

1 remarks and we hear what you're saying.

2 Is there anyone else that does want to add any
3 comments tonight?

4 **MR. GIBSON:** Yes, Dr. Ziemer.

5 **DR. ZIEMER:** Yeah, I think it's Mike Gibson
6 again. Mike?

7 **MR. GIBSON:** Yeah.

8 **DR. ZIEMER:** Yeah, go ahead.

9 **MR. GIBSON:** This -- this is Mike. Just a
10 point of order, since we are in session, under
11 Robert's Rules of Order is it -- is it correct
12 for me to make a motion at this point?

13 **DR. ZIEMER:** Mike, I -- I think if you want to
14 make a motion, I'll ask that -- will you be
15 with us tomorrow?

16 **MR. GIBSON:** Yes, I'll be with you tomorrow.

17 **DR. ZIEMER:** Yeah, let-- let's do it during our
18 regular business session, if tha-- if that's
19 agreeable. We've gone a bit over time here
20 tonight, but if you want to -- if you want to
21 put the motion on the table, I would prefer to
22 allow time -- whatever it is, that we can
23 discuss it and deliberate on it. I don't want
24 to keep folks here excessively long. But
25 perhaps if you have a motion you want to make,

1 you can let us -- give it to us tonight and
2 let's put it on the agenda for tomorrow.

3 **MR. GIBSON:** Okay, the motion I want to make
4 for the agenda tomorrow is that -- you know,
5 I've heard these folks from Fernald and from
6 all around the nation and I agree with them,
7 and I just think that we need to maybe
8 establish a working group to look into the site
9 profiles by workers and not by the people who
10 ran the program.

11 **DR. ZIEMER:** Okay, the -- the motion is to have
12 a working group to examine the site profiles
13 and -- give me the rest of it? I need to --

14 **MR. GIBSON:** Maybe -- maybe go around and visit
15 the sites and talk to workers and not
16 necessarily people who have managed the
17 radiological programs at these site-- DOE
18 sites.

19 **MR. GRIFFON:** I mean maybe --

20 **DR. ZIEMER:** Okay.

21 **MR. GRIFFON:** -- maybe I can -- there's a
22 worker outreach effort going on right now.
23 Maybe we do need a workgroup to sort of look
24 and get a sense of where that's at and how
25 effective it's been, what results ha-- how has

1 it influenced the site profile development
2 process. I think that might (unintelligible) -
3 -

4 **DR. ZIEMER:** Okay, let -- let me make --

5 **MR. GRIFFON:** Would that -- would that be
6 consistent with your -- your motion, Mike? I
7 think that --

8 **MR. GIBSON:** I don't think it's exactly -- I
9 don't think it's exactly consistent with --

10 **DR. ZIEMER:** Let -- let me --

11 **MR. GIBSON:** -- (unintelligible) --

12 **DR. ZIEMER:** -- suggest that we do the
13 following, Mike. I -- I think we know the
14 general -- kind of the gist of it, and maybe we
15 have some other nuances for it here. Let me --
16 we'll formally put it on the agenda and call on
17 you tomorrow and you might, you know, polish
18 the wording a little bit and then we'll have a
19 chance to hear from Mark and any others that --
20 either to provide additional input, but let --
21 let's have a full Board discussion on how we
22 can best do this. I think we would be in
23 sympathy with -- conceptually with doing that.
24 We need to figure out a way we can do it
25 efficiently and within the framework of some of

1 the other related activities where we
2 definitely want to get the worker input. So --

3 **MR. GIBSON:** (Unintelligible)

4 **DR. ZIEMER:** -- if that's agreeable, we'll --
5 we'll --

6 **MR. GIBSON:** And please, any Board members,
7 send me an e-mail tonight or tomorrow morning --
8 -

9 **DR. ZIEMER:** Sure.

10 **MR. GIBSON:** -- giving me your thoughts.

11 **DR. ZIEMER:** Very good. Thank you, Mike.
12 Sandra, you have an additional comment?

13 **MS. BALDRIDGE:** Yes, I'd like to caution on one
14 -- one thing about that. After I was getting
15 the petition prepared, I -- I went to one of
16 the Fernald workers meetings and presented a
17 brief summation of my findings, and literally
18 had people arguing with me that thorium was
19 never processed in Plant 6, despite the fact
20 that the documents were there, even working on
21 site. They didn't always know what was -- what
22 the processes that were being conducted from
23 one building to the next, or in one time frame
24 or the next, or -- I question whether the
25 people who were actually handling the equipment

1 or the materials even knew what they were
2 handling. So --

3 **DR. WADE:** (Off microphone) (Unintelligible)
4 need to stop.

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

6 **MS. BALDRIDGE:** -- there is a balance that
7 needs to be made --

8 **DR. ZIEMER:** Right, right.

9 **MS. BALDRIDGE:** -- so even --

10 **DR. ZIEMER:** Right, good point.

11 **MS. BALDRIDGE:** -- the workers don't know.

12 **DR. ZIEMER:** Right, thank you very much.

13 **DR. WADE:** This is public comment. We need to
14 -- don't need to have any more discussion.

15 **DR. ZIEMER:** Yeah, we're --

16 **DR. WADE:** I think we need to stop --

17 **DR. ZIEMER:** This is for public comment. I --
18 I think now we want to thank everyone who did
19 participate this evening. Thank you for being
20 patient with all of -- with each other 'cause,
21 you know, it's been a long day for many of you,
22 but we thank you for your participation. We
23 will be meeting again tomorrow. You're welcome
24 to -- to rejoin us. What time?

25 **DR. WADE:** 8:30.

1 **DR. ZIEMER:** 8:30. That you very much. We're
2 adjourned for the evening and we'll re--
3 reconvene tomorrow morning.

4
5 (Whereupon, the meeting was concluded at 8:45
6 p.m.)

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CERTIFICATE OF COURT REPORTER**STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of Feb. 8, 2007; and it is a true and accurate transcript of the testimony captioned herein.

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

WITNESS my hand and official seal this the 22nd day of April, 2007.

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