







































































































1 W. R. Grace, there were 64 cases, 15 dose  
2 reconstructions, 13 Part B approvals and --  
3 which translates to about a million -- a  
4 million dollars for the Part B only.

5 Dow Chemical Madison, 277 cases, two dose  
6 reconstructions, two -- two Part B approvals  
7 and that's a hundred -- I'm sorry, that's  
8 \$300,000 in compensation.

9 We had Y-12 here. I think when the slides were  
10 developed we were -- we thought it might be on  
11 the agenda. It's not, so we'll just -- we'll  
12 skip over that one.

13 Chapman Valve, 215 cases, Part B and E -- I'm  
14 sorry, Part B; 73 dose reconstructions, 34 Part  
15 B approvals, \$5 million in compensation.

16 I put this slide in to remind me that we had  
17 promised -- Mark's not here, but we had  
18 promised, when I was on a call for the working  
19 group for Chapman Valve, to provide a status  
20 update. NIOSH had send DOL and DOE a letter  
21 saying that they had received information or  
22 gotten information from employee -- worker  
23 interviews indicating the potential presence of  
24 enriched uranium at the Chapman Valve site  
25 prior to the covered period, which is '48

1 through '49. The status of that is -- is that  
2 DOE -- or DOL is -- when I left, anyway, the  
3 letter back to NIOSH was in the final signature  
4 phase, basically asking NIOSH to provide all  
5 the available documentation and information so  
6 that we could go through the formal review  
7 process. DOL and DOE designate and determine  
8 the -- and DOL determines the covered periods  
9 for facilities, so we need that information.  
10 It's not me, it's other people in our  
11 organization that -- to look through that  
12 information and weigh the -- weigh the evidence  
13 to determine whether the covered period should  
14 be expanded.

15 The other issue that I was asked to bring up  
16 was that Larry had mentioned the PEP for  
17 evaluation of insoluble plutonium compounds.  
18 This recently went up on the NIOSH web site, I  
19 think within the last couple weeks, and any  
20 time things go up on the NIO-- NIOSH web site,  
21 we -- claimants that are observant and appear  
22 to read these things daily and start asking us  
23 questions, but aside from that -- but that's  
24 the -- the general nature of the beast, with  
25 all the -- all the things that go up on either



1 of our web sites. But as an example for this  
2 one, in response to the PEP that was issued,  
3 that PEP defined 38 sites as potentially  
4 affected by the -- what we call super S or the  
5 insoluble plutonium compound issue. DOL did a  
6 -- pinged our computer system and determined  
7 that there were about 1,000 cases -- it's less  
8 than that, but there were about 1,000 cases  
9 that were in the process, had not yet reached  
10 the final decision, and the decision was made  
11 that all those cases will be remanded --  
12 returned to NIOSH for reworks because we can't  
13 proceed with adjudication in instances where  
14 something has been identified that would affect  
15 the final outcome. In this case it's the  
16 determination by NIOSH that there is some  
17 impact of -- or -- or could be some potential  
18 impact of a change in that situation.  
19 We also identified another 7,000 claims among  
20 those 38 facilities that are potentially  
21 affected that were denied previously, and those  
22 cases we will -- and I'll just read, those ca--  
23 for those cases that were final decision  
24 denials for those 38 sites, the Department of  
25 Labor will work with NIOSH to get each

1                   potentially-affected case evaluated by NIOSH  
2                   for its impact. DOL will do this in a manner  
3                   that is least burdensome to the claimants, is  
4                   most efficient for the Department of Labor and  
5                   NIOSH. This is a situation we found. We've  
6                   been working with other -- on other PERs and  
7                   PEPs. Recently we just -- NIOSH completed  
8                   giving us the lymphoma -- cases that were  
9                   affected by the lymphoma change, the target  
10                  organ risk models, and we are in the process of  
11                  completing -- what we have to do then is  
12                  develop a bulletin so we can implement in the  
13                  field the impact of that change in that case.  
14                  I forget the numbers, but there were a  
15                  significant number of them that became  
16                  compensable, so we're in the process of then we  
17                  would then have to remand those -- send them  
18                  back for reworks so they can be -- basically a  
19                  -- you know, given compensation, but we have to  
20                  go through the process of -- you know, the  
21                  logistics of doing those things.  
22                  I think Larry mentioned Bethlehem Steel. There  
23                  were five that -- there were eight affected by  
24                  that change. Five went from compensable to  
25                  non-compensable, which are technically

1           overpayments. I think the Department has a --  
2           I don't know how we're going to -- hasn't  
3           actually determined how we're going to handle  
4           those yet, but also three were -- went from  
5           non-compensable to compensable, and they're in  
6           the process of being submitted for rework so  
7           they can have a rework done and a dose  
8           reconstruction formally done and then com--  
9           compensation will be paid. But that's how --  
10          that's what happens with all those PER/PEP type  
11          things -- things like the prostate cancer  
12          change had no effect ultimately so we just  
13          required documentation to put in each case file  
14          that was affec-- that was evaluated so that the  
15          case files were consistent and -- and then  
16          stood -- you know, stood as far as historical  
17          record, the fact that things were evaluated and  
18          reviewed and potentially could have been  
19          affected but evaluations determined that they  
20          were not.

21          Anyway, that's the shape of things to come, and  
22          unfortunately the -- I mean a -- I guess a  
23          source of -- of recurring work for -- for both  
24          NIOSH and DOL as we cycle some of these cases.  
25          That should have been questions. Any

1 questions?

2 **DR. ZIEMER:** Board members, any questions for  
3 Jeff?

4 (No responses)

5 **MR. STEPHAN:** Dr. (sic) Kotsch, can you help me  
6 understand page 4, your top slide there,  
7 talking about total amount of money paid out on  
8 SECs, the \$97 million on added SEC cases? So  
9 we're talking here about SECs that have been  
10 passed, but not including the original SECs in  
11 the original legislation.

12 **MR. KOTSCH:** No, it doesn-- yeah, it doesn't  
13 include those.

14 **MR. STEPHAN:** Okay. So since then, the ones  
15 that have been passed, \$97 million.

16 **MR. KOTSCH:** I'm sorry, I'm sorry, it does  
17 incl-- where -- am I at the fourth slide?

18 **MR. STEPHAN:** It's page 4, the -- the top slide  
19 there, titled "NIOSH CASE RELATED  
20 COMPENSATION," so it's the -- about fifth  
21 bullet point down there on the bottom.

22 **DR. ZIEMER:** It's labeled as "added SECs," I --

23 **MR. STEPHAN:** Cer-- certainly that doesn't  
24 include the original ones.

25 **MR. KOTSCH:** No, I -- if -- I'm not finding it,

1 but if it's the added ones, that's -- I know  
2 we've had -- yeah, it's -- I'm sorry, yeah,  
3 it's just for the added SEC cases.

4 **MR. STEPHAN:** Okay. Okay. We -- we just want  
5 to make the point that, you know, there's been  
6 a lot of concern expressed about the --  
7 particularly with the Department of Labor -- by  
8 the Department of Labor about the runaway costs  
9 potentially of the SECs. And so -- certainly,  
10 you know, we have several SECs before the Board  
11 that are, quite frankly, expensive. But you  
12 know -- and \$97 million is a lot of money, no  
13 matter how you look at it, but comparatively,  
14 it's -- it's not all that much when we look at  
15 the concern that has been expressed about, you  
16 know, the cost of SECs by the Department of  
17 Labor, so I just want to point out that, you  
18 know, there -- there seems to be some dis--  
19 some discrepancy between the -- just  
20 anecdotally, I'm adding -- some discrepancy  
21 between the concern expressed and actual amount  
22 that's been paid to date. I understand we have  
23 several before the Board now, but -- so I just  
24 wanted to add that.

25 **MR. KOTSCH:** Oh, okay.

1           **MR. STEPHAN:** So thank you.

2           **DR. ZIEMER:** Okay. Thank you, Jeff. Did you  
3           have a comment?

**DOE PROGRAM UPDATE**

**MS. ELIZABETH WHITE, DOE**

4           We'll also have an update from Department of  
5           Energy, and Libby White is with us today  
6           representing the Department. Libby, we're  
7           pleased to have you back with us today.  
8           Welcome.

9           **MS. WHITE:** Thank you very much. Can everyone  
10          hear me okay?

11          **DR. ZIEMER:** Now -- now you're on.

12          **MS. WHITE:** Okay.

13          **DR. WADE:** Get close.

14          **MS. WHITE:** I am here today and speaking really  
15          on behalf of Glenn Podonsky\*, who was our chief  
16          health, safety and security officer, and  
17          unfortunately could not be here this afternoon  
18          due to a hearing that he has on the Hill. So  
19          he sends his regards and his regrets.

20          I have no overheads, but I do have two fact  
21          sheets which are in the back of the room on the  
22          table and also should be in the Board members'  
23          materials. One is on the Los Alamos Medical  
24          Center and one is on the Mound records issue.

1 Glenn wanted me to mention that in his position  
2 as chief health, safety and security officer  
3 for DOE, one of his highest priorities is  
4 ensuring that the Department provides thorough  
5 and timely records, research and retrieval  
6 activities in support of this program. DOE is  
7 now, as I think you all know, in purely a  
8 support role, and we want to ensure that --  
9 that we're as responsive as we can be, and that  
10 will include being more timely with those 44  
11 outstanding requests that we have from NIOSH  
12 that are over 60 days old.

13 This program continues to be an extremely  
14 important activity, not only within the HSS  
15 organization -- that's Glenn's organization --  
16 but within the entire DOE complex. To this  
17 end, management and staff throughout our  
18 organization are engaged in -- in activities  
19 related to this support work that DOE does, and  
20 I'll just mention a few.

21 Glenn and Pat Worthington, who is my  
22 supervisor, have worked with our budget  
23 organization to secure significant increase in  
24 funding for fiscal year 2007 over what we  
25 thought we'd have. We were really in danger,

1           because there's a year-long continuing  
2           resolution, but they were able to find more  
3           funding. We really desperately needed this to  
4           ensure that we can continue responding to both  
5           the individual claims requests and large-scale  
6           claims requests in a timely manner.

7           The office of classification at DOE has led an  
8           effort with our program offices and the DOE  
9           sites to resolve some issues regarding the  
10          transmission of official use -- official use  
11          only information that's needed for both the --  
12          the DOL site exposure matrix projects and also  
13          other projects. And we also continue to work  
14          to assure that classified documents that are  
15          requested by the Advisory Board, SC&A,  
16          Congressional delegations, NIOSH and the public  
17          can be reviewed both in their classified form  
18          by individuals with clearances and in their  
19          redacted form by individuals without.

20          In fact, just last week there was a review set  
21          up in Glenn's office of a document --  
22          classified document from Los Alamos on non-  
23          destructive testing of uranium. And it was  
24          thought that this -- this document might  
25          provide insights on dose reconstruction for



1 employees of Granite City Steel. We -- we had  
2 a member from the Board, SC&A and also NIOSH at  
3 this review. And then it's my understanding  
4 that Senator Obama's office will be sending an  
5 individual this Friday to review the document.  
6 We are working -- Larry mentioned the coworker  
7 data and the information that DOE is -- is --  
8 rather NIOSH is waiting on from DOE, and we're  
9 working with our general counsel's office to  
10 make sure that the sites understand that they  
11 can submit this identified information and that  
12 they need to do so in a timely manner. I  
13 understand it's Los Alamos that we -- we really  
14 sort of need to still get you some information  
15 on, but I think the other sites are -- are  
16 doing okay.

17 Regarding the one fact sheet that I mentioned,  
18 the Los Alamos Medical Center, we continue to  
19 work with the New Mexico Congressional  
20 delegation, with the Los Alamos Lab,  
21 organizations within DOE and then the private  
22 hospital -- which is the Los Alamos Medical  
23 Center -- to plan for DOE to take possession of  
24 records that are currently owned by the  
25 hospital but were once owned by the Atomic

1 Energy Commission. We believe these records  
2 may be useful to LANL rec-- LANL workers who  
3 are filing claims under EEOICPA.

4 In terms of specifics of progress, we do have a  
5 tentative plan in place. There are a couple of  
6 things we're -- the Department is working on,  
7 and thanks to Michele, who's in the back of the  
8 room, we -- we're addressing some of the  
9 issues. She submitted a letter on behalf of  
10 Congressman Udall to DOE, which is with our  
11 general counsel's office, regarding questions  
12 about scope of this review. And so we are  
13 working -- I hope that the general counsel's  
14 office will get something back to the New  
15 Mexico Congressional delegation within the next  
16 week or two.

17 What we are in agreement about is that the pre-  
18 '64 records -- pre-1964 records which were once  
19 owned by the Atomic Energy Commission, those  
20 definitely can be repossessed by DOE. We are  
21 also fairly certain that records that were  
22 created when Los Alamos has referred people to  
23 this medical center over the years, that we can  
24 obtain copies of those test results if we don't  
25 already have them. In some cases we did sort

1 of a mini-review of -- of worker records and  
2 found that in some cases we've got the complete  
3 file; in other cases we do not. And so we're  
4 going to work on trying to get copies of those,  
5 as well.

6 But there are some other questions that -- that  
7 Michele and others had had which we're working  
8 on -- on responding to.

9 Also we are worried because they're  
10 anticipating a Hantavirus outbreak in New  
11 Mexico, so we're working with a Hantavirus  
12 expert from University of New Mexico to make  
13 sure that the protocol that we have for  
14 decontamination is truly appropriate, given the  
15 fact that this outbreak is expected to -- to  
16 occur.

17 We're working on a radiation sampling plan, and  
18 we are -- we're using plans that have been used  
19 throughout the complex in the past, and should  
20 have that pulled together shortly.

21 Another -- the other issue that I had mentioned  
22 was the Mound records issue, and that is  
23 records buried at Los Alamos that were -- Mound  
24 records buried at Los Alamos. The fact sheet  
25 in the back goes -- summarizes all the detail,

1 sort of the history and where we are today, and  
2 I'll just mention a few key things that Glenn  
3 wanted me to bring up today.

4 And that is that both Glenn and Pat, my  
5 supervisor, are very concerned about this  
6 issue. They certainly want to ensure that  
7 workers do not lose the ability to obtain  
8 deserved compensation due to inacces--  
9 inaccessibility of records to support their  
10 claims. Unfortunately there's no detailed  
11 index of the records that were buried, and so  
12 we -- we won't know with 100 percent certainty  
13 whether there are any critical records in that  
14 collection for which copies are not also  
15 accessible from Mound or other locations in the  
16 DOE complex.

17 What we do know, however, is that there is  
18 already a significant amount of information  
19 available to NIOSH within the DOE system. And  
20 NIOSH has indicated that it believes it has the  
21 information it needs from these DOE records  
22 collections to complete dose reconstructions  
23 for the Mound employees.

24 So where do we find ourselves at this point?  
25 Glenn is reassessing the situation. He hopes

1 to make a determination within the next month  
2 or so on how to proceed based on the  
3 information and input that we are receiving and  
4 that we have received to date. We've shared  
5 this fact sheet that I mentioned with the Board  
6 and, you know, we are open to continued input  
7 from -- that -- that any of you may have -- or  
8 questions, certainly.

9 The other thing we're doing is we're working to  
10 actively ensure that -- that this doesn't recur  
11 in the future, situations such as this. We've  
12 begun coordinating more closely with the DOE  
13 chief information officer, with the records  
14 officers and EEOICPA implementers throughout  
15 the complex. And these are individuals who  
16 regularly assess current records disposition  
17 authorities and modify them as needed to assure  
18 that -- that appropriate records are preserved.  
19 So we want to make sure that we're more  
20 actively involved in this process.

21 We're also soon going to issue a memorandum  
22 that reminds individuals of the 1990  
23 epidemiologic moratorium and the fact that it's  
24 still in effect. The moratorium was expanded  
25 in 2003 to include additional categories of

1 records that were potentially useful for  
2 EEOICPA, and we want to just make sure that --  
3 that individuals throughout the complex are  
4 reminded of this.

5 And as we're doing currently, we will continue  
6 to assist DOL, NIOSH, the Advisory Board, SC&A  
7 by providing copies of all existing records and  
8 information needed to support the adjudication  
9 of claims and the large-scale records retrieval  
10 activities.

11 In closing I want to reiterate DOE's commitment  
12 to this program and the workers served by this  
13 program. We certainly look forward to our  
14 continued work together, and I'd be happy to  
15 take any questions that you have on any of the  
16 specific items that I -- that I mentioned.

17 **DR. ZIEMER:** Thank you, Libby. Let me ask a  
18 question pertaining to the Los Alamos records.  
19 You indicate under "next steps" a number of  
20 what are called anticipated roles. Is there a  
21 formal memorandum of understanding in place  
22 that delineates specifically these various  
23 roles; have the parties agreed to them or is  
24 this still sort of in the planning stages?

25 **MS. WHITE:** Specific memorandum of

1           understanding between -- sorry.

2           **DR. ZIEMER:** Well, there's a number of agencies  
3           that have anticipated roles. I'm basically  
4           asking have they all agreed to those roles, or  
5           is this still in the planning stages. For  
6           example, do we know that the Medical Center of  
7           -- Los Alamos Medical Center is not going to  
8           destroy any records before this gets into  
9           place?

10          **MS. WHITE:** They have agreed that they won't  
11          destroy any of these records before this --

12          **DR. ZIEMER:** They've agreed --

13          **MS. WHITE:** -- is in place.

14          **DR. ZIEMER:** So there's some kind of an  
15          agreement in writing that --

16          **MS. WHITE:** We do -- we do have a memorandum of  
17          understanding in draft between the --

18          **DR. ZIEMER:** Okay.

19          **MS. WHITE:** -- Medical Center and DOE.

20          **DR. ZIEMER:** Okay, that's a start.

21          **MS. WHITE:** Which -- which is a start. We  
22          haven't finalized it yet because there's one  
23          question that we still have, and that is  
24          whether the actual review of the records will  
25          be done at the Medical Center -- once the

1           decontamination takes place -- the Medical  
2           Center had offered that we do the review at  
3           part of their facility that's not currently  
4           being used. There's some concern that if  
5           there's a Hantavirus outbreak --

6           **DR. ZIEMER:** Right.

7           **MS. WHITE:** -- maybe we should be a little  
8           more cautious and do this review elsewhere, but  
9           we haven't come up with a location, but there  
10          is a draft memorandum of understanding in  
11          place.

12          **DR. ZIEMER:** Thank you.

13          **MS. WHITE:** And we'll make sure that's  
14          finalized before we proceed.

15          **DR. ZIEMER:** Yes, Phillip.

16          **MR. SCHOFIELD:** (Off microphone)

17          (Unintelligible) question for you. What about  
18          the individuals who are claimants or potential  
19          claimants filing for their records -- medical  
20          records that are probably in that trailer? Say  
21          I want to file for my medical records that are  
22          there --

23          **DR. WADE:** Real close, Phillip, real close to -  
24          -

25          **MR. SCHOFIELD:** -- (on microphone) how is DOE



1 going to handle this?

2 **MS. WHITE:** What -- do you mean once this  
3 review is complete?

4 **MR. SCHOFIELD:** Yes, or in meantime, can a  
5 person get a hold put on those records so they  
6 cannot be destroyed because they want to use  
7 them for their -- potentially look at them for  
8 a potential claim?

9 **MS. WHITE:** In the short term, before the  
10 decontamination and review takes place, I'm not  
11 quite sure how that would be handled because  
12 the records -- I -- I just don't know how --  
13 how the Lab is currently handling that. I'd  
14 have to -- I'd have to check into that. But  
15 they're under the ownership of the Medical  
16 Center currently, so presumably the Medical  
17 Center would be responsible for -- I don't  
18 know, for trying to look for those records.  
19 After, though, the decontamination takes place,  
20 then DOE takes possession of the records.  
21 Again, they will go to the Denver Federal  
22 Records Center and we will have an index of  
23 every individual whose records are included in  
24 that center and be able to access the records  
25 at that time. Either -- if an individual

1 directly requests -- requests the records or  
2 the claim is sent -- and a request sent by  
3 Department of Labor to Los Alamos, and that  
4 request is made to -- to pull all the related  
5 records that exist. Does that answer your  
6 question?

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

8 **MS. BEACH:** Was there any determination made on  
9 the Mound records? Are we going to uncover  
10 those, unbury them, or have we decided not to  
11 pursue that?

12 **MS. WHITE:** Sorry not to have been clearer  
13 about that. That determination has not yet  
14 been made. We are -- Glenn is looking at the  
15 information that we've received to date, and  
16 over the next month we'll make a determination  
17 as to how to proceed.

18 **MS. BEACH:** Thank you.

19 **MS. JACQUEZ-ORTIZ:** Chairman Ziemer and members  
20 of the Board, Michele Jacquez-Ortiz with  
21 Congressman Tom Udall's office -- thank you,  
22 Mr. Elliott -- just want to touch on -- first  
23 of all, Libby, thank you very, very much for  
24 your ongoing advocacy and persistence in  
25 dealing with this complex and difficult issue.

1 One thing that I just wanted to add to the  
2 report, and this goes to the question that was  
3 raised, which is the other stakeholder, the  
4 Department of Labor. Up until now the  
5 Department of Labor has not taken an active  
6 role in this assessment, and there will be a  
7 need for their assistance in terms of notifying  
8 the claimants of their right to retrieve some  
9 of these records and request them from the  
10 Medical Center. So we will be, as a -- as a  
11 follow-up step, we will be formally requesting  
12 the Department of Labor's advocacy in that  
13 regard. And I just -- I feel like that's a  
14 really important piece here.

15 **DR. ZIEMER:** Thank you. Good point, because  
16 they aren't mentioned in the list of  
17 anticipated roles here, so that's a good added  
18 component.

19 **MS. WHITE:** Thanks, Michele. We had actually  
20 talked late last week and she had brought that  
21 up, and I neglected to update this fact sheet.

22 **DR. ZIEMER:** Okay. Others?

23 (No responses)

24 Okay, thank you very much.

25 **MS. WHITE:** Thank you.

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SELECTION OF 8<sup>TH</sup> ROUND OF DR'S  
DR. PAUL ZIEMER, CHAIR

**DR. ZIEMER:** The next item on our agenda is a report and recommendations from our subcommittee on dose reconstructions. That subcommittee met this morning in formal session. The chairman is Mark Griffon. Mark, we'll give you the floor for both recommendations and other comments.

**MR. GRIFFON:** Yeah, many of you were here this morning. We had a subcommittee meeting and we -- we brought -- we were able to pass two motions in the subcommittee unanimously, and we -- we bring them to the Board for the Board's full consideration. They're both before you. The one is regarding DR guidelines, and we discussed these at the past meeting. And these are these -- DR guidelines are instructions that are used as -- as sort of templates or -- or -- I -- I guess templates is the best word, to assist the dose reconstructor in how to approach a certain case and they're -- for most of the large DOE sites, they -- they are available, sometimes several of them, addressing external and internal dose, for

1 instance, for many of the sites they -- they --  
2 they don't seem to be available, they don't use  
3 that approach. But we felt like, from a case  
4 review standpoint, these would be very  
5 beneficial for our review process to have these  
6 available for the cases that we're going to --  
7 that SC&A is reviewing and that the Board is  
8 reviewing. So this -- this motion is -- is  
9 made to sort of address that going forward, and  
10 also for at least all the current outstanding  
11 cases that we have in the hopper. That would  
12 be anything from the fourth set of cases  
13 onward. And I -- you want to -- should we read  
14 the record for the motion or --

15 **DR. ZIEMER:** I think we need to read it into  
16 the record. I don't know if we have copies  
17 available for the general public yet. The  
18 Board has copies.

19 **DR. WADE:** And they're on the table.

20 **DR. ZIEMER:** There are copies on the table. I  
21 simply suggest, Board members, take your pen  
22 out and write a date at the top of your paper  
23 because a year from now you're not going to  
24 remember --

25 **MR. GRIFFON:** Right.

1           **DR. ZIEMER:** -- when this piece of paper first  
2 showed up in your files, so -- but I'll ask  
3 Mark to read the motion into the record and  
4 then we'll open it for discussion.

5           **MR. GRIFFON:** Okay, the -- the motion reads as  
6 (reading) NIOSH should make DR guides,  
7 parentheses, guidelines, instructions or  
8 similar documents, close parentheses, available  
9 to the Board for all future cases, parentheses,  
10 included as part of the analysis record, close  
11 parentheses. Additionally NIOSH should make  
12 appropriate versions of DR guides, parentheses,  
13 guidelines, instructions or similar documents,  
14 close parentheses, where possible available to  
15 the Board for all cases currently under review  
16 by the Board.

17           **DR. ZIEMER:** That is a recommendation from the  
18 subcommittee. It does not require a second  
19 since it comes as a formal recommendation from  
20 a committee. And it is on the floor for  
21 discussion and action.

22           **DR. WADE:** Wanda.

23           **DR. ZIEMER:** Wanda Munn.

24           **MS. MUNN:** We do need to assure that, on the  
25 permanent record, "DR" is spelled out as "dose

1 reconstruction."

2 **MR. GRIFFON:** Thank you, yeah.

3 **DR. ZIEMER:** So we'll take that as a friendly  
4 amendment, the first sentence will read "dose  
5 reconstruction guides." And I'd like to ask  
6 perhaps Stu Hinnefeld or --

7 **MR. GRIFFON:** He's the...

8 **DR. WADE:** Here comes Stu.

9 **DR. ZIEMER:** -- I was going to say or -- or  
10 someone else from NIOSH, in terms of  
11 implementing this, are there any -- other than  
12 the fact that your budget squeeze is on, any --  
13 any impediments to implementing this?

14 **MR. HINNEFELD:** Well, it'll -- I have to --  
15 it'll have to -- contact our contractor to  
16 really -- in fact, that's what I was doing was  
17 sending an e-mail to the contractors to see,  
18 you know, what does this sound like in terms of  
19 implementation. You know, what's this going to  
20 do and is this going to be particularly  
21 difficult because these guides are -- you know,  
22 they're contractor-prepared, they're  
23 instructions to the contractor employees. And  
24 so I don't really know, sitting here today, you  
25 know, the difficulty. It doesn't sound as if

1           it would be particularly onerous. I mean if  
2           there was a particular instruction that the  
3           dose reconstructor is following -- I mean it  
4           must be out there in some format, and since we  
5           aren't going to be too worried about the format  
6           of this -- it can be a Word file or an e-mail  
7           message or whatever that would probably be put  
8           in the DR development folder. So it doesn't  
9           sound to me, on the face of it, to be that  
10          difficult, but I don't know that I can speak  
11          definitively along that...

12         **DR. ZIEMER:** Okay. Okay, other comments or  
13          questions --

14         **MR. GRIFFON:** We --

15         **DR. ZIEMER:** -- on the --

16         **MR. GRIFFON:** We also just -- we did consider  
17          that this morning, Paul, and the -- the second  
18          sentence we added in that phrase "where  
19          possible" for the cases going backwards, just -  
20          - just because of that because some of these  
21          cases we've reviewed were probably done in the  
22          early periods of the NIOSH program and they may  
23          not be able to find the correct version or --

24         **DR. ZIEMER:** Right.

25         **MR. GRIFFON:** -- whatever, so --



1           **DR. ZIEMER:** Understood.

2           **MR. GRIFFON:** -- we understand that, as well.

3           **DR. ZIEMER:** Okay. Board members, are you  
4 ready to vote on this motion? It appears we're  
5 ready to vote.

6 All in favor, say aye?

7                           (Affirmative responses)

8 Those opposed, no?

9                           (No responses)

10 Any abstentions?

11                           (No responses)

12 Then the motion carries.

13           **DR. WADE:** For the record, unanimously.

14           **DR. ZIEMER:** Proceed.

15           **MR. GRIFFON:** Okay. The second motion that --  
16 that we came up with from the subcommittee is  
17 regarding the blind reviews, and basically we --  
18 -- in the original scope of work we did task  
19 SC&A with doing some blind reviews. We thought  
20 that we needed a -- a little more defined  
21 instruction on how to proceed on that, the  
22 purpose of the blind review as well as the  
23 mechanics of how we're going to do the blind  
24 reviews. And we -- we -- we've yet to select  
25 any cases -- today when we looked at the 8th

1 set, we did not yet select any blind review  
2 cases -- but we at least outlined an -- an  
3 approach in this motion of how to proceed. And  
4 I think that's -- I guess I can read this for  
5 the record, as well?

6 **DR. ZIEMER:** Please read the motion, then we'll  
7 discuss it.

8 **MR. GRIFFON:** Okay. (Reading) The purpose of  
9 the blind review is to determine if required  
10 assumptions, application of tools,  
11 interpretation of data and treatment of data  
12 yield consistent and scientifically-defensible  
13 results for the dose to the organ of interest.  
14 The Board will select cases for the blind  
15 review. NIOSH will provide the Board and SC&A  
16 case information on a CD for review. The Board  
17 and SC&A will not ac-- will not access the  
18 NOCTS database or any other claimant databases  
19 for such review.

20 The blind review will be conducted using  
21 available tools developed by NIOSH/ORAU but  
22 without any case-specific analytical files.  
23 These blind reviews will be focused on best  
24 estimate cases, to the extent possible.

25 **DR. ZIEMER:** Again, this motion comes from the

1           committee and does not require a second. It is  
2           open for discussion. I'd like to ask a  
3           question. Mark, where -- it says the Board and  
4           SC&A will not have access to the claimant  
5           database. They will have information -- well,  
6           what -- what information will they have in  
7           terms of -- they certainly have to know the  
8           time since exposure, there's -- there's certain  
9           pieces they --

10          **MR. GRIFFON:** Yeah, they'll be provided certain  
11          claimant files, but they won't be -- usually in  
12          a DR file that's on the NOCTS or -- or the R  
13          drive on the da-- on the server, they have the  
14          -- all the DR development tools, including the  
15          IREP input files which would give all the  
16          specific doses by year, IMBA runs that they've  
17          done, all those analytical tools. They'll also  
18          have the -- the workbooks that they use to  
19          calculate various types of doses and for this  
20          analysis I think we'd say that on a CD, SC&A  
21          would get that workbook, but it would be a  
22          blank workbook. It wouldn't have anything in  
23          it. So then it's up to them to -- you know,  
24          how to use the workbook.

25          **DR. ZIEMER:** Right. It would have the basic --

1           **MR. GRIFFON:** Right.

2           **DR. ZIEMER:** -- information on the claim, what  
3           the nature of the claim --

4           **MR. GRIFFON:** So they're getting the raw data  
5           and the tools, but none of the -- none of the -  
6           - the -- how to fit the raw data into the tools  
7           or how -- what assumptions to make in fitting  
8           those things together. That's basically my  
9           understanding.

10          Stu or John, if you want to clarify that, I  
11          don't know.

12          **DR. ZIEMER:** Stu.

13          **MR. HINNEFELD:** What I envisioned would be that  
14          whatever was in the claimant file at the time  
15          the dose reconstruction was prepared -- you  
16          know, before the actual dose reconstruction is  
17          done --

18          **DR. ZIEMER:** Whatever a constructor would start  
19          with.

20          **MR. HINNEFELD:** Right, whatever the dose  
21          reconstructor would have had available when  
22          they did the dose reconstruction would be  
23          copied onto the CD, so that would include any  
24          response from DOL, any correspondence from DO--  
25          let's see, well, response from DOE, any kind of

1 referral information or -- or amended  
2 information from DOL, any correspondence --

3 **MR. GRIFFON:** With the claimant, correspondence  
4 -- yeah.

5 **MR. HINNEFELD:** Yeah, including -- I mean we  
6 can put everything in there just by date, you  
7 know, up until the date. The claimant  
8 interview of course would be in there.

9 **MR. GRIFFON:** Right.

10 **MR. HINNEFELD:** So -- just whatever the --  
11 whatever would be available to the dose  
12 reconstructor when he did it.

13 **DR. ZIEMER:** And I think, in fact, what we'll  
14 have to do is -- is try a number of these and  
15 determine whether or not we think we're really  
16 doing a blind reconstruction, and we'll know  
17 that fairly fast, but --

18 **MR. GRIFFON:** Yeah.

19 **DR. ZIEMER:** -- this sounds like the right  
20 approach.

21 SC&A, did you have any input on this at that  
22 point? You understand what we're talking about  
23 here, too?

24 **DR. MAURO:** Yes, I do, I -- I'll just have one  
25 observation and I'll certainly ask Kathy

1 Behling if she has any other comment, too,  
2 since she's very close to this, but when you  
3 say that the tools will be provided, typically  
4 when a dose reconstruction is done by NIOSH and  
5 a -- and a workbook is used or a -- normally  
6 that workbook is available for that particular  
7 case. What I'm hearing is -- and it's usually  
8 populated --

9 **MR. GRIFFON:** Right, I'm saying not populated  
10 (unintelligible).

11 **DR. MAURO:** And so -- so what we would have is  
12 a workbook that would -- that was -- so the  
13 only information that goes above and beyond  
14 what I would say DOE would provide would be  
15 information that yes, in fact NIOSH did use a  
16 workbook in this particular case and this is  
17 the workbook that was used, but it would not be  
18 populated.

19 **MS. MUNN:** Yeah.

20 **MR. GRIFFON:** Right.

21 **DR. MAURO:** Okay.

22 **MR. GRIFFON:** That's my understanding, yeah.

23 **DR. ZIEMER:** Well, I -- I would even ask  
24 whether you want to tell them that or have -- I  
25 mean where does the dose reconstructor start?

1           Who -- who decides what workbook to use to  
2           start with?  May-- maybe you want to -- maybe  
3           you want the --

4           **MR. HINNEFELD:**  It might be more blind if we --  
5           if the library of available tools was made --

6           **DR. ZIEMER:**  Here's the --

7           **MR. HINNEFELD:**  -- available to SC&A.

8           **DR. ZIEMER:**  -- tools; you -- you decide what -  
9           - I mean that -- isn't that what happens for  
10          the --

11          **MR. HINNEFELD:**  That's what happens with the  
12          dose reconstructor.

13          **DR. ZIEMER:**  Yeah, somebody doesn't hand him  
14          the workbook and say this is the one to use.

15          **MR. HINNEFELD:**  Right.

16          **MR. GRIFFON:**  Okay.

17          **DR. ZIEMER:**  Right, so can we do it with that  
18          understanding?  It seems to me he's got to  
19          start from the same place --

20          **MR. GRIFFON:**  I think -- I think so, as long as  
21          the -- the library of tools is -- is readily  
22          available -- findable, I should say.  I'm not  
23          sure those are always --

24          **DR. ZIEMER:**  Well, yeah, we don't -- we don't  
25          want them to spend their whole time trying to

1 figure out where the tools are.

2 **MR. GRIFFON:** Right, right, right.

3 **DR. ZIEMER:** You know, here's where the first  
4 clue is, and --

5 **MR. GRIFFON:** Yeah.

6 **MR. HINNEFELD:** I think that maybe when I get a  
7 better idea of what exactly the library looks  
8 like and where it is, we can develop a place,  
9 make sure it's well understood what -- the  
10 tools are available and where they are.

11 **MR. GRIFFON:** And I -- and I agree, Paul, that  
12 I think we need to do a couple of these, the  
13 first round, and just see if we really are  
14 getting what we think we're getting --

15 **DR. ZIEMER:** Yeah.

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

17 **DR. ZIEMER:** Yeah.

18 **MR. GRIFFON:** -- so...

19 **DR. ZIEMER:** Okay, so we'll -- we'll take that  
20 as sort of the sense of the motion as we  
21 proceed.

22 **MR. GRIFFON:** Yeah.

23 **DR. ZIEMER:** Other comments or questions?

24 (No responses)

25 Okay, I think we're ready to vote then. All



1           who are in favor of this motion, say aye?

2                           (Affirmative responses)

3           And those opposed, say no?

4                           (No responses)

5           And any abstentions?

6                           (No responses)

7           Okay, ayes above the noes, as they say.

8           **DR. WADE:** Unanimously.

9           **DR. ZIEMER:** Uh-huh.

10          **MR. GRIFFON:** I think the -- the next items, I  
11          -- in the subcommittee I -- I did give an  
12          update on the status of our reviews. And just  
13          for everyone's purposes, we -- we had a  
14          subcommittee meeting in Cincinnati in between  
15          the last meetings and we did make progress on  
16          the fourth set of reviews and the fifth set of  
17          cases, which would be up through 100 cases.  
18          And we haven't closed them out completely so  
19          we're still in the resolution phase for both of  
20          those matrices, but we have -- the fourth set,  
21          we have some very -- we -- we have some cases  
22          where NIOSH has agreed to -- to come back to  
23          the subcommittee with some detailed written  
24          responses. These are questions that couldn't  
25          sort of -- couldn't be quickly answered in a

1 matrix spot on -- on the matrix and we need a  
2 little more detailed backup analysis to support  
3 their argument in the matrix. So we're hashing  
4 through those.

5 And in the fifth set, at the last meeting we  
6 took our first run-through of the matrix and we  
7 had some first discussions after NIOSH's  
8 response. We had SC&A's findings and NIOSH's  
9 response, and then we took a first crack at a  
10 resolution. I've -- I've edited that matrix  
11 and -- in draft form, certainly. It still has  
12 some question marks from my own notes, but I  
13 will circulate that, but those two items are  
14 still outstanding and the -- and I imagine  
15 we'll just proceed in the subcommittee. We're  
16 working through those matrices. I hope to  
17 close both those, the fourth and fifth set, out  
18 by the next subcommittee meeting, which I -- I  
19 plan to schedule in between the next -- this  
20 meeting and the next Board meeting, so I think  
21 that works well for going through the details  
22 is to have the subcommittee meeting in  
23 Cincinnati to work through that matrix level  
24 sort of information, so I think we'll plan to  
25 do that again.

1           **DR. ZIEMER:** Let me ask a question also at this  
2 point. On set seven, during our last phone  
3 meeting, we were trying to get the teams  
4 identified for that. I want to make sure all  
5 the Board members now have got the team  
6 assignments which Lew and I actually did with  
7 Kathy's help after the meeting since we had  
8 some issues on how the cases were numbered. Is  
9 there anyone that did not get the final set of  
10 assignments? Apparently --

11           **MR. GRIFFON:** Stu didn't.

12           **MR. HINNEFELD:** I don't think I got them.

13           **DR. ZIEMER:** Well, we're -- we're trying to  
14 keep this from you, Stu.

15           **MR. HINNEFELD:** It would make my life simpler.

16           **DR. ZIEMER:** Last -- last (unintelligible).

17           **MR. HINNEFELD:** It would make my life simpler,  
18 but to burn the CDs to get the case files to  
19 those -- to the Board members --

20           **DR. ZIEMER:** Right, I -- I will hand you some  
21 of the copies here today yet. Yeah, thank you.

22           **MR. GRIFFON:** Okay.

23           **DR. ZIEMER:** Okay, proceed.

24           **MR. GRIFFON:** And then I guess that brings us  
25 to the eighth set, and this morning in the

1 subcommittee NIOSH, Stu's group, generated two  
2 lists again, similar to what we did last time.  
3 We have a -- and I assume everybody has copies  
4 of these.

5 **DR. WADE:** Yes.

6 **MR. GRIFFON:** One of the spreadsheets says full  
7 internal and external, and the other one is  
8 titled "Random Selections," and we took a first  
9 crack at the subcommittee level of going  
10 through and selecting cases. I think we came  
11 up with 43, is that --

12 **DR. WADE:** Forty-three.

13 **MR. GRIFFON:** -- 43 cases. Our goal is -- now  
14 this is the -- we -- we're proposing this two-  
15 tiered approach again where we have 43 cases  
16 here. If we agree on these at the Board level,  
17 then we'll ask NIOSH to go back and give us  
18 that more detailed information, which included  
19 like information on the DR approach. If you  
20 recall, we asked the -- that -- that more  
21 detailed information. After we get that back,  
22 my -- my goal would be -- assuming we have  
23 another Advisory Board phone scheduled, then we  
24 can make a final determination on that phone  
25 call meeting with the full Board selecting the

1 final. And our goal is to get 32 cases out of  
2 these 43 for the full eighth set.

3 **DR. WADE:** The phone call is scheduled for June  
4 12th.

5 **MR. GRIFFON:** June 12th, so in -- from now till  
6 before June 12th, NIOSH will be able to give us  
7 a more detailed matrix with the other  
8 information, and then we can select our 32 from  
9 these 43, assuming that these are accepted by  
10 the full Board. So I would say if we can  
11 indicate which ones we pre-selected, everyone  
12 on the Board might want tonight to look them  
13 over like we did last -- at last meeting and  
14 then we can maybe vote on them tomorrow or  
15 whatever, you know.

16 **DR. WADE:** Uh-huh.

17 **MR. GRIFFON:** You want -- Lew, do you have the  
18 numbers?

19 **DR. ZIEMER:** That would be good. Do you want  
20 to go through and give us the -- the --

21 **DR. WADE:** I'm going to start with the full  
22 internal and external, and I'm going to only  
23 read you the last three numbers in the  
24 selection ID. That's to save you time.

25 **DR. ZIEMER:** These are all in reverse order.

1           **DR. WADE:** Yeah, they're --

2           **MR. GRIFFON:** They're -- they're not in  
3 numerical order, so it takes --

4           **DR. ZIEMER:** Well --

5           **MR. GRIFFON:** -- it's a little harder to follow  
6 when they're not --

7           **DR. WADE:** They're in some reverse order,  
8 sometimes they get a little bit out of order  
9 but that's part of life.

10          So on page one --

11          **MR. GRIFFON:** Yeah.

12          **DR. WADE:** -- of full internal and external --

13          **MS. MUNN:** Dr. Wade, before you continue, for  
14 the rest of the Board that was not privy to our  
15 conversation this morning, it might be helpful  
16 for them to understand what our rationale was  
17 as we were going through these. We -- would  
18 you like to give that --

19          **MR. GRIFFON:** You can go ahead, Wanda. You're  
20 right. I'm sorry.

21          **MS. MUNN:** Because of the statistical  
22 information that we had received from our  
23 contractor just last week --

24          **DR. WADE:** And that's all in front of you --  
25 hard copy in front of you at your workplace.

1           **MS. MUNN:** Yes -- they had made it very clear  
2           to us that we were off of our goal a little bit  
3           on some of the initial percentages that we set  
4           out to achieve. Whether those are going to  
5           hold to be accurate and what we want to  
6           continue to do in the long run is questionable,  
7           but for the time being, because there were  
8           shortages in some of these arenas, very  
9           particularly we -- there was a shortage in our  
10          review of POCs between 45 percent and 50  
11          percent. We hadn't done quite enough of those.  
12          Nor was there an adequate number for work  
13          periods that began in the '60s, '70s, and '80s.  
14          So as we were going through these, we were  
15          looking primarily at those two items rather  
16          than at sites or at type of cancer, which we've  
17          reviewed in the past.

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

19          **MR. GRIFFON:** Thank -- thank you, Wanda. I  
20          forgot to...

21          **DR. WADE:** And also along the -- on the altar  
22          of stage-setting, we have 60 reviews a year.  
23          This year we decided to do them in two bites,  
24          so we did 28, now we're looking at 32. The  
25          blind reviews are over and above those 60, and

1 Mark will talk more about those later.

2 So now I'm going to try and read you 43, from  
3 which 32 need to be drawn. And again, starting  
4 with full internal and external, on page one,  
5 starting at the top, 295. Next, 289 -- if you  
6 get bingo, just yell it out -- 260 --

7 **MS. MUNN:** What's the page?

8 **DR. WADE:** -- 257, 254, 249, 240, 239 --

9 **MS. MUNN:** Next page.

10 **DR. WADE:** -- 236, 227, 226, 224.

11 **MS. MUNN:** Next page.

12 **DR. WADE:** On to the next page, 210, 209, 195,  
13 187. On to page 5, 172. On the bottom of the  
14 page there are three, 157, 156, 155. On page 6  
15 just one, 153. On page 7, 120, 101. On page 8  
16 just one, 083. On page 9 just one, 045. None  
17 on page 10.

18 We'll then move on to the matrix headed "Random  
19 Selections," on page 1, 690, 684, 678. On to  
20 page 2, 666, 661, 649, 644. On to page 3, 632,  
21 627, 623 and 613. On to page 4 there's just  
22 one, 588. On to page 5 there's just one --

23 **DR. ZIEMER:** 588 is -- oh, no, that's one of  
24 those. Okay.

25 **DR. WADE:** Yeah, some -- sometimes they're out



1 of order. On page 5 there's just one, 562. On  
2 page 6, 551, 545, 528 and 525. And the last,  
3 hopefully, of the 43, on the last page is 514.

4 **MR. GRIFFON:** Okay.

5 **DR. ZIEMER:** Okay, therefore from this group  
6 then, this is 43 total. Correct?

7 **DR. WADE:** I believe.

8 **DR. ZIEMER:** And we -- we'll need to select 32  
9 and the suggestion Mark has made is to do this  
10 during our working session later in the week,  
11 after you've had a chance to look at these in  
12 more detail.

13 **DR. WADE:** Mark --

14 **MR. GRIFFON:** Yeah, we want -- we want to know  
15 if these 43 are acceptable to then give to  
16 NIOSH to get more information. Then we'll --

17 **DR. ZIEMER:** And then you would --

18 **MR. GRIFFON:** Then we'll go --

19 **DR. ZIEMER:** -- select the 32.

20 **MR. GRIFFON:** -- to the next step, right.

21 **DR. ZIEMER:** Okay. So basically we'll be  
22 looking for perhaps two things. One is  
23 anything that you don't -- any of these that  
24 you don't think should be on the list, and do -  
25 - you want others that someone may wish to make

1 a case for adding to the list. So this --  
2 this'll come as a recommendation for feeding  
3 back to NIOSH for that additional information.

4 **MR. GRIFFON:** Right.

5 **DR. ZIEMER:** And we can take action on that  
6 then later. Any questions or comments?

7 **DR. WADE:** And the expectation is that once  
8 NIOSH brings that information back, then on the  
9 Board call on the 6th of -- the 12th of June,  
10 we'll finalize those 32 and then SC&A will have  
11 their 60 for the year. And then, Mark, you'll  
12 be requesting information --

13 **MR. GRIFFON:** Yeah --

14 **DR. WADE:** -- on blind reviews.

15 **MR. GRIFFON:** Yeah, we were going to -- Stu  
16 actually recommended this so I want to make  
17 sure I get it right, but the notion would be  
18 then after we select those cases out of this --  
19 these available best estimate cases, they could  
20 give us another matrix of best estimate cases,  
21 but this time give us ranges of POCs so we  
22 don't have an exact POC number output, and then  
23 we can use those to select the blind cases, I  
24 think -- is that -- that's sort of the sense,  
25 Stu?





















1 review SEC petitions that did not qualify,  
2 chaired by Dr. Lockey, members Roessler,  
3 Melius, Clawson and Munn.

4 **DR. LOCKEY:** Thanks. Our working group met on  
5 November 9th and again on March 28th. The last  
6 meeting was in Cincinnati and we have  
7 summarized our findings and our  
8 recommendations. It was sent out to the  
9 working group as a final summary a number of  
10 times. We refinalized it again last week and  
11 it was sent out and accepted by the working  
12 group.

13 Generally what we found in relationship to this  
14 was that NIOSH seemed to be -- was doing a good  
15 job in relationship to this particular subject.  
16 Our recommendations were -- a number of  
17 recommendations were to make it more user-  
18 friendly. Other words, make it more accessible  
19 to the population that we're trying to serve,  
20 make the language more user-friendly, et  
21 cetera.

22 What I can do, if you'd like, is review each of  
23 these points in detail, or summarize each of  
24 the points if you'd like. Chair, I'll leave  
25 that up to you.

1           **DR. ZIEMER:** Before you do that, let me make  
2           sure -- Board members, do you all have a copy  
3           of the -- hard copy of Dr. Lockey's report?  
4           And this is on the table in the back for  
5           members of the public. There's a number of  
6           specific recommendations. I think most of the  
7           Board members had an earlier version of this --

8           **DR. WADE:** That's correct.

9           **DR. ZIEMER:** -- also, so I -- I ask you, Board  
10          members, do you want Dr. Lockey to go over  
11          these specifically in detail? Basically this  
12          comes as a recommendation from a workgroup. It  
13          constitutes a motion before us --

14          **DR. WADE:** That's correct.

15          **DR. ZIEMER:** -- for approval and so I'm going  
16          to interpret it as that. And then if you wish  
17          to either hear all the individual  
18          recommendations, or to ask questions about  
19          specific points, we can do it that way. I'm  
20          inclined -- I'm inclined to not have you  
21          reiterate every point since the Board members  
22          have had this in advance and have had  
23          opportunity to look at it, but we -- we can  
24          certainly do that if -- if the assembly so  
25          wishes. We'll make sure everybody's got a

1 copy.

2 I believe we had an earlier version of this --  
3 perhaps at our last meeting.

4 **DR. LOCKEY:** Does an-- does any member of the  
5 Board have any questions about our points and  
6 recommendations? In our last meeting we had  
7 the ombudsman participate, Laurie as well as --

8 **DR. WADE:** Denise.

9 **DR. LOCKEY:** -- Ms. Brock, and that was very  
10 helpful in finalizing this and adding some  
11 additional points to our recommendations. We  
12 found particularly that Laurie and Denise  
13 concurred with our recommendations, and through  
14 their input we added a few additional ones at  
15 our last meeting.

16 **DR. ZIEMER:** Okay. I'm looking around to see  
17 if -- if the sort of lack of comments means  
18 everybody is satisfied with the report or  
19 they're so stunned with your recommendations  
20 they're unable to react.

21 **DR. WADE:** No, it's the former. It's the  
22 former.

23 **DR. ZIEMER:** Many of the -- many of these  
24 points are simply statements. For example,  
25 phone consultation by NIOSH personnel,

1 consultations were comprehensive, informative  
2 and well-documented and so on. They are not  
3 requiring action, they are simply observations.  
4 Others are recommending certain things to make  
5 the process more user-friendly.

6 It's my impression that many of these have  
7 already been incorporated into the -- the  
8 process by NIOSH. Is that correct?

9 **DR. LOCKEY:** That's my impression, too. Larry  
10 is --

11 **DR. WADE:** Maybe LaVon can come up. LaVon, can  
12 you join us?

13 **DR. ZIEMER:** Is there -- are there any  
14 recommendations here, LaVon, that are so  
15 difficult that you just aren't going to be able  
16 to do them?

17 **MR. RUTHERFORD:** Make sure this is on -- no,  
18 none of them. In fact, we -- we were very much  
19 in agreement with the working group  
20 recommendations, and we are implementing those  
21 now.

22 **DR. ZIEMER:** Thank you. If -- if there are no  
23 other comments, then the Chair is inclined to  
24 ask the Board to endorse the working group's  
25 recommendations here by an affirmative vote.

1 All in favor of this report, please say aye?

2 (Affirmative responses)

3 Are there any opposed, no?

4 (No responses)

5 Any abstentions?

6 (No responses)

7 Then the Board endorses this report. We thank  
8 the working group. In -- in essence, this  
9 completes the work of that working group. We  
10 hate to see working groups fade away, but --

11 **MS. MUNN:** No, we don't.

12 **DR. ZIEMER:** -- Dr. Lockey, I declare that the  
13 work of your working group is done and you need  
14 not meet further, at least under this guise.

15 **DR. LOCKEY:** We appreciate that. Thank you.

16 **DR. WADE:** Hear, hear.

17 **MS. MUNN:** As agreed, hear, hear. Yes. We are  
18 officially disbanded. Good night.

19 **DR. ZIEMER:** Okay, let's proceed down the list.  
20 Lew, could you just --

21 **DR. WADE:** All right, I will --

22 **DR. ZIEMER:** -- go through the roster there?

23 **DR. WADE:** -- skip the subcommittee on dose  
24 reconstruction as we've heard their report  
25 earlier. Next is the workgroup on the Nevada



1 Test Site site profile chaired by Presley;  
2 Munn, Clawson and Roessler.

3 **MR. PRESLEY:** We have met twice, once in person  
4 and then as a -- on a conference call, since  
5 the last Board meeting. What we are in the  
6 process of doing -- we're going to group some  
7 of the 25 issues into subgroups. I guess two  
8 of the big things that has gone on -- SC&A has  
9 agreed with NIOSH's presentation on the  
10 resuspension model -- with a few modifications,  
11 and I don't think there's anything on there  
12 that we can't live with -- so that will be  
13 done.

14 The other ongoing problem that we had was with  
15 monitoring -- people not wearing their badges.  
16 And as I understand it, this is going to be a  
17 site-wide problem or a complex-wide problem and  
18 that each case is going to be dealt with  
19 individual, as a case-by-case-based issue.  
20 And the last thing that we have ongoing is  
21 interviews. We have had a -- five to eight  
22 interviews done sometime back from -- NIOSH  
23 interviewed some people and we're having a  
24 problem kind of getting those passed on to SC&A  
25 and then back to us and giving SC&A time to

1 comment those interviews, so we're waiting on  
2 those interviews -- comments from SC&A, and  
3 then we will be ready to hopefully come with  
4 some type of a recommendation to the Board.  
5 Any of the Board members or working group  
6 members have any comments on this?

7 **MS. MUNN:** I have one question, whether we have  
8 a feel for when our next meeting can occur once  
9 we've cleared the air on these latest  
10 interviews?

11 **MR. PRESLEY:** If we can find Arjun and find out  
12 where he stands on the -- on that, then we can  
13 come up with a date for an interview (sic).  
14 We'll try to do that this -- this -- in the  
15 next two days.

16 **MS. MUNN:** He's in the building. Maybe we can  
17 put that in our -- our --

18 **MR. PRESLEY:** Some -- we can -- we can find out  
19 when we get that done.

20 **MS. MUNN:** -- housekeeping issues on Friday.

21 **MR. PRESLEY:** And then we can come up with our  
22 next meeting. Anybody have any questions?  
23 Mark.

24 **MR. GRIFFON:** Just one on that -- the second  
25 item, I think you mentioned the --

1           **MR. PRESLEY:** Badging.

2           **MR. GRIFFON:** -- policy of badging, yeah, and -  
3           - and I think -- I think you're right, there is  
4           a site-wide approach being developed. You  
5           mentioned that it was going to be handled case-  
6           by-case basis, though? I'm not -- not sure I  
7           understand what that means or --

8           **MR. PRESLEY:** Jim.

9           **MR. GRIFFON:** -- Jim can follow--

10          **DR. NETON:** I think -- testing. I think we --  
11          we are addressing this as a complex-wide or, as  
12          you'll see on Friday, we're calling them global  
13          issues now. But you know, we're still in the  
14          process of doing that. It would be applied on  
15          a site-by-site basis once the -- once the  
16          technical position has been fleshed out.

17          **MR. GRIFFON:** A site-by-site?

18          **DR. NETON:** Yeah, site-by-site, not case-by-  
19          case.

20          **MR. GRIFFON:** Okay, not a case-by-ca-- okay.

21          **MR. PRESLEY:** I'm sorry.

22          **MR. GRIFFON:** That clarifies, thank you. I'm  
23          sorry.

24          **DR. ZIEMER:** Thank you.

25          **DR. WADE:** Go ahead.

1           **MR. PRESLEY:** That's all I have, Lew.

2           **DR. WADE:** Oh.

3           **DR. ZIEMER:** Next.

4           **DR. WADE:** Workgroup on the Savannah River Site  
5 site profile chaired by Mike Gibson; members  
6 Clawson, Griffon, Lockey.

7           **MR. GIBSON:** We haven't had any other meetings  
8 yet. We were still waiting around for the  
9 notes that were taken during the classified  
10 records review to be finished, looking --  
11 Savannah River Site, the classifier to look  
12 over them and get them back to the -- the  
13 authors of those notes. I understand that -- I  
14 believe they've been sent back to NIOSH rather  
15 than to the different subcommittee members or  
16 working group members, and so we're looking  
17 into that. And once we can get the notes back  
18 together we plan on getting together and trying  
19 to update the matrix and we should have a  
20 little bit more for the Board at the next  
21 meeting.

22           **DR. ZIEMER:** Thank you. Questions for this  
23 workgroup?

24           **MR. GRIFFON:** I -- I can actually just -- just  
25 to add on, what -- we did go down to Savannah

1 River for -- to review, which -- a database  
2 which I guess could have been or is considered  
3 classified right now, and I -- and I haven't  
4 gotten these notes back to Mike yet, but we did  
5 have a series of actions in addition to -- we -  
6 - we took some notes which had to be reviewed,  
7 certainly, and Mike's correct on that. But we  
8 did have a series of actions to sort of move  
9 along on -- on clarifying -- it -- it was  
10 apparent that the database we were looking at  
11 was not the database we thought we were going  
12 down there to see, so we have documentation  
13 that doesn't seem to be consistent with the  
14 actual physical database that we were looking  
15 at, so we're trying to sort out, you know,  
16 exactly what databases -- sort of the universe  
17 of databases that exist and make sure we can  
18 find the -- the -- the one of most interest, so  
19 it wasn't quite -- it -- you know, it wasn't a  
20 complete successful trip, but I -- you know,  
21 we're -- we're -- we've got a path forward for  
22 sorting out that concern over the database and  
23 I'll -- I'll get those notes to you, Mike. I'm  
24 a little tardy on that.

25 **DR. ZIEMER:** Well, I -- I'd like to ask either

1 Mike or Mark, is this going to be an ongoing  
2 problem with the Savannah River Site? Are  
3 there going to be other sets of data that are  
4 going to require this kind of classified  
5 review? The classified review process seems to  
6 take long, simply logistically, and then the  
7 issue of figuring out what can be shared with  
8 the workgroup and so on. What -- what do you  
9 see down the road? Is this going to be a  
10 continuing issue there or is this a one-time  
11 thing?

12 **MR. GIBSON:** I'd -- I'd probably defer to some  
13 of the members that have the clearance that  
14 have seen the database.

15 **MR. GRIFFON:** Yeah. I -- I mean I think we  
16 might need another trip down there, but my --  
17 my sense, and I think -- I don't know if -- Sam  
18 Glover's not here from NIOSH, I don't think,  
19 but you know, my sense is it was sort of a --  
20 it -- the database we were looking at was --  
21 was termed classified for precautionary  
22 purposes and -- but I really think that we did  
23 do some queries to sort of ascertain what we  
24 were interested in and -- and narrow down the  
25 request, and then I think that requested

1 information can be declassified fairly easily.  
2 I -- I actually don't think most of the stuff  
3 we're interested in even is classified, but --  
4 so that was -- that was our goal was while we  
5 were down there to try to do some searches on  
6 this database, even though it wasn't the one we  
7 were looking for, see if there was anything  
8 there of interest and try to keep the search  
9 narrow enough so that anything we wanted to  
10 request we could have redacted fairly easily  
11 and -- and simply and not be a massive volume  
12 of -- of -- of -- you know, of records. So I -  
13 - the answer is I think maybe a limited amount  
14 of additional classified review, maybe one more  
15 trip down there to -- to do a final figure-out  
16 on which databases we're looking at, and then I  
17 think we'll have what we need and it'll be  
18 declassified.

19 **DR. ZIEMER:** Thank you. Pick up one more.

20 **DR. WADE:** Okay, now we're going to skip to --  
21 we have the workgroup on Rocky Flats site  
22 profile and SEC petition. We'll be hearing  
23 from that workgroup tomorrow. Then the  
24 workgroup on Chapman Valve SEC chaired by Dr.  
25 Poston, we'll hear from that workgroup

1 tomorrow, but Gen Roessler will be presenting  
2 as Dr. Poston's not with us.

3 Then we have the workgroup on SEC issues,  
4 including the 250-day issue and a preliminary  
5 review of 83.14 SEC petitions. That's chaired  
6 by Melius; members Ziemer, Roessler, Griffon.  
7 Melius is not with us now. We can either wait  
8 his report until he's with us or, if you would  
9 like to, Dr. Ziemer...

10 **DR. ZIEMER:** Well, the workgroup has not met  
11 since our last meeting, so I have -- I have  
12 nothing to report. Dr. Melius may have some  
13 additional comments, and we might want to hear  
14 from him tomorrow as well.

15 **DR. WADE:** Okay. Similarly, the workgroup on  
16 the Hanford site profile chaired by Melius;  
17 members Clawson, Ziemer, Poston, I assume we'll  
18 hear from Dr. Melius either tomorrow or during  
19 the Board working time. And also Schofield is  
20 a member of that, I'm sorry.

21 Then we have the workgroup on conflict of  
22 interest policy for the Board chaired by Dr.  
23 Lockey, who's looking for work now, along with  
24 Melius, Ziemer and Presley. Dr. Lockey, what  
25 are you going to do for us now?



1           **DR. LOCKEY:** I appreciate that. We have a  
2 meeting scheduled I think --

3           **DR. ZIEMER:** Next week.

4           **DR. LOCKEY:** -- next week. I was going to look  
5 at the date and I didn't have it with me.

6           **DR. ZIEMER:** It's --

7           **DR. LOCKEY:** We have a meeting scheduled --

8           **DR. ZIEMER:** -- May 11th.

9           **DR. LOCKEY:** -- May 11th. That's our first  
10 meeting, and all the information has been  
11 already sent out in a working folder for the  
12 working group members to review prior to the  
13 meeting.

14           **DR. WADE:** We have three minutes before our  
15 speaker joins us. I -- I'd like to raise a  
16 question that will come up later, and possibly  
17 now is the time to put it on the list of this  
18 workgroup. The Board has its operating  
19 procedures for how to deal with members who  
20 have conflicts, and we -- we all know what they  
21 are. The Board has not dealt with the issue as  
22 to whether or not a conflicted member can be on  
23 a workgroup that relates to that site. We have  
24 one case where we have a conflicted member on a  
25 workgroup. The Board has no policy on that.

1           Since workgroups don't make motions, they don't  
2           vote, there's no need for exclusion. But I  
3           think that might be something to have this  
4           workgroup look at.

5           **DR. ZIEMER:** Sure.

6           **DR. LOCKEY:** No, I would agree with that.

7           **DR. WADE:** Okay. So I think it would be wise  
8           to --

9           **DR. ZIEMER:** Add that to the agenda.

10          **DR. WADE:** -- to put that issue on your -- on  
11          your list.

12          Next we have the workgroup on procedures review  
13          chaired by Ms. Munn; members Gibson, Griffon,  
14          Ziemer, Presley as an alternate.

15          **MS. MUNN:** The procedures review group has not  
16          yet met. We have been postponing our first  
17          meeting until some of our larger projects that  
18          the working groups were involved in were --  
19          would be at a point where they wouldn't be  
20          taking quite so much time. It's my expectation  
21          to pull that group together for the first time  
22          if not this month, then certainly early in  
23          June. So we have -- have before us a list of  
24          material which the contractor has already  
25          completed review for, and we'll have plenty of

1 meat for our plate at that time. So we will be  
2 perhaps looking at a good date on Friday when  
3 we do our housekeeping issues.

4 **DR. WADE:** You might want to ask if the  
5 Senator's with us.

6 **DR. ZIEMER:** My watch shows that we are at five  
7 after 4:00. I wonder if Senator Obama's office  
8 is on the line yet.

9 (No responses)

10 Apparently not.

11 **UNIDENTIFIED:** (Unintelligible)

**ADDRESS FROM SENATOR OBAMA**

**SENATOR OBAMA**

12 **DR. ZIEMER:** Hello?

13 (NOTE: This telephone connection was somewhat  
14 muffled and, although great effort was made by  
15 the reporter to capture every word, accuracy  
16 required some portions to be deemed  
17 unintelligible rather than guess at the  
18 Senator's words.)

19 **SENATOR OBAMA:** Hi, this is Senator Barack  
20 Obama.

21 **DR. ZIEMER:** Oh, thank you for being with us.  
22 We appreciate your taking the time to comment  
23 again to the Board, so the floor is yours,  
24 Senator. Thank you very much.

1           **SENATOR OBAMA:** Well, thank you so much. First  
2 of all, we thank you for the opportunity to  
3 speak to you today. I also enjoyed meeting  
4 with the Board last September in Naperville.  
5 At that meeting you may recall that I expressed  
6 my support for the Dow Chemical workers in  
7 Madison, Illinois, many of whom I've met with  
8 personally. My office, together with  
9 Congressman Shimkus and other members of the  
10 Illinois delegation and Southern Illinois  
11 Nuclear Workers group, has invested hundreds of  
12 hours investigating what went on at the Dow  
13 plant. I know NIOSH has, as well, and I think  
14 we can all agree it was a dirty, dangerous  
15 place to work. This is why I want to commend  
16 NIOSH for recommending to the Board that we  
17 felt the workers should be compensated, and I  
18 urge the Board to approve the Dow SEC petition  
19 before you without delay. The workers have  
20 waited long enough. The evidence is clearly  
21 (unintelligible). Now we need to do the right  
22 thing and give these workers the small measure  
23 of justice our country owes them for their  
24 service.  
25 These men and women responded to the call to

1 duty during the Cold War. They sacrificed  
2 their health to defend us, and they've spent  
3 decades without recognition of their sacrifice,  
4 decades without compensation to help pay for  
5 their treatment. All of you have the  
6 opportunity to (unintelligible) ease the burden  
7 on these workers and families and acknowledge  
8 the (unintelligible) and dangerous work  
9 (unintelligible).

10 (Unintelligible) urge the Board to look closely  
11 at extending coverage -- extend the coverage  
12 period from 1957 through 1960 to 1957 through  
13 1998. This extension will allow for the  
14 coverage of at least 23 more workers who were  
15 exposed to residual contamination that were not  
16 (unintelligible) covered under the Dow SEC  
17 petition you will vote on tomorrow. I hope you  
18 will consider (unintelligible).

19 My staff will provide a more detailed  
20 explanation tomorrow for the extended coverage  
21 period. Also I understand that the Department  
22 of Energy has not produced one single document  
23 which establishes why the covered facility  
24 description is drawn the way it is. It would  
25 be unfortunate if you failed to compensate

1           these additional workers simply because you've  
2           heard only (unintelligible) assertions and not  
3           the testimony of these workers, the very people  
4           who know more about -- more than anyone else  
5           about what actually happened at Dow Chemical --  
6           Dow Madison. And that troubles me, and I will  
7           simply urge the Board to (unintelligible)  
8           compensation program in the first place.

9           In closing let me briefly touch on an issue  
10          that I also addressed last December in  
11          Naperville. That is the issue of timeliness of  
12          this (unintelligible). I appreciate your  
13          willingness to put this (unintelligible) on  
14          your agenda for this week, but I also hope that  
15          you consider implementing changes that will  
16          provide closure to (unintelligible) workers and  
17          their families as quickly as possible. I think  
18          that we as a nation owe them (unintelligible).  
19          With that, thank you very much for taking the  
20          time to listen to me, and I wish you well in  
21          your continued work. Bye-bye.

22          **DR. ZIEMER:** Thank you very much, Senator.  
23          Again, we're -- we're pleased that you took  
24          time to address the Board today and we will be,  
25          as you know, working on this issue tomorrow and

1 we'll be in close touch with your staff as well  
2 in that process.

3 **SENATOR OBAMA:** Thank you so much. Okay, talk  
4 to you soon.

5 **DR. ZIEMER:** Thank you. Now we'll return to  
6 our -- oh --

7 **DR. WADE:** Robert, did you want to say --

8 **DR. ZIEMER:** -- Robert, additional comments?

9 **DR. WADE:** It's not necessary.

10 **MR. STEPHAN:** (Off microphone) (Unintelligible)

11 **DR. ZIEMER:** Yeah, we'll catch you tomorrow.

12 **MR. STEPHAN:** Thank you.

13 **WORKING GROUP UPDATES**

14 **DR. ZIEMER:** Thank you. We'll return now to  
15 our agenda item, which is the workgroup reports  
16 and updates. Let's continue.

17 **DR. WADE:** Workgroup on the Blockson Chemical  
18 SEC, chair Munn; members Roessler, Melius,  
19 Gibson.

20 **MS. MUNN:** The Board will recall that the site  
21 profile was withdrawn for revision, and at that  
22 time we had anticipated that revision would be  
23 forthcoming fairly promptly. To this date it  
24 has not been. The working group cannot  
25 continue until we have that document in hand so

1           that SC&A can review it. I sincerely hope that  
2           the budget problems that we're having are not  
3           going to in any way affect the completion of  
4           this particular document since it seems to me  
5           to be -- we've reached the point where time is  
6           of the essence.

7           **DR. WADE:** I think you were talking of a  
8           petition evaluation report --

9           **DR. ZIEMER:** Dr. Neton --

10          **DR. NETON:** I could shed some light on the  
11          status of the revision to the site profile that  
12          the working group is waiting for. It is in  
13          draft form. We have -- I've reviewed it  
14          internally and we expect it to be ready for  
15          release fairly shortly, within a matter of a  
16          week or so.

17          **MS. MUNN:** Good.

18          **DR. NETON:** So it's very close to being  
19          finalized.

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

21          **MS. MUNN:** Thank you. We will convene a  
22          meeting of the working group as soon as that  
23          document is in hand, and SC&A has promised a  
24          very rapid turnaround of their review.

25          **DR. WADE:** For the record, we're speaking about



1 the Blockson Chemical SEC petition, but you're  
2 -- you need that site --

3 **MS. MUNN:** Site profile, yes.

4 **DR. WADE:** -- profile to do your work. Okay,  
5 thank you.

6 Next we have the workgroup on Fernald site  
7 profile and SEC chaired by Clawson; members  
8 Griffon, Ziemer, Presley and Schofield.

9 **MR. CLAWSON:** One of the things we'd like to  
10 bring up now, and I think maybe I could refer  
11 this to John, because what -- what we're in the  
12 --

13 **DR. WADE:** Microphone, please.

14 **MR. CLAWSON:** -- what we're in the process of  
15 right now is, since we've made this an SEC  
16 petition, SC&A's got to go through and they're  
17 creating a whole new matrix dealing with those  
18 issues. NIOSH has not yet been able to review  
19 that at this time. As soon as we do, then  
20 we'll convene. Is that fair to say, John?

21 **DR. MAURO:** Hans Behling is our lead on the  
22 full-blown SEC review for Fernald. He is --  
23 last I spoke to him, he's in the home stretch.  
24 Soon as that document is drafted, it will be  
25 made available as our standard work products

1           are made available. Of course it has to go  
2           through, in this case, the PA process. But you  
3           will receive it at the sa-- at the same time,  
4           according to our procedures. Part of that work  
5           product will have an attachment to it which  
6           will have a new matrix specifically geared  
7           toward the -- the SEC review that's going on  
8           right now.

9           **DR. WADE:** Thank you. Next, the workgroup on  
10          the LANL site profile and SEC chaired by  
11          Griffon; members Beach, Presley, Munn and  
12          Poston.

13          **MR. GRIFFON:** Yeah, we -- we've yet to convene  
14          -- I have yet to convene this workgroup and --  
15          but it's -- it's going to be a high priority,  
16          pending tomorrow's activities. Rocky Flats  
17          occupied a lot of time for a lot -- for several  
18          of us, so -- but LANL will be high on my  
19          priorities after that. I expect a meeting May  
20          to June -- a first meeting maybe. I think we  
21          need to -- we do have -- we do have at least a  
22          preliminary review from SC&A, I believe, so I  
23          don't know if -- I -- I'm looking to John to  
24          know where -- what the status of your review of  
25          the site profile is for LANL. I know we



1 Gibson. Gen?

2 **DR. ROESSLER:** Thank you, Lew. Before I start  
3 on my brief report, I'd like to find out if  
4 Antoinette Poncinore\* is on the line.

5 **MS. PONCINORE:** Yes, I am.

6 **DR. ROESSLER:** Okay, I'm glad -- glad you could  
7 make it, and did I -- would you pronounce your  
8 last name?

9 **MS. PONCINORE:** (Unintelligible)

10 **DR. ROESSLER:** Okay, my name is Genevieve, but  
11 that doesn't mean I can pronounce French very  
12 well.

13 Antoinette is with Linde Ceramics SEC Action  
14 Group, and she has been corresponding with us  
15 by e-mail. We're keeping her up to date on our  
16 meetings and on her actions.

17 Our working group met in Cincinnati, or at the  
18 Cincinnati Airport, on March 26th. We had I  
19 think a productive meeting with Steve Ostrow  
20 representing SC&A; Chris Crawford, NIOSH; and  
21 then other ORAU people working on the project  
22 on the telephone. We discussed items in the  
23 matrix. I think the biggest item that we  
24 discussed is that there have been 700 newly-  
25 found bioassays, and NIOSH will work with ORAU

1 on this to develop a new exposure model. This  
2 model will supersede the use of air  
3 concentration data for internal dose  
4 estimation.

5 The fact that this came up resolved maybe 50  
6 percent of the items that were in the matrix.  
7 Another item that NIOSH and ORAU are going to  
8 look at is the use of a geometric mean of a  
9 distribution versus the 95 -- 95th percentile  
10 values.

11 And then there are a number of other things  
12 that need to be looked at and resolved.

13 There's quite a bit of work here for ORAU to  
14 do. I understand that ORAU is assigning their  
15 resources as available to work on the -- this  
16 bioassay information and other issues.

17 The working group has been told that we should  
18 get a response to this from ORAU/NIOSH by June  
19 29th, or at least ORAU will have it to NIOSH by  
20 June 29th, and then it'll come to the working  
21 group. We're committed then to have a working  
22 group meeting as soon as possible after that.

23 I will have to -- I looked at the schedule.

24 I'll be at a Health Physics meeting in early

25 July. We have our next Board meeting July 17th

1 through the 19th, so I'm not sure that we'll be  
2 able to hold a working group meeting after we  
3 get the information from ORAU and before the  
4 Board meeting. We'll try, if -- if we can do  
5 that.

6 So I think that brings you up to date then on  
7 the Linde workgroup progress.

8 **DR. ZIEMER:** Good, thank you. It sounds like  
9 the Linde group has made some good progress  
10 since our last meeting. We appreciate that.

11 **DR. ROESSLER:** Yes, with the help of NIOSH and  
12 ORAU, and SC&A, too. We've had a good working  
13 group.

14 **DR. ZIEMER:** Okay, questions, Board members?

15 (No responses)

16 Okay, then let's proceed.

17 **DR. WADE:** And then last, the workgroup on  
18 worker outreach chaired by Mike Gibson; members  
19 Beach, Schofield, Munn.

20 **MR. GIBSON:** We've not -- I have not had the  
21 time to schedule a meeting for this working  
22 group. I've -- just based on the other  
23 workgroups we got going, but it's in the  
24 pipeline.

25 **DR. ZIEMER:** Remind me, though. On this one,

1 Mike, was your group going to be reviewing the  
2 existing outreach program or -- I'm trying to  
3 recall what sort of the charter of this one  
4 was.

5 **MR. GIBSON:** That was to be part of it.

6 **DR. ZIEMER:** It was pretty open-ended, but --

7 **MR. GIBSON:** Right, that -- that was to be part  
8 of it. It was also to include how workers have  
9 input into the process of -- of site profiles  
10 and to what extent they've been involved in  
11 having their -- their knowledge put in the  
12 process.

13 **DR. ZIEMER:** Right, and -- and to what extent  
14 has the input from the workers impacted both  
15 the dose reconstruction process and the site  
16 profile descriptions and so on. I guess it was  
17 pretty comprehensive from that point of view.

18 **MR. GIBSON:** Correct.

19 **DR. ZIEMER:** I -- I think that task probably is  
20 more difficult than it sounds at the surface.  
21 That is, assessing not only what's been done  
22 but what difference has it made.

23 **MR. GIBSON:** Right.

24 **DR. ZIEMER:** I suspect it's going to be  
25 important for this group to get together pretty

1           quickly and maybe set forth a process by -- I -  
2           - I think -- I think this is a -- this is a  
3           tough one. Our other -- our other workgroups -  
4           - we sort of know what to do 'cause we've done  
5           it before. We know how to review a site  
6           profile. But how are you going to go about  
7           doing the assessment, and I sort of want to  
8           challenge the -- who's on that workgroup?  
9           Okay, Josie and --

10          **DR. WADE:** Beach, Schofield and Munn.

11          **DR. ZIEMER:** -- Schofield -- okay, Munn. I --  
12          I think -- I think that's a real challenge for  
13          you to come up with a method for assessing not  
14          only what's being done, but what difference  
15          does it make; is it having an impact on -- on  
16          how things are -- are done, how decisions are  
17          made, how we evaluate SECs and site profiles  
18          and dose reconstructions; are -- are we  
19          utilizing to the -- to an optimum -- in an  
20          optimum way the input from our workers. I know  
21          there's been a lot of input. We have it on the  
22          individual cases. We have it at -- when we go  
23          to meetings. There's a lot of information  
24          collected, but how well are we utilizing it, so  
25          that's -- that's my challenge to you.



1           **MR. GRIFFON:** Yeah, I -- I wonder just -- I  
2 know in the site profile documents, the various  
3 revisions, a lot of times at the front of it  
4 you'll -- you'll see, you know, a -- a revision  
5 and -- and it was modified based on comments  
6 from so-and-so and the essence of the revision  
7 was -- and they describe it a little bit. I  
8 wonder if the worker outreach meetings are --  
9 are ever sort of targeted in those. I mean  
10 that might be one thing maybe to look at. I  
11 don't even know if those have been used in that  
12 way, if -- if -- in other words, if a site  
13 profile Rev. 0 was out and you had a worker  
14 outreach meeting, and then Rev. 1 actually  
15 considered some of the stuff said in the worker  
16 outreach meeting and was modified based on  
17 that, would that be accounted for in that sort  
18 of cover page where you -- where you note why a  
19 revision was made, so...

20           **DR. ZIEMER:** Okay, Brad and then Josie and then  
21 Phil.

22           **MR. CLAWSON:** If I understand right, one of the  
23 things that this workgroup was set up for was  
24 many times as petitioners and so forth they  
25 felt like that their comments were not making

1           it into the site database. And if -- if I'm  
2           not mistaken, part of this -- it's like when  
3           Wanda went to the worker outreach up there --  
4           to be able to actually track to make sure that  
5           this is getting -- the information is getting  
6           put into the database, the technical database  
7           of -- and that it's being used.

8           **DR. ZIEMER:** Josie?

9           **MS. BEACH:** And I guess one of my questions I  
10          asked at the last meeting was where would I go  
11          to find documentation on exactly what Mark was  
12          saying, how worker outreach is used. Where  
13          would I find it if I wanted to review  
14          procedures or -- 'cause I don't know at this  
15          point, so you raised a good question.

16          **MR. GRIFFON:** Well, the -- I mean I -- I think  
17          -- someone from NIOSH can probably pinpoint to  
18          you where on the NIOSH web site there -- there  
19          are -- all the worker outreach meeting minutes  
20          are there -- correct, Larry?

21          **MR. ELLIOTT:** (Off microphone) (Unintelligible)

22          **MR. GRIFFON:** It's just a matter of finding the  
23          right subfolder, but Stu can --

24          **MR. HINNEFELD:** Well, I might suggest that I  
25          believe we have a database of worker outreach

1           comments and resolutions, which would be a  
2           place to start.

3           **DR. ZIEMER:** Yeah.

4           **MR. HINNEFELD:** I mean that, coupled with the  
5           minutes from those meetings, you can see from  
6           the minutes has really an attempt been made to  
7           capture the -- the comments from -- from those  
8           meetings and is there a satisfactory resolution  
9           of those comments systematically. And I  
10          believe there's a database that would -- that  
11          contains that.

12          **DR. ZIEMER:** Okay, Phil.

13          **MR. SCHOFIELD:** One thing I've been doing is  
14          trying to let people know that I'm available to  
15          them. I've gone to several different meetings,  
16          met with different groups about how -- what the  
17          Board actually does and about -- that their  
18          input is important and about how the SEC  
19          process is actually carried out. So in that  
20          respect, by having the Board -- let them -- a  
21          lot of people don't realize that they can have  
22          input to the Board or to NIOSH, so I -- I've  
23          kind of tried to establish -- to let people  
24          know that I'm free to call, e-mail -- I have  
25          this advantage of not being a working person

1           anymore.

2           **DR. ZIEMER:** Okay, thank you. Well, my -- my  
3 challenge then to the workgroup is to get going  
4 on a brain-- I think you're going to have to do  
5 some brainstorming and say --

6           **MS. MUNN:** Oh, yeah.

7           **DR. ZIEMER:** -- just how are we going to go  
8 about this task, 'cause that's got to be the  
9 first step. But I think it's a -- a  
10 challenging thing. We kind of know intuitively  
11 what we're after, but I think you need to set  
12 forth a kind of road map, so Mike, that'll be  
13 in your hands to I think get this group  
14 underway and -- and you have a kind of  
15 different challenge than the other workgroups,  
16 but there's a lot of information there you can  
17 look at and make at least an early assessment  
18 of -- of whether it's been effective. And --  
19 and once you do that, then you'll be in a  
20 position to -- to make some good  
21 recommendations on what else can be done to  
22 assure not only that we get the input, but that  
23 we have some good solid ways of putting it to  
24 use and -- and feeding into the system, so I  
25 simply challenge you to -- to do that, and keep

1 us posted as you go along. I think that will  
2 be very useful.

3 **DR. WADE:** I think the good news is that under  
4 Mike's leadership this workgroup has passion  
5 for the issue and -- and I think that will go a  
6 long way towards making this a very productive  
7 workgroup.

8 **DR. ZIEMER:** Okay, Lew, I think that completes  
9 our reports --

10 **DR. WADE:** Right.

11 **DR. ZIEMER:** -- from the working groups except  
12 for those that we will hear from tomorrow in  
13 connection with the various SEC petitions.  
14 We're going to have a public comment session  
15 beginning at 5:00 o'clock. We're going to take  
16 a little break before that just to allow you  
17 all to catch your breath and --

18 **DR. WADE:** We might could use a couple of  
19 (unintelligible).

20 **DR. ZIEMER:** -- we'll have -- yeah, we'll give  
21 you a couple of minutes here, Lew, and I'll  
22 need to get the list of individuals that are  
23 going to speak.

24 I do want to point out, although the -- the  
25 agenda says that it's 5:00 to 6:00 o'clock, I

1           have assured members of the public who've  
2           expressed concern to me that that perhaps is  
3           not a lo-- enough time, particularly for some  
4           of the Rocky Flats folks who may wish to speak,  
5           that we're not bound by that time frame. I'm  
6           quite willing to go beyond that to allow all  
7           those who wish to speak this evening.

8           Now keep in mind also that tomorrow during the  
9           SEC petitions session there will be additional  
10          opportunities for the petitioners to officially  
11          make presentations, as well as individuals that  
12          they may designate to provide supporting  
13          statements. But we do want to be flexible  
14          tonight and allow as many to speak as they are  
15          able to, so -- Lew, some additional comments --

16         **DR. WADE:** I just --

17         **DR. ZIEMER:** -- before we take a break?

18         **DR. WADE:** Just in the three minutes left, to  
19          tee up an issue possibly for you to talk about  
20          on Friday during your work time. There has  
21          been a proliferation of workgroup meetings, and  
22          -- and with that, the demand on having  
23          transcripts available in a timely way has  
24          grown. What we've tried to do is a common-  
25          sense approach to -- to meet everyone's needs

1 as best we can. And if there -- if a workgroup  
2 feels that it needs its transcript very quickly  
3 and therefore they would move ahead in the  
4 queue of some other workgroups or a Board  
5 meeting that has taken place, then we -- we've  
6 done that. I don't know if the Board wants to  
7 develop more rigid rules about that. Right now  
8 I think the court reporter is doing a marvelous  
9 job and we're trying to use common sense to  
10 make these materials available. Sometimes that  
11 means that a meeting that happened in May will  
12 not have its transcript available as quickly as  
13 one that happened in July, and it's just  
14 because we're making assessments as to the  
15 importance of those materials. So something for  
16 you to think about and talk about during your  
17 work time.

18 **DR. ZIEMER:** Thank you very much. We're going  
19 to recess then until 5:00 o'clock, at which  
20 time we'll begin the public comment session.  
21 (Whereupon, a recess was taken from 4:35 p.m.  
22 to 5:00 p.m.)

**PUBLIC COMMENT**

**DR. PAUL ZIEMER, CHAIR**

24 **DR. ZIEMER:** We're going to start in just a  
25 couple of minutes. There's still others

1           registering. Just take maybe three or four  
2           more minutes and we'll get underway. Sorry for  
3           the delay, but...

4   (Pause)

5           **DR. ZIEMER:** Good afternoon, everyone. This is  
6           the public comment session of the Advisory  
7           Board on Radiation and Worker Health. I've  
8           been asked to announce that our session this  
9           afternoon is being videotaped by CBS and by  
10          Denver Post On-Line. Apparently if we have a  
11          good program here we'll replace American Idol  
12          or something, but... -- or CSI, right.  
13          I'd like to ask if there are any members of the  
14          Congressional delegation -- Colorado delegation  
15          here tonight?

16          **DR. WADE:** Staffs?

17          **DR. ZIEMER:** Would -- would you just quickly  
18          identify yourselves for the folks that are  
19          here?

20          **MR. THIELMAN:** Jason Thielman with  
21          Congresswoman Marilyn Musgrave's office.

22          **MS. MINKS:** I'm Erin Minks with Senator Ken  
23          Salazar's office.

24          **MS. BOLLER:** Carolyn Boller with Congressman  
25          Udall's office.



1           **MS. ALBERG:** Jeanette Alberg with Senator  
2 Allard's office. Thank you.

3           **DR. ZIEMER:** And...

4           **MR. (UNINTELLIGIBLE):** My name's Greg  
5 (Unintelligible) with Congresswoman Marilyn  
6 Musgrave's office.

7           **DR. ZIEMER:** Thank you. Any others? And we  
8 thank them for being with us tonight, as well.  
9 I'm Paul Ziemer. I serve as Chair of this  
10 Advisory Board and I want to remind you all  
11 that this is an advisory board. We are -- we  
12 are not part of the government. We are  
13 independent individuals that have been  
14 appointed to this task. We are not the ones  
15 that make the decisions on dose reconstruction  
16 compensation. We are advisory for the program.  
17 One of the things we do is we do give advice,  
18 for example, on whether or not there should be  
19 addition to the so-called Special Exposure  
20 Cohort, but we do not make that determination.  
21 We are one of the groups that give advice to  
22 the Secretary of Health and Human Services.  
23 So your input to us helps us in giving advice.  
24 We're not the guys that make all the decisions.  
25 Sometimes we're glad we're not; sometimes we

1 wish we could, but we do have the opportunity  
2 to provide input to the program, particularly  
3 the dose reconstruction program and the Special  
4 Exposure Cohort portion of the program that's  
5 administered through Health and Human Services  
6 by the National Institutes for Occupational  
7 Safety and Health.

8 But the individuals that you see before you  
9 here are individuals who are not connected with  
10 those agencies. We do not work for them.

11 We've been appointed separately by the  
12 President of the United States to serve in this  
13 capacity.

14 The Board recently established a time limit for  
15 public comments, a ten-minute per person time  
16 limit. Now that's -- that's sort of an upper  
17 limit. It's not a goal to be achieved,  
18 necessarily. I have over 30 individuals who  
19 have indicated that they would like to speak  
20 this evening, so you can do the math. And  
21 although our agenda says that we are meeting  
22 from 5:00 to 6:00, we are quite willing to stay  
23 here much longer, if needed. But if we stay  
24 here, we want you to stay here, too. So we ask  
25 that those who are speaking -- that you be

1           cognizant that there are others.  
2           I'm -- I'm usually not a very nasty guy, but  
3           I'm going to try to be nasty in the sense that  
4           I've asked Lew Wade -- Lew is a Designated  
5           Federal Official. And although the rest of  
6           these are Board members, appointed Board  
7           members, Lew is the Designated Federal  
8           Official. He does work for the government, and  
9           all of these boards are required to have one of  
10          those government guys around. But I have to  
11          put him to work and make him earn his money, so  
12          he's going to help me keep track of the time  
13          tonight. And when Lew nudges me and says ten  
14          minutes are up, I'm going to try to stop you if  
15          you're still talking. I hope I can be somewhat  
16          successful without hurting your feelings, but -  
17          - in fact, if you have 20 minutes worth, we're  
18          willing to give you the other ten at the end of  
19          the line, so you know, you can do half and half  
20          -- if anyone is still around to hear you at  
21          that time.

22          But nonetheless, be cognizant of other  
23          individuals who may wish to address the Board.  
24          In general, we looked at this as -- as it's  
25          called, a comment session, simply for you to

1           make your comments. Some of you have provided  
2           written material for the record. Everything  
3           that -- all of these comments are transcribed  
4           by our court reporter. They will go on our web  
5           site. Everything is -- is open to the public.  
6           This Board does not do anything in private, so  
7           any comments you make will be on the web site  
8           very soon for all the world to see, as well as  
9           your written comments.

10          So I'm just going to go through the list in the  
11          order given. You can come here and use the  
12          mike, and if you need any assistance, let us  
13          know. We do already have handout materials  
14          from some of you. If others have materials for  
15          the Board members, you can make them available  
16          at that time.

17          So we'll begin with Kay Barker, who's a Rocky  
18          Flats claimant. Kay, you can kick us off this  
19          evening with your comments. Welcome.

20          **DR. WADE:** I'll point out that there are chairs  
21          up here, too, if people need to sit. We have  
22          some chairs up here.

23          **DR. ZIEMER:** Additional chairs in the front.  
24          We're -- we're running out of space. I don't  
25          know, the fire marshal's probably cringing

1            somewhere, but -- and maybe -- maybe NIOSH is,  
2            too -- or the OSHA people, but anyway, we're --  
3            we're packed in here, but there is room -- if  
4            you're standing and want to sit, there are  
5            seats back...

6            **MS. BARKER:** Thank you, Dr. Ziemer and members  
7            of the Board. Thank you -- thank you for  
8            allowing me these few minutes to speak. I'd  
9            like to address the one Board member who hates  
10           to hear from the same claimants offering the  
11           same comments Board meeting after Board  
12           meeting. If you would listen and try to  
13           understand what we are saying rather than  
14           shutting us off, we wouldn't have to continue  
15           saying the same things over and over again.  
16           You think we like having to repeat ourselves  
17           all these times? No. But until you accept and  
18           understand we are telling you the truth and  
19           that we have proof, we'll have to continue.  
20           My repeat comment is that there is a conflict  
21           of interest here in allowing NIOSH to go  
22           forward with the dose reconstruction project  
23           per the ORAU OTIB-0058 effective January 8th of  
24           2007 that was released on March 30th, 2007. As  
25           I told you in September of 2006, the NDRP was

1 written by Roger Falk, co-authored by J. M.  
2 Aldridge and Nancy M. Daugherty, all of whom  
3 once worked for Rocky Flats and have a major  
4 conflict of interest on anything that has to do  
5 with Rocky Flats.

6 Approximately 2003 NIOSH developed a COI policy  
7 which stated that no person who worked at the  
8 site would be involved in performing dose  
9 reconstruction or authoring technical documents  
10 used in the dose reconstruction, yet you have  
11 Roger Falk, Jim Aldridge and Nancy Daugherty,  
12 who did just what NIOSH said they wouldn't  
13 allow.

14 I understand that it is NIOSH's policy not to  
15 have health physicists who have testified  
16 against employees in a Workers Compensation  
17 claim participate in site profiles where the  
18 claim originated. Well, I would like to bring  
19 to your attention that Roger Falk was an expert  
20 witness for Rockwell International and  
21 Travelers Insurance against George Barrie's  
22 Worker Compensation claim in 1996, which is  
23 another conflict of interest that NIOSH said it  
24 wouldn't allow.

25 In any science field this would be considered a

1 conflict of interest. How many of these  
2 conflicts do the Rocky Flats claimants have to  
3 accept that are SEC issues that NIOSH said they  
4 would never follow? The NDRP is not only a  
5 conflict of interest, it is not accurate.  
6 NIOSH never had the NDRP independently reviewed  
7 before accepting and using it for dose  
8 reconstruction. Dosimetry (sic) records are not  
9 complete nor present for 1997. Now isn't that  
10 the definition of an SEC petition?  
11 The NDRP, under 2.0, Application and  
12 Limitations, states except for the application  
13 of the NDRP ratios as described in section  
14 4.1.6, the methods described in this TIB apply  
15 only to workers at Rocky Flats Plant plutonium  
16 facilities during the period of 1952 to 1970.  
17 There are three important caveats (sic) or  
18 limitations. The final NDRP neutron dose for  
19 1997 may not be accurate. Recorded dosimeter  
20 data was not always complete. The gamma dose  
21 information for 1997 may not be present. The  
22 information on gamma dose was collected only  
23 when applicable to the NDRP effort.  
24 If the original NDRP lists these caveats (sic),  
25 how can NIOSH assume they can use it for dose

1 reconstruction?

2 I gave each one of you a copy of my late  
3 husband's NDRP showing that he has doses for  
4 two years before he even started working at  
5 Rocky Flats, which in itself makes the NDRP  
6 inaccurate. Not only does his report show the  
7 two years before, but of the 316 incidences, 15  
8 of those exposures were for years he wasn't at  
9 Rocky Flats. How can Lawrence's NDRP be  
10 accurate, or anybody else's as well? I'm still  
11 waiting for an answer as to why my late  
12 husband's - Lawrence Barker -- NDRP is so  
13 inaccurate.

14 The second area I wish to address tonight is  
15 your allowing NIOSH to have answers for all the  
16 zeroes in the claimant files, claiming they are  
17 applying claimant-friendly dose. In Lawrence's  
18 dose reconstruction NIOSH has listed, under  
19 external dose, 143 dosimeter cycles recording  
20 zeroes for a 30-250 keV photons. They also  
21 listed his missed neutrons as having 163  
22 dosimeter cycles of do-- zeroes, yet NIOSH  
23 feels they can give him accurate, claimant-  
24 friendly dose for these missed cycles when they  
25 don't even know where he was working during a



1 missed cycle as his work required him to be in  
2 the plant all the time and not just sitting at  
3 the desk that was in another location.  
4 Lawrence worked in the hot -- following hot  
5 buildings: 991, 771, 776, 777, 778 and 444.  
6 You don't even know why the cycle was missed.  
7 According to Brian with NIOSH, who stated --  
8 during my final interview before NIOSH rendered  
9 its first decision to DOL in November of 2004 -  
10 - that Lawrence's file seemed to have a lot of  
11 missing data. I would agree with this,  
12 considering he has a total of 306 dosimeter  
13 cycles reporting zeroes.  
14 In SC&A's report on the completeness of records  
15 there is a chart on page 4 and 5 of the report  
16 which I've enclosed in the packet you have been  
17 given. As you know, they found that for 1969  
18 and 1970 approximately 36 percent of the  
19 records are missing. However, this is also  
20 noted in the report. From 1977 onward to 1989,  
21 the percentages of missing data are equal to or  
22 greater than the ones for '69 and '70. 1981  
23 has a whopping 63 percent missing. SC&A has  
24 not investigated the reasons for so much  
25 missing data. You cannot reconstruct dose with

1 reasonable accuracy without reliable data.  
2 On Friday, September 1, 2006 I e-mailed Mr.  
3 David Sundin of NIOSH a FOIA request asking for  
4 a search of the logbooks in NIOSH's possession  
5 for a copy of each entry, including badge  
6 destruction, contamination incidents, trip to  
7 lung counter, references to contaminated scrub-  
8 downs and any other entries the logbooks might  
9 show. On that same date at 10:56 a.m. Mr.  
10 Sundin replied, stating we will respond to your  
11 request when we obtain images of the logbooks,  
12 which I am told will be very soon. I am still  
13 waiting for this information and today is May  
14 2nd, 2007. I'm wondering how much longer I'm  
15 going to be waiting for this information.  
16 My third and final comment is that, without  
17 good reason, you accept the credibility of  
18 NIOSH/ORAU, but yet you refuse to accept the  
19 credibility of the very people who worked at  
20 Rocky Flats. They know what they did, where  
21 they worked, what chemicals, toxins, solvents  
22 and metals they worked with or around. I know  
23 all of them would be more than happy to tell  
24 you about some of their frightening experiences  
25 and what it was like to work at Rocky Flats.

1 Yet you refuse to accept their word, but would  
2 rather take the word of somebody who never set  
3 foot on Rocky Flats soil.

4 I hope you will give the Rocky Flats workers  
5 your full attention and be open to what they  
6 have to tell you. I hope you will really  
7 listen and take the witness seriously. If you  
8 do, I believe you will understand why you  
9 should vote in favor of the Rocky Flats SEC  
10 petition.

11 In closing I want to remind you that the NDRP  
12 is a conflict of interest, as well as a  
13 conflict of NIOSH's own rules, which makes it  
14 an SEC petition issue and a positive vote for  
15 the SEC petition. Also you can't reconstruct  
16 dose with reasonable accuracy without reliable  
17 data. This makes it an SEC petition as well.  
18 Thank you.

19 **DR. ZIEMER:** Thank you very much, Kay. Next  
20 we'll hear from Dr. Charles Milne, representing  
21 a claimant. Dr. Milne.

22 **DR. MILNE:** Thank you. I'm glad to be here. I  
23 got my PhD in entomology from Ohio State  
24 University. My master's is in genetics from  
25 the University of Washington in Seattle. I

1 worked with [Name Redacted], Nobel laureate,  
2 and he is now the current head of the Fred  
3 Hutchinson Cancer Institute. I teach biology  
4 at Mountain State University in West Virginia,  
5 so I'm a long way from home. I teach human  
6 genetics and genetics, as well as some other  
7 biology courses, and one of the topics I do  
8 cover is the relationship between cancer and  
9 genetics.

10 I'm the son-in-law of Allen Lahti, who was a  
11 contract worker at Rocky Flats from 1963 to  
12 1991. He died of male breast cancer in 2005.  
13 His [Identifying Information Redacted] and I  
14 attended his first hearing because he was  
15 denied compensation because of a calculated  
16 probability of causation of 36.36 percent. He  
17 did have exposure to radiation. It was  
18 documented in the few radiation records that  
19 they have, dosimetry readings.

20 There's a number of other known risk factors  
21 for male breast cancer. He didn't have any of  
22 those, but he had exposure to radiation. The  
23 incidence of male breast cancer in the white  
24 American population is eight in a million  
25 males. And if you take the -- I don't know how

1 many people actually worked at Rocky Flats. If  
2 we just assumed 20,000 workers at Rocky Flats,  
3 half of them male and only eight in a million  
4 get male breast cancer, that would be only an  
5 eight percent chance that a male at Rocky Flats  
6 would contract male breast cancer. You'd have  
7 to have 12 Rocky Flats facilities spread across  
8 this country to reach the probability of having  
9 one person die from male breast cancer. That's  
10 how rare breast cancer is.

11 Now I'm a scientist and I've been looking at  
12 the dose reconstruction, the assumptions, the  
13 models, and I -- I'm not an epidemiologist, but  
14 I have the ability to look at these kinds of  
15 things and to study them and to make some  
16 comments.

17 The reason we're here today is because the  
18 government wrongly assumed that there was no  
19 threshold for exposure to radiation. There has  
20 been no proof that there is a threshold. A  
21 threshold would mean there's a level below  
22 which you can be exposed to a certain amount of  
23 radiation and not have a detrimental effect of  
24 some -- of some kind. Government assumed there  
25 was a threshold. There's no proof that there

1 is a threshold. In fact, a threshold would be  
2 very difficult to measure because you'd have to  
3 expose a large number of individuals to  
4 radiation and then follow them to find out what  
5 fraction of them might have contracted cancer.  
6 That experiment would actually be fairly  
7 unethical to run on humans. If we did it on  
8 lab rats, you may be able to get enough rats to  
9 do it and to run it, but it would be  
10 questionable as to whether you could take that  
11 and apply it to humans being exposed to  
12 radiation.

13 But I would argue that actually the U.S.  
14 government's actually done the experiment at  
15 Rocky Flats of taking a large number of  
16 individual humans and exposing them to  
17 radiation. I'm not an epidemiologist. I've  
18 not looked at the known cancer rates among the  
19 U.S. population and among workers at Rocky  
20 Flats. Is it higher than the normal population  
21 or is it the same? I don't know. But if it's  
22 higher, that would indicate that the experiment  
23 has been successful in showing that there  
24 probably isn't a threshold for radiation  
25 exposure.

1           Now I want to address dose reconstruction, the  
2           whole process. Missing doses -- the previous  
3           lady addressed missing doses. Apparently they  
4           exist. They exist for Allen Lahti's exposure  
5           record, and they just assumed -- as far as I  
6           can understand, assumed claimant-favorable  
7           averages that were among individuals at a  
8           facility. But that ignores the fact that  
9           individuals at the facility -- I never worked  
10          at Rocky Flats; I'm a university professor --  
11          but those that worked at the facility did  
12          different jobs and they had different  
13          exposures. That ignores that entire fact and  
14          making assumptions like that is -- is really  
15          unwarranted.

16          Let's look at the models of how we are able to  
17          arrive at -- after dose reconstruction to be  
18          able to say an individual had enough radiation  
19          exposure to say there's at least a 50 percent  
20          probability that it was caused by the -- by the  
21          radiation exposure. To do that you must  
22          develop what's called a -- a dose response  
23          curve, and it's a curve for a cancer that  
24          represents how much dose and the chances are of  
25          causing that cancer in a population of

1 individuals. And then when you determine how  
2 much dose an individual had, if you can do it  
3 accurately, then you just -- you'd use the  
4 curve and determine the probability of -- of  
5 causation from that curve.

6 The dose response curves are arrived at by  
7 looking at a cohort of individuals that  
8 survived the atom bomb blast in Nagasaki and  
9 Hiroshima. And first of all, their doses --  
10 they weren't wearing badges, but their doses  
11 were estimated based on the distance from  
12 ground zero. But again, that's an estimate  
13 based on how far they think they were from  
14 where it hit. That's not that accurate.  
15 They also are -- have a different genetic  
16 makeup than do the U.S. white male population.  
17 I refer to white males because -- not because  
18 I'm one, but because my father-in-law was one,  
19 and the cancer rates in different populations --  
20 - such as Japanese-Americans, Filipinos, white  
21 Americans -- are going to be different for  
22 different cancers. And that's not taken into  
23 account in this procedure.

24 The radiation that was received through those  
25 atomic bombs was probably different than the



1 radiation that was received by different  
2 individuals at Rocky Flats, and we're trying to  
3 compare apples and oranges here.  
4 The NCI/CDC working group to revise the 1985  
5 NIH RadioEpidemiological Tables wrote that,  
6 quote, "The choice of the transfer model  
7 involves considerable uncertainty.  
8 Transferring information about the Japanese  
9 cohort to American workers involves  
10 considerable uncertainty.  
11 And also it's possible that the workers that  
12 were -- that survived the atomic bomb might be  
13 healthier than the average American that was  
14 exposed and working at Rocky Flats. We're  
15 taking average Americans and those that  
16 survived. They may have been healthier and  
17 that's the reason they actually survived.  
18 After locating this group of individuals that  
19 survived the atom bomb blast, they were  
20 followed for a period and determined basically  
21 the rates of occurrence of various cancers.  
22 The dose response curves that were developed  
23 were for a massive, acute dose of radiation.  
24 My father-in-law, and other individuals that  
25 worked at Rocky Flats, most of them had chronic

1 exposure, low levels of exposure over a long  
2 period of time. We're trying to compare  
3 massive exposure to chronic exposure. There's  
4 no evidence that acute and chronic exposure to  
5 radiation are equivalent, or that dose response  
6 curves for cancers developed from acute  
7 exposure cohorts are appropriate for chronic  
8 radiation exposure. You need proper dose  
9 response curves for chronic exposure to be able  
10 to really calculate any accurate probability of  
11 causation.

12 Probability of causation calculations are based  
13 on a large number of assumptions. And for a  
14 scientist, the more things you assume, the less  
15 certain your result becomes. And there's a  
16 large number of assumptions in the calculation  
17 of reconstructing the dose -- I don't care if  
18 it is claimant favorable; we're talking about  
19 assumptions here. The calculation for the  
20 probability of causation for a cancer involves  
21 numerous assumptions for dose, and assumptions  
22 in the model which render the calculated PC  
23 value one with great uncertainty.

24 Also there's a whole principle of anytime you  
25 measure anything in science, it has an error

1           that's associated with it. I don't care if  
2           it's weighing a lab rat, it's going to have a  
3           certain amount of error associated with it.  
4           The more error you have in calculating an end  
5           result, the more error that end result has  
6           associated with it.

7           I took my -- the matrix of exposure, went to  
8           the IREP -- the NCI web site, put it in and  
9           calculated my own probability of causation  
10          based on the values that was provided from the  
11          dose reconstruction. His matrix had over 1,000  
12          input variables, each with an associated error,  
13          and there are numerous internal values. The  
14          probability of causation that was calculated --  
15          36.66 percent in mine, 36.36 -- has a huge  
16          error associated with it. You have to  
17          understand that 36.36 is being used to deny my  
18          mother-in-law's claim, and yet it has a  
19          tremendous error. There's no confidence  
20          interval given on this value. Is it 36 percent  
21          plus or minus two, or 36 percent plus or minus  
22          40? That is a serious shortcoming in the  
23          calculations.

24          There are also -- somehow, I'm not sure how,  
25          but there's uncertainty distributions involved

1           in calculating the probability of causation.  
2           And those are also part of the uncertainty,  
3           assumptions and errors that goes into  
4           calculating probability of causation.  
5           It's -- with -- with the numerous assumptions  
6           made, compounded errors and uncertainties that  
7           are used, the calculated PC value has little  
8           confidence, in my mind, as a scientist. I'm  
9           not trying to disdain those scientists that  
10          came up with the science behind it, but you  
11          have to understand that every value that's  
12          calculated has a certain amount of confidence  
13          associated with it. It just doesn't convey any  
14          confidence to me as a scientist.  
15          I have two quotes to read. I'd like to read  
16          two quotes. One is from the 1985 Oversight  
17          Committee report by the National Academy of  
18          Sciences, National Research Council, 1984.  
19          They held that the ratio called the probability  
20          of causation applies to populations and not  
21          individuals, and cannot be interpreted as a  
22          probability that a given cancer was caused by a  
23          given radiation exposure. You cannot --  
24          according to these individuals that developed  
25          the probability of causation, you can't use it

1 to determine if an individual's cancer was  
2 caused by it.

3 Here's another one. The NCI/CDC working group  
4 to revise the 1985 NIH RadioEpidemiological  
5 Tables wrote that the PC is not intended to  
6 represent the probability that a particular  
7 individual's cancer was caused by his or her  
8 radiation exposure, but rather the fraction of  
9 cases of a particular kind of cancer in a  
10 populations (sic).

11 The PC calculations were never intended to be  
12 used this way. It is scientifically  
13 inappropriate to use the PC calculations to  
14 calculate and to deny the claims of  
15 individuals. I'm addressing this to the whole  
16 approach that NIOSH uses. It's scientifically  
17 invalid. And of course Special Exposure Cohort  
18 -- these apply also. Thank you.

19 **DR. ZIEMER:** Thank you very much. Next we'll  
20 hear from Richard Olds, a claimant. Richard.

21 **MR. OLDS:** Thank you. My name is Richard Olds.  
22 I'm the owner of NIOSH [Identifying Information  
23 Redacted]. Basically I'm probably rehashing  
24 things that you've already heard. I started  
25 work at Rocky Flats in 1984. I worked as a

1 security guard. I talked with the Department  
2 of Labor and everything else about the numbers  
3 that NIOSH came up with. I told them I had no  
4 argument with that. I said they had their  
5 numbers, where they got them, what they -- how  
6 they used them. They knew what they were  
7 doing. The only part about it was that it  
8 didn't take into effect all of the other areas  
9 of exposure that we dealt with, that we didn't  
10 have dosimetry badges. We were in offices, we  
11 were in hallways. We were in cafeterias. We  
12 were in break rooms that were right next to  
13 contaminated areas. We picked up background  
14 radiation that you people wouldn't want. We --  
15 the exposures, even to myself, I wanted to tell  
16 somebody about -- I sat in a hallway as a  
17 security guard, with a conveyor belt running  
18 over my head that took contaminated parts from  
19 one building to the next building. My job was  
20 to get off -- get up off my chair and turn the  
21 alarm off, so I -- obviously I was exposed.  
22 Another job that I had was sitting in a  
23 hallway, supposedly a cold hallway, which meant  
24 there was no radiation in that area. We didn't  
25 wear dosimetry badges. I leaned on a wall for

1 about three and a half to four years. Then  
2 somebody decided to check the wall and found  
3 out it was low level contamination from the  
4 americium that was behind the wall. So, I get  
5 the cancer.

6 Right now I'm sitting on basically a -- my  
7 claim has been deferred. Eventually it may be  
8 heard. Probably some of that depends on your --  
9 -- ladies' and gentlemen's -- decision to  
10 forward their recommendations.

11 The other numbers -- if they're missing data  
12 and the other information that's necessary,  
13 that's not even in their info-- in their data  
14 or other exposures, I can't see how you can use  
15 their information. Thank you, I'm -- take up  
16 your time.

17 **DR. ZIEMER:** And thank you, Richard. Then next  
18 we have Terrie Barrie. Terrie.

19 **MS. BARRIE:** Good evening, Dr. Ziemer and  
20 members of the Board, and thank you once again  
21 for listening to our public comments that we  
22 feel that -- must be -- keep on going.

23 Tomorrow you will be tasked with deciding the  
24 Rocky Flats SEC petition. There are so many  
25 issues that need to be addressed -- tenth-hour

1           discovery of documents, NIOSH is adopting NDRP  
2           without independently verifying that the data  
3           is valid, not accepting affidavits as the truth  
4           from the workers.

5           But I'm going to focus basically on just one  
6           issue tonight, and that issue is I get very  
7           upset and disturbed when I hear that an issue  
8           discussed among the working group is not an SEC  
9           issue but is rather a site profile or TBD  
10          issue. An excellent example of this is the  
11          thorium issue. Now I have a whole lot of  
12          issues going on in here.

13          SC&A's report, as far as I know, says that this  
14          is an SEC issue. The reason for this decision  
15          is that NIOSH stands by using the NUREG-1400 as  
16          the model to reconstruct dose for thorium  
17          workers. NIOSH objected to the status as a SEC  
18          issue, and there was quite a lively debate on  
19          April 19th working group meeting. NIOSH and  
20          some Board members thought that this issue was  
21          resolved and that it would be designated a  
22          technical bulletin issue.

23          I wonder if you realize what it means to have  
24          an item classified as a TBD issue. Once the  
25          scientific debate is over and NIOSH and SC&A



1           come to an agreement, with the Board's  
2           approval, claims will need to be reopened. I'm  
3           aware of two such revisions, the NDRP and the  
4           target organ for the lymphoma procedure. These  
5           revisions were finalized at two separate times,  
6           the NDRP I believe in 2005 and the target organ  
7           for lymphoma this year.

8           Theoretically, a claimant who worked in the  
9           early years who has lymphoma, has had his dose  
10          reconstructed three times already -- once by  
11          submitting the original claim, once again --  
12          once to have the NDRP applied, and lastly to  
13          have the target organ procedure applied.  
14          Hanging out there of course is the concern of  
15          the OMB pass-back memo, the memo that wanted to  
16          control the cost and growth of benefits for  
17          this program. Has any federal official  
18          considered controlling the growth in  
19          administering this program? Do you realize how  
20          many times the claims will need to be reopened  
21          each time NIOSH revises a procedure? For the  
22          high-fired oxide calculations that was agreed  
23          upon, if the thorium issue is ever resolved,  
24          when someone finally realizes the Building 881  
25          did have a foundry in it. I have, by the way,

1 a copy of a DOE document about this.  
2 It sounds to me and a lot of other claimants  
3 now because it -- there's a pretty nice  
4 bureaucratic empire that has been set up.  
5 According to the *Rocky Mountain News* article  
6 last Saturday, approximately \$4 million per  
7 month goes to ORAU to reconstruct dose. Yes,  
8 let's make most of these issues TBD issues that  
9 have nothing to do with the SEC petition.  
10 Let's have prolonged scientific debate on which  
11 methods are the best to use to reconstruct  
12 dose. And yes, let's be very, very thorough.  
13 God forbid one person who worked 250 days at  
14 Rocky Flats is allowed to receive compensation  
15 that may not deserve it.  
16 And while this debate goes on, workers die.  
17 This program was not set up to give job  
18 security to dose reconstructors and the  
19 administrative personnel. It was set up to  
20 compensate the workers. If any document used  
21 in dose reconstruction is in error today, and  
22 there are, then NIOSH cannot reconstruct dose  
23 with reasonable accuracy. That is true now, as  
24 well as when the petition was first filed.  
25 Please, vote yes tomorrow to compensate all the

1 workers who have one of the 22 cancers from the  
2 Rocky Flats facility, and make them an SEC  
3 cohort. Thank you.

4 **DR. ZIEMER:** Thank you very much, Terrie. I'm  
5 hesitating here because I don't want to mess  
6 this name up too much. I think the last name  
7 is Padilla --

8 **UNIDENTIFIED:** (From the audience and off  
9 microphone) Judy Padilla.

10 **UNIDENTIFIED:** (From the audience and off  
11 microphone) Judy Padilla.

12 **DR. ZIEMER:** Okay, you guys know who it -- who  
13 it is, okay. And yes, that -- that -- I got to  
14 work on my -- maybe my Spanish pronunciation,  
15 Padilla -- Padilla. I stand corrected -- it's  
16 P-a-d-i-l-l-a, for the court reporter, who  
17 probably is worse than me in Spanish. No?  
18 Okay. Thank you.

19 **MS. PADILLA:** Hi, I'm Judy Padilla. I worked  
20 out at Rocky Flats for 22 years. I saw this  
21 written on a wall during the demolition of  
22 Building 771, considered the most dangerous  
23 building in America. We walked with the dust  
24 of plutonium, which cannot be shaken away. It  
25 lives deep within us for we've breathed it

1 every day.

2 I think that I'm one of the fortunate ones. My  
3 cancer was diagnosed early, and so far I'm a  
4 survivor. But with a lot of people, by the  
5 time their cancer is diagnosed, there's nothing  
6 they can do because it's terminal.

7 As a nuclear worker at Rocky Flats Plant, I was  
8 a Cold War veteran. I feel that I sacrificed  
9 my health, even my life -- like the soldiers in  
10 Iraq are doing -- and we got no acknowledgement  
11 from our government, no thank you. We don't  
12 even get the courtesy of a flag on our coffin  
13 when we die.

14 I would like the advisory panel to know my  
15 story. In 1983 I came to Rocky Flats as a  
16 metallurgical operator in Building 707, the  
17 foundry. The first six years I handled  
18 thousands of grams of weapons-grade plutonium  
19 on a daily basis. My specific task was to put  
20 pure plutonium buttons in tantalum crucible and  
21 place the loaded crucible in the melt coil of a  
22 Stokes\* furnace. After the temperature of the  
23 furnace reached the classified degrees, the  
24 molten plutonium metal was poured into a  
25 graphite mold to cool. The plutonium ingot was

1           then broken out of the classified-shape mold  
2           and transferred via a chainveyor into a storage  
3           vault, or to the rolling mill for processing.  
4           These operations were performed in an inert  
5           gas, oxygen-free atmosphere glovebox. Glovebox  
6           work consisted of placing your hands and arms  
7           into lead-lined gloves fixed onto a box so that  
8           you can manipulate the radioactive material  
9           safely. Your face and chest are pressed  
10          against the window inside of the box so that  
11          you can see what you're doing.

12          Due to the fissile nature of weapons-grade  
13          plutonium, high gamma and neutron exposures  
14          were created. We were expected to turnover  
15          each furnace at least three to four times per  
16          shift, three shifts a day. These were  
17          production days, and we had a tight schedule to  
18          maintain. The interior of the furnaces were  
19          regularly cleaned of splashed metal particles  
20          and oxides with carbon tetrachloride and  
21          perchloroethylene chloride, perc, known  
22          carcinogens.

23          Two coworkers, [Name Redacted] and [Name  
24          Redacted], died from brain stem tumors. My  
25          foreman, [Name Redacted] had breast cancer --

1 very rare in men. He has also passed away. My  
2 cancer was diagnosed in June, 1998. I had  
3 worked there for 15 years. I had a radical  
4 mastectomy, which is an amputation, of the  
5 right breast and I had aggressive chemotherapy.  
6 I returned to work in eight months, March of  
7 1999.

8 You may wonder why I would go back to work  
9 there if I thought my job had caused this  
10 cancer. Well, my husband [Name Redacted] and I  
11 had three children in college, so I went back  
12 to Rocky Flats Plant and I stayed there till  
13 they demolished the whole plant in 2005. I  
14 received genetic testing twice for the BACR4  
15 gene, with negative results. My oncologist,  
16 stated that [Name Redacted] my ductal  
17 carcinoma in situ was most probably linked to  
18 my radiation exposure.

19 It is well known that Rocky Flats Plant records  
20 were notoriously sloppy, and the results of our  
21 dosimetry badge analysis were frequently  
22 returned stamped no data available. The RCT  
23 training manual states, on page 1.08 through  
24 .09 in the biological effects section, and I  
25 quote, cancer is a non-threshold disease.

1 Which means stochastic effects, those in which  
2 the probability of the effects occurring,  
3 increases with dose, without a limit or  
4 threshold. Any dose, therefore, no matter how  
5 small, has a certain probability of causing the  
6 effect. Carcinogenic cancer inheritable  
7 effects are examples of stochastic effects.  
8 Cancer may be shown to exert an almost  
9 universal carcinogenic action, resulting in  
10 tumors in a great variety of organs and  
11 tissues. The main sites of solid tumors are  
12 the breasts in women, thyroid, lung, and some  
13 digestive organs. These tumors have long  
14 latent periods, approximately ten to 30 years,  
15 and occur in larger numbers than leukemia.  
16 Leukemia has a much shorter latent period, and  
17 I close quotes.  
18 But I'm singing to the choir here. You are all  
19 scientists and doctors, so you know these facts  
20 to be true. If -- if not, why would they be  
21 taught to all radiation control technicians as  
22 part of their DOE training?  
23 Realizing these facts to be true, I applied for  
24 the compensation for nuclear workers in August  
25 of 2001. Imagine my surprise when a mere four

1 and a half years later my claim was denied. My  
2 dose reconstruction was determined to be 43.19  
3 percent, 15 years worth of exposure. What kind  
4 of bogus statement is "as likely as not"? How  
5 can there be a 50 percent limit on a non-  
6 threshold disease?

7 I appealed this decision, but was told that  
8 NIOSH has the final say in these matters,  
9 another denial. I have read that dose  
10 reconstruction is an inexact science. It is  
11 also hugely expensive, and NIOSH takes many,  
12 many shortcuts, with only 80-- 88 quali-- semi-  
13 qualified employees. How can this  
14 scientifically-invalid equation stand up to  
15 scientific scrutiny? Ask yourself, is it  
16 really worth it?

17 Put yourself in our shoes for one moment. Is  
18 it worth mere money to be cancer-free or pain-  
19 free? How much is it worth to be able to see  
20 your children grow, to graduate or get married?  
21 Boy, what some of us would give to be in your  
22 shoes. You have your health and you have all  
23 that power. Our lives and peace of mind rest  
24 in your hands. We -- we're like the men on  
25 death row waiting for the governor's phone



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call.

I believe in my heart that people are basically good. And given the chance, they want to do the right thing. But I have a few questions for you. Is there any truth to the newspaper article of February 18th, 2006 in the *Rocky Mountain News* that the Bush administration has proposed a 44 percent reduction, \$686 million, from the program for the sick nuclear workers? Can you honestly say that that's fair? And just who were the lawyers that got \$350 million for the property owners downwind of Rocky Flats Plant? Are we less than property? And who will be the one with the integrity to step up to the plate, the one with true honor, who loves his fellow man as much as himself, the real American? America is watching and waiting and wanting a hero. Is it you? Will you give yourself an honest act of courage? Will you take the -- or will you just take the coward's path? Is the American spirit still alive, or have we been corrupted beyond all hope? This is a priceless opportunity for a selfless act. What goes around comes back to you. We Cold War veterans did the right thing

1 for America. Now it's your turn -- all of you,  
2 it's your turn.

3 In conclusion I would like to say that I feel  
4 my government has stooped to a new low to prey  
5 on cancer victims, to promise compensation,  
6 delay for five years, and then to deny claims  
7 based on trumped-up estimations. It's not only  
8 cruel, but it's also criminal.

9 The Reverend Martin Luther King once stated  
10 everything that Hitler did was legal, but it  
11 was still wrong.

12 Your conscience will tell you the truth.

13 You'll be able to look at that person in the  
14 mirror with clean, clear vision. And when  
15 accounting for your life you can credit  
16 yourself with a pure act of genuine generosity  
17 and kindness, a real American. Let us live so  
18 that when it's over we can all look each other  
19 in the eye and know we have acted honorably.

20 Judy Padilla, nuclear worker, Cold War veteran,  
21 cancer survivor and American citizen. Thank  
22 you.

23 **DR. ZIEMER:** Thank you, Judy, and very well  
24 said, with great passion.

25 And now we'll hear from Robert Carlson.

1 Robert's a claimant. Robert, welcome.

2 **MR. CARLSON:** Ladies and gentlemen, in 1961 --  
3 my name is Robert I. Carlson. In 1961 when I  
4 came out to Colorado, I quit drinking and quit  
5 smoking, so that has no effect on the cancer I  
6 had. I worked at Rocky Flats for 27 years. I  
7 worked as a janitor, assistant chemical  
8 operator, monitor and experimental operator. I  
9 worked in every building they had out there.  
10 When I first put my application in for a job at  
11 Rocky Flats, I had to pass a test consisting of  
12 math, chemistry, physics and mechanical  
13 aptitude. If you passed this test, you had to  
14 get a Q clearance, that was the top secret  
15 clearance in the country. If that -- if you  
16 had any kind of a act against any law in the  
17 country, you would not be hired. At a place in  
18 Michigan where I worked I -- the government  
19 checked everyone that I worked with back there.  
20 There was about 28 people. So the people at  
21 Rocky Flats were the top of the working class.  
22 They did not lie, they did not steal. They --  
23 even today they do not lie or steal. What they  
24 tell you is the truth.  
25 What we have in our body is like a stick of

1 dynamite, and each one of us seems like it's  
2 going to explode at any time. This dynamite is  
3 plutonium.

4 In a square mile -- in -- in a -- in a square  
5 mile, in each square inch there is a 149  
6 trillion, 956 billion, 796 million, 500  
7 thousand, 357 atoms if one gram of material was  
8 spread evenly over this square mile.

9 [Name Redacted] and [Name Redacted], head of  
10 health safety and environment, trained the  
11 monitors and said it was far worse to have  
12 internal contamination than external  
13 contamination.

14 I have 50 disintegrations of plutonium per  
15 second in my body and five disintegrations of  
16 americium in my body. That is 3,300  
17 disintegrations per minute. That is 188,000  
18 disintegrations per hour. Disintegrations  
19 means that an alpha particle is given off, so  
20 in an hour 198 (sic) alpha particles are given  
21 off in your body. An alpha particle is an ion.  
22 It extracts two electrons from a body cell and  
23 kills that cell. Killing body cells cause  
24 cancer, according to four cancer doctors on  
25 Charlie Rose last week.

1 Working at Rocky Flats for 27 years as a  
2 monitor for more than 17 years, I was exposed  
3 to many accident, fires and alarms. Every time  
4 plutonium was in a building, accidents  
5 happened. Reversal of fans, gloves stood out  
6 straight, no vacuum on a dry box, more  
7 contamination. I was there. Glovebox burned  
8 off and fell on the floor contaminating room  
9 149. I was there. Holes in dry box gloves  
10 contaminated yourself. I was there. Changing  
11 filters on the incinerator all upstairs of 771  
12 building got contaminated. I was there. Nash  
13 pumps leaked and caused contamination. I was  
14 there. Snake pit or the infinity room where  
15 Nash pumps leaked was highly contaminated. I  
16 was there. Floors in 771 building were  
17 contaminated and I threw a lot of booties away  
18 when I was a monitor when they were over 20,000  
19 counts per minute. SAAM alarms went off  
20 frequently in 771 building, indicating  
21 plutonium was in the air. 776 building, trying  
22 to take tape off the underside of a dry box  
23 contaminated a large area of 776 building,  
24 including three workers and myself. They had  
25 insulation on a dry box in 776 building, and

1           they were trying to remove the insulation, but  
2           it was foam. And every time you touched that  
3           foam, the SAAM alarms went off. I was there.  
4           776 fire contaminated all of 776 building and  
5           could have contaminated Denver if it wasn't for  
6           the fire department, the monitors, guards and  
7           helper -- helpers. I was there. Drums outside  
8           the helicopter pad leaked plutonium and oil in  
9           the ground. I was there. The evaporative  
10          ponds outside had plutonium in them and --  
11          because I checked a bulldozer that was -- had  
12          10,000 counts on the tracks from mixing this  
13          sludge in this pond. This was outside now. It  
14          was like a big egg beater. Someone missed the  
15          stainless steel cans that was brought over to  
16          the monitor station at 776 being to smeared out  
17          (sic). It was highly contaminated and it  
18          contaminated me and the person I was training,  
19          along with our desk and monitoring equipment.  
20          More internal contamination.  
21          I was there and got contaminated 100,000 counts  
22          per minute on my head and face in 71 -- 771  
23          building, and breathed some plutonium. I was  
24          taking drums to 80 building. It was named  
25          something else later on. And my film badge was

1 overexposed and health physics told me not to  
2 go back in the 80 building, but the supervisors  
3 made me an exception because I knew where  
4 everything was in 80 building. I went back  
5 into 80 building, even though health physics  
6 tell me not to go back in the building.  
7 If you got contaminated, you washed off what  
8 you could in the building you worked in. You  
9 couldn't get the rest off, you were sent to  
10 medical where they washed the rest of it off  
11 with Clorox. I was there. The original amount  
12 was not noted because the -- it could be  
13 infinity. Only the contamination you couldn't  
14 get off in the building where you worked in was  
15 recorded.  
16 They were checking the film badges by the color  
17 of the film for gamma, and had to actually  
18 count the tracks for neutrons on the film. How  
19 accurate was this? I was one of the first  
20 people to check out the new TLDs for accuracy.  
21 I followed the worker around all day, testing  
22 him for radiation, comparing it to the TLDs.  
23 I was there and did everything that was  
24 required of me. When I first worked at Rocky  
25 Flats they had Frieden calculators that were

1           mechanical. I ran a computer program later on  
2           in 865 that the results were very critical in  
3           every unit that left Rocky Flats.

4           I had to stop at a place that Rocky Flats had  
5           that had in Broomfield and was amazed by what I  
6           saw. There were items that had purple tags on  
7           them that were contaminated. How did they get  
8           to Bloomfield? Purple tags meant that they  
9           could not get out of the building. How did  
10          they get out of the plant site?

11          Every chemical that they had at Rocky Flats I  
12          was exposed to. You can look at the list I  
13          have.

14          When wearing respirators for any length of  
15          time, you could dump liquid out of the  
16          respirator. If you were in an area where  
17          plutonium was in the air and a SAAM alarm was  
18          ten feet away, you could inhale some plutonium  
19          before the SAAM alarm went off. If you coughed  
20          wearing a respirator, you swallowed what you  
21          coughed because you couldn't take your  
22          respirator off. This is how plutonium got  
23          throughout your whole body. Thank you.

24          **DR. ZIEMER:** Thank you. And Bob, do you have a  
25          -- could you provide our court reporter with a



1 copy of your remarks?

2 **MR. CARLSON:** Sure.

3 **DR. ZIEMER:** That would be helpful. Thank you.  
4 The next person will be Laura Schultz.

5 (Pause)

6 Would you like to use a chair there, Laura, or  
7 -- you're okay? Okay.

8 **MS. SCHULTZ:** It's -- I have something quick to  
9 tell you. My name is Laura Schultz. I worked  
10 the majority of my working life at Rocky Flats  
11 Plant. I started in the process engineering  
12 and design, and later become a technical  
13 support for Building 771. I spent a lot of  
14 time in the process buildings. I found out  
15 that my designs would be successful if I did  
16 extensive field work and met the users, the  
17 people that installed the equipment specified  
18 in the designs.

19 While my records may say that I was an  
20 engineer, I was really a 771 resident. I had  
21 numerous medical problems. I've had cancers  
22 that are li-- covered listed. I applied for  
23 compensation under this program in May of 2003.  
24 I have been denied.

25 It is not normal for a woman my age, I'm 49

1           years old, to have all the medical problems.  
2           The NIOSH model apparently says that my  
3           radiation and chemical exposure had nothing to  
4           do with my current condition. I got 39 percent  
5           -- 39.9 causation. Do you believe that they  
6           are current -- the current model is biological  
7           -- system, a human body was -- with bad missing  
8           data. I certainly do not.  
9           NIOSH has gathered a wonderful group of  
10          mathematicians and scientists together to model  
11          an extremely complex set of daily exposures to  
12          both radiation chemicals. Listening to them on  
13          the teleconference yesterday you can tell that  
14          they really enjoy technical challenge and their  
15          work, and each other. They seem to really like  
16          their jobs. Unfortunately, they never set foot  
17          on Rocky Flats Plant site. They can only guess  
18          at what it's like. What they didn't seem to  
19          realize is that there are human beings  
20          associated with these calculations.  
21          We have been more than patient and  
22          understanding. Two years for dose  
23          reconstruction? Sure, why not? By now, years  
24          later, we see that DOL has a plan to deny our  
25          benefits because of the high cost of paying

1           claims to so many people from Rocky Flats. We  
2           waited many years assuming that you would not  
3           (sic) deal with us fairly. We are now  
4           approaching the point we cannot believe  
5           anything that you say.  
6           We come from a very secret, private community.  
7           We are the invisible fighters of the Cold War.  
8           When something in the plant was broken, we  
9           fixed it. When there was a fire, we put it  
10          out. When there was a spill, we cleaned it up.  
11          Our weapons were needed to defend our country.  
12          Do you believe that our plant was 100 percent  
13          cleaned after a spill or a fire? Our health  
14          was affected by the past and present events.  
15          We were trained to do our jobs safely. We were  
16          given equipment to protect us from the hazards  
17          of the workplace. We were surrounded by  
18          support personnel whose sole job was to monitor  
19          our safety. We were told that we were safe. I  
20          guess they were sadly wrong.  
21          Years ago I never would tell anybody about the  
22          working and the operations of the plant. We  
23          were all part of a working -- a very difficult  
24          and dangerous job. If something went wrong, we  
25          considered it to be our business on the plant

1 site, and we fixed it. Why would we involve  
2 our neighbors or the press, or who would co--  
3 who were against us?

4 Today the table is turned. My friends and  
5 family are getting sick and are denying -- are  
6 dying at an alarming rate. My own government  
7 has offered me compensation for unknowingly  
8 giving me cancer, but is turning to weasel out  
9 all their promises. They have gathered a group  
10 of high-dollar scientists to prove that the DOE  
11 is innocent and that our cancers are just a big  
12 coincidence. They have us beat.

13 They have people who speak in babble, a  
14 language that only the people in their fields,  
15 the years of experience could ever understand.  
16 I believe they are wrong. Unfortunately, it  
17 would take a lifetime for me to come to up a  
18 speed (sic) in their field to try to show them  
19 that their calculations are wrong.

20 The claimants do not have an unlimited amount  
21 of time and budget like NIOSH does. When NIOSH  
22 is informed they have a problem with the  
23 neutron dose recalculation, the answer is  
24 simply make the claimants wait another six  
25 months and give us more guys and money and

1 we'll work out the problem.

2 Well, claimants are faced with a problem. DOE  
3 is not our friend. NIOSH is certainly not our  
4 friend. Our plant has been flattened. Our  
5 friends are res-- and our colleagues are sick  
6 and dying. What do we do next?

7 Our senators and congressmen say they're trying  
8 to help us. The press is very interested and  
9 compassionate about our dilemma. I think I  
10 have no choice but to start telling the really  
11 embarrassing stories about the plant that the  
12 public really never needed to know. It's time  
13 to seek legal help and counsel class action  
14 suits against the government and operating  
15 contractor. If we had been dealt with fairly,  
16 this probably -- subject would have never came  
17 (sic) up. The public has a right to know how  
18 many people from that plant has been sick and  
19 are dying across this country. Well, let them  
20 decide who is at fault. Thank you very much.

21 **DR. ZIEMER:** And thank you, Laura, for taking  
22 the effort to be with us today.

23 **MS. SCHULTZ:** Thank you, Dr. Ziemer.

24 **DR. ZIEMER:** Jeff Schultz -- Jeff, you also  
25 have -- oh, okay.

1 Kevin Newby, and I think I have some written  
2 comments also. Kevin, I'll distribute these.

3 **MR. NEWBY:** I want to start by thanking the --  
4 you for giving me the opportunity to share this  
5 story. My name is Kevin Newby and I worked at  
6 Rocky Flats for 22 years. I was 25 years old  
7 and very healthy when I started working at  
8 Rocky Flats. I had various jobs throughout my  
9 22 years with the Flats. I worked in buildings  
10 883, 865, 444, and in gloveboxes in 707, and  
11 also at the warehouse.

12 On January 21st, 1994 and April 20th, 1994 and  
13 March 6th of 2001 I had positive blood tests  
14 showing beryllium ac-- sensitivity. This  
15 entitled me to enter into the beryllium  
16 program. At that time I had no idea the price  
17 I would pay for working in this environment.

18 In June of 2002, on a routine visit to my  
19 beryllium doctor in Philadelphia, I had a CAT  
20 scan that concerned my doctor, nothing serious.  
21 He did a blood test the day of my procedure  
22 that came up negative, which meant I was not  
23 showing beryllium sensitivity in my blood. But  
24 the doctor thought it was a good idea to do a  
25 lung biopsy, as long as I was okay with it.

1           The procedure is called a bronchostomy (sic).  
2           This is only true way to prove chronic  
3           beryllium disease. When they do the blood  
4           work, they have both false negative and false  
5           positive readings. This is the only way to  
6           diagnose beryllium sensitivity, even though the  
7           test is flawed and false readings, they have  
8           not come up with a better way to do this. The  
9           bronchostomy (sic) or lung biopsy did show  
10          lymptocycius (sic) in my BAL cells. The  
11          conclusion is I have chronic beryllium disease.  
12          Remember the day of this procedure I had a  
13          negative blood test.  
14          When I got back from Philly I filled out the  
15          paperwork and a claim under Section B. This  
16          was in 2002. And of course I was denied. They  
17          did not feel disease was far enough along to  
18          entitle me to compensation under Subsection E  
19          (sic). My problem was I was still alive.  
20          In 2004 I resubmitted my claim and all the same  
21          information and I was approved.  
22          In summary, I -- had my doctor not offered the  
23          lung biopsy, I never would have been found out  
24          that I had chronic beryllium disease. There's  
25          only a certain stage that they can do the lung

1 biopsy. This is not a standard procedure.  
2 Remember, the blood test for beryllium  
3 sensitivity is flawed with false negatives and  
4 false positives.  
5 Had I not had the fortune to persevere, I still  
6 would be sitting there thinking I was denied.  
7 We worked in a adverse situation. If you, like  
8 me, were exposed to metal poisonings, you need  
9 to know. This does not just affect you. This  
10 affects your entire family and down the road  
11 when they take care of you and you can come  
12 incapacitated. Being in the program has opened  
13 many doors that would otherwise have been  
14 closed. The average doctor does not understand  
15 metal poisoning. You need a specialist, and  
16 they're expensive.  
17 I'm not advocating the system is set against  
18 you. All I'm saying is that most health care  
19 situations you need to be your own etiquette  
20 (sic). Get informed, don't settle for no.  
21 The moral to this story is persevere. I felt  
22 it was my moral obligation to share this story  
23 with you. Please do not give up hope. If I  
24 can help anyone with their paperwork, please  
25 let -- feel free to call me. Thank you.



1           **DR. ZIEMER:** Thank you, Kevin. Next, Walter  
2           Mobley. Walter Mobley.

3           **MR. MOBLEY:** Good evening, and thank you for  
4           taking the time to listen to us. I began  
5           working at Rocky Flats in February, 1991.  
6           Before we had any training, my foreman took  
7           myself and three carpenters down to Building  
8           991. We were uncleared at that point. He took  
9           us down a hallway and told us to build a  
10          scaffold. We started building the scaffold.  
11          He left. A yellow light started flashing and  
12          an alarm went off. We continued building the  
13          scaffold for another five, ten minutes before I  
14          walked down the hall to find someone to ask  
15          them what this yellow light meant. We were  
16          told it was a faulty SAAM alarm, that there was  
17          no problem. The SAAM alarm was the problem,  
18          not that we had actual airborne radiation.  
19          We didn't know what that meant at that point  
20          anyway.

21          I did receive extensive training over the next  
22          year, teaching me how safe Rocky Flats was.  
23          And they convinced me that Rocky Flats was a  
24          safe place to work.

25          A year and a half later, it was about August or

1           September, 1992. We were working in the  
2           vaults. We were working in high radiation  
3           areas. We were receiving dose greater than 100  
4           millirem per hour. I, as a carpenter, did not  
5           work in there a lot, but I did do some work.  
6           The electricians in our group worked in there a  
7           lot. They were getting close to their annual  
8           dose limit. We came to work one morning. In  
9           the pre-evolution briefing we were told all of  
10          the dosimeter records have been lost. Your  
11          dosimetry reading is zero. Go in and go to  
12          work.

13          One of those electricians was [Name Redacted].  
14          In 2004 [Name Redacted] was diagnosed with  
15          stomach cancer, and he was dead in three  
16          months.

17          I thought the electricians might have been  
18          over-reacting a little bit. I was still new at  
19          Rocky Flats. I'd been there for a year. They  
20          were way below the -- the DOE annual dose, and  
21          the Rocky Flats annual dose is half of that, so  
22          I think they're just making a mountain out of a  
23          mole hill. Well, I find that that's not true.  
24          In 2001 I contracted non-Hodgkin's lymphoma. I  
25          began doing a lot of research on my own. I

1 found that the Department of Energy, on their  
2 web site, admits that they do not know what the  
3 biological effects of a chronic low dose of  
4 ionizing radiation will do.

5 I was more fortunate than [Name Redacted]. I  
6 had a pain in my back. I had this pain for  
7 five months before I went to the doctor. When  
8 the doctor found out where I worked, he began  
9 looking for cancer. He wasn't looking for  
10 other medical problems; he began looking for  
11 cancer. I don't believe that was a lucky  
12 guess. I believe that was an educated  
13 diagnosis. He found my cancer on the first  
14 visit. Because of the early detection, I am in  
15 remission right now. But I don't know when  
16 it's going to come back.

17 All through my medical treatment the nurses and  
18 the doctors that I talked to all agreed that  
19 there was a good chance that I contracted  
20 lymphoma because of where I worked, at Rocky  
21 Flats.

22 I applied for compensation through the EEOICPA  
23 in 2001, shortly after the program was  
24 initiated. After five years I have become  
25 fatigued with the bureaucratic process,

1           constantly asking for more information, asking  
2           for phone interviews. After five years I was  
3           denied. I appealed the denial.

4           On the notebook that we signed up on tonight it  
5           asked if we had a written statement to submit.  
6           I didn't know that was going to be on the form.  
7           I feel like I have submitted my written  
8           statements more than once.

9           Six months later, after my first appeal, I was  
10          denied again. A year later I was denied again  
11          under Part B. I believe that DOE, DOL, NIOSH,  
12          Oak Ridge University -- I believe pretty much  
13          all of them have probably spent considerably  
14          more denying my claim than it would have cost  
15          to pay my claim and let me enjoy my life.

16          Thank you.

17          **DR. ZIEMER:** Thank you, Walter. Next I have  
18          Ron Buffo.

19          **MR. BUFFO:** Thank you for letting me speak  
20          before you tonight. My name is Ron Buffo. I'm  
21          here to speak on behalf of my father, William  
22          Buffo, who worked at Rocky Flats from 1952  
23          until 1987, one of the original guys who  
24          started out there. He was a machinist. He was  
25          a tool grinder for at least 23 of those years,

1           those first 23 years, and he worked in  
2           buildings 44, 881, 776 and 460.  
3           He has had prostate cancer. He has skin  
4           cancer. At this point he's 75 years old. And  
5           just to sort of reiterate some of the things  
6           that some of the other people have been saying,  
7           and I think it's very basic stuff -- I mean  
8           this -- this isn't global warming. This is --  
9           these are real things that we know are  
10          happening to these real people.  
11          My father was a machinist working with uranium  
12          and working on a lathe where he was shaping  
13          uranium. Uranium has a tendency to catch on  
14          fire without proper ventilation, and when it  
15          caught on fire he was breathing in the fumes,  
16          of course, and I think certainly has shown the  
17          effects of what's happened with that.  
18          Along with that -- he was exposed to that on a  
19          daily basis, but he was also exposed to a thing  
20          called perchlorethylene, a cleaning solvent.  
21          He cleaned machines every day when work was  
22          done, with his bare hands and this cleaning  
23          solvent. And we know that to be carcinogenic  
24          in nature, as well. He also lost his hearing  
25          because there wasn't adequate hearing

1 protection. So I mean there are just a variety  
2 of things that -- that all of these -- these  
3 wonderful people had to go through.  
4 I will tell you this. A true patriot, like all  
5 of these people. When I was growing up in  
6 Lewisville, not too far from Rocky Flats, I  
7 knew my father worked at Rocky Flats, but I'll  
8 tell you what, I didn't know what he did until  
9 about five years ago. He said no, that's --  
10 that's -- I don't talk about those things, I  
11 signed a security clearance. And I had no  
12 idea. Kids at school would ask what does your  
13 dad do? He's a machinist. Oh, yeah? I don't  
14 know what he makes, but he's a machinist,  
15 that's for sure. It was strange coming to my  
16 house when I -- you know, I'd go down to the  
17 bathroom and I saw all these little bottles  
18 down by the toilet and I -- what the heck is  
19 that stuff for? I had no idea. You know, the  
20 fact of the matter is, very few of these people  
21 in the early stages, and I'm sure for many,  
22 many years, really had no idea what  
23 radioactivity could do to them. I really  
24 believe the safety training programs were  
25 inadequate. These men and women were not told

1           what these kinds of things could do to them,  
2           and today they are suffering because of that.  
3           So I'm here on behalf not of just my father,  
4           but -- but of all these people. You know, we  
5           talk about the bureaucratic red tape that is --  
6           that has been going on for years now. He made  
7           a claim five years ago. Last fall he was  
8           denied. We wrote a letter back to the  
9           Department of Labor -- and I'm not kidding you,  
10          we got a response back in one week on the  
11          appeal -- denied. It took five years to get  
12          that first one, but it took about a week to get  
13          that second one. And when I -- I helped my  
14          father sit down and write the letter, and what  
15          we said was, you know, you need to look at  
16          this. You're denying our claim. You say that  
17          prostate cancer is not caused by his exposure  
18          to radiation. We don't agree with that, and  
19          that's why we are not going to sign this claim.  
20          We consider our case to continue to be active  
21          and we're going to see what happens here.  
22          Two months later he got a phone call from a man  
23          with the Department of Labor who said hey,  
24          what's this letter all about? My father said  
25          it's about my claim. And he says well, you

1 know, where you going to go with this? He goes  
2 well, it's pretty obvious I can't go too far  
3 with it, but he said I'm not signing it. And  
4 that's the way that it's going to be. We are  
5 going to stay with this and we're going to stay  
6 the course on -- on fighting for what we think  
7 is right, and these are from people who are  
8 very patriotic. They have no huge beefs with  
9 their patriotism and what they've done for this  
10 country. These are the original Cold War  
11 warriors, and -- and we have to honor them and  
12 we have to show them that we are responsible  
13 for the things that they were exposed to.  
14 And I think -- when I look at all these  
15 wonderful people here, I think we have to ask,  
16 if not us, then who? And if not now, then  
17 when? Thank you.

18 **DR. ZIEMER:** Okay. Thank you, Ron. Next I  
19 have Charles -- Charles Milne -- didn't we have  
20 a -- I think we already had Charles Milne,  
21 somehow got on the list twice.

22 Dennis Romero -- is it Romero?

23 **MR. ROMERO:** Romero.

24 **DR. ZIEMER:** Correct.

25 **MR. ROMERO:** Yeah, I'm pretty short. My name's



1 Dennis Romero. I worked out at Rocky Flats as  
2 -- four years as a building trades pipe fitter,  
3 18 years as a steel worker. I've had three job  
4 classifications out there, as a production  
5 welder, chemical operator, radiological control  
6 tech at the end.

7 My first job was 444 as a production welder.  
8 Worked with beryllium, uranium, stainless,  
9 titanium, machining it -- not machining, but  
10 welding it, plating it, coatings. While  
11 working in that building we would often have  
12 air reversals because we'd have a power  
13 (unintelligible). Instead of the air coming  
14 out of the main vents, it'd be coming out of  
15 the return air vents that were filthy. We'd  
16 have dust everywhere. We'd get the evacuations  
17 and evacuate the back area because they don't  
18 know what's in the air.

19 We'd have fires, just like the gentleman  
20 mentioned about uranium. They'd have uranium -  
21 - 55-gallon drums where the machines would  
22 throw the shavings in there. Occasionally  
23 they'd throw a hot chip in there. When they  
24 would machine this uranium it would glow red,  
25 red under the liquid. That's how hot it was.

1           And they would throw a chip in there that's too  
2           hot, it'd catch on fire and then we'd have a  
3           fire in the back area and they would say if  
4           you're not in immediate danger, stay where  
5           you're at; if you are in danger, evacuate the  
6           area. Be smoke in the air.

7           I worked in that building about five years as a  
8           production welder and then went down -- 707 as  
9           a production welder. Worked with plutonium,  
10          beryllium, uranium assembling the pits that we  
11          used for final product to ship off site.

12          Every month we'd have a thing we'd call IP,  
13          that we'd meet a certain quota every month to  
14          get parts out. If we didn't get the parts out  
15          on time, management would say well, we're going  
16          to lose our funding, maybe be layoffs, so we'd  
17          have to work the overtime to meet our quota  
18          every month.

19          At times our dosimetry badges would be peaking  
20          out, and if they peaked out they would pull us  
21          out of the area and then we couldn't meet our  
22          product every month. So naturally management  
23          would make a suggestion -- put your TLD in your  
24          back pocket. Don't have it up on your chest  
25          where it's getting the right exposure; put it

1           in your back pocket. Or there were times when  
2           we'd leave them in our lockers because  
3           management did not want to lose their funding,  
4           did not want the trucks not to be able to come  
5           in and DOE would be unhappy with their  
6           progress. So we would do whatever we could to  
7           meet IP every month, and that went on for years  
8           out there until they finally shut us down.  
9           When I was done being a production welder, I  
10          went down to 771 as a chemical operator. Our  
11          job down there was do (unintelligible)  
12          inspections, decontaminate floors, gloveboxes,  
13          tanks -- basically the cleanup people for the  
14          building. That's our job is to clean up, decon  
15          workers. We'd go in the back area, we'd have a  
16          spill. Of course everybody knows 771 was  
17          (unintelligible) with all kinds of chemicals --  
18          hydrochloric acid, sulfuric acid, nitric acid,  
19          numerous other chemicals been on my shirt right  
20          here.  
21          When we'd go back in the areas and decon the  
22          floors 'cause there'd be a tank leak, spill.  
23          Recontainments on the valves were leaking,  
24          flanges were leaking, gloveboxes were leaking  
25          because everything's been taken out of service,

1           wasn't maintained. It was set -- 'cause they  
2           thought they were going to start back up, but  
3           it never did happen so we'd have to go back  
4           there and baby-sit the place.

5           We'd go back there in a full-face respirator,  
6           particular air purifying filter, cleaning up  
7           chemical spills. The only people in the  
8           building that had chemical respirators were the  
9           painters, because they did the epoxies.

10          Workers in the back area were doing decon  
11          coverage, did not have chemical respirators.  
12          We'd have a particulate and that was it.

13          Times we'd have SAAM alarms. 771's notorious  
14          for having a lot of SAAM alarms. Problem with  
15          771 during thunderstorms, we'd have a high  
16          concentration of radon. The SAAMs would not be  
17          able to distinguish between radon buildup or  
18          plutonium particle, so it would go off and we'd  
19          have to deal with that. We'd go out in the  
20          hallway and wait for RCTs to come, see what the  
21          problem was.

22          At that same time I had went across to be an  
23          RCT so I'd learned a lot more. I went through  
24          rad con training, radiological training, and  
25          they -- what we'd do is we'd have SAAM papers

1           that were contaminated with Pu or radon. We  
2           would let them sit for four hours. We'd count  
3           them initially, wait for four hours, take the  
4           people's names that were in the rooms at the  
5           time the SAAM went off 'cause we didn't know if  
6           they were positive or negative SAAM alarms.  
7           We'd wait for four hours, wait for the decay,  
8           see how much decay would happen on that sample.  
9           If there wasn't enough decay, we'd give it  
10          another four hours. There was times they would  
11          wait up to maybe a day and a half to two days  
12          to count that sample to see if enough decay  
13          would drop out so we could blame it on radon,  
14          because the room was posted and the workers  
15          were having a hard time getting the work done  
16          because working in a full-face is hard.  
17          Management wasn't happy with that scenario,  
18          they'd make us go back and do additional air  
19          samples so we could de-post the room and get it  
20          down to less than a tenth of a DAC. A DAC was  
21          a Derived Air Concentration of plutonium in the  
22          air. It had to be less than a tenth of a DAC.  
23          One DAC equates to 2.5 millirem.  
24          When we started doing D&D out there, we had  
25          procedures -- even production had procedures.

1 Full-face respirators, 50 DAC; you exceed it,  
2 you shut the job down till you increase your  
3 engineering controls, your PPE controls -- keep  
4 it down to less than 50 DAC because the  
5 respirator's only certified up to 50 DAC.  
6 Anything above that, they couldn't quantify how  
7 much of it was getting in your respirator.  
8 They needed to be, we'd go to PAPRs, PAPRs were  
9 good for 1,000 DAC. We couldn't keep it down  
10 below 1,000 DAC, supplied breathing air, in-  
11 line supplied breathing air was used. That was  
12 still 1,000 DAC protection factor.  
13 When management couldn't control the back areas  
14 properly when D&D happened because everything  
15 was going on, piping's being cut, gloveboxes  
16 being dropped off, the DAC started going out of  
17 control. It would exceed 50 DAC. They just  
18 changed the RWPs to warrant what they wanted to  
19 get done, because our training told us anytime  
20 you exceed protection factor respirator, a  
21 certain amount was getting in the respirator.  
22 When we exceeded 1,000 DAC on PAPRs, that  
23 happened quite often -- they'd be 100,000,  
24 200,000, maybe even up to 500,000 DAC on an air  
25 sample they would be counting. We was told in

1 training that for every DAC that you exceeded -  
2 - the protection factor 1,000, for every 1,000  
3 that you exceeded at, one DAC was  
4 (unintelligible) be in your respirator. So if  
5 you're in a DAC atmosphere of 500,000, you tell  
6 me how much DAC was probably -- how much  
7 plutonium might have been inside your  
8 respirator.

9 They would wear these respirators on 10, 12-  
10 hour days. There was a job going on in 774  
11 that guys were in DAC atmosphere about 100,000  
12 DAC. They were cutting out these four large  
13 tanks, using a plasma cutter. They used liquid  
14 -- a fixative to spray on the linings of these  
15 tanks, the gloveboxes, to try to keep the  
16 airborne concentration from going higher than  
17 that. The problem with when you're using  
18 liquid, spraying in the atmosphere where using  
19 a air-purified respirator, it's a paper filter.  
20 That paper filter starts degrading when it gets  
21 wet. And they would use liquid or water to try  
22 to keep the concentration of the plutonium  
23 down.

24 Workers would come out of the back area after a  
25 12-hour day, take their filter cartridges off

1           their respirators, dump the respirator in a  
2           bin, dump the cartridges. They would look in  
3           their cartridges on the inside of that  
4           cartridge where -- that's the closest part to  
5           your face and a lot of times they'd be green.  
6           That was the color of the fixative they were  
7           using inside the tanks. So if that respirator  
8           was filtering, how much of it was it really  
9           filtering?

10          We would survey respirators on a daily basis so  
11          we could send them back off to laundry. Wasn't  
12          no -- no big deal to find 10,000, 500,000 on  
13          the outside of the respirator. Was that person  
14          given a PI factor worksheet to find out how  
15          much of it they got inside their lungs? Was  
16          any incident reports done?

17          Management, towards the end, starting not  
18          documenting things because of a thing called  
19          Price Anderson out there. Price Anderson was a  
20          group that went around when companies could not  
21          do radiological control practices safely, they  
22          would fine them. People have skin  
23          contamination, internal contamination, they  
24          would get fines. Well, in order to not get  
25          fines, you don't do the documentation, so you



1           didn't have the PI factor worksheets. You  
2           didn't have the radiological deficiency  
3           reports. You didn't have any logs to denote  
4           that this stuff happened on the job.  
5           There's so much more information that your  
6           dosimetry cannot tell you because a lot of the  
7           information wasn't done -- or it's scattered  
8           all over the place, 'cause we did records. We  
9           did DAC hour tracking whenever the DACs were  
10          too high. But my question is to you people, of  
11          all the records you got, do you have all of  
12          them? I don't believe you do. Thank you.

13          **DR. ZIEMER:** Thank you. Thank you, Dennis.  
14          Now we'll hear from Richard Olds -- Richard?

15          **MR. PRESLEY:** He's already spoken.

16          **DR. ZIEMER:** Maybe he -- yes, was --

17          **UNIDENTIFIED:** (Off microphone)

18          (Unintelligible)

19          **DR. ZIEMER:** Yeah, he's ended up on the list  
20          twice, too. Sorry.

21          Let's see, then next I have Larry -- Larry  
22          Pazier or Pazier -- P-a-z-i-e-r.

23          **MR. PAZIER:** That's close enough.

24          **DR. ZIEMER:** Close enough? You can give us the  
25          correct pronunciation, Larry.

1           **MR. PAZIER:** It's Larry Pazier.

2           **DR. ZIEMER:** Pazier, thank you.

3           **MR. PAZIER:** My wife Cheryl was a Rocky Flats  
4 employee, and I -- I'm not a Rocky Flats  
5 person, and all I did was hear these things  
6 second-hand, but I know that she was exposed at  
7 least twice. Five years later after she was  
8 exposed, she was diagnosed with colon cancer  
9 and two months ago she passed away.  
10 She was a vegetarian. No -- no cancers in the  
11 family, went to the gym five or six days a  
12 week, only exposed twice. And I hear the  
13 probability and the statistics that some of the  
14 people are saying, including a doctor, but what  
15 does it really mean? One in a thousand? What  
16 if you're the one? One in 100,000, what if  
17 you're the one?  
18 My -- my concern is really not for what's going  
19 on here today. The money, sure, is going to  
20 help the people out that are living, help them  
21 with their doctor bills, et cetera. What I  
22 would like to do is suggest and somehow get out  
23 to the public that there needs to be more  
24 testing done. It's my understanding that --  
25 you know, that they had testers -- test

1 indicators that give you an idea if you've been  
2 exposed. But when the people leave working for  
3 a nuclear facility, are they getting PET scans  
4 and CAT scans to test, if they have been  
5 exposed, if they have cancer? If this could  
6 have been done, it may have saved my wife.  
7 The other thing I'd like to say is, you know,  
8 to -- to just -- to get the word out to other  
9 workers in nuclear facilities of the risks  
10 they're taking. I don't believe that they  
11 understand the total risk that they're working  
12 under. Thank you.

13 **DR. ZIEMER:** Thank you. I have what I think is  
14 Larry -- Ramos?

15 **UNIDENTIFIED:** (Off microphone) Rands?

16 **DR. ZIEMER:** Or Rand, maybe it's Rand -- Larry  
17 Rand, yeah. Okay.

18 **MR. RANDS:** Hi. As Paul said, my name is Larry  
19 Rands. I spent 20 years at Rocky Flats. I had  
20 the opportunity last year to provide you with a  
21 summary of my jobs on the site and my lung  
22 cancer that was diagnosed in 2003. I donated a  
23 lung to the cause, went through chemotherapy  
24 after and I'll play with the side effect of the  
25 chemotherapy the rest of my life.

1           It's my understanding that you folks are an  
2           advisory board to tell health and safety or  
3           someone to -- that's going to make a decision  
4           on the outcome of the future of the workers of  
5           Rocky Flats. And I thank you for that  
6           opportunity to talk to you last year, and I'm  
7           happy to be able to be here this year. I would  
8           ask, and I implore you, to unite to advise the  
9           people that are going to make the decision for  
10          the efforts that are being expended and for  
11          these people that have suffered and are  
12          suffering, please help them. Thank you.

13         **DR. ZIEMER:** Thank you. Then Cheryl Meaney.

14         **MS. MEANEY:** Hello. My name is Cheryl Meaney  
15          and I worked at Rocky Flats for 21 years. At  
16          the present time I am not ill due to working at  
17          Rocky Flats. [Identifying Information and Name  
18          Redacted], also worked at Rocky Flats for 32  
19          years as a security guard. He couldn't be here  
20          this evening so he asked me to come and speak  
21          for him.

22          In 2005 he was diagnosed with thyroid cancer.  
23          As a result, he had surgery to remove his  
24          thyroid that same year. His physician says  
25          there are only ways to get thyroid cancer.

1 Heredity is the first reason, and the other is  
2 radiation exposure. There isn't any known  
3 thyroid cancer in my husband's family, so one  
4 must assume that his cancer is the result of  
5 radiation exposure at Rocky Flats.

6 He is missing quite a lot of his dose records  
7 due to poor radiation record-keeping at Rocky  
8 Flats. Records show he worked in Building 123  
9 for the majority of the time, but that was only  
10 his base building. He went to Building 123  
11 every day to change into his uniform, get his  
12 gun and have his morning meeting for the plan  
13 of the day. His regular job duties consisted  
14 of the following:

15 He walked routes throughout the entire complex,  
16 including the radiation and contamination  
17 areas. He was required to sit on the docks in  
18 close proximity to all radioactive material as  
19 it was loaded onto trucks for shipment. He was  
20 required to watch people and guard material in  
21 the various vaults. Even if the alarm sounded,  
22 he had to stay to guard the vault he was  
23 assigned to. Everyone else could evacuate. He  
24 was part of the team that loaded trucks for  
25 transport to other facilities. This material

1 was the completed product, so it was very  
2 radioactive. He had to crawl on and around the  
3 radioactive drums in order to secure them  
4 properly. He also had to transport radioactive  
5 material samples in his security vehicle right  
6 in the seat beside him.

7 All of this was done without wearing a lead  
8 apron or shielding of the samples.

9 He took great pride in the job he did to  
10 protect our national security, and now hopes  
11 his government will take care of him. We pray  
12 that [Name Redacted] cancer does not reoccur.  
13 But if it does, it would be helpful for him and  
14 his family to have a little financial security  
15 to help cover the medical bills as a result of  
16 his radiation exposure in his work at Rocky  
17 Flats.

18 Please vote yes and give all Cold War veterans  
19 peace of mind. Thank you.

20 **DR. ZIEMER:** Thank you, Cheryl. Next, Juan  
21 Abilu -- Abilu?

22 **MR. ABILA:** The last name's Abila, A-b-i-l-a.

23 **DR. ZIEMER:** A-b-i-l--

24 **MR. ABILA:** A.

25 **DR. ZIEMER:** --a.

1           **MR. ABILA:** Right. I really don't have much  
2 more to say, other than what everybody else has  
3 said. The only thing that I would like to ask  
4 is why are we having to prove what, in most  
5 cases, a DOE or Rocky Flats doctor has verified  
6 or diagnosed us with? I think -- I think  
7 everybody else has covered what I had to say  
8 and I appreciate it and thank you.

9           **DR. ZIEMER:** Thank you. Okay, thank you, Juan.  
10 And then Jack Weaver.

11           **MR. WEAVER:** Good evening. Thank you for  
12 letting me speak. I also want to thank the  
13 people that are here in the audience, my  
14 brothers and sisters that worked with me at  
15 Rocky Flats.

16 This is an emotional time for everybody that's  
17 here, me included. I happen to be in fairly  
18 well -- fairly good health, but I have some  
19 relatives that worked at Rocky Flats for a  
20 number of years that -- that are not in such  
21 good health, so hopefully I'm here to represent  
22 them.

23 I -- I started to work at Rocky Flats September  
24 the 5th, 1961. I left there June 5th, 2002, so  
25 you know I've been there a long time. I worked

1           in just about -- well, I did work in every  
2           building on the plant site at one time or  
3           another in some capacity. I worked 12 years as  
4           a hourly individual and the rest of my time was  
5           spent in various supervisory positions, all the  
6           way up to a deputy AGM under EG&G, so I've been  
7           the gamut from all the way at the bottom to all  
8           the way to the top.

9           I also participated in -- in -- starting in  
10          2001 on the oversight committee for the ORISE  
11          dose reconstruction. I was asked to come and  
12          participate in that, and after talks with Joe  
13          Aldridge and his group, I decided I would do  
14          that. And the main reason I participated in it  
15          was because the people -- very intelligent,  
16          very smart individuals -- didn't have a clue  
17          about Rocky Flats, and my job was to try and  
18          make them understand, teach them what we did,  
19          how we did it, why we did it and what the  
20          consequences of some of that stuff were.

21          Just like everybody said, I -- I understand  
22          that there are missing pieces of information in  
23          the -- in the dose and stuff. I think they did  
24          the best they could with what they had, they  
25          just didn't have everything, as -- as people



1           have said before.

2           The other issue that I have that -- that  
3           doesn't seem to get across at these meetings is  
4           that Rocky Flats was a chemical processing  
5           facility to recover plutonium from scrap and to  
6           produce the final product, pits. Okay? The  
7           plutonium processing in these buildings was --  
8           was a -- a -- primarily a nitric acid process,  
9           although there were a lot of other chemicals.  
10          And when we were doing the cleanup in -- in the  
11          '90s, or preparing for the destruction of the  
12          plant, one of the things that we did was a --  
13          was a chemical inventory -- and at the time I  
14          was working in 71 building; I spent 32 years in  
15          71 building. And I have this document. I  
16          provided it to the -- to the group last year  
17          when we met. It's a 53-page document of excess  
18          chemicals. It has 5,700 containers listed on  
19          it of everything imaginable.

20          And with [Name Redacted] permission -- I was  
21          working in the building with [Name Redacted].  
22          She was doing part of the -- the inventory. We  
23          were working on the inventory with [Name  
24          Redacted] and a lot of other people, names that  
25          you are familiar with. Exposure to these

1 chemical -- I mean there were things that --  
2 that -- I'll give you a for instance. One of  
3 the things that -- that people don't associate  
4 too much wi-- or don't know about at Rocky  
5 Flats from the outside is hydrogen peroxide.  
6 Most people think of hydrogen peroxide to be  
7 put on -- on a cut on a finger, color your hair  
8 or something like that. We used hydrogen  
9 peroxide in the plutonium processing to make  
10 plutonium peroxide precipitate. We used 50  
11 percent hydrogen peroxide. That's the same  
12 stuff they use in rockets to fire them off, you  
13 know? And after a couple of explosions, we  
14 went to 35 percent because it wasn't quite as  
15 volatile.

16 But we had numerous ex-- explosions. We had  
17 fires. We had everything you can think of  
18 under the sun. And as these people have  
19 already stated, and I don't -- I don't think  
20 you want to hear all my war stories 'cause you  
21 ain't got enough time left in this week to hear  
22 all the stories that I could tell you about  
23 Rocky Flats and 71 and 371 and all those.

24 I just want to say that -- that Abe just made a  
25 very good point. We worked under the AEC, IRTA

1           and DOE, and yet when it comes down to this  
2           issue that we have here on the table today, the  
3           burden of proof is on these people here to  
4           provide something.

5           Now when I went to work at Rocky Flats you were  
6           supposed to keep records, and I always thought  
7           there should have been a place where all the  
8           records that were kept -- everything from a  
9           piece of paper that somebody scratched on, a  
10          note or something, all the way up to plans,  
11          procedures and everything -- should have been  
12          kept in a place where they could be gotten to.  
13          That never happened, so a lot of stuff got  
14          lost. And all these exposures to -- to  
15          radiation and the exposures to chemicals,  
16          they're -- there are missing records for --  
17          primarily with the chemicals, because there was  
18          no -- there was no activities on the site until  
19          1986 when we put in an HF monitor to monitor  
20          hydrogenfluoride gas, there was nothing that  
21          monitored releases to the atmosphere of  
22          chemicals. So these people were exposed to  
23          concentrated nitric acid, hydrochloric acid,  
24          hydrofluoric acid, everything you can think of.  
25          And to me, that's just as dangerous as the

1           plutonium.

2           So I'm not going to stand up here and spout a

3           bunch of war stories right now 'cause you don't

4           need to hear those tonight. I've taken up

5           enough of your time on that. I'd just like to

6           say that Rocky Flats provided a service to the

7           United States of America during the Cold War,

8           and we handled a lot of the most dangerous

9           chemical in the world, as the -- as it's been

10          called, plutonium. What we pushed out the door

11          was a product for the government to use as a

12          deterrent to keep the rest of the world away

13          from our doors. Some of those were used at

14          Nevada for tests. I recently read in the paper

15          where Nevada got their SEC. Those people

16          handled the final product, had very little

17          radiation connected with it. And when I go to

18          Nevada and talk to those people, and I have

19          many times, they're scared to death of anybody

20          from Rocky Flats 'cause they know that most of

21          the people at Rocky Flats were exposed. You

22          know? So they -- they don't understand why we

23          ever did what we did and why we would continue

24          to work at Rocky Flats when -- they thought

25          they had issues; they don't even begin to

1 compare to Rocky Flats.

2 So I'd just like to say please consider what  
3 all of these wonderful people have told you  
4 about their experiences at Rocky Flats. And as  
5 I told the people last year when we met and I  
6 gave them the documents, you've got my name and  
7 address and phone number. If you want to hear  
8 any story from the time I got there, 1961, to  
9 the time I left in 2002, I'll be glad to sit  
10 down with you and tell you any of it. I was  
11 involved in the fires and the cleanup and all  
12 that. I have an extremely large -- for most  
13 people -- radiation exposure. But I'm just one  
14 of hundreds of people that had large exposures  
15 -- larger than what was allowed by the DOE  
16 regs. Those -- those, to me, aren't being  
17 considered.

18 The arbitrary number that's been set is -- is  
19 another thing that's of great concern to me  
20 because -- again I'm going to use [Name  
21 Redacted] as a -- as a for instance because we  
22 worked side by side. What affects me maybe not  
23 affects her. What affects her maybe does not  
24 affect me. Our genes are different, our  
25 backgrounds are different, everything. So how

1           can you set an arbitrary number on somebody  
2           who's had the problems that she's had?

3           I thank you for your time.

4           **DR. ZIEMER:** Thank you, Jack. I -- I want to  
5           find out how many would like about a ten-minute  
6           comfort break or -- we have quite a few folks  
7           to go yet, but --

8           **UNIDENTIFIED:** (From the audience and off  
9           microphone) (Unintelligible)

10          **DR. ZIEMER:** Shall we keep going? We'll keep  
11          going, and individually if you feel like you  
12          need to slip out -- Board members, too, just  
13          don't stay out long -- but we'll keep going  
14          then. Okay. I -- I don't want any of you to  
15          feel like you -- if you really need to slip  
16          out, please do that.

17          Hannah Marschall.

18          **MS. MARSCHALL:** Hi. I'm Hannah Marschall.  
19          This is the first time I've been in front of a  
20          board like this, so don't have any notes. I  
21          worked at Rocky Flats from the early 1980s  
22          until they -- Kaiser Hill declared physical  
23          completion in 2005. I think all of us that  
24          worked out there knew that we were working  
25          around danger-- dangerous materials. However,

1 we trusted our government to keep us safe. And  
2 I -- I just think it's incomprehensible, to me,  
3 that our government now is making those of us  
4 that are sick grovel for such a stippance (sic)  
5 of money. There aren't that many of us left,  
6 and it's not that much money. And it just  
7 seems as though the government could take the  
8 high road and admit that possibly they put us  
9 in harm's way and those that -- of us that only  
10 have a couple years left to live, that they  
11 could approve our claims and allow us, our  
12 spouses and our children to have whatever time  
13 we have left to live it with dignity and with  
14 some peace of mind.

15 **DR. ZIEMER:** Okay. Thank you, Hannah. Mary  
16 Ann Rupp.

17 **MS. RUPP:** Hi. I also want to thank you for  
18 the opportunity to address this Board.

19 **DR. ZIEMER:** Mary Ann, pull the mike down just  
20 a tad. Thank you.

21 **MS. RUPP:** Thank you.

22 **UNIDENTIFIED:** Us short people got to stick  
23 together.

24 **MS. RUPP:** I want to thank you for allowing me  
25 to address the Board, as with everyone else. I

1 am here tonight on behalf of my husband, who  
2 could not be here as he died 11 years ago at  
3 the age of 49 from lung cancer. I've had a  
4 hard time with this because when he was  
5 diagnosed his diagnosis was -- the primary site  
6 was lung. However, it metastasized to the  
7 brain.

8 I'm here to put a face to his claim tonight,  
9 because he was a vibrant man, a family man, a  
10 patriotic man -- as with everybody else in this  
11 room -- and he believed in what he was doing,  
12 also.

13 He was diagnosed and he was considered terminal  
14 as soon as we had his diagnosis. He was a man  
15 who -- he -- he was active, and I -- as I said,  
16 vibrant. He lost his ability for speech. He  
17 wa-- suffered paralysis. We spent a lot of  
18 time playing charades because he couldn't  
19 communicate with the family like he wanted to  
20 do.

21 I have here which is what many of these people  
22 have heard from NIOSH and it's called findings  
23 of fact. The evidence of record does not  
24 establish that exposure to toxic substances  
25 experienced at the DOE facility was a



1 significant factor in aggravating, contributing  
2 to or causing the lung cancer of Martin C.  
3 Rupp. Therefore, Mary Ann Rupp is not entitled  
4 to the benefit because she did not establish  
5 that he developed a covered illness through the  
6 toxic substance at the Department of Energy  
7 facility, pursuant to 42 USC 7385S-4. And I'm  
8 sure many of you are familiar with this very  
9 same letter.

10 This is my third appeal, and I'm not only  
11 appealing on behalf of my family, but on behalf  
12 of everyone in this room. You can do little to  
13 help my husband now, but you can do a lot to  
14 help the people that are left here.

15 I just basically wanted to tell you how I came  
16 to this. Martin worked at a pipe fitter out at  
17 Rocky Flats. He was also out there as a field  
18 engineer and an iron worker. He was there from  
19 1983 till approximately 1992. The first two  
20 years that he was on site he had absolutely no  
21 dosimetry monitoring. We've -- you know, we  
22 received -- I, as the other lady did, talked to  
23 David Sundin, requested all the dosimetry  
24 records, and I received a partial list -- and I  
25 do stress "partial". He was there for nine

1 years and the dosimetry records I have  
2 consisted of approximately three pages, the  
3 majority of which said zero because there was  
4 no monitoring, as I said, for the first two  
5 years.

6 What brought me to this was that Martin was  
7 exposed while he was working on the plant site.  
8 He was not in a building. He was working  
9 outside of building 776, along with a coworker.  
10 They unearthed some contaminated items there.  
11 And I had not realized this had happened until  
12 this whole program started and his fellow  
13 worker, a [Name Redacted], who was the  
14 [Identifying Information Redacted] for pipe  
15 fitter Local 208 out of Denver, came to me and  
16 he says I think you and [Name Redacted] who was  
17 the wife of the other exposed worker, need to  
18 put in a claim. And then he told me why.  
19 And when I first started the whole process with  
20 NIOSH, you know, I went through the interview.  
21 I told them that I -- I had come to this for  
22 this reason, that I'd found out of his  
23 exposure, and it was never considered a valid  
24 reason. In all the times that I spoke with  
25 NIOSH, all the interviews, all the letters,

1 other meetings I've been to, I -- I always told  
2 them that this was what was in the forefront.  
3 This was why I was here. But they never once  
4 investigated it, which to me is unbelievable.  
5 And I'd like to read to you just basically what  
6 I've sent to them, and hopefully, as I said,  
7 it'll put a face to my claim and help put a  
8 face to many of the other claims and that the -  
9 - that you will consider Rocky Flats for the  
10 SEC.

11 I am again objecting to the fact that my  
12 husband was on site from July of 1983 to  
13 September of 1992, as corroborated by the  
14 District Office of NIOSH. Information obtained  
15 from the Freedom of Information Act on partial  
16 dosimetry records -- and I stress partial, as I  
17 have supplemental badge reports that were not  
18 listed on the dosimetry badge report in the  
19 dosimetry and radiation monitoring. Those  
20 records, which I have included, state that they  
21 absolutely had no monitoring data for -- in  
22 1983 or '84, and the first dosimetry readings  
23 on Martin did not begin until September of  
24 1985. The two -- the two full years without  
25 dosimetry monitorings of any type.

1 I am also objecting to the lack of  
2 investigation of an incident that initially  
3 prompted me to file the claim in 2003. It  
4 involved both my husband and another employee,  
5 whose wife has also filed a claim on his behalf  
6 as he is also deceased. They died  
7 approximately a year from one another. [Name  
8 Redacted] cancer was cancer of the brain, brain  
9 was primary site; Martin's was lung that  
10 metastasized to the brain.  
11 The incident of exposure was witnessed by their  
12 supervisor/coworker, who is also [Identifying  
13 Information Redacted] of the pipe fitter Local  
14 208 in Denver. No interview regarding the  
15 incident was ever conducted. It appears to  
16 have been totally disregarded by NIOSH  
17 investigators.  
18 During my telephone interview of March 3rd,  
19 2006 in which I stated in section six,  
20 radiation incidents, that yes, there had been  
21 an incident of contamination; and in section  
22 eight, identify coworker and other witnesses,  
23 in which I identified the coworker and also his  
24 former owner and operator of the company for  
25 which he had worked. He was one of the

1 subcontractors who Martin worked with at Rocky  
2 Flats for many years and had detailed  
3 information on job sites and locations, which  
4 specified buildings and specific duties.  
5 According to the NIOSH report of dose  
6 reconstruction under dose from radiological  
7 incidents, the record of the telephone  
8 interview was evaluated carefully, and while  
9 the telephone interview was used to assist in  
10 determining whether Mr. Rupp worked there,  
11 there had been no mention of any incident of  
12 exposure -- which was not true, I had mentioned  
13 that several times. The events of the  
14 contamination were mentioned several times  
15 throughout the course of the process. The job  
16 of NIOSH was to investigate any and all forms  
17 of the -- throughout the course of the process,  
18 phone interview and witnesses to look at all  
19 the data, gather from all possible sources and  
20 then determine its validity. Without adequate  
21 investigation into this incident and without  
22 interviewing the witnesses who could give  
23 insight into the circumstances of exposure and  
24 the background to Martin's activities while  
25 employed at Rocky Flats site, I don't feel the

1 claim was given credence it deserved.  
2 NIOSH has based its evaluation of potential  
3 exposure on inadequate and incomplete  
4 information supplied by Rockwell International,  
5 a company that was allowed to plea bargain out  
6 of their culpability into alleged environmental  
7 crimes to the tune of \$18.5 million, to forever  
8 seal from the public the information uncovered  
9 by a grand jury in 1992.

10 I have attended several of the neighborhood  
11 meetings that have been held by the Department  
12 of Labor, and the same information rings true,  
13 that Rockwell International has falsified  
14 information regarding dosimetry readings of  
15 former Rocky Flats workers. Over and over I  
16 have listened to individuals tell their own  
17 experience of -- of readings from wrist  
18 dosimeters that were never assigned, and  
19 reports that for many years they were required  
20 to wear their dosimeters under lead aprons,  
21 with no reading to cover their heads and  
22 extremities.

23 Martin worked on the water main building in  
24 771, the plutonium production building, which  
25 has been labeled by the Bulletin of Atomic

1 Scientists in 2001 as the most dangerous  
2 building in America. Microscopic particles of  
3 plutonium were extremely toxic if inhaled.  
4 Martin and his coworker were both exposed when  
5 working outside of Building 776 while digging a  
6 trench with a backhoe, and they unearthed  
7 something hot -- a direct quote from my  
8 witness. According to the EPA Superfund  
9 record, USEPA Region 8, Congressional District  
10 Number 2, EPA ID number 890010526, bore hole  
11 data indicated that radioactive contamination  
12 is generally contained in the top 12 inches of  
13 native soil. That plutonium, uranium and  
14 americurium (sic) contaminated soil in the  
15 central and eastern portions of the site, with  
16 the most contaminated areas being on the  
17 eastern edge of the industrial area. That  
18 alone should have strongly suggested that  
19 further investigation of the incident of  
20 contamination should have been conducted.  
21 It is also stated that significant amounts of  
22 plutonium were in liquid form contained within  
23 the deteriorating piping systems, which is what  
24 Martin did as a pipe fitter. He also worked on  
25 process piping systems, water heaters, flumes,

1 exhaust fans, heat exchangers, steam  
2 conversions, cooling towers, plenums, heating  
3 and air conditioning.

4 I respectfully ask that -- that reconsideration  
5 of my claim -- claim be seriously reconsidered  
6 due to the lack of investigation into incident  
7 of exposure and all the areas that Martin  
8 worked in on plant site.

9 I am not confident in the fact that NIOSH has  
10 estimated his exposure adequately without  
11 investigating all the facts I have submitted.  
12 I believe that many of the people in this room  
13 have the same problem. I have dosimetry  
14 readings that were scrawled on pieces of paper,  
15 just handwritten, no scientific data, nothing  
16 to back it up. And I believe that along with  
17 my husband and everyone in this room, they  
18 deserve the right to have everyone consider  
19 this and take it out of the hands of NIOSH and  
20 the Department of Labor, and please consider  
21 their claims. Thank you.

22 **DR. ZIEMER:** Thank you, Mary Ann. Next we'll  
23 hear from -- I think it's -- could it be Chet  
24 Stickelman? I'm have a little hard time  
25 reading the first name -- Stickelman?



1 (No responses)

2 Okay. Yvonne Garrimone -- Garrimone? Yvonne?

3 Okay.

4 **MS. GARRIMONE:** Hi. Yes, my name is Yvonne  
5 Garrimone and I'm here to speak on behalf of my  
6 [Identifying Information Redacted], who passed  
7 away [Identifying Information Redacted].

8 He started at Rocky Flats in October of 1981.

9 There he was a NDT tech, and I only know these  
10 things second-hand and just through talking  
11 through it with his coworkers, speaking with  
12 people from the steel workers' union and trying  
13 to do research on my own through the incomplete  
14 records that was provided to me and my mother  
15 from the Rocky Flats Plant.

16 Every time -- he first -- when we first found  
17 out he was ill, it was April, 2001. After an  
18 extensive stay in the hospital in ICU and  
19 trying to recover, he placed his claim for --  
20 with -- with NIOSH. He -- we -- we actually  
21 received his dose reconstruction I believe a  
22 month after he had passed away and to which my  
23 mother got a phone call asking her if she  
24 wanted to stay with what [Identifying  
25 Information Redacted] had gone on record as

1           what he believed, which we do believe, what he  
2           was exposed to. And just having to go through  
3           this fight and be denied time after time after  
4           time is a slap in the face, not only to us, the  
5           survivors, but to people who are living with  
6           the illnesses and various diseases that they  
7           got through their exposure at Rocky Flats doing  
8           their job, doing what they thought was right to  
9           protect, you know, not only their country, but  
10          to protect their families and to provide for  
11          them.

12          I know that not only did [Identifying  
13          Information Redacted] -- was he diagnosed with  
14          pancreatic cancer, but two other people in his  
15          group, as well. He never once, through the  
16          whole ordeal that he was put through,  
17          complained. But the one thing that he did make  
18          me promise and as well as [Identifying  
19          Information Redacted] is that we would fight,  
20          not only for him, but for everyone else that  
21          has been put through this whole ugly, ugly  
22          mess.

23          The only thing that I really want, more than  
24          anything else -- not the money. It doesn't  
25          matter. But for [Identifying Information

1 Redacted] to be able to see his ten-month-old  
2 granddaughter, to see everything that he's  
3 missing. When [Identifying Information  
4 Redacted] died at the age of 47 from pancreatic  
5 cancer, and I will tell you, that is the most  
6 horrible way to watch somebody die.

7 [Identifying Information Redacted] was a very  
8 active man, and that ugly disease took him away  
9 from me, my mother, my sister, his grandson and  
10 everybody else who loved him and knew him. And  
11 I did not mean to get this emotional, but  
12 please, for -- not just for me, but for  
13 everyone else and anyone else who gets sick  
14 from this place, pass the special cohort status  
15 for these people so that we don't have to do  
16 this fight and get slapped in the face every  
17 single time. Thank you.

18 **DR. ZIEMER:** Thank you, Yvonne, and for being  
19 brave enough to share that.

20 Don Saber.

21 **MR. SABEC:** Sabec?

22 **DR. ZIEMER:** Could be Sabec, S-a-b-- S-a-b-e-k,  
23 is it?

24 **MR. SABEC:** C, c, c.

25 **DR. ZIEMER:** B-e-z.

1           **MR. SABEC:** S-a-b-e-c.

2           **DR. ZIEMER:** Okay, S-a-b-e-c, get it on the  
3 record here correctly. Thank you.

4           **MR. SABEC:** My name's Don Sabec, as you well  
5 know now. I started at Rocky Flats in April of  
6 1961 and I retired the end of June of 2004.  
7 What I want to talk to you about is these dose  
8 recalculations. You know, it -- it took 33  
9 years before I finally got a true dose  
10 assessment. And July 28th of 1994 they  
11 notified me that they did a dose reassessment  
12 on me and had to add 30-- 36,108 millirem to my  
13 exposure. And at the time I had a calculated  
14 dose of 71,415, and when you add it all up I  
15 ended up with 107,523 millirem.  
16 But 23 years later is -- or 33 years later,  
17 excuse me, is just a little too late on -- on  
18 that. And during that calculation they  
19 happened to add in two years that I missed  
20 Rocky Flats -- I got to go to work for the  
21 Department of Army for a couple of years -- and  
22 they did give me a dose for that. And I  
23 brought it to the attention in the meeting --  
24 the summer meeting at Jefferson County Airport  
25 that they added that two years that I wasn't

1 even at the Rocky Flats, and I don't know what  
2 -- the numbers they come up with or how they  
3 come up with it. And there was a gentleman  
4 there from NIOSH that heard me make that  
5 statement. Well, again, I was down at the  
6 Marriott with -- with [Name Redacted] last --  
7 in the -- in the -- I guess it was the fall  
8 that we went in there, and said something about  
9 it when I made a testimony again, and he got me  
10 after I made my testimony and says Don, he  
11 says, I -- I remember doing yours 'cause I  
12 remember the two years that you said that you  
13 had an exposure from Rocky Flats that you  
14 weren't even there, he says, and I did a dose  
15 recalculation on you. But he said I had to add  
16 another eight rem to your exposure. And I said  
17 well, that -- not too good. He said -- and I  
18 thought he was going to mail me a -- a copy of  
19 that -- that exposure value. I never received  
20 anything from that, and I kept telling  
21 everybody I'm pretty lucky, I haven't had any  
22 symptoms at all from Rocky Flats. Until  
23 October -- it was early October they found  
24 cancer in my eye -- I don't remember the date.  
25 Anyway, October 11th they removed it and I -- I

1 don't know, I go back tomorrow to see if it's  
2 coming back again, but when I talked to the  
3 Department of Labor when I -- I made a claim.  
4 That's the first time I've ever done anything  
5 like that, and I told them it wasn't malignant;  
6 it's very hard to get malignant cancer in your  
7 eye, they said well, if it's not malignant, we  
8 don't even compensate you for it. But I did  
9 have an interview over the telephone, thought  
10 everything was -- they would contact me and  
11 make -- have a hearing. That -- that didn't  
12 happen. They -- they sent me another form to  
13 fill out that they want to know my entire  
14 history of the jobs I performed.  
15 Well, in 44 years of work out there, I don't  
16 know if anybody could remember the jobs -- all  
17 the jobs they performed. I -- I was a chem op  
18 for seven years. That's when the -- I probably  
19 got my -- most of my neutron excess, but -- and  
20 I really feel that this dose recalculation  
21 thing is -- is just about like a dart board  
22 effect. You -- you throw a dart, hit a number  
23 and that's what you're going to get, because  
24 there's so many incidents that we had that was  
25 not reported -- spills, contamination. We'd

1 take them in -- in 771 we'd taken them in there  
2 if they had their hands contaminated and their  
3 face contaminated, we -- we'd wash them down in  
4 the area in a decon room and there -- most of  
5 the time there was never even a record made of  
6 it. So I -- I don't know how you people can  
7 make an intelligent decision on the exposures  
8 of people at Rocky Flats, when -- when I can't  
9 even get records -- I -- I had to really cry  
10 the blues to get my own records. Rocky Flats -  
11 - when I retired I requested a copy of them.  
12 It was two and a half years before I even got  
13 anything from them.  
14 So I just want to say that the dose  
15 reconstruction is -- is almost impossible for -  
16 - for the lack of record keeping Rocky Flats  
17 did because the number one game was production.  
18 When you're in production, you know, it's damn  
19 the torpedoes, full speed ahead. And -- and  
20 the same -- same criteria, same mentality, was  
21 the same way when we're in D&D. That's one of  
22 the reasons I got out as early as I did 'cause  
23 I felt very healthy and felt I could keep  
24 working, but the way things were going, I  
25 thought -- you know, somebody's going to

1 really get hurt -- which they didn't; they  
2 lucked out.

3 Anyway, I appreciate you people coming down  
4 here and looking at this and -- and hopefully  
5 that you -- you can come up with something that  
6 is going to compensate people for what they  
7 really deserve. Thank you.

8 **DR. ZIEMER:** Thank you. Then Jack -- is it  
9 Blakeslee -- Blakeslee, or --

10 **UNIDENTIFIED:** (From the audience and off  
11 microphone) He left.

12 **DR. ZIEMER:** Oh, he left? Okay. How about  
13 Dale Tinkle? Dale?

14 (No responses)

15 Michael Logan.

16 **MR. LOGAN:** I just want to thank you for  
17 hearing us and all, and hopefully we can get  
18 things squared away. But I started at Rocky  
19 Flats in October of 1978, worked there until  
20 June 19th of 2003, got laid off and took the  
21 early retirement. In the meantime, in '94 I  
22 left for ten months and then came back, take  
23 care of some family business. And there's so  
24 many stories you can hear, you know, starting  
25 out out there.



1 For example, I started out as a janitor, then I  
2 progressed to a service attendant, working in  
3 the garage servicing the fleet vehicles. And  
4 then I went to a metallurgical operator working  
5 in the foundry with the plutonium and dealing  
6 with all the castings and material with stuff  
7 like that.

8 Some days we'd have SAAM alarm go off probably  
9 ten, 15 times. The way they did the air flow  
10 is that the air may be flowing towards you, the  
11 SAAM alarm's behind you, and by the time it  
12 goes off you've already got an uptake. A lot  
13 of times if you request to go to body count, if  
14 you're fortunate enough to let someone agree to  
15 send you up there, it come back as background.  
16 But yet if they do nasal smears or anything  
17 like that, it comes out that you've got an  
18 intake.

19 Far as the radiological records, I've been  
20 fighting for three months now trying to get  
21 mine and I keep getting the runaround. I  
22 talked with a gal in Washington, D.C., her  
23 name's [Name Redacted] at Rad Records, and she  
24 keeps referring me to someone else, they refer  
25 me to someone else, but I -- I keep getting the

1           runaround. I don't know what else to do.  
2           A lot of the people here have very, very viable  
3           complaints, issues over it that needs to be  
4           addressed. You know, we hope everything will  
5           come out okay and everything's done right. You  
6           know, it's kind of like when I was brought up  
7           as a kid, you know, you -- you're taught to do  
8           right and do the right thing, but it doesn't  
9           appear that it's either, one, it's the system  
10          or the people handling the system.  
11          Every time I get on the computer I just -- I  
12          get real angry, looking at the different issues  
13          with Rocky Flats. [Name Redacted] has  
14          diagnosed me of having asbestiosis (sic).  
15          National Jewish says it is inconclusive, but  
16          all the symptoms are there as far as the  
17          thickening of the pleural lining of the lungs,  
18          which also has the same consistency as  
19          berylliosis, which I've worked with that also.  
20          Now [Name Redacted] also wrote an article on  
21          the beryllium testing, the program, and gone  
22          into great detail on how it works. But there  
23          was another partner with them, another doctor,  
24          and this kind of scares me to death, he was a  
25          doctor of veterinarian medicine. Now either,

1           one, he does have some knowledge of the  
2           background of radiation or beryllium; or two,  
3           were we guinea pigs? I mean I don't mean to  
4           sound nasty, but there's a lot of  
5           inconsistencies of them losing records, records  
6           come back incomplete, or they're changing our  
7           dose to zero when we've been in the area. So  
8           what you're saying is by waving the magic pen,  
9           we don't -- we automatically don't get any  
10          radiation, we don't have no dose?  
11          Right now I'm fighting with a tumor in my  
12          spinal cord. I haven't had any comment back on  
13          that from the Department of Labor. Far as the  
14          asbestos of that, I've been denied the  
15          financial. They say they would like to do the  
16          medical surveillance on it, but I haven't seen  
17          anything on paper.  
18          I had to fill out some paperwork the Department  
19          of Labor sent me far as have I ever filed a  
20          suit against any labor department or workmen's  
21          comp or do I have any claims pending, which I  
22          don't. We FAXed it to them. I get a call  
23          today, where -- where's the paperwork? Well,  
24          you guys have -- it's been FAXed to you. I  
25          have the paperwork that shows that you have it.

1 I hate to see it, it's kind of scary, but  
2 either, one, they're hiding stuff, which I  
3 would not like to believe; or two, somebody's  
4 just not doing their job.

5 I don't think we're asking for every -- you  
6 know, there's no way that DOE can come up and  
7 just wave their magic wand and everything's  
8 right. We want them to stand up and at least  
9 make an honest effort. You know, at first,  
10 when I was really scared and mad about the  
11 tumor in my spinal cord, I thought that the  
12 Department of Energy didn't care about us. I  
13 thought we were just a piece of meat and a  
14 number, but a piece of meat's a precious  
15 commodity. I'm not sure, we were just doing  
16 our job, what we were told to do. We were also  
17 told that the radiation exposure that we got by  
18 going to the dentist or having a couple of X-  
19 rays a year -- you know, chest X-rays -- you  
20 know, you get more radiation exposure there  
21 than you did at Rocky Flats in a full year.

22 I'm still at the point now, there's only two  
23 things they've told us: Lies, and more lies.  
24 If I was to go out and get drunk and run over  
25 somebody, I'm held accountable. But is our

1 government held accountable for what they do?  
2 It's got to be a two-way street. I was brought  
3 up to do things right and do the right thing,  
4 and I've done my best to do that, working for  
5 Rocky Flats doing what I felt was in the best  
6 interests of my country. I cared. And a lot  
7 of these people here, you -- you won't find a  
8 more dedicated group of people. We're a honest  
9 bunch of people, and more caring. Thank you.

10 **DR. ZIEMER:** Okay. Thank you, Michael. Cheryl  
11 Hewitt-Ballou.

12 **MS. HEWITT-BALLOU:** Good evening. [Identifying  
13 Information Redacted] is why I'm here. His name  
14 is [Name Redacted] and he was diagnosed with  
15 berylliosis chronic disease and asbestosis. He  
16 was one of the first people that actually  
17 helped build Rocky Flats in the late '50s and  
18 going through the '60s and into the '70s. He's  
19 been in every single building on the facility.  
20 His job was working for the sheet metal workers  
21 Local Number 9. He would crawl in and out of  
22 ductwork that had been contaminated with  
23 beryllium dust. He had it covering him. There  
24 was no security. There was no OSHA, if you  
25 will. There was nothing to let him know that

1 the dust that he carried home to his family was  
2 actually radioactive dust, and that he had  
3 inhaled it, he had also ingested it. He had it  
4 all over his lunch pail.

5 As a child growing up and watching [Identifying  
6 Information Redacted] come home from this  
7 facility, I would of course greet him when he  
8 came home with loves, kisses and hugs. He also  
9 had a little trick that he did every day for  
10 me. He'd always leave a little tidbit in his  
11 lunchbox for me to eat. Well, I did this every  
12 single day that he brought home his lunchbox.  
13 This box was covered with dust. We had no clue  
14 as to what the dust actually was until many  
15 years later.

16 Now I am as mad as hell, and I don't want to  
17 take this anymore -- if I may quote a famous  
18 actor in a movie. He yelled out the window.  
19 All of these people that are here, and the ones  
20 that did not get the information that this  
21 meeting was being held this evening due to lack  
22 of correcting themselves and making sure that  
23 you address the people the correct way with  
24 notification of ample time to get them here to  
25 this meeting. One newspaper article isn't

1           enough.

2           These people are sick and they're dying. I'm

3           sick and I'm dying. I went through a double

4           mastectomy at the age of 49 years of age due to

5           the beryllium poisoning that I have in my

6           system. I documented this beryllium poisoning

7           in my system when I was pregnant with my son

8           that is now 16 years of age, because I was so

9           concerned of it being transmitted. I realized

10          [Identifying Information Redacted] had brought

11          the dust home. I realized that we had contact

12          with it physically, by inhaling it and

13          ingesting it. I was so concerned I went to

14          National Jewish Hospital with [Information

15          Redacted] on a specific appointment, and I

16          asked the doctor specifically, is this

17          transferable to my child that I'm carrying.

18          And of course he could not answer me. But now

19          at this point of my life, at 51 years of age,

20          after going through a double mastectomy, I am

21          now looking at where it's involving my liver

22          and my kidneys and my lungs.

23          Now these beautiful, wonderful Americans stood

24          by the country and they did their job. They

25          were screwed. I'm sorry, I'm not very polite.

1 I like to put things black and white. They've  
2 been screwed by the government by lack of  
3 keeping records, by lack of truth, by lack of  
4 supplying ample, complete records for them to  
5 be able to go to doctors that should be  
6 supplied by the government to take care of  
7 them. They did nothing wrong but to do their  
8 job.

9 We're not asking for any miracles because we  
10 already know that we've been contaminated. We  
11 already know what our outcome is. You're not  
12 one of those people. You're being paid to sit  
13 here and listen to the sob stories and then  
14 you'll walk away and you'll dismiss it, just  
15 like all the rest of these meetings have done.  
16 All of these years we've talked, we've begged,  
17 we've pleaded and we've asked nothing but to do  
18 the right thing by these people, the Americans  
19 that supported the country that we believe in.  
20 I don't think that's too much to ask.

21 The families have been affected so much that  
22 they've been basically put back on the shelf,  
23 shut up, nothing to do about it, the government  
24 will eventually get their act together. Well,  
25 you know what? I don't believe that the



1 government's going to actually get their act  
2 together. And the reason why? You haven't  
3 done it yet. How many more years do you wait?  
4 You'll wait long enough for every one of these  
5 people and their family members to die, and  
6 then you'll go oh, guess what? I guess we were  
7 wrong. Thank you.

8 **DR. ZIEMER:** Thank you, Cheryl. Diane Jensen?  
9 Is Diane with us?

10 **MS. JENSEN:** As you stated, I'm Diane Jensen.  
11 I spent 22 years out at the Flats, and my first  
12 eight years I spent as a chemical operator.  
13 That meant hands-on processing with plutonium.  
14 And as a chemical operator, we went through  
15 progression period. That meant we learned how  
16 to handle plutonium in a liquid form, a solid  
17 form, a metal form. We bagged in, we bagged  
18 out. We touched it hands-on every day, moving  
19 it from one glovebox to the next.  
20 The remaining years I spent in technical  
21 support in a production building. I was always  
22 within 50 feet of the production area.  
23 In 2003 I was diagnosed with breast cancer.  
24 I'm currently in -- was in remission. I now  
25 have a growth on my thyroid.

1 I want to thank you very much for this venue to  
2 tell you about our concerns, the inaccuracies  
3 that I've found in struggling with this huge  
4 system. I want to address my concerns to you  
5 because you are the audience that can make the  
6 decision. You are the decision-makers for our  
7 future, so that we can quit fighting and get on  
8 with our lives.

9 Special Exposure Cohort status is extremely  
10 important to those of us who have been ill, but  
11 I need to let you know that the system that's  
12 in place is broken, how it is broken, and that  
13 the administrators of the program cannot fix  
14 it. They do not have the expertise, the  
15 ability or the resolve to handle the issues.  
16 The Department of Labor is currently tasked  
17 with administering this program. They have no  
18 knowledge of radiation. I spent some time with  
19 a hearing officer for the FAB board. My report  
20 from that meeting lists my exposure, measured  
21 in grams. Now I was under the impression it's  
22 millirem, rem -- again, they have no concept of  
23 radiation.

24 The hearing officer is not the least bit  
25 concerned that they don't understand radiation,

1           because NIOSH is the determining factor. They  
2           are only in place to make sure that the NIOSH  
3           determination is enforced. And they hide  
4           behind that law. It is on-- and it is the only  
5           tool they have to make their determination  
6           because NIOSH is the rule that determines least  
7           as likely or not. It is not their job to  
8           understand, but only to implement. They have  
9           no idea of the relevancy of radiation dose.  
10          And to make it more frustrating, you cannot  
11          question the methodology. You cannot question  
12          the numbers they use, because only NIOSH can  
13          handle that. They can send questions back to  
14          NIOSH, but they can't address concerns, and  
15          they forbid you from questioning the  
16          methodology because NIOSH is the governing  
17          body.

18          Well, I have many questions, and they have a  
19          common theme for many of the people here. I  
20          have missing doses. I have zero readings, and  
21          I have inaccurate readings.

22          NIOSH also makes assumptions about the readings  
23          they have, and -- for example, they assume that  
24          if you have a zero reading, or if you have a  
25          missing dose, that the dose was too low to

1 calculate, so they apply a small value to your  
2 dose to say this accounts for the missing dose.  
3 Well, they had it wrong. The assumption is  
4 wrong. They are adding a small value, when in  
5 actuality the dose that is missing is high.  
6 Many doses that I have missing in reality came  
7 back as no data available from times that I  
8 spent inside vaults, times that I've spent  
9 looking for cans or buttons that we had to find  
10 during inventory, so you spent hands-on time in  
11 a room that has 400 millirem for exposure. And  
12 your dose comes back zero or no data available?  
13 I'm sorry, that's wrong.  
14 This statement also translates into a statement  
15 they put on your dose reconstruction that says  
16 everything applied is claimant favorable, so  
17 this small factor that they added for a dose  
18 that was too high to calculate was used to say  
19 it is claimant favorably (sic) because they  
20 added something for that zero.  
21 These statements are also like a narcotic to  
22 the claims administrators. Though they have no  
23 knowledge of the questions about radiation,  
24 they falsely believe that the system is built  
25 to compensate the employees with a foreseeable

1           air factor, and that it's been applied.  
2           They're confident this mechanism's in place.  
3           I also have concerns about the inaccurate  
4           reading due to the process, the procedures to  
5           subtract background from actual readings. What  
6           if an employee actually received background?  
7           In 1991 when I was an office worker, my dose  
8           went down drastically from when I had hands-on  
9           experience. My dose for the year was 46  
10          millirem. But to be claimant favorable, they  
11          gave me 100 millirem. My office was room 101  
12          in building 771, and my wall -- my desk was on  
13          -- was adjacent to the abandoned americium line  
14          in 771. In 1993 the Department of Defense said  
15          hey, we have 300 millirem at the badge board,  
16          and this has been adjusted downwards for 2,000  
17          man hours. One, we worked 50-hour weeks, so  
18          there's no concept of 2,000 man hours. And my  
19          office is here, between the source and the  
20          badge board. A badge board's 300? The source  
21          is constant. Tell me how I got 46. I don't  
22          know a physics book that comes up with numbers  
23          like that.  
24          In the mid-1990s the operator realized that had  
25          issues with dose in 771. They'd placed metal

1 shielding in the wall for what was my office.  
2 We had people here who'd mentioned the guard  
3 posts, the vestibule in 771. The radiation  
4 dose coming off the americium line, the  
5 abandoned americium line, was so high it was  
6 setting off my monitors. They had to install  
7 metal shielding. Give me a break. How can you  
8 tell me I got 46 millirem?

9 This affects all office workers in production  
10 buildings. By definition of the term "office  
11 worker", someone who was not required to wear a  
12 badge, we were assigned 100 millirem because,  
13 by definition, we were supposed to receive less  
14 than 100 millirem.

15 In the mid-1990s Building 371 housed the  
16 majority of the plutonium on plant site.  
17 (Unintelligible) said it was 12.9 metric ton.  
18 And you can move that plutonium all you want.  
19 You can move drums from one location to the  
20 next to change doses in areas, but you still  
21 have office areas exposed to dose because the  
22 office areas are adjacent to the vaults and are  
23 positioned directly above the vaults.

24 I actually brought with me tonight things I  
25 would like to submit, which are dose records

1 for 1996 and 1997, and the dose records for the  
2 office areas in Building 371 and 374 you will  
3 note significantly the bottom mark is 100  
4 millirem. The bars on the right are 371 and  
5 374 office areas, doses ranging from 200, 300,  
6 400, 500, 600 and 700 millirem, office areas.  
7 Us office workers got credit with 1,000 (sic)  
8 millirem to be claimant favorable. There's an  
9 error here. Something is wrong. We were  
10 short-changed. NIOSH's assumption is not  
11 claimant favorable. The numbers are wrong,  
12 whether intentionally manipulated to meet  
13 corporate bonus structures, due to company  
14 policy to bring them down to 2,000 man hours,  
15 or the natural inclination to disbelieve your  
16 indicators when you have high doses. No matter  
17 what the reason, the result is the same: The  
18 numbers are wrong.  
19 Office workers got significant dose. The  
20 numbers they use are not claimant favorable.  
21 And the Department of Labor is not experienced  
22 enough to know the difference between a gram  
23 and a rem. I have very little confidence in  
24 their ability to administrate the system.  
25 When you're voting tomorrow, please consider

1 the accuracy of the numbers that were used to  
2 determine our destinies. Think of the false  
3 assumptions that contributed to our assigned  
4 dose. Think about the consequences of your  
5 decision. Special Exposure Cohort status will  
6 not make us well. We do not want sympathy. I  
7 want acknowledgement. I want to get on with my  
8 life. I don't want to spend it fighting the  
9 system. So tomorrow please vote yes on the  
10 Special Exposure Cohort status for Rocky Flats.  
11 Thank you for your attention.

12 **DR. ZIEMER:** Thank you. Thank you, Diane.  
13 Next, Dennis Virgil (sic). Just for planning  
14 purposes, folks, we've got Dennis and then  
15 Jerry Mobley and Liz Huebner will complete our  
16 list. So Dennis...

17 **MR. VIGIL:** Members of the panel, workers --  
18 hi, cuz -- my wing man, another wing man. Not  
19 real good at this kind of talking. I'd like to  
20 thank the Board. I appreciate your patience.  
21 I don't know that I would like your job, either  
22 -- paperwork and all that's involved.

23 Dennis Vigil, I was a Navy electrician and a  
24 Seabees lineman, and I came to work. I wor--  
25 and we're part of elite groups, construction,



1 mine workers, maintenance people, production,  
2 monitors and operators. We are the band of  
3 brothers and sisters. We learned our trades  
4 and did our jobs well. Rocky Flats, we gave  
5 you the best years of our lives. Along with  
6 other families, I was a lineman electrician at  
7 Rocky Flats. I have a blood brother that was a  
8 'lectrician at Rocky Flats. He lost a kidney  
9 to cancer. I myself have been learning medical  
10 terms as far as lung nodules, nodules in the  
11 lung, cysts in the kidneys and the National  
12 Jewish Hospital has brought some of these  
13 records out. Our claims have been denied. All  
14 I ask is that we take time so that America, you  
15 need to hear our cry. Thank you very much.

16 **DR. ZIEMER:** Okay, and Jerry Mobley? Hi,  
17 Jerry.

18 **MR. MOBLEY:** Hello. First I want to compliment  
19 all of you. I'm almost amazed that you have  
20 eye contact with the people talking. None of  
21 you have fallen asleep or become bored, that I  
22 have seen. I've been watching you.

23 **DR. ZIEMER:** Well, I hope we don't start now  
24 then.

25 **MR. MOBLEY:** In a minute, with your permission,

1 I'm going to ask for a raise of hands of the  
2 people -- I don't know if it's appropriate or  
3 not, but I will.

4 **DR. ZIEMER:** Depends on how embarrassing the  
5 question is, I think.

6 **MR. MOBLEY:** My name is Jerry Mobley. I was a  
7 stationary operating engineer in Building 371  
8 for 13 years. I came down with a skin cancer  
9 on the scalp -- the worst kind you could have.  
10 Then it went into my lymph nodes as metastatic  
11 (sic) malig-- anyway, it went into my lymph  
12 nodes.

13 **DR. ZIEMER:** Right.

14 **MR. MOBLEY:** Shortly after that, I had a real  
15 balance problem. I still have a balance  
16 problem. But they did a CAT scan and  
17 discovered I have a ping-pong-sized tumor in my  
18 left cerebellum. When the doctor came to the  
19 house, which was unusual, to tell us about  
20 this, that I was going to have to have some --  
21 see a brain surgeon the next day, he told my  
22 wife and I that we needed to get my affairs in  
23 order. And my wife said so then this next  
24 month we should, you know, get things set up.  
25 And he said no, this week, before the surgery,

1 'cause he's not likely to make it. Well, I'm  
2 still here, thank goodness.  
3 It wasn't a tumor. You know what it was?  
4 Severe radionecrosis. When the surgeon came  
5 out to tell the family after the surgery --  
6 which lasted one-fourth of what it was supposed  
7 to last in time -- the surgeon was quite  
8 baffled. He said how did -- Jerry hasn't been  
9 exposed to radiation. And what did my family  
10 say? What did my family say? Yeah, he's been  
11 at Rocky Flats. And the surgeon says huh?  
12 'Cause this is his first radionecrosis that  
13 he'd ever seen as a brain surgeon. They  
14 thought it was going to -- they were going to  
15 find metastatic (sic) malignant melanoma in my  
16 brain.  
17 Well, anyway, to make a long story short, they  
18 didn't.  
19 Now, I'm still here, thank goodness. But this  
20 last January I had to file bankruptcy. I have  
21 been fighting medical bills -- every time I go  
22 for a PET scan, they want \$400 from me. When I  
23 went to work at Rocky Flats, one of the  
24 benefits was you're going to have lifetime  
25 medical. They're going to take care of all

1           your medical bills. Has that happened?

2           **THE AUDIENCE:** No.

3           **MR. MOBLEY:** No. \$86,000 I had to file  
4           bankruptcy on last December. I told the doctor  
5           last week when he wants to do another PET scan  
6           coming up 'cause I'm having breathing problems,  
7           where's the \$400 going to come by? He's  
8           working on it. Hopefully he can come up with  
9           it. I don't have it anymore. I'm busted.  
10          Now, what I wanted to ask for a raise of hands  
11          was, there are 12 of you here, the exact number  
12          that was in my group in 371 for the 13 years.  
13          They weren't all the same group, but when we  
14          finished up there were 12 SOEs. Of the 12  
15          SOEs, five have skin cancers, the worst kind.  
16          But wait a minute, that doesn't fit the profile  
17          for natural skin cancer according to NIOSH  
18          because I'm not even supposed to have skin  
19          cancer from radiation. It doesn't happen.  
20          Right?  
21          Okay, the numbers are telling me something  
22          different. Now when I was going to ask for a  
23          raise of hands, how many of you are from -- not  
24          from Denver here in Colorado?

25          **DR. ZIEMER:** Not from Denver -- not from

1 Denver.

2 **MR. MOBLEY:** Not from Denver.

3 **DR. ZIEMER:** Not from Denver.

4 **MR. MOBLEY:** If you were told when you came  
5 here that if you go to this Denver, you're  
6 going to have -- five are you are going to come  
7 down with skin cancers -- oh, but it's not  
8 connected with anything up here; it's just that  
9 the probability is so high if you go to Denver  
10 -- would you come?

11 When I -- no, you -- right, you wouldn't. You  
12 wouldn't take that risk. I wouldn't take that  
13 risk if I'd known what was happening. We  
14 didn't know we were coming -- all coming down  
15 with skin cancer until all of a sudden it's  
16 happening.

17 And so when you vote tomorrow, a yes -- I don't  
18 know if it's going to affect me because they  
19 say melanomas are not covered, even though it's  
20 cancer. This doesn't make sense. And severe  
21 radionecrosis isn't on the list because it's  
22 not supposed to happen, but I hope that -- I  
23 doubt honestly that I will ever see any of the  
24 benefits. I don't think I'm going to live that  
25 long. But I would hope for my wife, who has

1 supported me completely, will be able not to  
2 have to sell the house. We've mortgaged the  
3 house to the hilt to try to -- 'cause I feel  
4 that -- I've always felt that I want to take  
5 care of my debts. I never wanted to go out and  
6 establish a debt and then walk away and say you  
7 figure out how -- so with that, thank you.

8 **DR. ZIEMER:** Thank you. Okay, Liz Huebner.  
9 Liz?

10 **MS. HUEBNER:** I -- I'm Liz Huebner and she's  
11 helping me here because the other day we made  
12 some posters that we were going to put around  
13 on our behalf and I started at Rocky Flats  
14 February of '98 and halfway through the '98s  
15 the doctors told me that my body was starting  
16 to be the body of a 90-year-old and I had a lot  
17 of things happen and a lot of muscular and  
18 different things. And I worked in 883 building  
19 and [Name Redacted] came in and said well, the  
20 chairs don't match, we have to take them away.  
21 And so we sat on the uranium ingots and the  
22 LIPS project and all that and the engineer came  
23 through and says well, you shouldn't be setting  
24 on that because that affects your production  
25 organs and so I've had a full hysterectomy and

1 all that.

2 But a couple things I'd like to bring up about

3 this reconstruction is we have MSDS sheets,

4 which everybody knows is material safety data

5 sheets, and for chemicals and all kinds of

6 things. That stuff on there gives you things

7 that it affects in your body. Now these

8 manuals were written and so I don't understand

9 why all of a sudden these manuals are in

10 question about chemicals and how they affect

11 your body because some of the chemicals we

12 used, like say in 883 building, when the fans

13 went down the chemicals caused a -- it was as

14 tall as this -- it was a white wall, to turn

15 yellow, and we were told to continue working.

16 We never had respirators. It was a uranium

17 facility and when we left the building for

18 breaks, we had to take all of our clothes off -

19 - we had our boxer shorts and our T-shirts --

20 and then we'd go to break. But all the carpets

21 would come up hot all the time and so forth.

22 And another thing is when we went to body count

23 working in the uranium -- and they had

24 beryllium in there, also, because it was the

25 foundry building -- we took two showers to get

1           body counts. We had to take one at the  
2           building, and we had to take another shower at  
3           the medical building before we took our body  
4           count because they knew that the dust would be  
5           on us and the dust got in the offices on the  
6           second floor. They had to replace the carpets  
7           many times because they would come up hot. And  
8           so like -- I don't understand the  
9           reconstruction part.

10          The same with radiation. The radiation -- they  
11          had standards for those radiation things, and  
12          it gave what effects it does on your body. And  
13          some of the medical problems I had at the time,  
14          I would bring this up and they would say oh,  
15          no, it can't be that. Now I know they say it  
16          was chronical (sic) over a period of time, but  
17          during production periods people got acute  
18          doses. You take the doses over a whole working  
19          time, that doesn't matter. They should be  
20          taking the times when we got the high doses.  
21          When I worked in 707, every other month I had  
22          to be taken out of G module because I'd get 100  
23          millirem. They'd take you out a month, then  
24          they put you back the next month. You'd get  
25          your next 100 millirem, then you're out a



1 month.

2 Another thing was they used air flow patterns  
3 for wearing respirators, so when we worked in D  
4 module, if a SAAM alarm was going off at one  
5 end of the building, at this end we would  
6 continue to work in the gloveboxes and not  
7 required to wear a respirator because the air  
8 flow supposedly (sic) kept all the radiation at  
9 that end of the building, so we continued  
10 working.

11 Then we had another time when the bellows had  
12 been leaking, and nobody knows how long, in one  
13 of the gloveboxes. And one day they had the  
14 janitors come in and do the floor, so they were  
15 supposed to clean the floor, and the procedure  
16 was supposed to be that you had the floor  
17 surveyed first. Well, the survey was not done.  
18 The floor was swept. And that one sweeping  
19 contaminated the whole room because there was a  
20 bellows leaking that nobody had any inclination  
21 that it had been leaking all this time. And  
22 once it got spread around the room and we had  
23 to decon 24 hours straight for three days we  
24 deconned that room.

25 A lot of procedures were in place but not

1 followed, and we were told to go ahead and do  
2 the work anyhow. Things -- I was an inspector  
3 out there in the machine shop. I worked all  
4 the buildings except of course 111 and 115 -- I  
5 didn't work those -- but all the others, and we  
6 had training as inspectors and I was an RCT. I  
7 was in the labs. In the labs we were working  
8 without gloves and that happened to be the time  
9 I had my hand surgery. You know, I was getting  
10 a lot of radiation exposure to my hands, but  
11 they said no, you know, that can't be. But yet  
12 you look at the books and the books say with  
13 this amount, this can cause this kind of health  
14 problem.

15 So I do not understand. They wrote manuals.  
16 They were supposed to be god. We were supposed  
17 to follow them, but all of a sudden these  
18 manuals are incorrect and they're not to be  
19 used.

20 The dose out at Rocky Flat was spread among all  
21 the people, not just the workers, but they took  
22 everybody on site so they would keep our dose  
23 down per individual. So all the workers --  
24 you're getting high dose.

25 My husband -- he was diagnosed with the Be, had

1           the lavages, and he couldn't -- he wasn't  
2           supposed to, during the days of -- of decon and  
3           cleanup, he wasn't supposed to work around  
4           beryllium. And he was on the beryllium  
5           program. Now the last lavage they tried to  
6           perform on them, they couldn't finish it 'cause  
7           they couldn't extract anything back out. Now  
8           here all of a sudden he's not in the program.  
9           He has to start over. They say you're not in  
10          the program now, we -- you have to reapply.  
11          And then they said well, your papers aren't  
12          original, they aren't this and that, and we're  
13          finding that papers are getting shredded,  
14          documents, documents that were legal according  
15          to the law. I just don't understand how all  
16          these documents can be denied.  
17          And I'd like to bring up about a man out there.  
18          He lives in Ohio now because he used to be a  
19          machinist. He worked in 707 with me and one  
20          night the machine got some plutonium in his  
21          arm. He waited over 45 minutes for the rescue  
22          -- or the rescue team to come and take him up  
23          to medical. He now has MS so bad he's  
24          wheelchair-bound and nobody's putting anything  
25          together for him. I -- I feel that with all

1 the muscular things that went on, those should  
2 be considered also because bones and muscular  
3 were in the books, too.

4 And let's face it, Rocky Flats did a lot of  
5 things that were illegal, 'specially at the  
6 end. I had people that I checked out on the  
7 step-out pad that had infinity on the  
8 respirators and on their clothes, yet they were  
9 not given nasal/mouth smears. There was no  
10 record kept of this. I said aren't you to get  
11 one? They said it's not required in our work  
12 package. So there's all these young people  
13 said oh, when I get sick down the road, I'll  
14 come and claim. I said there will be no  
15 company.

16 So I just want to make a point that you had  
17 things in writing, and they were connected to  
18 things, yet you sweep them under the carpet.  
19 Everybody was put in one pot and things were  
20 split among 5,000, 6,000 people, when the  
21 people who got the exposure -- it -- sure, you  
22 know, they say it's chronic over a long period.  
23 But there was a lot that was right then and  
24 there and it was acute, and that was  
25 overlooked.

1           How can just one month being out of a room help  
2           your dose? You get 100 millirem. Okay, we'll  
3           keep you out a month, then go back. I mean the  
4           things were black and white, yet now they have  
5           to be reconstructed and I just don't understand  
6           how the government is two-faced.

7           But anyhow, that's -- oh, one other thing.  
8           Bioassay was never taken seriously, either. I  
9           had positive bioassay. I never found out for  
10          four or five months that I had been in positive  
11          bioassay. And so there's so many things, so  
12          many loopholes that were made out there that  
13          are not being put in the reconstruction, and  
14          the workers that were out there -- we were made  
15          to look like we were saints, that we came to  
16          church, we just did our thing, no harm was  
17          there, yet there was harm all around us.

18          A bag-out that was done, over 100 millirem of  
19          material bagged out and just left to set. The  
20          rules were -- were supposed to be in place, but  
21          towards the end they weren't, and people were  
22          getting acute, not just chronic doses, and  
23          we're paying the rest of our lives.

24          I pray that I don't live to be very old. I  
25          don't want to suffer anymore. I live on

1           morphine and pain pills and this and that. I  
2           go every two months to get shots in my spine.  
3           I don't want to live old. But still I think  
4           people should be compensated. We thought we  
5           were helping keep America safe. Those bombs  
6           were to keep America safe, and now it's like it  
7           didn't matter. We're just like the soldiers  
8           that they throw aside, too. We want to be  
9           considered just like soldiers 'cause that's  
10          what we were. We were civilian soldiers, but  
11          we were like soldiers. We were keeping America  
12          safe.

13          Thank you for your time.

14          **DR. ZIEMER:** Thank you, Liz. Now I had  
15          indicated that Liz was the last on the list,  
16          but now I have another list. There -- there  
17          are a few more, if you'll bear with us.  
18          Henry Mosely? Is Henry still here? There you  
19          are. Henry.

20          **MR. MOSELY:** I'm a little bit unorthodox so  
21          you'll have to deal with me. They're used to  
22          it, you're not. Everybody stand up. Every  
23          once in a while during this lecture to these  
24          people, a few of you sit down. The ones that  
25          are sitting down are the ones that are dying.

1 I want you to look at these people up here. I  
2 don't want you people to look at me. These are  
3 the people we're talking about. These are the  
4 people that, rather than the government say no,  
5 we're not going to help you -- excuse my  
6 language -- go to hell, you come up with a dose  
7 reconstruction. It's BS. I know it.  
8 Everybody else -- shake your heads when you  
9 agree with me -- it's bullshit.  
10 You can't -- everybody out here worked at the  
11 Flats. Very, very few people did the same job  
12 day after day. Very, very few people did the  
13 same job from 9:00 o'clock to 10:00 o'clock.  
14 To say this is the dose they got that day, you  
15 don't know. Nobody knows. We don't know. I  
16 was an RCT out there. I was supposed to know.  
17 I tried to know. There's no way. There's too  
18 many buildings. There's too many different  
19 procedures. There's too many bosses that  
20 didn't care. There's too many people that just  
21 went and did what they were told to do, whether  
22 it hurt them or helped them. So dose  
23 reconstruction -- that's a joke.  
24 You need to consider this. Now look at these  
25 people out here. These are the ones that

1           you're saying no, they're just here to whine.  
2           Well, I'll tell you what. We worked out there  
3           -- I worked out there a long time. I probably  
4           met 20,000 people, the same 20,000 people that  
5           you'll meet through your life, but the number  
6           of people that are sick, the number of people  
7           that are dying, the number of us that are going  
8           to die, the percentage is so much greater than  
9           what you'll ever see in the 20,000 people  
10          you'll meet in your lifetime. To say okay,  
11          let's do a dose reconstruction -- just tell us  
12          no. That's a lot -- that's a lot more humane  
13          than to say okay, get out there and work, get  
14          out there and do this job. We need to close  
15          this down. We'll take care of you. And then  
16          when we come up sick, to say, you know, we're  
17          going to do a dose reconstruction. You know,  
18          that's wrong. I think it's wrong. I think my  
19          cohorts think it's wrong. And I think you  
20          think it's wrong.  
21          Vote the way we need it to vote tomorrow.  
22          Thank you.

23          **DR. ZIEMER:** Okay. Thank you for a very  
24          articulate presentation, Henry. Donna Quinlan?  
25          Is Donna here -- uh-huh.



1           **MS. QUINLAN:** Yes, I'm Donna Quinlan. My  
2           husband survived World War II, but he didn't  
3           survive Rocky Flats. Dick, as he was commonly  
4           known, worked out there for 27 years. He was  
5           in industrial engineering. I knew he did -- he  
6           was an industrial engineer, but I had no idea  
7           what he did. I didn't know what Rocky Flats  
8           did, and I still don't know. All I know is  
9           what I've heard from these people at -- a  
10          couple of times, some of them.  
11          Dick was a very active man all his life, in  
12          extremely good physical condition. He was a  
13          loyal employee, he worked hard. He -- I never  
14          heard anything from him about Rocky Flats,  
15          other than it was where he worked. That's all  
16          I knew -- until it came out in the newspapers.  
17          And even after that, he didn't talk about it.  
18          He didn't ever discuss anything. All I have  
19          learned is -- trying to fill out this  
20          paperwork, I talked to fellow employees and  
21          learned some horrible things after his death.  
22          He, as I said, was very active, very physically  
23          strong and was into everything -- skiing,  
24          bicycle riding, motorcycling, running. He  
25          could outrun a man half his age. He was still

1           very -- going strong until 70. Then he began  
2           to -- I don't know, what's going on with me,  
3           you know; I'm sure feeling my age. And then  
4           toward the end of his 70th year really had  
5           trouble. He'd go out biking and come back and  
6           say I can't imagine what's wrong with me. He  
7           says it's so hard just to ride a bike anymore.  
8           And so -- and this goes on for a while.  
9           Anyway, then in the early -- his early 71st  
10          year he -- that's when he was experiencing the  
11          problems with bicycling and walking,  
12          everything, and just not himself. This is the  
13          man who could figure out how to do anything  
14          anytime. And yet when he was trying to get  
15          ready for our children to all come back and we  
16          were all going up to Pearl Lake for a week, we  
17          had rented a cabin, and he couldn't even figure  
18          out this -- he'd finished a bathroom, except  
19          the shower door. And all of a sudden he  
20          couldn't understand the directions, what he was  
21          reading. And he just wasn't himself. He just  
22          kind of was off in his own world and every time  
23          I'd turn around he'd be lying down someplace in  
24          the house on the floor asleep.  
25          So we went to the doctor. He sent us on to a

1           neurologist. The neurologist sent us that day  
2           for an MRI but without contrast, and called me  
3           that night saying that Dick had a brain tumor,  
4           and he had probably had it for 26 years. Dick  
5           had worked at Rocky Flats at least 26 years --  
6           up to 26, whatever. Anyway, he could have had  
7           it for a very long time because it was on a  
8           silent part of the brain. It was on the part  
9           that affected his coordination and balance, and  
10          thus his problems with all he'd been having  
11          problems with.

12          And so then he sent us on to a neurosurgeon and  
13          he -- oh, he said it looked bad. So he sent us  
14          on to a neurosurgeon. He took a look at it and  
15          said he would have to send us right on for  
16          another MRI, with contrast, but he was sure  
17          that it was malignant -- a tumor in the last  
18          stages. And that's what we found when I  
19          carried the X-rays to him.

20          He had scheduled that -- first appointment, he  
21          scheduled -- this was on August 5th he -- that  
22          he was -- the -- the first MRI. He set --  
23          scheduled surgery for August 12th and it was  
24          very lengthy surgery, and he had said that it  
25          was just so far advanced, he told Dick all he

1           could do was buy him a little time. There was  
2           no way he could get it all. It was too  
3           dangerous and surgery was very lengthy.  
4           And anyway, Dick -- he pulled through. He was  
5           then put on steroids, which kept him alive for  
6           a while. We had hospice that -- home care, and  
7           the steroids made him -- at first made him  
8           bounce back, you know. He was doing -- the  
9           hospice advised him to live his life as fully  
10          as he could, so -- he still had problems all  
11          the way, though, and this, like I say, was  
12          August 12th when he had the surgery. Hospice  
13          said he would never make it to December or even  
14          Christmas. And he says oh, yes, I am. He died  
15          January 1st.

16          I forget what I was going to say. Anyway, my  
17          family do-- our family doctor had a very large  
18          practice in Arvada at the time, and he told me  
19          -- after Dick was diagnosed he said, you know,  
20          he says every single patient who has prostate  
21          cancer works at Rocky Flats -- and he had a  
22          very large practice. So he didn't tell me any  
23          numbers, but he said that he hadn't kept -- he  
24          hadn't done any studies, but it made him very  
25          suspicious and other things.

1           So in all this, Dick never talked about it. He  
2           never gave any reason. But in talking to a  
3           former worker, he did have occasions where he  
4           was exposed and he -- in his early years out  
5           there all he did was time studies, at first,  
6           because he was in training. He hadn't gotten  
7           his degree as an industrial engineer yet. He  
8           did go to school at nights for years and years  
9           and years. Anyway, he -- he was not in the big  
10          fire and I -- I don't know, I'm not familiar  
11          with terms, I think it was Building 71 or 76.  
12          Anyway, but talking with his coworker, who also  
13          has very serious cancer, lives in Texas, said  
14          that yes, they were not in the fire that day,  
15          but they were in there next day. And it's been  
16          proven in the cleanup it was in the ducts, it  
17          was everywhere, so how did this keep from  
18          affecting everybody all the time? And yet he -  
19          - he was working in all the hot spots all those  
20          early years.

21          Anyway, I just ask you to seriously consider  
22          all these things these people have said. I  
23          don't know where to go. The last line of the  
24          NIOSH claim said you can reopen or you can --  
25          you -- you cannot -- you cannot reopen unless

1           you have medical facts.  Where do I get these  
2           medical facts?  I don't have any access to  
3           records.

4           And I have another thing.  Listening to all  
5           these people at other times, every single one  
6           of them say yes, that first NIOSH dose  
7           reconstruction was nearly 50 percent.  The  
8           second one is way down.  And that's exactly  
9           what happened with Dick's.

10          And another thing.  Later, after I had filed,  
11          then later I thought, after -- I don't know how  
12          many interviews I had, there were several --  
13          after I hung up I thought oh -- so I called  
14          back and said Dick was sent to several plants  
15          over the years.  I don't know what he did.  I  
16          don't know what he did there, but he was sent  
17          to Oak Ridge, he was sent to Albuquerque, Los  
18          Alamos, Lawrence Livermore -- those are the  
19          ones I can remember, yet -- so they reopened.  
20          They did another -- they contacted all those  
21          facilities.  There's no record of his even  
22          being there.

23          So anyway, please consider SEC for Rocky Flats.  
24          Some -- Las Vegas was just -- is it, Nevada or  
25          someplace was just given this status.  Rocky

1 Flats should, too.

2 My grand-- my kids miss my husband, their  
3 grand-- their father. My grandkids miss their  
4 grandfather. My great-grandkids will never  
5 know him. Thank you.

6 **DR. ZIEMER:** Got two more folks here, Leslie  
7 (sic) Britton and then Richard Gaffney.  
8 Leslie?

9 **MR. BRITTON:** Lessie.

10 **DR. ZIEMER:** Okay.

11 **MR. BRITTON:** Lessie.

12 **DR. ZIEMER:** Okay, I -- L-e-s-s-i-e, I --

13 **MR. BRITTON:** I'm just sort of a newcomer. My  
14 name is Lessie Britton and I worked in Building  
15 707 in G module, and I contracted beryllium  
16 there. And the gentleman the put the beryllium  
17 in the building, or helped put it in  
18 (unintelligible), he's sitting outside there,  
19 he told supervisors and managers that we need  
20 tiebacks and PAMPRs (sic), and he told them  
21 like for six months every day. It never  
22 happened.

23 But see, for me, I have a two-fold thing about  
24 the people in this country and the people that  
25 run things in this country. The first one,

1           then I'll get back to the last one, is that  
2           there were Viet Nam veterans. Okay. Now when  
3           we come home, we were the only veterans that  
4           got spit on and talked about. All right? When  
5           we came home from this war. Saw a lot of my  
6           friends die.

7           Okay. So like I go to Rocky Flats to help  
8           close it down, and same thing. I don't  
9           understand is that when you have people that go  
10          and put their lives on the line to help this  
11          country do something, help people in -- that  
12          run this country do something good -- other  
13          words, like close the plant site down or where  
14          they get rid of some of the nuclear waste --  
15          you throw them away.

16          Why do you throw them away? I mean I -- this  
17          thing about any of your children or your uncles  
18          or uncles or dads or aunts was any of these  
19          positions, would you want to throw them away?  
20          But you do. And it doesn't make any sense to  
21          me. And you sit on a board and you sit and you  
22          talk. Now it be somebody on that board going  
23          to say one thing, they knew the job was  
24          dangerous when they took it. Now that didn't  
25          run across everybody's mind in here.



1           But anyway, being patriotic and being part of  
2           America, you want to try to help do things  
3           right, but we do people so badly once they get  
4           a job completed, once they put their lives on  
5           the line for this particular job, and then you  
6           turn your back on them. I never understood  
7           that.

8           And I never understood anybody that sit in a  
9           high place to dictate policy that haven't done  
10          any of this, haven't been in any of the wars or  
11          haven't come out and went to these plants and  
12          been exposed to any of this junk that we  
13          created.

14          I asked an engineer one time, I said well, you  
15          know that that piece of plutonium has a half-  
16          life of 21,000 years. And the first thing come  
17          out of his mouth -- well, we had a cold -- we  
18          had a war going on. You didn't think about how  
19          you're going to get rid of this junk when you  
20          invented it? Never crossed your mind. But  
21          then when you have people to put their lives on  
22          the line to get -- or to try to neutralize it  
23          some kind of way, you know, you throw them  
24          away, or you hide them or you kill them.

25          I been fighting the VA for ten years. But I

1 surprised them. I'm still alive. I'm 62. And  
2 they're wondering when are you going to die.  
3 Only when God says for me to die.  
4 But like when you get ready to vote on  
5 anything, you think about how folks have  
6 sacrificed themselves, you know, and how people  
7 are sitting in places that make decisions and  
8 write policy have not participated in any of  
9 these dilemmas, you know, just sit and talk  
10 about it and have your -- your peons or  
11 whatever sit off to the side there, get a  
12 earful and come back and give you information.  
13 You are not going to get all the information  
14 that you need.  
15 And this lady said that her husband went to six  
16 different facilities. Now we have to sign in  
17 and sign out, some of them with computers, and  
18 all of a sudden you're not listed? I mean just  
19 think about it, now who -- who is the jackass  
20 here? You know -- you know, I'm serious. You  
21 know, how can you lose those records, and how  
22 can you be so proud to stand up and say that,  
23 well, like, you know, something sharp or smart  
24 about that they knew the job was dangerous when  
25 they took it.

1 But then all of a sudden, like this gentleman  
2 up here the way he -- he asked -- he made one  
3 statement, why do you have to prove something  
4 that's been already designated that you have?  
5 Why do you have to do that?

6 I've had two bronchoscopies. The last one I  
7 had was in January. I call it a wash and dry,  
8 but the (unintelligible) -- the first one  
9 didn't hurt, the second one did. And like, you  
10 know, this young doctor, he made a statement  
11 about being forgetful or having hallucinations,  
12 and he's 39 years old, he was talking about his  
13 mom. I said, you know, your mother has to love  
14 you because you're an idiot, you know. We tell  
15 you something is wrong with us and it hurts us,  
16 but yet we're hallucinating. I don't know what  
17 happened to this man's neck, but I know he's in  
18 pain sometime. I have no idea what happened to  
19 him, and I'm going to sit and look at him and  
20 say oh, you just got that around your neck to  
21 look cute, you know, and try to draw some  
22 money.

23 People sitting in this chair -- when I left Liz  
24 -- Liz, she was walking up straight. She used  
25 to watch over me. She was RCT. Charlene

1 (unintelligible) back here, that lady took care  
2 of me, literally took care of me. She worked  
3 there 35 years, from what I understand.  
4 Tonight I asked her, I said are you sick? She  
5 said no, ain't nothing wrong. She got blessed.  
6 But you have people to take care of -- we took  
7 care of one another as best we could with what  
8 we had, and then we have people sitting in high  
9 places that's going to throw us away.  
10 However you vote, think about how you got here.  
11 Think about why you're here, and look at the  
12 people around. You've got folks dying like  
13 flies.  
14 Now one other thing I just don't understand,  
15 and I'm going to leave it alone. You spent \$93  
16 million on some paperwork. Tell me what --  
17 about that paperwork. How did that happen?  
18 When they first started this thing about --  
19 during -- trying to get the paperwork together  
20 for the people that had beryllium and whatever,  
21 berylliosis, you spent \$93 million for people  
22 sitting on their behind shuffling papers? I'd  
23 like to know who -- I'd love to have that job  
24 because you're making good -- you threw away --  
25 you threw away good money on some BS, and you

1           lose records purposely. You deny yourself the  
2           things you shouldn't deny yourself. You lie to  
3           yourself, and how do you do that, I don't know.  
4           So whatever you decide to do, you know --  
5           because I figure that God will keep me around  
6           here. Whatever you decide to do, think about  
7           your -- think about your country. Think about  
8           when you wake up in the morning and shave your  
9           face and put your lipstick on or whatever it is  
10          you may do, look in the mirror and look at  
11          yourself. And when you walk -- if you -- all  
12          of a sudden you grab a hand and all your hair  
13          come out. That's not happening to you, but it  
14          happened to your friend or somebody you know.  
15          Think about what you're going to do. You know,  
16          you need to tell these people that's in charge  
17          of this stuff you all are BS-ing the public.  
18          Very serious. You make bad decisions and you  
19          stand on it and you compound it with bad  
20          decisions.

21          Only thing I ask you is don't throw us away  
22          again. You did that in '65.

23          **DR. ZIEMER:** Thank you, Lessie. Richard  
24          Gaffney. Richard?

25          **MR. GAFFNEY:** Yeah, hi. My name is Richard

1 Gaffney. I spent 23 and a half years at Rocky  
2 Flats. I started out as a chemical operator  
3 and moved up into management and managed  
4 maintenance and utilities. I was probably one  
5 of the last production managers before  
6 production shut down in Building 771.  
7 And first of all, I just want to say to all you  
8 guys here, I really love you and, you know, I  
9 don't know if anyone else in the world  
10 appreciate us but I just appreciate the hell  
11 out of you guys for the incredible job that you  
12 did. And I got to tell you, thank God you guys  
13 were doing that job and not the people that  
14 have been supposed to be taking care of you,  
15 or we'd have lost the Cold War and we'd be  
16 speaking Russian right now.  
17 Yeah. You know, I am -- other than Jack  
18 Weaver, I think I'm (unintelligible) people  
19 that can say that I'm not sick -- at least, you  
20 know, not right now. And you know, knock on  
21 wood or -- or whatever -- thank you, Jack. He  
22 was pointing out the wood for me. We -- 'cause  
23 we have -- every, you know, two or three months  
24 we'll have a party and all us old guys'll get  
25 together, and everybody's sick. You know, it's

1 not, you know -- you know, like your regular  
2 place that you go to, you know, that you  
3 socialize where this person's sick or that  
4 person's sick. Everybody's sick.

5 And the whole idea -- you know, I'm just a  
6 simple country boy, but the idea of a dose  
7 reconstruction, when you're talking about  
8 tritium, uranium, plutonium, a whole bunch of  
9 other things that are classified that I can't  
10 talk about, thousands of different chemicals  
11 used in hundreds of different conversation, I'm  
12 not too bright but I can tell you a dose  
13 reconstruction is impossible. And anybody with  
14 an eighth-grade education can tell you that.  
15 You know, I mean it's just impossible. I can  
16 sit down and just, you know, start doing the  
17 math with, you know, trying to combine a  
18 hundred -- can't be done.

19 The second thing is, we are sending our stuff  
20 to the wrong agency, 'cause I got to tell you,  
21 I wrote a check for \$10,000, sent it to the  
22 IRS, it was taken care of within a week.

23 The -- and then -- I was a shift manager, shift  
24 tech-- you know, a technical advisor. People  
25 probably remember me from 771 and 991. It was

1 my job to determine whether a job was safe.  
2 And if I shut down a job, which I did many,  
3 many times and people here are probably still  
4 mad at me for that, but if I shut down a job, I  
5 could take a look at my watch and it wasn't two  
6 minutes before a vice president or a manager,  
7 you know, a building manager or facility  
8 manager would be in there wanting to know why I  
9 shut it down. And you know, that was a lot of  
10 pressure -- that was my job. I got paid to do  
11 that and basically if I shut it down I just  
12 could look at the requirements and say this is  
13 why.

14 And you guys all remember the work packages.  
15 Right? Okay.

16 **UNIDENTIFIED:** (From the audience and off  
17 microphone) (Unintelligible) you used them.

18 **MR. GAFFNEY:** Yeah. Well -- you know, 'cause I  
19 -- you know, someone would bring  
20 (unintelligible) that packages and there --  
21 there would be signoffs for nuclear safety and  
22 radiological engineering and health and safety.  
23 And I got to tell you, maybe one in a hundred  
24 packages, if that, you know, do I personally  
25 believe that anybody read. They just signed



1           them off because I would look at the job that  
2           was going to be done, and I kind of knew what  
3           all these people would be doing because I've  
4           probably personally handled enough plutonium to  
5           blow this world up two or three times. I'd go  
6           -- do you got any idea what you're sending  
7           these people in to do without having properly  
8           reviewed this work and the safety controls.  
9           And it was -- it was not, you know, like, you  
10          know, one out of a hundred package. It was  
11          like the majority of the work packages that  
12          were done, the reviews were incredible. I mean  
13          it was just non-existence (sic) because people  
14          -- I don't know if anyone ever got to be in one  
15          of my closed-door meetings when I pulled  
16          somebody in from health or safety or  
17          radiological engineering and our nuke safety  
18          and did the old famous ass-chewing, but it just  
19          -- it just didn't -- it just didn't happen.  
20          The controls weren't there then, and obviously  
21          they're not there now because I can't believe  
22          we're talking about reconstructing a dose when  
23          everybody knows, that's got any kind of brain  
24          at all, that's impossible, can't be done. But  
25          I'll tell you what, you know when you have

1           emphysema. You know when you've got cancer.  
2           You know when you have an autoimmune disease.  
3           And this is just a point. Everybody knows  
4           that's been working there, they're -- you know,  
5           they're -- probably got a little time bomb  
6           clicking. Ain't nobody saying this is what you  
7           could do now to be proactive to keep me from  
8           getting sick.

9           And I got to tell you, I will never file a  
10          claim. If I got a cancer and my doctor says  
11          you've got two years left, the last thing I'm  
12          going to do is waste my precious time trying to  
13          get benefits that are obviously impossible.  
14          So that's all I've got to say, and like I say,  
15          love you guys and I hope we all see you at the  
16          next get-together because we're dropping like  
17          flies here.

18         **DR. ZIEMER:** Thank you. Okay, there's a couple  
19          of individuals who've already spoken that maybe  
20          have a question or comment. We need to, with  
21          respect to everybody here, respect the time.  
22          But go ahead, a quick question or comment.

23         **MR. ROMERO:** My name's Dennis Romero. I've  
24          already talked once, so --

25         **DR. ZIEMER:** Yes.

1           **MR. ROMERO:** -- bear with me. We talked about  
2           our stories and stuff happened at work. 444  
3           building, prior to me getting there, people had  
4           berylliosis, for whatever reason. They used to  
5           eat, smoke and drink in the back area of 444 at  
6           their work stations, and then they'd take the  
7           stuff home to their kids and families. Like  
8           the one woman said, her daddy's lunchbox was --  
9           BE on it. Well, there's why. We used to have  
10          this stuff in the back or you'd eat in the back  
11          area.

12          771, 750 cafeteria, 771 cafeteria, 371  
13          cafeteria, the locker rooms -- Don could access  
14          (sic) to this -- these areas would  
15          predominantly come up contaminated. Somehow  
16          somebody got the rooms contaminated.  
17          Common work areas, people working there don't  
18          even go in the back, they went to the  
19          cafeterias and they went to the locker rooms.  
20          They took the stuff home.

21          There's been numerous times, you don't see it  
22          on TV, people's homes were gutted, people's  
23          cars were taken away because they found  
24          contamination in their homes and their cars.

25          **DR. ZIEMER:** Okay.

1           **MR. ROMERO:** What kind of doses are you going  
2 to give the people and their families for that?

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

4           **MR. ROMERO:** Oh, I got one question. I forgot  
5 to mention my medical problems. I've had two  
6 prostrate (sic) surgeries, two knee surgeries,  
7 reconstructed shoulder surgery. In year 2005  
8 when I had to leave the plant I came down with  
9 Graves disease. I want to ask Dr. Lewis, can  
10 Graves disease be caused from working at Rocky  
11 Flats? I want an answer.

12           **DR. ZIEMER:** He doesn't know.

13           **MR. ROMERO:** Is that your answer? Can Graves  
14 disease be caused from working at Rocky Flats?

15           **DR. WADE:** I don't know.

16           **MR. ROMERO:** That's all I want to know.

17           **DR. ZIEMER:** Okay.

18           **MR. LOGAN:** Mike Logan, I've already spoken  
19 before, but when I left for ten months and went  
20 back to work for British Nuclear Fields, which  
21 is part of the national conversion pilot  
22 program, a private firm, upper management --  
23 not all management, we had some decent managers  
24 out there, but some of those select upper ones  
25 had a really bad attitude about the hourly

1 workers. They didn't really care. And one of  
2 the British guys from British Nuclear Fields --  
3 and I'm going to quote word for word -- the  
4 American worker is the most unsuccessful,  
5 unmotivated, laziest bastard on the face of  
6 this earth.

7 **UNIDENTIFIED:** (From the audience and off  
8 microphone) (Unintelligible)

9 **MR. LOGAN:** Yeah, we do. Now we had to clean  
10 up places of nitric acid baths that had dried  
11 powder in the bottom. They put us in full-face  
12 with chemical respirators, all the proper anti-  
13 Cs. And you're cutting it up with wood saws  
14 that's got metal blades in it, and after five  
15 minutes you're going -- you're tasting it in  
16 your mouth. The people who manufactured those  
17 respirators, the full-face -- or anyone, even a  
18 chemical, whatever it is -- it will not protect  
19 you. The only thing that'll protect you is  
20 supplied air. They wouldn't do it because of  
21 the money.

22 Now why is it now -- okay, they've got it  
23 closed. They got it done ahead of schedule.  
24 Certain management got up to \$3 million per  
25 person bonus, but yet the hourly people who did

1           the job, who were in the trenches, got maybe  
2           between \$1,000 and \$4,000 a year for maybe four  
3           years as a bonus. Isn't the success of any  
4           company, any business, is the people in the  
5           trenches?

6           **DR. ZIEMER:** I hear you.

7           **MR. LOGAN:** Why do we get kicked to the curb?  
8           I mean the whole key -- doing things in life is  
9           attitude.

10          **DR. ZIEMER:** Yeah.

11          **MR. LOGAN:** How can you expect to have a good  
12          attitude when we keep getting beaten down,  
13          getting turned down and getting treated like  
14          second-class citizens?

15          **DR. ZIEMER:** Okay.

16          **MR. LOGAN:** I mean put yourself in our shoes.

17          **DR. ZIEMER:** Understood.

18          **MR. LOGAN:** I mean I'd sure love to be able to  
19          stay around and watch my grandkids grow up --

20          **DR. ZIEMER:** Yeah.

21          **MR. LOGAN:** -- see my great-grandkids.  
22          Wouldn't you folks?

23          **DR. ZIEMER:** Sure. Sure.

24          **MR. LOGAN:** I mean -- but we've been put down.

25          **DR. ZIEMER:** Okay. We've got another -- try to

1           make it quick, want to respect people who  
2           haven't had a chance to address us yet.

3           **MS. RUTTENBER:** My name is Margaret Ruttenger  
4           and I'm a research scientist, epidemiologist,  
5           who studied this worker cohort for the last ten  
6           years, from 1990 through 2000 -- both my  
7           husband and I did. And I don't really want to  
8           address the dose reconstruction. I think  
9           enough has been said about that.

10          What I would like to address is a missed  
11          opportunity that the Department of Labor had,  
12          and just give you one example of several, and  
13          I'll be brief.

14          Two years ago Brady White from the Department  
15          of Labor came to my office and asked for my  
16          assistance in doing a new match with the cancer  
17          registry at the State Health Department to  
18          identify those workers from our -- the Rocky  
19          Flat cohort, of which we have the database for  
20          it -- who were -- who had cancer, and then also  
21          do a match with our vital records department at  
22          the health department to make -- to see who --  
23          you had to do a mortality match to see who was  
24          still living so we would not -- we were  
25          sensitive to the issues of either contacting a

1 worker or survivor. This was two years ago.  
2 We concer-- we designed a letter. It was to be  
3 sent through the University of Colorado Health  
4 Sciences Center to the workers. We contacted  
5 them several times and have heard nothing more  
6 from the Department of Labor.  
7 I was contacted by a reporter last week  
8 questioning what I knew about the worker study  
9 and -- and you know, I've done the definitive  
10 study on this cohort, as I said, with my  
11 husband as well. And it appears that the  
12 Department of Labor has kind of dropped the  
13 ball in terms of communicating. And if they  
14 really wanted to identify and connect with  
15 these people, they've had many opportunities,  
16 both through our databases with the registry.  
17 Today the director of our cancer registry came  
18 to me and said didn't that letter already go  
19 out? And I said no, it never did. So there  
20 are certainly -- probably a large number of  
21 people aren't even aware of this compensation  
22 program, but they -- both NIOSH and the  
23 Department of Labor have been given ample  
24 opportunity and access to our data and  
25 information and have not chosen to use it.



1 Thank you.

2 **DR. ZIEMER:** Thank you. Very quickly, a  
3 comment here, and then I think we need to come  
4 to closure. Go ahead.

5 **MS. NORMAN:** My name is Joan Norman and I  
6 worked for Rocky Flats for 21 years. I, like  
7 the rest of us, voluntarily went to work for  
8 Rocky Flats and the United States Department of  
9 Energy. Ironic that three of us in this room  
10 have had -- been diagnosed with breast cancer,  
11 and breast cancer happens to be on the list of  
12 no pay, no claim.

13 And in 2005 I was diagnosed with colon cancer.  
14 Again, the doctors had asked for medical proof  
15 that this was related. I did receive  
16 information from my gastroenterologist. I will  
17 read one sentence, and it says this is based on  
18 a scientific review journal article by a Dr.  
19 Sandler in gastroenterology in 1983, volume  
20 four, page 51, radiation-induced cancers of the  
21 colon and rectum, assessing the risk, and I was  
22 told this is merely a study.

23 Excuse me, but as I said, I'm not repeating  
24 what everybody else said because what everybody  
25 else said here is true. We gave of ourselves.

1 We gave to the government. Why is the  
2 government not supporting us? I am going to  
3 continue to be a little gnat on the  
4 government's head, and I will not go away until  
5 the government -- until we get our justice.

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

7 **MS. NORMAN:** Please vote for us.

8 **DR. ZIEMER:** Folks, I want to remind -- oh, I'm  
9 sorry, do -- okay.

10 **UNIDENTIFIED:** (From the audience and off  
11 microphone) (Unintelligible)

12 **DR. ZIEMER:** You'll have to use the mike. We  
13 have a -- everything's being recorded, so we  
14 need to be able to hear you through the ear  
15 phones here. Give us your name and...

16 **MS. BOWIE:** My name is Marie Bowie and I'm here  
17 as a representative for Albert Echels, who was  
18 my father. He worked for Rocky Flats from  
19 January of '58 until September of '73.

20 In 1979 he was diagnosed with pancreatic  
21 cancer, and within nine months he was gone. He  
22 went through two major surgeries, bypass  
23 surgeries, because the pancreas was unable to  
24 be removed and the first bypass didn't take.  
25 He was only able to go through one session of

1 chemotherapy treatment due to the fact that his  
2 body had deteriorated so badly from the  
3 penetration and the continued growth of the  
4 cancer cells throughout his body. By the time  
5 they did his second surgery, which was two  
6 weeks after the first one, it had already  
7 infiltrated into his lymph nodes.

8 So he passed away in 1980 and unfortunately the  
9 program was not initiated until 2000. Along  
10 with that information, by the time 20 years had  
11 gone by, there was very little access to  
12 additional medical information, other than what  
13 I could get from Pacific Records.

14 We just received the first denial of my  
15 mother's claim on behalf of my father, and his  
16 dose reconstruction -- that took time to do --  
17 was at 43.77 percent probable cause, which was  
18 exclusively done just for the pancreas itself.  
19 I would like to know how I could possibly get  
20 that extended, with the limited time that I  
21 have, to continue his claim with the  
22 infiltration of the cancer to the other organs.

23 **DR. ZIEMER:** We have some NIOSH people here,  
24 they may be out in the corridor, but we can --  
25 we'll -- after the meeting we'll hook you up

1 with someone who can help you with the next  
2 steps for you --

3 **MS. BOWIE:** That will be great.

4 **DR. ZIEMER:** -- to follow that up. Yeah.

5 **MS. BOWIE:** I also have a couple of articles in  
6 here, the very first one when President Clinton  
7 was the one who initiated --

8 **DR. ZIEMER:** Right.

9 **MS. BOWIE:** -- the program.

10 **DR. ZIEMER:** Right.

11 **MS. BOWIE:** And also of a family that, together  
12 combined, has 130 years of service out at Rocky  
13 Flats. And in the article that was written  
14 they said that in the beginning, in the '58  
15 into the early '60s, the only protection the  
16 men had in -- going into hot spots -- my father  
17 was a maintenance person, pipe fitter -- was  
18 double coveralls. So --

19 **UNIDENTIFIED:** (From the audience and off  
20 microphone) (Unintelligible)

21 **MS. BOWIE:** Yeah, exactly. So I just -- you  
22 know, I'm hoping that -- that this Board will  
23 vote for the people, all of them here, all of  
24 them that have gone beyond that are family  
25 members hoping to be benefited in some form or

1 fashion for the loss of their loved ones. My  
2 father served eight years in the Navy. And  
3 hope that you guys will see that this gets  
4 pushed through for us. I know that other  
5 plants that are still standing have been given  
6 this benefit, and it would just really be nice  
7 to see Rocky Flats get that benefit as well.

8 **DR. ZIEMER:** Thank you very much. Folks, I  
9 want to remind you that tomorrow morning at  
10 8:15 this Board will begin the official  
11 deliberations on the Rocky Flats SEC petition.  
12 So -- and that -- that part of our agenda will  
13 consume most of the morning. That will be  
14 presentation from our workgroup. There will be  
15 presentations from the petitioners, as well as  
16 from NIOSH, and then deliberations by the  
17 Board. So -- and the -- the meetings are open,  
18 so you're welcome to be back at that time.  
19 Thank you all very much for being here tonight.  
20 (Whereupon, the meeting was concluded at 9:00  
21 p.m.)  
22

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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 May 2, 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 15th day of July, 2007.

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