



































































































































































































































































































































































































































































































































































































































































































1 but --

2 **MR. GRIFFON:** Thank you. And -- and you know,  
3 I guess -- I -- I think that's -- that's kind  
4 of where -- I guess that completes my report  
5 out. I would ask other workgroup members if  
6 they had anything to add or -- or comment on at  
7 this point.

8 **DR. ZIEMER:** This -- this is for workgroup  
9 members. Workgroup members?

10 (No responses)

11 Okay, Board members, do you have questions for  
12 Mark? Jim Melius.

13 **DR. MELIUS:** Yeah, I have a number of  
14 questions, so --

15 **UNIDENTIFIED:** (Unintelligible)

16 **DR. MELIUS:** Yeah, I know, I got to -- figure  
17 out all these cords here.

18 That's my last question. Fir-- first of all,  
19 I'm a little confused on the April 30th report  
20 from SC&A as to whether that was made available  
21 to the petitioners and to the general public in  
22 any way?

23 **UNIDENTIFIED:** Can someone (unintelligible) --

24 **DR. ZIEMER:** My under--

25 **DR. MELIUS:** (Unintelligible) available here at

1 this meeting?

2 **DR. ZIEMER:** My understanding is that -- I  
3 think -- is Joe Fitzgerald here? Joe, did we  
4 get copies of that to the petitioners? If --  
5 if we did, it's been within the last hour, I  
6 think. It's -- it's not been -- if you want to  
7 talk about timely.

8 **MR. FITZGERALD:** Yeah, we -- we made one hard  
9 copy which we gave to Terrie -- Ms. Terrie  
10 Barrie.

11 **DR. ZIEMER:** And the electronic copies were  
12 distributed to the Board, probably after you  
13 left home or --

14 **MR. FITZGERALD:** (Unintelligible)

15 **DR. ZIEMER:** -- I -- I don't believe I got a  
16 copy of it yet.

17 **MR. FITZGERALD:** My understanding was the  
18 electronic copy was cleared through General  
19 Counsel at NIOSH probably Friday sometime.  
20 From there, I'm -- I'm not sure.

21 **DR. ZIEMER:** There were some Privacy Act issues  
22 with that report that required a -- I guess a  
23 legal review, but in any event, I don't -- my  
24 guess is Board members have not seen it.

25 **MR. GRIFFON:** Our -- our intention in -- in the

1 workgroup process, for those who followed it,  
2 was to -- to get a report to all petitioners  
3 and Congressional staffers at least a month in  
4 advance of this meeting, and I think we -- I  
5 think the main report was put out -- I hope  
6 they got SC&A's main report about early April -  
7 - no? I'm seeing --

8 **UNIDENTIFIED:** (Off microphone)

9 (Unintelligible)

10 **DR. ZIEMER:** Yeah, there -- there were two --  
11 there was I think two volumes -- or two parts  
12 to that report. Those were distributed a  
13 couple of weeks ago, I believe.

14 **MR. GRIFFON:** But this supplemental certainly  
15 is -- was -- I mean just completed, you know,  
16 within the last, you know, four or five days,  
17 so -- but we need to at least get it now to  
18 everyone.

19 **DR. MELIUS:** Yeah --

20 **MR. GRIFFON:** It's been --

21 **DR. MELIUS:** -- I -- I mean I would just like  
22 to point out, I -- I --

23 **MR. GRIFFON:** Yeah.

24 **DR. MELIUS:** -- I hardly think that's a fair  
25 process for the people that are -- the

1 petitioners nor people trying to address this  
2 issue, and I think we need to -- also as -- the  
3 Board and working with NIOSH, come up with a  
4 better process for communicating these -- and  
5 distributing these reports. I understand the -  
6 - the need for reviewing and so forth, but this  
7 process seems to keep breaking down and -- in  
8 terms of that. I mean, for example, I have the  
9 -- the pre-- pre-privacy-cleared copy of it,  
10 the April 27th draft, which I -- and I have no  
11 idea -- I don't think there are major changes,  
12 but there are only a few changes in it and I  
13 really don't think it's fair for the  
14 petitioners or for the people interested in the  
15 site to come here and not have this information  
16 made available to them in a -- in any fashion  
17 here, other than I guess within the last hour.  
18 I -- I have some questions. I'd like to know  
19 more, and I don't know if -- who -- whether  
20 Mark, you're the person answering this or -- or  
21 Joe Fitzgerald or who -- the basis for the --  
22 the sampling of the -- the 52 cases that were  
23 looked at where we're looking in terms of data  
24 integrity issues and -- and so forth. I think  
25 there was a comment from I believe one of the



1 petitioners that commented on --

2 **MR. GRIFFON:** Yeah.

3 **DR. MELIUS:** -- how that hardly seems to be an  
4 adequate sample, and I'm trying to understand  
5 the sampling better. I --

6 **MR. GRIFFON:** Yeah, maybe Joe -- Joe or -- or  
7 Arjun, if you can speak to that, I -- I would  
8 appreciate it.

9 Go-- going -- I -- I will say that going  
10 through 52 full claims files was, you know, a  
11 rigorous amount of work, so --

12 **DR. ZIEMER:** Dr. Makhijani --

13 **MR. GRIFFON:** -- we did want a good set of  
14 records, but --

15 **DR. ZIEMER:** Dr. Makhijani perhaps can answer  
16 that.

17 **MR. GRIFFON:** Yeah.

18 **DR. MAKHIJANI:** Yeah, I'm Arjun Makhijani from  
19 SC&A. As was mentioned, the 52 cases consisted  
20 of two groups. There were 32 randomly-selected  
21 and that was done with the help of our  
22 statistician, Harry Chmlynski, and we sampled a  
23 sufficient number to get an idea of the size of  
24 the gaps. It wasn't at a level where you could  
25 tell what was going on for individual workers,

1 but it was to explore whether there were  
2 significant gaps overall in the data record for  
3 the groups of workers. They were split up into  
4 two periods, '52 to '63, inclusive, and '64 to  
5 '92. And that was done because in the earlier  
6 period there were a large number of workers who  
7 were not badged because they were thought to be  
8 at risk of low exposure or -- for instance,  
9 Building 881 was not badged in the '50s. And  
10 then in '64 the policy had been -- said that  
11 all workers were badged, but then it turned out  
12 that it wasn't quite all workers, but it was in  
13 the 90-plus percents of workers who were  
14 badged. So we wanted to examine the extent of  
15 the gaps in monitoring in the two different  
16 periods, and we did that.

17 In the second piece of it, we identified a  
18 number of gaps in -- in both periods in  
19 internal and external monitoring records and so  
20 the second part of the exercise was to look at  
21 20 workers who had the hi-- among the highest  
22 cumulative exposures. This was workers in the  
23 1990s whose records were looked at by Rocky  
24 Flats retrospectively, and they were grouped  
25 into categories, one to four, and three and

1 four were the highest exposed cumulatively, and  
2 we selected ten from each group to see if there  
3 were gaps in the records of workers who were  
4 acknowledged by Rocky Flats to be the most  
5 exposed cumulatively.

6 And there -- in the internal dose records we  
7 did not find big gaps -- that is, annual gaps -  
8 - but we did find some gaps in the external  
9 dose records. And so that's why subsequently --  
10 particularly in the '50s. And so that's why  
11 subsequently a lot of the effort of looking  
12 into the adequacy of data focused on external  
13 dose in the 1950s.

14 Sorry for the long reply.

15 **MR. GRIFFON:** Thank you -- that's good, thanks.

16 **DR. ZIEMER:** Jim, a follow-up and --

17 **DR. MELIUS:** Yeah, just to fol-- I mean I would  
18 just point out that -- I mean while I  
19 understand the amount of effort involved in  
20 this, I don't want to, you know, downplay that,  
21 but at the same time, for -- a small sample  
22 like this would not necessarily identify sub-  
23 groups that may be -- where there may be issues  
24 with. It -- it may be adequate statistically  
25 if the -- we're assuming that whatever these

1 gaps are, problems are, are there  
2 systematically, but -- and cover everybody.  
3 But certainly for sub-groups of workers in  
4 certain buildings or certain parts, it would  
5 not address that and would -- would not  
6 identify that, and I -- I think that still  
7 would be an ongoing concern.

8 I also have related to that the issue of --

9 **DR. MAKHIJANI:** (Off microphone)

10 (Unintelligible)

11 **DR. ZIEMER:** Yeah, Arjun has an additional  
12 comment on that, and then we'll move on.

13 **DR. MAKHIJANI:** Yeah, I think Dr. Melius is  
14 right about that, but the statistical sampling  
15 was a very -- it was a very broad-mesh  
16 sampling. It was not designed to reveal say  
17 gaps in monitoring for individual  
18 radionuclides, and it was not designed to yield  
19 information that was statistically valid on  
20 gaps for individual job types and so on. It  
21 was are there -- you know, what's the size of  
22 the group of workers in these two periods that  
23 have gaps, and so it was a very broad-screen  
24 take. So you're -- you're right about that.

25 **DR. ZIEMER:** Thank you. Proceed.

1           **DR. MELIUS:** Thank you. And I think related to  
2           that in sort of a -- as a separate effort,  
3           there was an issue of these data discrepancies  
4           and so forth which were I think individual  
5           reports of potential problems, and so forth --  
6           that -- and on that my understanding is that,  
7           again, there was no systematic problem found  
8           with that in -- in the investigation of that,  
9           but there were a number of individual reported  
10          discrepancies that were, you know, verified by  
11          -- by the process. And my question there is  
12          then -- then -- then what happens with those?  
13          How are those individual discrepancies  
14          identified, because one of the problems with  
15          this overall process is it -- to me, that -- I  
16          would think that would end up being dependent  
17          on the claimant being aware of the potential  
18          discrepancy and pointing it out. And given the  
19          problems in getting access to records and  
20          giving the problems in -- you know, many times  
21          the original worker has died and so it's a  
22          family member with, you know, very little  
23          information trying to file the claim. So I  
24          guess my question is more for the -- the  
25          workgroup and maybe for NIOSH, how do we -- how

1           are these then identified or are we just sort  
2           of, you know, getting rid of them, not --  
3           pretending they don't exist?

4           **DR. ZIEMER:** And perhaps Dr. Ulsh from NIOSH  
5           can address that.

6           **DR. ULSH:** Yes, Dr. Melius. Actually the  
7           integrity of the individual radiation files  
8           were approached by the working group, NIOSH and  
9           SC&A via a number of different approaches, one  
10          of which was to look at -- as Mark has  
11          mentioned, at the database itself which was  
12          used for -- in situations of generating  
13          coworker data. But in terms of this exercise,  
14          looking at the 52 -- the 52 hard copy radiation  
15          files, the objective of that exercise was to  
16          determine whether or not there were -- first of  
17          all, whether there were periods where  
18          monitoring data didn't exist; and secondly, if  
19          so, were there reasonable explanations for  
20          that. So we did not find in that particular  
21          piece of the investigation -- I'm speaking only  
22          for NIOSH -- we didn't find any unexplainable  
23          gaps in either internal or external, with one  
24          exception. We looked, as -- as Arjun has  
25          mentioned, there were 52 workers, and you

1 multiply that -- that by the number of years  
2 that they worked, and then double it for  
3 internal and external. And what we found was  
4 that for internal, they were complete. In  
5 other words, there were no gaps that -- where  
6 you would expect them to have been monitored  
7 and the records were not present. And  
8 secondly, in the external dosimetry, we found  
9 out of the 52 workers with several years of  
10 employment each, we found only one case where a  
11 worker was missing -- didn't have dosimetry  
12 data for one year, and that was clearly noted  
13 in his radiation file. So as I think Mark  
14 said, and you can correct me if I'm wrong,  
15 Mark, we didn't find anything that compromised  
16 our -- our ability to -- at least systema--  
17 systemically, to accurately reconstruct doses.

18 **DR. ZIEMER:** No, I -- as I understand the  
19 question you asked, though, in an individual  
20 case if the -- if the individual did not self-  
21 identify that they thought records were  
22 missing, how would we know it. Is that --

23 **DR. MELIUS:** Yeah --

24 **DR. ZIEMER:** -- the nature of the question?

25 **DR. MELIUS:** -- I mean the issue is when

1           there's the discrepancy reported, and part of  
2           the problem with -- is that the -- since these  
3           are individual data, the SC&A report on this is  
4           -- does not identify the examples very well and  
5           so it's a little hard -- I'm just trying to get  
6           an asses-- assessment of -- of this issue and -  
7           - that. I think Arjun already addressed the  
8           issue with the -- the sampling of the 52.

9           **MR. GRIFFON:** Right.

10          **DR. ULSH:** You might perhaps be thinking of --  
11          and I -- again, I don't have SC&A's report in  
12          front of me. There was another piece of this  
13          data -- data integrity investigation and that  
14          involved the -- we looked at every single  
15          concern expressed in the petition, every single  
16          concern that was expressed by the public at the  
17          last work-- Advisory Board meeting in April --

18          **DR. MELIUS:** Uh-huh.

19          **DR. ULSH:** -- and the concerns expressed by  
20          members of the public throughout the working  
21          group process. And NIOSH captured all of those  
22          and we went through and evaluated each one of  
23          those to determine whether or not they  
24          presented a systematic problem for us. I think  
25          it's fair to say that NIOSH and SC&A, on a few



1 individual instances, may not be in agreement  
2 whether or not there is a problem in that  
3 particular case. But we certainly did not find  
4 anything systematic that would prevent us from  
5 doing dose reconstruction. Does that --  
6 **MR. GRIFFON:** Yeah, that -- and that's what we  
7 tried to look at and -- and -- and I know what  
8 you're saying, Jim. If -- you know, if we had  
9 some individuals that were -- were -- you know,  
10 not everyone's going to dig into the data the  
11 way some of these individuals did, and -- and --  
12 -- for example, there was a particular case, the  
13 question of zeroing the dose, and the person  
14 felt that they -- they -- you know, they have  
15 affidavits saying worked a high rad job for a  
16 couple quarters and dosimetry's basically  
17 zeroes or whatever, and so we -- we had several  
18 of those. And some of them -- which I agree  
19 that we didn't reach agreement on between SC&A  
20 and NIOSH. We did, though, try to look and say  
21 okay, by looking at the database and other  
22 records and other reviews that we did, do we  
23 see any sort of pattern that would indicate  
24 that this was going on, and -- and I -- you  
25 know, we -- we didn't find any systemic

1                   problems like that.

2                   Now I'm not sure that we had a perfect, you  
3                   know, method to be able to detect those  
4                   problems, but we -- we did try several  
5                   different approaches to try to find those kinds  
6                   of problems, 'cause they were raised in several  
7                   -- either in open testimony or -- or in -- as  
8                   part of the petition, so we were aware of those  
9                   problems and we did look into those. But it --  
10                  it remai-- you know, the question remains -- I  
11                  guess the other question would be, and I think  
12                  it came up in earlier public comments, is how -  
13                  - how do you -- would you basically acknowledge  
14                  that in an individual DR, and you might treat  
15                  that differently than just using LOD over two  
16                  for assi-- for fixing that zero. But in the  
17                  case where a person doesn't have the  
18                  information to support as much, then it's  
19                  probably treated as -- you know, as -- as zero,  
20                  so -- you know.

21                  **DR. ULSH:** It depends on the --

22                  **MR. GRIFFON:** Yeah.

23                  **DR. ULSH:** It's hard to speak generally about -  
24                  -

25                  **MR. GRIFFON:** Yeah, right.

1           **DR. ULSH:** -- about this. It would depend on  
2           the specifics of the individual case.

3           **MR. GRIFFON:** Yeah.

4           **DR. MELIUS:** Brant, before you sit down, I have  
5           another question I think maybe you can answer.  
6           My understanding then would that be as a result  
7           of this review, NIOSH has made a number of  
8           changes in how they're handling certain aspects  
9           of dose reconstruction? And so I presume that  
10          in effect the site profile is being re-- redone  
11          or up-- updated. My question is, for -- for  
12          the record is will you then follow the usual  
13          policy and go back and recalculate dose  
14          reconstructions for all the people that have  
15          already had those done who would be affected by  
16          these changes?

17          **DR. ULSH:** That process is already underway.  
18          Some of the issues that have been captured we  
19          have completed Program Evaluation Reports.  
20          Some of them we're going to have to wait for  
21          the dust to settle here today to go back and,  
22          you know, put those changes into place. But  
23          yes, Dr. Melius, the answer to your question is  
24          yes, we certainly will in cases where the  
25          changes -- you know, in response to public

1 comment and -- and the investigation that the  
2 working group has conducted, we certainly will  
3 go back and look at cases that have been  
4 completed in the past that have a probability  
5 of causation of less than 50 percent and  
6 evaluate the impact of any of those changes on  
7 those case.

8 **DR. MELIUS:** Okay. Thank you. I have one more  
9 set of questions. These are for Mark and -- do  
10 that. If I understand you correctly, the -- as  
11 a result of your review, there are I believe --  
12 well, three areas that -- where NIOSH has not  
13 demonstrated the ability to do adequate  
14 individual dose reconstructions? One is the  
15 thorium issue you mentioned in one slide?  
16 Thorium and some related (unintelligible) --

17 **MR. GRIFFON:** As far as seeing proof of -- of  
18 the -- of the process yet, the thorium question  
19 remains in -- in that SC&A did not believe that  
20 the approach was appropriate for bounding. But  
21 we -- we have seen the other documents and the  
22 data that are available that we believe could  
23 be used to bound. So they -- they haven't  
24 given us a -- a necessarily case example, but  
25 it's only because they -- they still bel-- you

1 know, th-- we had a -- a situation where the --  
2 SC&A and NIOSH were not in agreement on the  
3 final comment as sort of a -- a backdrop.  
4 They're saying they have this other information  
5 --

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

7 **MR. GRIFFON:** -- which could be used to bound,  
8 and so that's where that stands. We haven't  
9 seen the case demonstration of it, no. That's  
10 right.

11 **DR. MELIUS:** And -- and the -- the second area  
12 is the neutron dose, '59 to '70 that I think  
13 Jim Neton -- I may have it --

14 **MR. GRIFFON:** Yeah, I --

15 **DR. MELIUS:** -- time period wrong.

16 **MR. GRIFFON:** -- I should actually clarify the  
17 -- the neutrons -- time frame I just discussed.  
18 I -- I -- I think, as a workgroup, for the '52  
19 through '58 time period, I believe we have, you  
20 know, come to consensus on that, that that time  
21 period just -- the concerns I've stated exist  
22 and I -- and cause problems in terms of being  
23 able to -- to reconstruct doses.

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

25 **MR. GRIFFON:** For '59 beyond, those other time

1 periods, I still have those concerns, but we  
2 don't have a consensus in the workgroup --

3 **DR. MELIUS:** Well --

4 **MR. GRIFFON:** -- on all those items, so I -- I  
5 just wanted to say that for -- for the record.

6 **DR. MELIUS:** Okay, and I understand, I'm just  
7 trying to -- the sort of the factual --

8 **MR. GRIFFON:** Yeah.

9 **DR. MELIUS:** -- question is is has -- I think  
10 if you remember right, our, you know, SEC  
11 review process was to take into account -- it's  
12 a demonstration that they can actually do the  
13 dose reconstruction in the way they say they  
14 can, and -- and my understanding is that, both  
15 for the thorium and the neutron '59-'70, they  
16 have not yet. There may be data available for  
17 doing so, but the-- there's a question --

18 **MR. GRIFFON:** Right, the '59-'70, right now the  
19 approach stands as -- as they've -- I mean they  
20 -- they've given us a case example, but it uses  
21 their current approach.

22 **DR. MELIUS:** Okay.

23 **MR. GRIFFON:** What Jim Neton said today on the  
24 record is -- is, again, a -- another option  
25 that they may use, but they haven't demonstra--

1 we haven't seen a demonstration of that, no.

2 **DR. MELIUS:** Okay.

3 **MR. GRIFFON:** That's correct. And -- and I  
4 think lastly, just -- I -- I did point this out  
5 in my presentation, but it might have got lost  
6 a little bit, but the pre-1960 Building 81  
7 uranium workers for external dose -- again, we  
8 -- we -- we had ample evidence put in front of  
9 the workgroup that they could bound these  
10 doses, but we haven't seen a -- a case example  
11 for that, so that's another one, just for  
12 completeness.

13 **DR. MELIUS:** Okay. Thanks, Mark.

14 **DR. ZIEMER:** Mark, you -- you've been largely  
15 silent on the period beyond 1970. Does the  
16 workgroup have any conclusions or position on  
17 the ability to reconstruct doses for the period  
18 beyond 1970? Or did you not address that?

19 **MR. GRIFFON:** I -- no, we -- we certainly  
20 addressed it. We -- I mean part of -- what --  
21 what Arjun said is cer-- is -- is accurate,  
22 that we -- in this data completeness review we  
23 were looking at all time periods, and the  
24 reason that we ended up targeting the '50s was  
25 -- was that we found some of these data gaps

1 and -- and issues. So I agree, that wasn't a  
2 perfect -- you know, necessarily a robust  
3 statistical sample, but we did do sort of --  
4 when we found areas that looked like potential  
5 issues, we did sort of drill down to more  
6 probative investigations. Those went into the  
7 areas such as Building 81 and -- and such as  
8 the early '50s for neutrons and other things.  
9 Post-1970 -- well, the NDRP, they -- they went  
10 from film to TLD at that point. The -- but --  
11 but we didn't find any indication for internal  
12 or external dose that there'd be a problem for  
13 reconstructing.

14 **DR. ZIEMER:** Thank you. The reason I asked  
15 that question, certainly in a number of other  
16 sites the Board has made recommendations where  
17 certain years are covered and other years are  
18 not covered by SEC status, and it wasn't clear  
19 to me whether the workgroup was comfortable --  
20 maybe that's not the word to use, but was  
21 suggesting that the question of reconstructing  
22 dose after 1970 was not, in their minds, a -- a  
23 problem as compared to those earlier years.  
24 That's sort of rhetorical at this point --

25 **MR. GRIFFON:** Yeah.



1           **DR. ZIEMER:** -- but I was trying to ascertain  
2           that.

3           Okay, other -- other questions, Board members?  
4           Let -- let me suggest a couple of things here.  
5           We have some options before us, one -- one of  
6           which -- well, all of them involve some sort of  
7           action, I want to push the Board to take some  
8           sort of action. Your -- your options are,  
9           number one, to accept or agree with the NIOSH  
10          evaluation. Number two, to disagree with the  
11          NIOSH evaluation -- that is, to basically state  
12          that doses can-- cannot be reconstructed with  
13          sufficient accuracy and therefore to recommend  
14          SEC.

15          You would have an option, although I would  
16          certainly be uncomfortable with it, to extend  
17          this process further to tie up loose ends.  
18          There clearly are loose ends, but those loose  
19          ends seem to continue to occur month after  
20          month. We tie up one set of loose ends and  
21          others appear. It reminds one a little bit of  
22          "Fantasia" and the brooms that multiply  
23          exponentially.

24          Or you would have an option of subdividing  
25          this, I -- I guess, as has been done in other

1 cases, and saying yes, part of this is  
2 straightforward. We're -- we -- we feel an SEC  
3 is clear and perhaps part of it not.

4 So those are four options. You may want to  
5 cogitate on this for a bit. I -- I know some  
6 of you want to get refueled with food. The  
7 lunch hour is upon us. We hadn't wanted -- I -  
8 - I had hoped we could come to closure to this,  
9 but we've heard -- we've heard a lot of  
10 different -- we've heard testimony from the  
11 petitioners, we've heard testimony from the  
12 Congressional staff, we've heard testimony from  
13 NIOSH, from our working group, we've had a lot  
14 of input. You may want to reflect on this for  
15 a bit and then come back and be prepared to  
16 make a motion, but I'd like some comments on  
17 whether you would like to do that or proceed at  
18 this point with some action. Wanda Munn.

19 **MS. MUNN:** I had hoped that your fourth option  
20 would be lunch. Clearly this is not going to  
21 be a closure that's reached in a matter of five  
22 or ten minutes. This will be a discussion that  
23 will be of significant time constraint, I  
24 think. Pushing past the lunch hour to  
25 undertake that probably is not wise for us.

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

2                               (No responses)

3           What is your pleasure, Board members? You want  
4           -- you want to continue now or -- our lunch  
5           break was scheduled for 11:45 so we're into  
6           that hour. You're too numb to react? Is that  
7           --

8           **MR. PRESLEY:** Let's go eat lunch.

9           **DR. ZIEMER:** Okay. Well, that gives the Chair  
10          the prerogative then, if no one has any  
11          particular opinions, we'll go with mine.  
12          That's the way it works, you know. Let us take  
13          a one-hour lunch break and come back. We will  
14          continue deliberations on the Rocky Flats  
15          petition, and we will adjust the other items on  
16          the agenda accordingly. So those will slide  
17          back in-- into place. So thank you all. We  
18          will reconvene as quickly as we can after 1:00  
19          o'clock, probably about 1:15. Thank you very  
20          much.

21          (Whereupon, a recess was taken from 12:15 p.m.  
22          to 1:35 p.m.)

23          **DR. ZIEMER:** If you would take your seats,  
24          we'll try to come to order, please.

25                               (Pause)

1 Thank you very much. I'll declare the meeting  
2 to be back in order. Before we continue our  
3 deliberations, I -- I have received a hand-  
4 carried letter from Governor Bill Ritter. I'd  
5 like to read this rec-- letter into the record.  
6 The record -- the letter says (reading) In care  
7 of: Paul Ziemer, Chairman; Lewis Wade,  
8 Executive Secretary; and members of the  
9 Advisory Board on Radiation and Worker Health,  
10 Regarding Rocky Flats United Steel Workers of  
11 America, Local 8031, Special Exposure Cohort  
12 petition. Dear Drs. Ziemer and Wade and  
13 members of the Advisory Board: I am writing  
14 today to join in and endorse the letter you  
15 received yesterday from the entire Colorado  
16 Congressional delegation seeking justice for  
17 the Special Exposure Cohort petition of the  
18 former Rocky Flats workers. That letter  
19 compellingly documents the reasons why this  
20 petition should be granted. Simple fairness  
21 dictates that give these workers the benefit of  
22 the doubt in light of their exposure to  
23 radioactive materials, beryllium and silica.  
24 In an ideal world, the Department of Energy  
25 would have maintained comprehensive and useful

1           dose records. In the absence of such records,  
2           and given adequate time, perhaps NIOSH could  
3           adequately reconstruct dose and exposure  
4           records and calculate likely health  
5           consequences. But as you know, this is far  
6           from an ideal world. The dose monitoring  
7           records and other data accumulated at Rocky  
8           Flats were, in too many circumstances, less  
9           than adequate to the task at hand. NIOSH's  
10          efforts to reconstruct doses and exposures have  
11          encountered methodological and data challenges  
12          and have dragged out far too long.

13         Mr. Chairman, working together with the State  
14         of Colorado and the federal government --  
15         working together, the State of Colorado and the  
16         federal government made dramatic and even  
17         unprecedented progress in cleaning up the Rocky  
18         Flats site and converting much of that site to  
19         a wildlife refuge. Surrounding property owners  
20         are moving forward in their efforts to be  
21         compensated for the damage done to their  
22         properties by releases of radioactive  
23         materials. One enormous task remains  
24         unfinished, and it is the task with -- with by  
25         far the greatest human element. It is time,

1 far past time, that fair compensation is  
2 provided to the people who worked and toiled at  
3 Rocky Flats on behalf of a great national  
4 purpose, and who may have been stricken as a  
5 result of their work.

6 I urge you in the strongest possible terms to  
7 act promptly on the Rocky Flats special  
8 exposure petition.

9 Respectfully, Bill Ritter, Jr., Governor.

10 Now Board members, you've had time to cogitate  
11 over your lunch, brief as it may have been, and  
12 I'd like to urge that we take action on the  
13 proposal that is before us. The Chair  
14 recognizes Jim Melius.

15 **DR. MELIUS:** I'd like to offer a --

16 **DR. ZIEMER:** Get -- get closer to the mike,  
17 Jim.

18 **DR. MELIUS:** Yeah, I will. Can you hear me  
19 now?

20 **DR. ZIEMER:** Yes.

21 **DR. MELIUS:** Yeah. I'd like to offer a general  
22 motion that would cover two separate steps.  
23 The first was I believe that, based on the  
24 reports we received and the discussions we had  
25 earlier, Mark's presentation, the SCA reports

1 and so forth, that we should move forward  
2 approving a Special Exposure Cohort for the  
3 people exposed to neutrons or who should have  
4 been monitored for neutrons from 1952 through  
5 1958; that --

6 Number two, that we need further review on  
7 three particular issues that, again, were  
8 discussed this morning and which would be  
9 requesting that NIOSH come back to us with  
10 further information; that we -- also that we  
11 work with our contractor, SC&A, to evaluate  
12 three separate issues. One is the neutron  
13 exposure from 1959 to '70. Second I believe is  
14 the exposures in I believe it's Building 81.  
15 And then third is this issue of thorium  
16 exposures and some related nuclides that -- in  
17 -- in some areas of the facility. All those  
18 are where there -- involve where there's some  
19 monitoring data, but we really haven't had an  
20 adequate evaluation of whether that data is  
21 sufficient for use for individual dose  
22 reconstruction.

23 I would propose that we -- for the latter three  
24 that we try to move that along as quickly as  
25 possible. I understand the timeliness issues.

1           And that, if possible -- and I -- this may be a  
2           question for NIOSH to consider -- is that --  
3           try to get that work done and that we, at our  
4           next Board meeting, would be I believe  
5           scheduled for June 12th, that we have that  
6           meeting to -- a person -- in-person meeting  
7           rather than a telephone meeting, to consider  
8           those three issues.

9           **DR. ZIEMER:** You've heard the motion. Is there  
10          a second?

11          **MR. CLAWSON:** (Off microphone) (Unintelligible)

12          **DR. ZIEMER:** There is a second, Brad Clawson.  
13          Let me ask for a clarification. The first part  
14          of your statement you referred only to  
15          individuals exposed to neutrons. I assume that  
16          we're talking about all individuals who were  
17          monitored or should have been monitored --

18          **DR. MELIUS:** Yeah, I should have --

19          **DR. ZIEMER:** -- in that period --

20          **DR. MELIUS:** Yeah.

21          **DR. ZIEMER:** -- not just those exposed --

22          **DR. MELIUS:** Right, right --

23          **DR. ZIEMER:** -- to neutrons.

24          **DR. MELIUS:** -- yeah, yeah, yeah.

25          **DR. ZIEMER:** Okay. Let me also add that,



1           should this motion carry, I'm going -- I will  
2           ask that the mover re-- reconstitute the motion  
3           to put it in the usual form that would make it  
4           useful to send forth to the Secretary, which  
5           specifies that -- for example, that the  
6           Chairman take certain actions within 30 days  
7           and -- and we have some sort of standard,  
8           boilerplate language that has to go forward, so  
9           we -- I would ask for a formal rewording of  
10          that, but this gives at least the intent of  
11          what the motion would be.

12          **DR. MELIUS:** Correct, and I would propose that  
13          we do that -- the second part, should this  
14          Board agree on this, that we would do that  
15          tomorrow morning and we would work on -- this  
16          afternoon and tonight work on a specific letter  
17          with the justifications and the format that's  
18          required.

19          **DR. ZIEMER:** Okay. Now should -- should this  
20          motion pass, my understanding is that we would  
21          proceed to make the recommendation for the  
22          Special Exposure Cohort status for the early  
23          group immediately; that the other group time  
24          frames -- and actually I think you've only  
25          spoken to addressing issues dur-- for the time

1 frame up to '70, you haven't said anything be--  
2 beyond '70, but that would, by implication,  
3 have to be addressed, as well.

4 **DR. MELIUS:** Yeah.

5 **DR. ZIEMER:** What this would do would be to  
6 postpone action for approximately one month on  
7 the rest of the time frame until I -- I believe  
8 it would be proof of principle on the dose  
9 reconstructions for the neutrons, or was it for  
10 the thorium?

11 **MR. GRIFFON:** Those three items.

12 **DR. ZIEMER:** Oh, neutrons, thorium and the  
13 other issues, okay.

14 **MR. GRIFFON:** And 881.

15 **DR. ZIEMER:** And 881 -- is it 881?

16 **MR. GRIFFON:** Yeah.

17 **DR. ZIEMER:** Okay. Discussion. Dr. Roessler.

18 **DR. ROESSLER:** I was so concentrating on the  
19 first part, which you now clarified, that I  
20 didn't really get all the points in your second  
21 part. So my question is, with regard to  
22 procedure, are we going to -- before we vote --  
23 see this written so that we can fully  
24 understand it? Or are we going to be required  
25 -- if we're going to be required to vote right

1           now, I need to have Jim go over that second  
2           part again.

3           **DR. ZIEMER:** We'll ask for a rereading of this  
4           in a moment. Other comments?

5           **DR. WADE:** Well, I -- I would like to just get  
6           clarification on the first part of the motion  
7           relative to monitored or should have been  
8           monitored. Are we talking about neutron dose  
9           or what are we talking about?

10          **MR. GRIFFON:** Monitored or should have been  
11          monitored for neutron exposures, yeah.

12          **DR. MELIUS:** Right.

13          **DR. WADE:** Okay, for neutron exposures.

14          **MR. GRIFFON:** Yeah. Was that not what...

15          **DR. ROESSLER:** I'm still not clear on that.  
16          Does that mean then the whole population of  
17          workers during that time period, or is there  
18          some way to determine which workers should have  
19          been monitored for neutrons? I think that's  
20          the big question on that one.

21          **MR. GRIFFON:** Yeah, I -- I guess I was trying  
22          to avoid defining by various buildings, but --  
23          you know, that may be possible, but I was  
24          trying to avoid -- you know, basically not  
25          charging the Board with doing that, but having

1           that be determined by NIOSH. But I don't know,  
2           to the extent we can specify, I guess -- I'm  
3           not sure how we want to go on that.

4           **DR. WADE:** Well, you know, the Board has  
5           adopted its procedures of sort of passing a  
6           motion in principle and then reviewing it that  
7           night and consulting in fact with the  
8           Department of Labor as to how these issues  
9           might be adjudicated. So I think that's  
10          appropriate to do here. I don't know that this  
11          issue's been broached yet with the Department  
12          of Labor.

13          **DR. ZIEMER:** Okay. Wanda Munn.

14          **MS. MUNN:** Unless I'm mistaken, the working  
15          group had general consensus with respect to  
16          this cohort that exists from 1952 to 1959,  
17          although it is not clear that any meaningful  
18          worker exposure could have occurred during  
19          1952. That being the case, then there still is  
20          confusion, from my perspective, with respect to  
21          why we're focusing specifically on neutrons.  
22          It would appear to me that since one of our key  
23          arguments was there were very few actual  
24          records that were available because very few  
25          people were monitored for anything during that

1           early period, why are we specifying neutrons?  
2           My other question is, if we are in fact going  
3           to delay the vote on our post-'58 cohort, and  
4           we're doing so ostensibly to ask for proof of  
5           principle from NIOSH, must we not be very clear  
6           with respect to our directions to NIOSH as to  
7           what we will and will not accept as proof of  
8           principle? Must not that be a basic part of  
9           our motion here?

10          **MR. GRIFFON:** I can respond to that --

11          **DR. ZIEMER:** Yeah.

12          **MR. GRIFFON:** I -- I can respond to the first  
13          part. The -- we're focused on neutrons because  
14          we -- we did not find that there was a  
15          deficiency with regard to bioassay data for  
16          those early time periods, and in fact they do  
17          have gamma data -- penetrating measurements.  
18          That's sort of how they had -- neutron/photon  
19          ratio has to be multiplied by something. It  
20          was the gamma results from those early periods,  
21          so they did have more monitoring, it's just  
22          that they had very little neutron data. That  
23          was the -- so -- so it is targeted on neutrons,  
24          I think limited to neutrons.

25          **DR. ZIEMER:** So as this has been defined, the

1 special cohort status would be restricted to  
2 individuals, perhaps in certain locations, for  
3 whom neutron monitoring should have been or was  
4 -- or should have been provided, but would not  
5 provide special cohort status for others on the  
6 site during that period if they were not in the  
7 identified areas. Is that the correct  
8 understanding?

9 **MS. MUNN:** So again, aren't we going to have to  
10 be very specific with respect to what those  
11 buildings are and what those areas are when we  
12 make this kind of designation?

13 **MR. GRIFFON:** Well, I -- I guess that's the  
14 question I would -- I would say what Lew says  
15 is that, you know, if we need to be more  
16 specific to allow DOL to adjudicate, then we  
17 can do it. I -- I just didn't -- I didn't have  
18 a -- a complete listing and I didn't want to  
19 miss any buildings, so I said -- the easier way  
20 for me to define it right now, just for our  
21 discussions, was to say "monitored or should  
22 have been monitored". I didn't want to miss  
23 any building or anything, so -- but we can --  
24 you know.

25 **DR. ZIEMER:** But the practical question will --

1           **MR. GRIFFON:** Yeah.

2           **DR. ZIEMER:** -- arise in specific cases as to  
3 how will DOE --

4           **MR. GRIFFON:** Right.

5           **DR. ZIEMER:** -- not DOE, DOL identify whether  
6 or not a worker was or should have been  
7 monitored for neutrons. I suppose that would  
8 fall back on the NIOSH report then, would it  
9 not? Would they iden--

10          **DR. WADE:** I don't want to speak for DOL.  
11 Jeff, do you want to run the risk of standing  
12 before us and talking about this?

13          **DR. ZIEMER:** We'll hear -- hear from DOL, but I  
14 can anticipate that that would be a difficult  
15 question unless we provided some sort of  
16 information on what parts of the site this  
17 covered.

18          **MR. KOTSCH:** Yeah, I'm not certain. I haven't  
19 seen their information if you could put it by  
20 building, but then I don't know how you  
21 determine that people were in that building if  
22 they -- I don't -- is there a lot of bioassay  
23 data for that period of time that would put  
24 people in buildings?

25          **MR. GRIFFON:** They -- they -- they -- well,

1           they have work history cards -- I mean I'll let  
2           Brant respond to that maybe, behind you, but...

3           **DR. ULSH:** As I understand the status of your  
4           discussions, the part of the NDRP that is under  
5           question has to deal with the methods that were  
6           used to estimate doses from '52 to '58. What  
7           the Neutron Dose Reconstruction Project  
8           provides, aside from that -- from the methods  
9           of estimating neutrons -- is a very fine cohort  
10          in that it included people in the plutonium  
11          buildings who were at risk of neutron exposure.  
12          So all of the buildings where people at Rocky  
13          Flats could have received neutron exposures  
14          were considered explicitly in the NDRP. That  
15          would be --

16          **MR. GRIFFON:** See, that -- that -- I wasn't  
17          ready to take -- that next step was -- I wasn't  
18          sure that NDRP had included every building that  
19          could have had neutron exposures, so I wanted  
20          to at first define it more broadly saying --  
21          and then make sure we get the full list of --

22          **DR. ULSH:** Okay.

23          **MR. GRIFFON:** -- buildings with that potential.  
24          And how we define that I think it -- it's  
25          either defined by the Board or --



1           **DR. ULSH:** Okay.

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

3           **DR. ULSH:** Would you be looking for action from  
4           NIOSH on that to provide a list of those  
5           buildings, or -- or --

6           **DR. MELIUS:** Well, I -- I think we need to have  
7           some discussion, if I can speak to this. One  
8           is my understanding from our last discussion  
9           with Pete Turcic about this general issue a few  
10          Board meetings ago was that it -- it appeared  
11          to be better that -- to have this "monitored or  
12          should have been monitored" was a more workable  
13          approach in most instances, not all instances,  
14          but in most instances that seemed to be more  
15          workable than -- than a building by building  
16          issue, for some of the reasons that have been  
17          stated. But I -- I think that we need to sit  
18          down and talk about that a little bit and would  
19          offer something more specific tomorrow for --  
20          for consideration. I also -- in response to  
21          what -- Wanda's comment, second comment about  
22          the proof in prin-- of principle and the  
23          follow-up. What I would propose is that we  
24          would offer up a -- a more fleshed-out motion  
25          tomorrow that would be more -- as specific as -

1 - I won't -- well, more specific about what  
2 would be expected back. I -- I -- I think  
3 there's -- hard to be, you know, too precise  
4 about that, but I -- I think we can make  
5 something that's more clearly understandable by  
6 everybody involved so that when we come here --  
7 come back on June 12th to discuss it, that it  
8 can be -- will be addressed by that time,  
9 hopefully.

10 **DR. ZIEMER:** Thank you. Other comments? Okay,  
11 Phil.

12 **MR. SCHOFIELD:** I think we need to leave a  
13 little broader than --

14 **UNIDENTIFIED:** We can't hear you.

15 **DR. ZIEMER:** Use your mike.

16 **MR. SCHOFIELD:** I think we need to leave it a  
17 little broader than just specifying certain  
18 buildings because until we can actually prove  
19 people were not in those buildings, rather than  
20 having each individual -- a lot of these  
21 claimants are doing this for loved ones who  
22 have already passed on, and they're not going  
23 to be able to say well, we know they were in  
24 Building 770 or 881. Rather, we need to leave  
25 it a little broader because there's -- has to

1 be the assumption that at some time they may  
2 have been in those buildings working. So it's  
3 almost the burden of proof to show they weren't  
4 in those buildings, I think.

5 **DR. ZIEMER:** Thank you. Mike Gibson.

6 **MR. GIBSON:** Dr. Ziemer, I'm going to voice a  
7 little bit of a -- I guess a difference of  
8 opinion here. I feel that NIOSH has had ample  
9 time, close to two years now, to determine --  
10 to determine the scientific validity of these  
11 exposures. In my opinion, they've used people  
12 who are conflicted to put together the  
13 evaluation report and I've heard the scientific  
14 end of it and I've heard from the people, and  
15 in the spirit of the legislation, us working in  
16 a timely manner, I think it's time to vote on  
17 the petition.

18 **DR. ZIEMER:** So Mike, are -- you're speaking  
19 against this particular motion or in this form,  
20 at least, I guess?

21 **MR. GIBSON:** Yes, yes.

22 **DR. ZIEMER:** Thank you. Other comments or  
23 questions?

24 (No responses)

25 Dr. Roessler, did you want Dr. Melius to read

1           that motion again -- or Dr. Melius, are you  
2           prepared to -- to reread the motion or not?

3           **DR. MELIUS:** Yeah, I can. I'll be glad to.  
4           The motion would be that we would move ahead  
5           and approve an -- as -- to add to the SEC those  
6           people that worked at the Rocky Flats site from  
7           1952 through 1958 that were monitored, or  
8           should have been monitored, for neutron  
9           exposure.

10          And the latter part of that would need to be --  
11          we need to talk to NIOSH and -- and to DOL,  
12          make sure that that's the right way to  
13          essentially def-- define the class.

14          Then secondly, there are three areas that we  
15          need to get further information from NIOSH,  
16          basically demonstration that areas that they  
17          believe can -- they -- they have adequate  
18          information to do dose reconstruction but have  
19          not demonstrated that adequacy of that data to  
20          us or to our workgroup yet. Those are the 1959  
21          through 1970 for neutron exposure. There's a  
22          building 81 issue and, as I understand it, an  
23          issue with exposures to thorium in certain  
24          areas of the facility. All three of those --  
25          there are some monitoring data, but that data

1 is not -- been evaluated in the sense of -- of  
2 being -- showing that it is adequate for doing  
3 individual dose reconstruction -- asking that  
4 that information be brought back to our next  
5 workgr-- or next Board meeting and for -- for  
6 further consideration, and we'll have to make a  
7 determination whether that data is adequate or,  
8 if it is not adequate, then whether -- adequate  
9 for dose recon-- individual dose  
10 reconstruction, as to whether additional groups  
11 should be added to the Special Exposure Cohort.  
12 **DR. ZIEMER:** Dr. Roessler, did that clarify the  
13 points for you or do you still have questions  
14 on --  
15 **DR. ROESSLER:** I -- I understand everything  
16 except -- tell me about Building 81.  
17 **DR. MELIUS:** Mark, can you help me?  
18 **MR. GRIFFON:** Building 81 -- actually what we  
19 found was that workers were not monitored in  
20 the early period, actually up to 1960, so there  
21 was a question about back-extrapolating to  
22 determine -- being able to bound external doses  
23 for that early period. We -- we've also heard  
24 today -- the only -- and this is my -- also  
25 reluctance to further define the buildings for

1 neutron exposures, but we've heard today -- and  
2 which was brought to us before, but we probably  
3 -- may have overlooked it, the use or potential  
4 use of plutonium in that building. So I think  
5 we should also evaluate -- make sure that, you  
6 know, there's not other things going on in that  
7 building that might affect our outcome, as  
8 well.

9 **DR. ZIEMER:** Wanda?

10 **MS. MUNN:** We did however in the workgroup  
11 identify the fact that the first plutonium  
12 arrived in Building 81 in 1983. At some  
13 juncture during our deliberations we defined  
14 that.

15 **MR. GRIFFON:** 198-- I don't recall that, so --  
16 but you know, I just asked that we -- we might  
17 want to consider closing that out. If that's  
18 been closed out, that's -- I accept that, but  
19 it was brought up today so I just wanted to  
20 make sure we --

21 **MS. MUNN:** (Off microphone) (Unintelligible)  
22 '53.

23 **DR. ZIEMER:** Dr. Roessler?

24 **DR. ROESSLER:** Okay, one more clarification. I  
25 think your motion indicated that we would meet

1 face-to-face on June 12th rather than  
2 teleconference. My schedule is kind of  
3 difficult to do that, but I think we should get  
4 a feeling from other people on the Board how  
5 many of us could actually do that.

6 **DR. ZIEMER:** Okay. You -- you all presumably  
7 have blocked some time out for a face-to-face -  
8 - or for a -- at least a phone call meeting --

9 **DR. ROESSLER:** But not traveling.

10 **MR. GRIFFON:** We might -- we might want to look  
11 at potential other dates because I'm just  
12 thinking -- I'd hate to be in the same position  
13 where we have a report one day before, or the  
14 same day, and we're giving it to the  
15 petitioners and all interested parties. We  
16 want to be able to do that in advance, so I  
17 don't want to be in this, you know, position  
18 again. And June 12th -- by the time we get the  
19 workgroup back together and work on these  
20 issues, you know -- comes up kind of quickly.

21 **DR. ZIEMER:** Other comments? Again I remind  
22 the Board that if -- if you pass this motion,  
23 you also are extending the -- the issue  
24 further, but that's -- that is certainly an  
25 option that's open. It closes part of it and

1 keeps part of it open, in effect. And I think,  
2 Mike, that's what you were speaking against at  
3 that point.

4 Other comments? Board members, just -- this is  
5 not on the main motion, but if the motion pass,  
6 how many of you are prepared to meet in person  
7 on June -- is it June 12th?

8 **MS. MUNN:** It was June 12th, but I think that  
9 ought to depend largely on whether or not NIOSH  
10 can get the requested information back, as --  
11 as Mark said.

12 **DR. ZIEMER:** And I don't know if anyone from  
13 NIOSH is prepared to make a commitment on that  
14 today. Brant is sort of moving -- he's -- he's  
15 deliberating with Jim Neton, I think, and --  
16 kind of put -- put them on the spot, as well,  
17 Brant and...

18 **DR. ULSH:** Could -- on the second part of Dr.  
19 Melius's motion about additional clarification  
20 that you would like to see, could we get a  
21 little better feel for what kind of a product  
22 you're asking for from NIOSH on those three  
23 issues -- thorium, Building 81 prior to 1960,  
24 and I believe neutrons after 1958.

25 **MR. GRIFFON:** Yeah, I think we -- should we



1 flesh that out tonight? I think that -- you  
2 know, I -- generally we're looking for that  
3 proof of principle question, but I think Wanda  
4 has already asked that we might want to be  
5 clear in exactly what we're looking for there,  
6 and maybe just -- you know, just discuss  
7 schedule tomorrow morning or whatever, but --

8 **DR. WADE:** We could leave schedule till  
9 tomorrow morning.

10 **DR. ZIEMER:** Well, unless we know -- unless  
11 NIOSH knows what we're talking about, they  
12 would be very, I think, reluctant to commit to  
13 a timetable, number one. Number two, unless we  
14 spell it out, we've just added uncertainty to  
15 the -- to the system. So I want to press the  
16 Board a little bit. We need to have some  
17 clarity here if -- if this is to be the -- the  
18 case, we need to be very clear on what is to be  
19 expected, what the Board product will be --  
20 again, I don't want to drag this on. I don't  
21 want to come back in a month and say well, we  
22 need another month or whatever it is.

23 **MR. GRIFFON:** Right.

24 **DR. ZIEMER:** I think the -- the timeliness  
25 issue is upon us. Mike's point is well taken,

1           and if -- if we are to delay, we have to have a  
2           good reason with an expected outcome that we  
3           will be able to make a decision then -- within  
4           a few weeks. The Chair certainly can tolerate  
5           that, probably more so than the workers, but --  
6           but we simply need to move ahead on this, so --  
7           **MR. GRIFFON:** I'd just ra-- I'd just rather try  
8           to write something out than try to describe,  
9           you know -- I'd rather put a little thought  
10          into it and write it out and provide it  
11          tomorrow morning, if that's okay, rather than  
12          just trying to do it ad hoc here around a  
13          table.

14          **DR. ZIEMER:** Okay. Now let me now suggest a  
15          strategy then, Board members. You have a  
16          motion. We've had some discussion. We've had  
17          -- the Chair's trying to get a sense of the  
18          level of support for this motion, because if  
19          there's not a lot of support, then we need to  
20          defeat it and move on. If there is some  
21          support, then I'm going to suggest that we  
22          table the motion and get the wording defined  
23          for action tomorrow morning. I think Mike has  
24          spoken against the motion. Phil, do you have a  
25          comment?

1           **MR. SCHOFIELD:** Yes, I've got just one comment.  
2           On the timeliness issue, we need to set a  
3           deadline where we give these people either a  
4           yes or no answer instead of dragging this on  
5           and on and on.

6           **DR. ZIEMER:** Okay, precisely my point. Thank  
7           you, Phil.  
8           Others? Anyone wish to speak for or against  
9           the motion? I think it would be helpful to get  
10          some idea of the level of support here. That  
11          will help us...

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

13          **DR. ZIEMER:** Mike, another comment, then Wanda  
14          Munn.

15          **MR. GIBSON:** Yeah, I'd just like to point out,  
16          you know, we're -- looks like we're in a way  
17          marching down a path to ask NIOSH to go back to  
18          the well and -- and do something else, when in  
19          Section 8.0 of their SEC evaluation report  
20          they've said that they have enough information  
21          to determine it is feasible to estimate the  
22          dose with sufficient accuracy for this class.  
23          So if that information is available to them, in  
24          their opinion, you know, why -- why should we  
25          give them more time to go back and then try to

1           come up with some other information?

2           **DR. ZIEMER:** Thank you. Wanda.

3           **MS. MUNN:** Anything that requires a further  
4           postponement of this issue is difficult for  
5           everyone concerned. It's difficult for every  
6           single one of these petitioners, and it's  
7           difficult for everyone sitting at this table.  
8           And I think, from what we have heard today from  
9           Congressional staff, the Senator and from the  
10          Governor, they are quite eager to get on with  
11          this.

12          NIOSH has said that they are capable of doing  
13          these -- these dose reconstructions, and we  
14          have an abundance of evidence that they can and  
15          have in the past done so. I personally would  
16          like to see us make a definitive decision one  
17          way or the other today, if we can possibly do  
18          so. I understand the concern with respect to  
19          establishing precedent and proof of principle,  
20          but the proof of principle with respect to  
21          every other aspect of these dose  
22          reconstructions has been shown to us  
23          repeatedly, especially in the working group, on  
24          more than one occasion. I would prefer to see  
25          the vote on the entire SEC request done today,

1 segmented or not.

2 **DR. ZIEMER:** Thank you. Jim Melius and then  
3 Gen Roessler.

4 **DR. MELIUS:** No, I'll -- I don't have any  
5 comments right now.

6 **DR. ZIEMER:** Okay. Gen?

7 **DR. ROESSLER:** I think as a Board, we have  
8 mostly been able to reach consensus or close to  
9 consensus on many things, and I think at this  
10 point I see the Board fairly divided on this  
11 issue. If we were to vote today on the whole  
12 petition, I think we'd be divided. Plus we're  
13 missing one Board member. I think that this is  
14 a -- I -- I don't like to see the people in  
15 this area put off for a while, but I think we  
16 can reach a fair decision if we do allow a  
17 little more time, so I -- I'm willing to vote  
18 in favor of Jim's motion.

19 **DR. ZIEMER:** Other comments? Mark?

20 **MR. GRIFFON:** Reluctantly. I think -- I just  
21 want to remind fellow Board members that our --  
22 our SEC procedures do ask for this proof of  
23 principle. You know, we -- we say that we will  
24 look at this, so you know, when -- and then  
25 there -- there -- there is a -- I guess there's

1 a difference between do they have the  
2 information -- you know, NIOSH'll probably say,  
3 in the case of the neutron issue, they have the  
4 information, but they haven't necessarily shown  
5 us how they're going to mo-- so we're asking --  
6 well, show us how it's going to work and how  
7 it's going to be bounding. I think their  
8 evaluation report was -- was stating that they  
9 had the information available, but -- you know,  
10 so we -- and that's specifically why we wrote  
11 those procedures that way, because we said  
12 well, you know, that's kind of a -- there's a  
13 lot in the middle there, and we want to sort of  
14 see how this is going to work and -- and give  
15 ourselves assurances that we're going to be  
16 able to bound doses for all members of the  
17 class. So I -- I think we have to remember  
18 that that is in our own procedures and, to that  
19 extent, I think we should, you know, follow our  
20 own procedures.

21 **DR. ZIEMER:** Dr. Lockey.

22 **DR. LOCKEY:** I -- I've -- I think this working  
23 group and Mark in particular have put an  
24 extensive amount of time into the Rocky Flat  
25 issue and a very complex exposure situation, no

1           doubt about it. I think NIOSH has put in an  
2           extensive amount of time, as has our consulting  
3           group. I think that I would support Jim's  
4           motion in that if we can get this done  
5           relatively quickly, within 30 days,  
6           particularly under the direction of Mark and  
7           how knowledgeable he is in this -- in this  
8           particular situation, it's worth that 30 days.  
9           I don't think it's worth any longer than that,  
10          but I think it's worth that 30 days.

11         **DR. ZIEMER:** Okay. Other comments, pro or con,  
12         in support or in -- in opposition to the motion  
13         that's before us?

14         **MS. THOMPSON:** (From the audience and off-  
15         microphone) (Unintelligible)

16         **DR. ZIEMER:** Now since we -- we don't have the  
17         exact wording, you can -- I can ask the Board  
18         if you wish to have what we might call a straw  
19         vote, with the understanding the final wording  
20         would come back for review. Or we can table.

21         **MS. THOMPSON:** (From the audience and off  
22         microphone) (Unintelligible) decide.

23         **DR. ZIEMER:** Do you wish to vote now on the  
24         motion as it's been presented, Board members?  
25         (Whereupon, multiple Board members responded

1 simultaneously.)

2 **DR. ZIEMER:** Okay, we will vote by a show of  
3 hands. Those who favor the motion, raise your  
4 right hand.

5 (Affirmative responses)

6 One, two, three, four, five, six, seven.

7 Opposed, raise your hand?

8 (Negative responses)

9 One, two, three.

10 So the motion carries by a vote of seven to  
11 three. We will have a final wording of that  
12 motion, the refined wording which would be in a  
13 form that could go forward to the Secretary,  
14 tomorrow for a final review. That wording  
15 would specify that the 1952 to '58 period -- it  
16 would recommend that that group become part of  
17 the Special Exposure Cohort; it would recommend  
18 that proof of principle on those identified  
19 items be provided within basically one month by  
20 NIOSH and that we would be committed to voting  
21 up or down on the rest of those time periods  
22 within one month. Okay?

23 Yes, a comment from the petitioner.

24 **MS. THOMPSON:** With all due respect, we came  
25 here today wanting a vote on the petition as a



1 whole. Okay? It is clear that the law is not  
2 being followed. The law states that as the day  
3 we submitted the petition could you or could  
4 you not accurately reconstruct dose. I think  
5 you have proven, by all the changes that have  
6 been made, the new models and everything, that  
7 you could not accurately reconstruct dose, or  
8 NIOSH could not -- excuse me, I'm not blaming  
9 the Board -- NIOSH could not accurately  
10 reconstruct dose at that point in time. This  
11 delay is unacceptable to the people that are  
12 dying, and I will defer to my previous  
13 statement that our workers should not have to  
14 fight with the government when they're fighting  
15 for their lives. The purpose of this  
16 legislation was to grant timely and fair  
17 compensation to our workers. These models are  
18 not tested, they're not proven, they're not  
19 tried, they're not true. It's science and it -  
20 - the question is not at some future day can  
21 NIOSH reconstruct dose, although I'm not sure  
22 they ever can do it accurately. This has gone  
23 on long enough. Please vote.

24 **DR. ZIEMER:** Thank you. The vote has been  
25 recorded. We will review the wording tomorrow,

1 and then we will plan to meet again -- we will  
2 try to make an effort to have that meeting here  
3 in one month, if we can make the arrangements.

4 **UNIDENTIFIED:** (From the audience and off  
5 microphone) (Unintelligible)

6 **DR. ZIEMER:** Thank you very much. We -- we're  
7 going to move on to our next agenda item. I'll  
8 allow -- this is one of the petitioners. We'll  
9 allow an additional comment here.

10 **MR. HARDEN:** Sir, with all due respect, if this  
11 is prolonged, I would ask that the petitioners  
12 have a chance to rebut some of the information  
13 that has occurred this afternoon. For  
14 instance, we haven't had access to this report  
15 that was just revealed today.

16 **DR. ZIEMER:** Right.

17 **MR. HARDEN:** And the other thing I would do is,  
18 in support of Jennifer Thompson, I think this  
19 has developed into some kind of a charade and  
20 that -- that's not a reflection on you as  
21 individuals. It's a collection of information  
22 that we've suffered for two years, and I think  
23 it's long overdue that we put these intellects  
24 in their places and we bring a decision to  
25 these folks that have been waiting by the

1           sidelines all these months and years to have  
2           their claims answered one way or another.

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

4           **MR. HARDEN:** Thank you for the opportunity.

5           **UNIDENTIFIED:** Could I just ask a point of  
6           clarification? Did you just vote against the  
7           majority of the petition or not?

8           **DR. ZIEMER:** No, we --

9           **UNIDENTIFIED:** Or did you just postpone the  
10          majority of the petition?

11          **DR. ZIEMER:** -- we -- the vote was in favor of  
12          the motion. The motion was to grant -- or to  
13          recommend SEC status for the period of 1952 to  
14          '58 and to defer action on the -- the remaining  
15          time periods for one month until we could get  
16          the proof of principle information from NIOSH,  
17          at which time --

18          (Whereupon, multiple audience members spoke  
19          simultaneously.)

20          **DR. ZIEMER:** The rest of those time periods.  
21          The recommendation is to include '52 to '58, to  
22          recommend that time period as part of the  
23          Special Exposure Cohort.

24          **UNIDENTIFIED:** The motion has three specific  
25          issues in the second part for the post-1958, so

1           are you limiting the discussion to those three  
2           specific issues, are you -- and saying  
3           everybody else is out, or not? I don't think  
4           people here understand what you just did.

5           **DR. ZIEMER:** Okay, let -- let me try to  
6           clarify.

7           **UNIDENTIFIED:** For the post-'58, I don't think  
8           they understand whether you've rejected most of  
9           them or you're only going to look at those  
10          three issues, or is the whole post-'58 still  
11          open for discussion?

12          **DR. ZIEMER:** Oh, the whole post-'58 is open,  
13          but those are the issues that the Board needs  
14          closure on. I think we're clo-- we have  
15          closure on the other items. Those are the  
16          issues that the Board has not -- has asked for  
17          additional clarification from, so those other  
18          time periods -- we're not recommending that  
19          they not be included. We're simply saying we -  
20          - we will vote on those in one month. The  
21          first period -- the Board has recommended that  
22          that period be added to the Special Exposure  
23          Cohort.

24          Did -- did -- is that clear, or did I not say  
25          that very well?

1           **MR. GRIFFON:** I guess -- I guess to -- out of  
2           tho-- out of those three follow-up items that  
3           we have, the only -- the -- the neutrons extend  
4           from '59 through '70, that issue. The -- the  
5           881 is an early time period issue, pre-1960.  
6           The thorium one would potentially affect the  
7           entire time frame of the site. So I think, to  
8           that extent, the entire time per-- period's  
9           left op-- open, but only really with regard to  
10          thorium in this case. I think that's -- to be  
11          clear, you know.

12          **UNIDENTIFIED:** (From the audience and off  
13          microphone) What about (unintelligible)?

14          **UNIDENTIFIED:** (From the audience and off  
15          microphone) Case by case.

16          **MR. GRIFFON:** I -- I just said post-1970,  
17          thorium still is potentially an exposure  
18          potential, so we have to see proof of principle  
19          on the thorium. We've asked for that, yeah.

20          **UNIDENTIFIED:** (From the audience and off  
21          microphone) (Unintelligible)

22          **DR. ZIEMER:** Okay. Dr. Roessler, a comment?

23          **DR. ROESSLER:** I think we have members of the  
24          press here who will want to meet some deadlines  
25          for today and not wait for these details for

1           tomorrow, and I'm not sure that they're clear  
2           on that first period. I think we said for  
3           those workers who were monitored or should have  
4           been monitored for neutrons, so it could mean  
5           it's not the whole group.

6           **MR. GRIFFON:** That's correct.

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

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

11          **UNIDENTIFIED:** I'm from Associated Press and I  
12          would like to know how you decide who should  
13          have been monitored and who was monitored. Can  
14          I simply declare that I worked in building 771  
15          and therefore qualify, or is NIOSH or somebody  
16          else going to decide whether I should have been  
17          monitored or whether I was monitored?

18          **DR. ZIEMER:** Okay. Yeah, Mark, can you clarify  
19          that for us? You can't right now, but --

20          **MR. GRIFFON:** No -- yeah.

21          **DR. ZIEMER:** -- it will be part of what we  
22          provide, because we have to provide that same  
23          information to the Department of Labor to  
24          administer this. So the likelihood is it will  
25          relate to building locations, is my

1 understanding.

2 A question here.

3 **UNIDENTIFIED:** I'm from the *Rocky Mountain*  
4 *News*. I'd like to clarify whether the thorium  
5 issue can apply to everyone or just certain  
6 people who worked with thorium.

7 **MR. GRIFFON:** Just -- just certain people who  
8 worked with thorium, and that's correct, yeah.

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

11 **MR. GRIFFON:** Just the individuals who have  
12 worked with thorium, yeah.

13 **UNIDENTIFIED:** So the effect of this vote is  
14 you've excluded almost everyone. Is that  
15 right?

16 **UNIDENTIFIED:** (From the audience and off  
17 microphone) You can't prove (unintelligible).

18 **UNIDENTIFIED:** I think they want to know the  
19 answer to that question --

20 **UNIDENTIFIED:** (From the audience and off  
21 microphone) (Unintelligible)

22 **UNIDENTIFIED:** -- on how you voted.

23 **MR. GRIFFON:** Well --

24 **DR. ZIEMER:** Well, right now the periods from  
25 '59 onward are not acted upon. They are

1 deferred till the next meeting. The issues  
2 will be individuals who were exposed -- or were  
3 monitored or should have been monitored for  
4 neutrons, so that's a -- probably a large  
5 number of people, individuals exposed to  
6 thorium, and then the -- the building 81 issue,  
7 so --

8 **MR. GRIFFON:** Yeah.

9 **UNIDENTIFIED:** (From the audience and off  
10 microphone) How are you going to  
11 (unintelligible) the contractors are  
12 (unintelligible) documentation (unintelligible)  
13 prove you were out there?

14 **UNIDENTIFIED:** (From the audience and off  
15 microphone) (Unintelligible)

16 **UNIDENTIFIED:** (From the audience and off  
17 microphone) (Unintelligible) report.

18 **DR. ZIEMER:** I'm -- a question --

19 **UNIDENTIFIED:** (Unintelligible) the steel  
20 workers signed the cards, they kept records for  
21 the steel workers. You have numerous vendors,  
22 contractors, people that moved in and out of  
23 those buildings prior to '59. How you going to  
24 prove who it was that came and gone? How --  
25 how you going to prove it? A lot of them are



1 probably not even around anymore.

2 **DR. ZIEMER:** Thank you. Gen, did you have an  
3 additional comment, or -- okay.

4 Members of the press, do you have any  
5 additional questions that you need clarified?  
6 Okay.

7 Dr. Lockey has a comment.

8 **DR. LOCKEY:** This comment is -- is more generic  
9 in nature, and it has to do with when the  
10 EEOICPA law was passed, it was a laudable  
11 effort initially to recognize and provide at  
12 least some compensation for people who were  
13 injured in the nuclear production industry. It  
14 was a patched-together law -- I think Jim would  
15 probably support that -- trying to get it  
16 passed through a very difficult political  
17 situation.

18 Over the ensuing years, as NIOSH and SC&A and  
19 this Board have tried to work -- and  
20 petitioners, particularly petitioners -- have  
21 tried to work with this law, there are parts of  
22 it that don't work. It's created conflict and  
23 it's created frustration and it's been very  
24 time-consuming. And there's no -- there's no  
25 question about that. So there's parts of this

1 law that need to be streamlined and fixed --  
2 fixed.

3 Now you know, we go to St. Louis and we pass  
4 Mallinckrodt, and the Congressional delegation  
5 is there, like they are here today, supporting  
6 their constituency. They get their SCE (sic).  
7 But you know, I'm not -- it's not clear to me  
8 that, other than representing their state,  
9 we're representing everybody in the United  
10 States. This is a bipartisan issue --  
11 Republican, Democrat -- 'cause these plants  
12 were spread throughout the United States. The  
13 law needs to be updated, streamlined and made  
14 more user-friendly.

15 If I was in your situation and I got a 48  
16 percent PC, and my neighbor that I worked with  
17 for 30 years got a 52 percent PC, then I would  
18 be just beside myself. That's understandable.  
19 That is clearly understandable, and that type  
20 of conflict needs to be eliminated. There's  
21 ways to do it and Dr. Melius has suggested ways  
22 in the past.

23 It's really your Congressional people who need  
24 to step forward and not just represent you here  
25 in Colorado, but represent the rest of the

1 workers in this industry throughout the United  
2 States to streamline this law and update it to  
3 make it more user-friendly. It's their duty.  
4 We're trying to work within the law, and we  
5 have good people in NIOSH who are -- who are  
6 public servants, who are preventive health,  
7 public health oriented. They're doing their  
8 damndest to get the work done, and SC&A's the  
9 same way, and people on this Board are the same  
10 way. But we were constrained by a law that has  
11 a catch-22 -- 180 days to reconstruct radiation  
12 doses, generate new science that takes -- that  
13 can take years? That's what the law is -- it  
14 put us into conflict, and it needs to be  
15 changed. It needs to be updated. It needs to  
16 be streamlined, and the conflict needs to be  
17 taken out of it. Thank you.

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

19 **MS. FRANK:** I'm Laura Frank from the *Rocky*  
20 *Mountain News*. So the press just wants to be  
21 clear for what we report next. The petition  
22 before you includes everyone who ever worked at  
23 Rocky Flats. You have carved out, if I'm  
24 clear, a 1952 to 1958 piece of people who were  
25 exposed -- potentially, who -- which should

1           have been monitored or were monitored for  
2           neutron dose. Does that mean the rest of the  
3           potential class is still before you, or only  
4           those people who fall into the three categories  
5           that you're continuing to look at for next  
6           month?

7           **DR. ZIEMER:** Only th-- only those other  
8           categories that we're looking forward to.

9           **MS. FRANK:** So everyone else is out.

10          **DR. ZIEMER:** Yes.

11          **UNIDENTIFIED:** (From the audience and off  
12          microphone) (Unintelligible)

13          **DR. ZIEMER:** That's right.

14          **UNIDENTIFIED:** (From the audience and off  
15          microphone) (Unintelligible)

16          **DR. ZIEMER:** No, no, next month we would be  
17          looking at the other time periods.

18          **UNIDENTIFIED:** (From the audience and off  
19          microphone) (Unintelligible)

20          **DR. ZIEMER:** Right --

21          **MR. GRIFFON:** Only three categories.

22          **DR. ZIEMER:** -- right.

23          **UNIDENTIFIED:** (From the audience and off  
24          microphone) (Unintelligible)

25          **DR. ZIEMER:** That's correct. That's correct,

1           that's correct.

2           Okay. Let's take a brief ten-minute break. I  
3           know the press folks may have additional  
4           questions. We'll -- we'll catch our breath  
5           here and then we'll resume. Thank you.

6           (Whereupon, a recess was taken from 2:20 p.m.  
7           to 3:00 p.m.)

8           **DR. ZIEMER:** Okay, let's -- I'd like to ask you  
9           to be seated and we'll come back to order.

10          It's -- it's very clear to the Chairman that  
11          there's been a lot of confusion on what action  
12          was taken and -- and what was covered and what  
13          wasn't. Let -- let me try to clarify and I --  
14          I'm aware that sometimes clarifications make  
15          things even more confusing.

16          The action that the Board has taken will  
17          recommend to the Secretary the addition of  
18          special cohort status to a group of individuals  
19          from the '52 to '58 time frame who were  
20          monitored, or should have been monitored, for  
21          neutrons. So it's a subset of the total group  
22          in that time period.

23          We have not taken specific action on the rest  
24          of the time periods, including '59 to '64,  
25          which was segmented out; '65 to '68; '69 to

1 '70; or '70 and onward.

2 Now there was some question as to -- since the  
3 neutron, the -- and thorium in Building 81  
4 issues tend to focus on those three middle  
5 groups, did that automatically exclude '70 and  
6 beyond. It's the Chair's ruling that the '70  
7 and beyond is still an open question for two  
8 reasons. Number one, the thorium issue could  
9 indeed extend beyond '70; we don't know that.  
10 Number two, it would be my intent that the  
11 Board specifically go on record with '70 and  
12 beyond period, to either vote it up or vote it  
13 down, so it's very clear where the Board stands  
14 on that; that it not simply be -- fall by the  
15 wayside simply by exclusion. So it would --  
16 it's the Chair's intent that at our next  
17 meeting we take specific action on all of the  
18 remaining time periods so that everybody knows  
19 what the recommendation is on all of those and  
20 what groups are specifically covered.  
21 So what is -- what has transpired is the  
22 recommendation to add one subset to the Special  
23 Exposure Cohort, and the possibility then is  
24 open to add additional subsets from the  
25 remaining time periods. So I hope that is a

1 little more clear than it apparently was at the  
2 time of the break. And we're --

3 **UNIDENTIFIED:** (From the audience and off  
4 microphone) (Unintelligible)

5 **DR. ZIEMER:** -- we're not -- we're not sure  
6 whether the media will make it more or less  
7 clear as they attempt to explain this, because  
8 they've talked to different folks and I think  
9 have gotten different versions of what Board  
10 members thought they were voting on, and so --  
11 and that's unfortunate, and I'm -- I'm sorry if  
12 that occurred. But we -- we -- we hope that  
13 that adds some clarity.

14 Yes, I'll allow a question here.

15 **UNIDENTIFIED:** May I ask a question?

16 **DR. ZIEMER:** Yes.

17 **UNIDENTIFIED:** Okay, you say you're going to  
18 vote on people prior to '59 on for thorium and  
19 -- 'cause the neutron -- photon thing -- photon  
20 thing. How you going to prove from '59 on up  
21 for everybody else that might have been exposed  
22 to thorium?

23 **DR. ZIEMER:** Well, I think that remains to --  
24 for the Board when we get our material next  
25 time. I can't predict what the Board might do

1           at that point, but at least those time periods  
2           are still open before us, so that will be the  
3           main order, and basically the only order of  
4           business as we return, hopefully in a month,  
5           and -- and try to pin down the final answer on  
6           those.

7





1 many of you know, we had an extensive  
2 discussion, a public comment on that last  
3 night. The Board had that action before it  
4 earlier today. And if you weren't here for  
5 that, you may not know that the Board  
6 recommended approval of a portion of the time  
7 frame for the Rocky Flats for the neutron  
8 workers. There are some other portions of that  
9 petition that will be finalized in -- at our  
10 next meeting, next month, which we hope will be  
11 back here so that those of you from Rocky Flats  
12 can be present.

13 There are several folks -- well, I -- I also  
14 want to mention, because it's sometimes  
15 confusing for folks, and that is that the folks  
16 you see here -- we do not work for NIOSH or for  
17 Department of Labor. We are just an  
18 independent board. I often introduce the  
19 individuals. A number of these, like -- like  
20 me, I'm a retired educator, and we have a mix  
21 of people on this Board, some of whom are  
22 retired, some of whom are still working; some  
23 of whom have technical backgrounds, some who  
24 are in the medical field, some who are  
25 individuals who are union workers. So we have

1 a cross-section of folks here on this Board.  
2 We are not part of NIOSH. We are not part of  
3 Department of Labor. So we're -- our job is to  
4 give kind of an independent look at things.  
5 We have to struggle, as it were, with a lot of  
6 viewpoints -- the viewpoints of the  
7 petitioners, the viewpoints of the agencies,  
8 and we even have our own contractor that we  
9 hire to help us evaluate the various issues.  
10 So it -- it's a job that this Board does, not  
11 only here at the Rocky Flats, but dealing with  
12 sites all over the country.  
13 We will be hearing from individuals from some  
14 of those -- representing some of those other  
15 sites in fact tonight, but I notice here there  
16 are still a few Rocky Flats folks and I'll just  
17 take them in the order that they are. We have  
18 imposed now a ten-minute time limit on people.  
19 That's something new, but in order to provide  
20 time for everyone to -- to give their remarks,  
21 we ask you to -- to stick with the ten-minute  
22 time limit. Also, as I mentioned last night,  
23 the ten-minute is not a goal to be achieved but  
24 is an upper limit. So if your remarks are less  
25 than that, that's quite fine.

1 Jack Weaver, who identifies himself as a  
2 retired Rocky Flats worker. [name redacted]

3 **DR. WADE:** [name redacted] has left.

4 **DR. ZIEMER:** Signed up earlier today but  
5 perhaps couldn't make it.

6 Cliff DelForge? That's Cliff, you've got the  
7 first mike here.

8 **MR. DELFORGE:** My name is Cliff DelForge --  
9 Clifford DelForge. I worked at Rocky Flats for  
10 35 years, primarily in the areas of  
11 radiological safety. I'm not here on my behalf  
12 'cause I'm not sick. I -- primarily involved  
13 in here because of my [Identifying Information  
14 Redacted]. He worked at Rocky Flats for 24  
15 years and he is ill, and he is -- his illness  
16 was -- I think I was able to prove pretty  
17 significantly that it was caused at Rocky Flats  
18 -- by his work at Rocky Flats.

19 I'm not here to talk about [Name Redacted]  
20 either. I'm just going to make some general  
21 comments, if I may.

22 You've heard a lot of testimony from people.  
23 Some of it -- a fair amount of it was not  
24 probably technically appropriate for dose  
25 reconstruction, but all of it was morally,

1           ethically and emotionally valid for the SEC.  
2           I think we've kind of missed the boat on some  
3           of this stuff.  Otherwi-- some of the people  
4           who got up here and talked were talking about  
5           specific instances where they were showing  
6           that, because of the work that they were doing  
7           and the places that they were, that they should  
8           have had a -- some dose on their dosimeters,  
9           should have had some dose, and that in most  
10          cases it came back either as a zero dose or as  
11          no current data available.  
12          I got -- that got me thinking about my own  
13          personal situation, and there are a couple of  
14          things that I'll discuss here shortly on my own  
15          personal experience regarding the validity of  
16          our dosimetry program.  And that's fairly  
17          important 'cause you're talking about making a  
18          recommendation on whether or not to approve  
19          Rocky Flats for the SEC status.  
20          The last time I went out to the Rocky Flats  
21          plant -- I retired in 1995, and the last time I  
22          actually went out to the plant proper was as  
23          part of one of the many programs that I was  
24          involved with -- the uranium study, the  
25          plutonium study, the americi-- I mean the

1           beryllium study and the chemical study. And  
2           while I was out there I was talking to a  
3           gentleman and he was explaining to me that they  
4           had just started a new program where they were  
5           bringing back the film badges from the Denver  
6           Tech Center and they were going to reread these  
7           badges and then they were going to compare that  
8           data with the data that they had on the  
9           existing documentation. And the very first  
10          batch of badges they brought back, one  
11          gentleman, they reread his badge; his  
12          documentation showed zero, his bad (sic) was  
13          reading 1,000 millirem. They were off by a  
14          factor of 1,000 on that one individual.  
15          I don't know how far they went with this. I --  
16          I would be willing to bet that they did not  
17          read every badge and bring every badge back,  
18          'cause they're talking about a lot of badges  
19          over many, many years. But that one instance  
20          should have indicated at least that they should  
21          have probably done that.  
22          The reason that -- if I understand it  
23          correctly, the reason that there were so many  
24          no current data available on the documentation  
25          was because they didn't read the badges. They

1           didn't have the time. It was just physically  
2           impossible to read all the badges, so they just  
3           put down no current data available.

4           I'm personally aware of three unauthorized  
5           experiments that were done to determine the  
6           validity of our dosimetry program. Now  
7           americium salts are the highest level of  
8           radiation that I've ever seen at Rocky Flats,  
9           and that was my job as a radiation monitor when  
10          I first got into radiological safety. I had a  
11          reading off of a fiber pack of the beryllium  
12          salts that read 22,000 millirem, which is  
13          extremely high, especially for Rocky Flats. A  
14          gentleman was -- I don't know if he was coerced  
15          into it or anything, but he -- several -- a  
16          couple of the RCTs or the radiation monitors  
17          said we ought to test this program, so they had  
18          him put his badge in a can of americium salts  
19          for 30 minutes. I don't know what the reading  
20          on that particular can was, but it had to be  
21          fairly high and there had to be some exposure  
22          to that badge. And his results came back zero.  
23          Another guy -- a different period of time --  
24          put his badge in a glove on the americium line,  
25          which was the highest gamma radiation line at

1 the -- in 771 building, and he left it in there  
2 for the majority of his shift and he sent it  
3 in, and there had to be significant radiation  
4 exposure to that badge. It came back zero.  
5 I personally -- I was assigned to a special  
6 project as a radiation monitor. We had to have  
7 special badges because the material we were  
8 working with had a very robust gamma associated  
9 with it. I must have been in a union frame of  
10 mind at the time because I decided I was going  
11 to do my own test. All the other people who  
12 had the special badges wore their badges on the  
13 inside of their lead aprons and they were  
14 required to wear lead aprons the entire time  
15 they worked with the material. I set my badge  
16 on the outside, looking for some -- there had  
17 to be some difference between my badge and  
18 everybody else's -- and it came back zero.  
19 There was no difference.  
20 In my son's case, doing some investigation, I  
21 found two instances where they'd found a small  
22 amount of -- of exposure on a badge on two of  
23 his different badge, and they said well, you  
24 know, this -- this can't be real. It's not --  
25 it's bogus, so we're just going to knock



1 everything back to zero.

2 I firmly believe that their standard operating  
3 procedure was whenever there was any kind of an  
4 anomaly with their program, if they had a high  
5 reading here or something like that, they  
6 simply said well, this can't be right, it can't  
7 be true so we'll just forget it and knock it  
8 down to zero. I mean if they were doing  
9 anything else, they would have come and  
10 investigated. And in my case if there was -- I  
11 had a high exposure on my badge, somebody  
12 should have come down and said, you know,  
13 what's -- what's the problem here, at which  
14 case I probably would have been in a little bit  
15 of trouble because I did this in an  
16 unauthorized manner.

17 I think -- and I think we missed the boat  
18 because, with the people that talked about  
19 their specific situations and my own  
20 experiences, we should have gotten together  
21 with all the people that -- from Rocky Flats,  
22 all the people work in the back areas, and sat  
23 down and interviewed them and said what  
24 personal experiences do you have that would  
25 show that the documentation of the dosimetry

1 program was not up to snuff, it wasn't doing  
2 what it was designed to do. I think we could  
3 have provided you with a very large document.  
4 I think everybody -- 'cause everybody that I  
5 talk to just casually said yeah, yeah, I know  
6 this situation. This happened in my case, and  
7 everything else.

8 It's kind of disheartening to sit and listen to  
9 Mark say, you know, that he -- he's perfectly  
10 comfortable that there was no credible  
11 evidence, I guess, to -- that there was any  
12 problems with the dosimetry program. I don't  
13 believe that. I believe that there were some  
14 problems with it. I think that the -- with the  
15 numbers of no current data available, I don't  
16 know how you can possibly extrapolate -- and  
17 that's another thing.

18 If you're talking about well, we're going to  
19 extrapolate here, we're going to calculate  
20 here, we're going to -- you know, you -- just  
21 making up numbers, is all you're going to do is  
22 make up numbers, and I don't think you can do  
23 it accurately. I don't think there's enough  
24 information that you really need to have to do  
25 that.

1           The -- you can't use situations with other  
2           plants with regard to Rocky Flats. We had --  
3           we had unique materials, we had unique  
4           mixtures, we had unique processes. You can't  
5           say well, what happened over here -- we're  
6           going to say well, we can say that the same  
7           thing happened over here.

8           You can't use common denominators. You look at  
9           people as individuals, and you don't know if a  
10          person got a exposure in a -- in an hour, or in  
11          a week or in a month if his badge was on a  
12          monthly basis and he got a total over that  
13          period of time, or if he was in a back area one  
14          hour and got that -- that exposure. You don't  
15          have that kind of information to know who was  
16          working what lines and how long they were there  
17          and anything else. There's just so much  
18          information out there that's -- that you need  
19          to have in order to do a valid thing -- at  
20          least in my opinion.

21          It's kind of funny, it's -- it's almost like  
22          this program, this compensation program, was  
23          like a fresh zebra kill. And the top predator,  
24          the Department of Energy, got in there ripping  
25          off huge chunks of flesh, to the tune of \$90

1 million in paperwork that went in their  
2 pockets. And isn't it amazing that the two  
3 people that were involved in that program  
4 resigned shortly after that came to light --  
5 not because of that. No, it didn't have  
6 anything to do with that. They were going to  
7 retire anyhow. And -- and now the vultures and  
8 the jackals are picking at the -- the bones of  
9 this thing. And they've apparently done a  
10 pretty good job, at least on one leg of the  
11 beast.

12 I saw this article in the paper today, *Rocky*  
13 *Mountain News*, and it says here that the  
14 government is about to run out of money to  
15 complete dose reconstruction. They're about to  
16 run out of money. So the vultures have picked  
17 that leg clean, pretty close to it.

18 And now I ask you, what are we going to do now?  
19 Are we going to -- when it runs out of money  
20 are we just going to say well, we're just going  
21 to put it on hold until we get some more money  
22 and start doing our job again? I got a good  
23 idea. Maybe what we can do is do a kind of a  
24 pool and see how many more Rocky Flats  
25 employees are going to die in the interim.

1 We need to have some processes done -- we need  
2 them done now. We need to have -- I think the  
3 things that you've heard -- what they do to me.  
4 Obviously I have an agenda of my own. I've got  
5 a son who's ill. I've got friends who are ill.  
6 I would ask you right now -- I would ask that  
7 you all unanimously recommend to whoever is in  
8 charge that any further dose reconstruction  
9 should be discontinued immediately. It's a  
10 waste of time and a waste of money. And I'd  
11 also recommend that you unanimously recommend  
12 that Rocky Flats be given the SEC status. I  
13 don't ask you to do this because you feel  
14 compassion for the people who are ill. I don't  
15 ask you to do this because you may be angry at  
16 some of the way that some of the people were  
17 treated. I ask you to do this because it's  
18 scientifically appropriate to do it. Thank  
19 you.

20 **DR. ZIEMER:** Thank you, Cliff. Then [Name  
21 Redacted], -- is [Name Redacted], with us?

22 (No response)

23 Okay, we'll come back and check. [Name  
24 Redacted] I think is the last name. I'm trying  
25 to read the first name. Is there a [Name

1 Redacted]? Rocky Flats retired person -- [Name  
2 Redacted]?

3 **UNIDENTIFIED:** (From the audience and off  
4 microphone) What was it? I can't hear you very  
5 well. The sound system is very muffled.

6 **DR. ZIEMER:** [Name Redacted] is --

7 **UNIDENTIFIED:** No, I'm sorry.

8 **DR. ZIEMER:** Not [Name Redacted]? Okay. Next  
9 is Dr. Dan McKeel, and I believe Dr. McKeel's  
10 representing the Dow Madison petition.

11 **DR. MCKEEL:** Good evening, Dr. Ziemer and the  
12 Board. Actually tonight I want to talk about  
13 our other site, General Steel. I do have --

14 **DR. ZIEMER:** I think tomorrow you'll have an  
15 opportunity then I believe as the petitioner to  
16 --

17 **DR. MCKEEL:** Yes.

18 **DR. ZIEMER:** -- talk about the Dow site, yes.

19 **DR. MCKEEL:** Dr. Ziemer was kind enough to  
20 allow me -- I had a rather complex comment  
21 tonight, so I made that in writing, appropriate  
22 to what the Board has just decided, and I'll  
23 try to keep this short for you. The remarks I  
24 want to make tonight are for my colleague, John  
25 Ramspott, who you all know. And I have

1            basically two brief remarks.

2            The first one is about the Battelle task order

3            16 contract, and as you heard yesterday, Larry

4            Elliott announced that due to fund shortages at

5            NIOSH, this contract would soon be terminating,

6            at the end of this month, with no further work

7            done and all monies spent. This is an

8            important contract to us because both the Dow

9            site and the General -- General Steel

10            Industries sites are under this contract.

11            As you know, the original contract was to have

12            been for 12 months and was to have ended last

13            October, and has been extended. There were, as

14            far as I'm aware, three dose reconstruction

15            guidance documents that have been produced,

16            TIBs 5000, 6000, 6001. I heard Larry yesterday

17            say that there were 16 site-specific appendices

18            to cover the 256 sites that were charged to

19            Battelle to review. General Steel is

20            apparently one of those 16 appendices. We

21            don't know when that appendix will materialize,

22            although I was very encouraged to see that the

23            first four appendices were posted on the -- on

24            the OCAS web site today.

25            Mr. Elliott also told us -- told our group that

1 Dow, which is another site, will not have a  
2 site-specific appendix and Dow also has no site  
3 profile. The original intent, and the reason  
4 I'm bringing this up tonight, was to generate  
5 appendices for all 256 sites. And I derived  
6 that idea because the OCAS web site right now  
7 says the following about Battelle TIB-6000.  
8 Quote, Following the main body of this document  
9 is a collection of appendices, with one  
10 appendix for each AWE site that performed  
11 metal-working operations, and the TIB is about  
12 uranium and thorium -- end quote.  
13 Only 308 of the more than 1,400 claims, or  
14 about 22 percent of the total, have been  
15 completed dose reconstructions at Battelle. An  
16 unstated number of 83.14 SECs may be  
17 forthcoming, and added work remains for other  
18 branches of NIOSH to complete undone tasks.  
19 My comment is that this doesn't really seem  
20 like very satisfactory overall performance on  
21 this contract, given the significant time  
22 extension. And the comment for the whole  
23 EEOICPA program is that in a time like this of  
24 constrained funding for NIOSH operations is --  
25 was the Battelle task order -- was it a wise



1 investment, considering basically the low  
2 overall productivity on all the major goals.  
3 The second comment tonight is -- in a -- in a  
4 way I apologize, but I came to you tonight,  
5 again, about the General -- I mean the Granite  
6 City Steel naming issue because, although we  
7 have brought that up repeatedly to the Board,  
8 that problem still persists today, and I want  
9 to give you a -- a very practical reason why  
10 it's important.

11 John Ramspott and I have jointly written in our  
12 written comments a detailed recounting of two  
13 claims, and both of those together show the  
14 Department of Energy, Department of Labor and  
15 NIOSH have really not dealt adequately with  
16 this Granite City Steel naming error and the  
17 description of the facility at DOE.

18 Claim number one was from a [Identifying  
19 Information Redacted] filed EEOICPA claims in  
20 2004. He went through the entire dose  
21 reconstruction process, was assigned a  
22 probability of causation of 36.23 percent, and  
23 then he was denied in April of 2005.

24 The problem is that Granite City Steel did no  
25 AEC uranium work, and was a different site at a

1 different location from Gra-- General Steel  
2 Industries, which was the real covered site.  
3 GSI did perform Betatron non-destructive  
4 testing on Mallinckrodt uranium ingots from  
5 1953 to 1966. In contrast, Granite City Steel  
6 didn't have any Betatrons.  
7 We had obtained the redacted version of this  
8 claim from NIOSH by the FOIA process, and we  
9 got that because this was one of the four dose  
10 reconstructions that have been performed for  
11 Granite City Steel -- or correctly named,  
12 General Steel Industries.  
13 We then located the worker's children, one of  
14 whom verified that it -- one of her -- that her  
15 claim was one of the ones that was dose  
16 reconstructed. She verified that her father  
17 always [Identifying information Redacted] from  
18 Granite City Steel, always [Identifying  
19 information Redacted] work, and never set foot  
20 at GSI, even after Granite City Steel bought  
21 the GSI grounds and property in 1974.  
22 Well, we were interested in that because, as I  
23 say, there've been a very low production of  
24 completed dose reconstructions. John and I  
25 believe in fact that probably all four DRs that

1           have been attributed to General Steel  
2           Industries may have actually been done on  
3           Granite City Steel workers in error. In our  
4           written comment we provide indisputable  
5           documentation that the original facility  
6           misidentification occurred at the Department of  
7           Energy, and went unrecognized by Labor and  
8           NIOSH during the dose reconstruction process,  
9           including assignment of a POC of 36.23 percent.  
10          The second claim highlighted in our written  
11          comment is that of an authentic [Identifying  
12          Information Redacted] GSI employee who was a  
13          [Identifying Information Redacted]. He was told  
14          by a Department of Labor supervisor and by  
15          Social Security that he really worked at  
16          National Roll Company in Pennsylvania, and that  
17          GSI was not a covered site. It took multiple  
18          calls and a FAXed newspaper story to convince  
19          Labor that claimant number two worked at GSI,  
20          that GSI was a real covered site, and that his  
21          claim would be processed. And -- and that was  
22          effective, but he still awaits his dose  
23          reconstruction, along with 208 other people  
24          with claims at NIOSH from General Steel  
25          Industries.

1           In light of these two claims that I think are  
2           well documented, we therefore are requesting  
3           that the Department of Labor re-examine all of  
4           the 305 denied Granite City Steel and GSI  
5           claims with respect to the site employment  
6           issue. After this meeting is over we will work  
7           with the Illinois Congressional delegation to  
8           request a remedy in a formal way. Therefore,  
9           we will assist the agencies with the -- this  
10          effort if -- if they ask us to do so.  
11          We think that several hundreds of claimants  
12          could have been affected. There are now 819  
13          Part B and E ostensible GSI claims, and 546  
14          ostensible GSI cases. We need to know for sure  
15          how many claims were denied (a), from people  
16          who never worked at GSI, and (b), from workers  
17          who worked at GSI but were denied in the early  
18          years because both Department of Labor and  
19          Energy misconstrued the name and location of  
20          GSI as the authentic covered facility, thinking  
21          it was Granite City Steel.  
22          The DOE facilities list database and the DOL  
23          statistics by state web sites have only been  
24          partly corrected in this regard.  
25          And -- and the final comment is that John and I

1 at least hope one day that the children  
2 claimants of claim number one worker will get  
3 an apology, and I think it needs to be a  
4 special apology from all three of those  
5 agencies. Thank you very much.

6 **DR. ZIEMER:** Thank you, Dan. And I have the --  
7 the more extensive copy. I think we can get  
8 this onto the web site perhaps and I'll ask the  
9 -- NIOSH to do that.

10 **DR. MCKEEL:** (Off microphone) (Unintelligible)

11 **DR. ZIEMER:** Also, Dan, I believe you have been  
12 in contact with Pete Turic (sic), have you,  
13 from Labor? I --

14 **DR. WADE:** Turcic.

15 **DR. ZIEMER:** -- or Turcic. We want to make  
16 sure that you're not relying on our --

17 **DR. MCKEEL:** No, sir.

18 **DR. ZIEMER:** -- our --

19 **DR. MCKEEL:** Right, that's what I meant to say.  
20 I --

21 **DR. ZIEMER:** -- proceedings to see that this  
22 gets --

23 **DR. MCKEEL:** -- obviously this has to be taken  
24 up with all three --

25 **DR. ZIEMER:** Yeah.



1           **MR. BEITSCHER:** The sound is very --

2           **DR. ZIEMER:** -- whatev-- whatever you prefer.

3           **MR. BEITSCHER:** It may be my ears. The sound  
4 is very muffled.

5           **DR. ZIEMER:** Okay, you can try that one, if you  
6 prefer.

7           **MR. BEITSCHER:** My name is Stan Beitscher. I  
8 worked at Rocky Flats from 1963 to 1993. I  
9 came there when I was 30 years old. I left  
10 when I was 60 years old, with a number of  
11 medical conditions. I look very healthy from  
12 the outside, but I have a number of situations  
13 internally that are not apparent. But my first  
14 comments have to do with the special cohort  
15 program, and I'd like to add to Mr. DelForge's  
16 comments from a slightly different perspective.  
17 Let me tell you what my background is. I was a  
18 research scientist at Rocky Flats in the area  
19 of metallurgical engineering. I graduated from  
20 the Colorado School of Mines with a degree in  
21 metallurgical engineering, with a minor in  
22 minerals beneficiation. I went to Rensselaer  
23 Polytechnic Institute and received a master's  
24 degree in metallurgical engineering with a  
25 minor in nuclear engineering. I then went back

1 to the Colorado School of Mines, received a PhD  
2 in metallurgical engineering with a minor in  
3 physics.

4 So I can't really claim that I did not know  
5 that radiation and toxic material exposure is  
6 dangerous. I was very well schooled in these  
7 areas. I'm not a world expert in these areas,  
8 but I have read thousands upon thousands of  
9 pages concerning the effects of radiation and  
10 toxic material exposure in my lifetime. I've  
11 written hundreds of research papers dealing  
12 with material science.

13 And I can tell you, first of all, that the  
14 emphasis at Rocky Flats was production first;  
15 safety, yes, but came second. Nothing would  
16 take -- would stand in the way of meeting  
17 production schedules. And although there was  
18 concern for safety, safety was second.

19 Furthermore, the implication that working --  
20 for working at Rocky Flats was that largely  
21 radiation effects on biological systems is  
22 largely unknown. This is a very crude science.  
23 In 1963 very little was known about the limits  
24 of -- of dangerous exposure, not only to  
25 radiation but to the host of other extremely



1 dangerous materials that were handled at Rocky  
2 Flats. The list is staggering and almost  
3 amazing. Every -- virtually every toxic,  
4 dangerous material was at one time or another  
5 present in my work area in my -- in the  
6 research building of Building 79 where I spent  
7 about 28 of the 30 years. The other year and a  
8 half was spent in Building 771, which is  
9 acknowledged as the most dangerous building in  
10 the United States.

11 So to limit compensation based on perhaps the  
12 absence of some information or some material is  
13 preposterous. The radiation was widespread and  
14 the exposure to other toxic material was  
15 extremely widespread at Rocky Flats.

16 Furthermore, you cannot predict biological  
17 effects based purely on some sort of  
18 reconstructed dosage effects. Large amounts of  
19 radiation can-- cannot -- and in some cases,  
20 not cause biological effects. Small amounts of  
21 radiation in other species can cause enormous  
22 effects. And to limit -- to limit compensation  
23 for horrible conditions for some imaginary  
24 limit of -- of exposure is preposterous. And I  
25 stand behind what Mr. DelForge said.

1 First of all, I'd like to add just one other  
2 comment on that. Dosimetry, and that's a  
3 subject that I followed very closely in my  
4 career because I was subject to dosimetry. I  
5 worked in a hot area. I worked in a glovebox.  
6 I worked in a very high radiation area.  
7 Dosimetry is -- is not an exact science, and it  
8 is impossible -- I think, and from my opinion --  
9 -- to reconstruct dosage at Rocky Flats. I -- I  
10 don't know what else I can tell you, and that's  
11 the reason that I feel fairly strongly that the  
12 cohort program should be approved at Rocky  
13 Flats. The dosimeter program at Rocky Flats  
14 was run probably you might say to the best of  
15 the ability of the people running it, but that  
16 doesn't mean it was run very well. There were  
17 a great deal of unknowns.  
18 And dosimetry -- dosimeters are not accurate.  
19 The placement of dosimeters are not always at  
20 the right location. People didn't always wear  
21 their badges. They were not read correctly.  
22 And furthermore, the science of dosimetry is --  
23 is -- is work -- is a work in -- a work in  
24 progress. It is not an exact science.  
25 Okay. Let me just switch gears a little bit,

1           if I may, and talk about the compensation  
2           program. I've studied this compensation  
3           program for five years. I still don't  
4           understand it. And let me explain why.  
5           I have a -- I have a claim in for a number of  
6           illnesses that are not cancers. I don't  
7           believe they're cancers yet. To -- without  
8           being really specific or explicit, I have  
9           respiratory problems. I also have a very large  
10          particular gland that causes me tremendous  
11          discomfort and I have respiratory problems and  
12          I have a hearing defect, and I feel that all of  
13          these were at least greatly caused by my  
14          employment at Rocky Flats.  
15          Part B -- as I understand the compensation  
16          program, Part B covers 22 cancers, beryllium  
17          disease, silicosis and beryllium sensitivity.  
18          Part E, on the other hand, covers other things,  
19          but will only compensate you for loss of  
20          income.  
21          Now there is no way I can -- I can just-- I can  
22          understand this. In other words, if you don't  
23          have these -- one of these 22 cancers,  
24          berylliosis or silicosis, you're not subject to  
25          compensation. If you don't have these cancers

1           and you have other conditions, you're only  
2           compensated if you have -- if you can prove a  
3           loss of wages. Well, I'm retired. I -- I  
4           can't prove a loss of wages. But yet I have  
5           what I consider to be extremely serious medical  
6           conditions -- perhaps not as serious as some,  
7           but fairly serious. When I wake up in the  
8           middle of the night gasping for breath, I think  
9           it's fairly serious, although it's not cancer.  
10          I don't understand. I mean I think -- I think  
11          some reasonable effort was -- was made to make  
12          the program fair, but there's a great big hole  
13          in it. And for the life of me, I don't  
14          understand -- I don't understand why I'm not  
15          covered for compensation because -- simply  
16          because I don't have one of these 22 cancers  
17          yet, or berylliosis or silicosis.  
18          There are very serious health effects that are  
19          not cancer, and let me just name three that I  
20          can think of. There may be a number of others,  
21          and I just can't think of these others. Non-  
22          cancerous tumors are not cancers, but tumors  
23          are very serious medical effects. They're not  
24          covered by Part B. They may be covered by Part  
25          E, but my experience is Part E is not very



1 Is it [Name Redacted]?

2 **DR. WADE:** Yeah.

3 **DR. ZIEMER:** [Name Redacted], are you on the  
4 line?

5 (No response)

6 Okay, perhaps not. Let me check back again on  
7 the other names -- Jerry Mobley? [Name  
8 Redacted]? Mr. [Name Redacted]? Mr. Weaver --  
9 Jack Weaver?

10 (No responses)

11 **UNIDENTIFIED:** (Unintelligible)

12 **DR. ZIEMER:** Is this [Name Redacted]?

13 **MR. EARLEY:** No, Lynn Earley.

14 **DR. WADE:** Say again, please?

15 **MR. EARLEY:** Lynn Earley.

16 **DR. ZIEMER:** Would you like to speak?

17 **MR. EARLEY:** Yes, I would.

18 **DR. ZIEMER:** Please proceed. Tell us your name  
19 again, Lynn --

20 **MR. EARLEY:** Lynn (unintelligible) Early --

21 **DR. ZIEMER:** E-a-r-l--

22 **MR. EARLEY:** -- (unintelligible) analyst,  
23 organic (unintelligible).

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

25 **MR. EARLEY:** And I am also chair of the

1 International Science Oversight  
2 (unintelligible), newly-formed (unintelligible)  
3 to analyze (unintelligible) government agencies  
4 (unintelligible). I have (unintelligible) that  
5 I would like to go over. I don't know how much  
6 time you have, but I have some (unintelligible)  
7 that I --

8 **DR. ZIEMER:** You have a ten -- you have a ten-  
9 minute limit, sir.

10 **MR. EARLEY:** -- would like (unintelligible) I  
11 have to get (unintelligible) to get those so  
12 I'll (unintelligible) 20 seconds.

13 **MS. MUNN:** I don't think he heard you.

14 **DR. ZIEMER:** He's switching phones, I --

15 **DR. WADE:** Putting the dog out.

16 (Pause)

17 **MR. EARLEY:** (Unintelligible) serious question  
18 relative to the whole question of low dose  
19 exposure. These exposures have been analyzed  
20 by independent scientists down through the  
21 years and have been underestimated by many of  
22 the international bodies, including IAEA and  
23 the International Commission on Radiological  
24 Risks. I would hope that this advisory  
25 committee would take (unintelligible) some of

1           these low dose issues. There is a book that  
2           recently was published that is entitled  
3           *Chernobyl, 20 Years (unintelligible)*. It  
4           documents a whole host of non-cancer effects  
5           from these Chernobyl exposures, many of which  
6           were quite low doses. But the Japanese A-bomb  
7           studies did not document -- in fact, they only  
8           looked at the mortality (unintelligible) from  
9           (unintelligible) bomb blast and they were  
10          looking at cancer mortality exclusively. This  
11          book, which just came out last year, documents  
12          a whole host, a whole range of issues  
13          (unintelligible) anybody on the internet  
14          (unintelligible) by the European Committee on  
15          Radiation Risk -- a simple Google for ECRR will  
16          come to that text -- and interestingly, the  
17          IAEA, the World Health Organization, the ICRP  
18          had these Russian studies in hand but never  
19          translated them. Consequently, they have  
20          ignored many non-cancer risks. And I listened  
21          to the testimony quite carefully last night and  
22          was shocked to find that -- and some of the  
23          testimony today indicates that there are  
24          several -- and of course the last speaker  
25          alluded to other non-cancer risks.



1           Now this of course is something that is being  
2           overlooked, disregarded and the scientific  
3           literature has been underestimated because the  
4           scientists that are doing this work have been  
5           uniformly almost shunned in the scientific  
6           community. Give you a classic example. The  
7           BEIR VII committee, which was organized to take  
8           cognizance of the latest updated information on  
9           low dose risk. Unfortunately there were  
10          members of the (unintelligible) community that  
11          -- and I was doing freelance and still do  
12          freelance medical writing -- there were many  
13          organizations in the public interest community  
14          that nominated several members to BEIR VII.  
15          These members were independent scientists, well  
16          qualified to analyze the effects of low dose.  
17          There were about a dozen of them. None of them  
18          were appointed to the BEIR VII committee, and  
19          obviously many of the people -- and I've been  
20          doing conflict of interest studies -- many of  
21          them had conflicts. In fact, right on the  
22          Advisory Board that I'm addressing right now  
23          there are three members that I can recognize  
24          quickly who are in the Health Physics Society,  
25          two with official positions. Health Physics

1 Society has a position statement, and I quote,  
2 Below five to ten rem, and which includes  
3 occupational and environmental exposures, risk  
4 of health effects are either too small to be  
5 (unintelligible) or are non-existent. This is  
6 a (unintelligible) unscientific and completely  
7 unethical statement.

8 The -- there was a paper put out by  
9 (unintelligible) National Academy of Sciences,  
10 November 25th, 2003, and the -- there are 15  
11 cancer experts on this study. Cancer is  
12 attributable to low doses of ionizing  
13 radiation, assessing what we really know.  
14 You'll recognize those in the field. Their  
15 names (unintelligible) Richard (unintelligible)  
16 Goodhead, Charles Land of the NCI, John  
17 (unintelligible) of Harvard, Dale  
18 (unintelligible), President, Elaine  
19 (unintelligible), National Cancer  
20 (unintelligible), Jonathan (unintelligible),  
21 Richard (unintelligible) and this study that  
22 they did indicated that there is good evidence  
23 existing in epidemiological data that suggests  
24 ten to 50 millisievert exposure an acute dose  
25 and 50 to 100 millisievert for a protracted

1 exposure, but the scientists will not accept --  
2 and this of course refers directly to the  
3 exposures at our weapons labs -- that  
4 protracted exposure of small doses of any  
5 radioactive elements over time have a greater  
6 effect than the same acute dose that is given -  
7 - one exposure. Now you will find that most of  
8 the so-called experts in the field reject this  
9 theory completely, and yet there's sufficient  
10 evidence to show otherwise.  
11 So there are numerous studies in the low dose  
12 field to absolutely question the  
13 recommendations that ICRP has put out,  
14 primarily because it's based upon the A-bomb  
15 study, as much of the literature is.  
16 Consequently, what they're not looking at is  
17 internal emitters, the alpha emitters.  
18 Certainly the A-bomb study did not, and all of  
19 the subsequent studies of course do not take  
20 recognition of these internal emitters, which  
21 are at least 20 times more serious than  
22 external emitters, and this has been documented  
23 again in the literature.  
24 I've been studying radiation health effects for  
25 35 years. I'm a retired consumer economics

1           teacher. (Unintelligible) testimony as vice  
2           president of consumer (unintelligible) Michigan  
3           in the 1970s, became an early opponent of  
4           nuclear power because of what I was reading  
5           about radiation and health effects. What  
6           nobody has alluded to is the fact that when  
7           these weapon labs were first organized, the  
8           Atomic Energy Commission and all of the other  
9           governmental agencies were given the power to  
10          put a (unintelligible) label on all radiation  
11          research, and that meant restricted data and it  
12          was only available to a few limited persons.  
13          That of course took place all through the Cold  
14          War. The (unintelligible) atomic audit by  
15          Brookings Institution documented how the United  
16          States (unintelligible) \$5.8 billion on these  
17          atomic weapons development, and it is a wealth  
18          of information that is contained in that book  
19          certainly attest to the fact that the secrecy  
20          that took place (unintelligible) us a  
21          tremendous amount of (unintelligible) and a  
22          lack of information in dissemination of  
23          information, at least up until 1982 -- 1992  
24          when President Clinton of course put out the  
25          order -- Executive Order to declassify many of

1           these studies (unintelligible) --

2           **DR. ZIEMER:** Mr. Earley, we'd ask you to --

3           **MR. EARLEY:** -- (unintelligible) --

4           **DR. ZIEMER:** Mr. Earley, I'm going to ask you  
5           to try to wrap up. You're at your ten-minute  
6           limit, so if you could wrap up quickly, thank  
7           you.

8           **MR. EARLEY:** All right. I would certainly  
9           conclude by stating that the dose  
10          reconstruction program, which not only affects  
11          these workers in our labs but also applies to  
12          the atomic veterans, some 400,000 or more  
13          atomic veterans who were at -- in Japan and in  
14          the Pacific Theater during the atmospheric  
15          tests. This process of utilizing dose  
16          reconstruction is unscientific, has no basis in  
17          fact. Indeed, much of that information in many  
18          of the early years was either destroyed, was  
19          never taken accurately and for anyone to think  
20          that this is an accurate measure is completely  
21          preposterous, as has been alluded to by many of  
22          the speakers. I would say that the speakers I  
23          heard last night, all of them, certainly  
24          deserve a honorary degree because they could  
25          run circles around many of the experts, many of

1           whom I've interviewed as I was doing medical  
2           writing, so I commend those persons who have  
3           taken a stand and come out with their testimony  
4           and I hope that it will bear upon decisions  
5           that are made, not only by the advisory  
6           committee but by the agencies themselves that  
7           will of course make the final determination.  
8           So again, thanks again for the tremendous work  
9           that you people have done, who are the workers  
10          at the labs, and I certainly appreciate and am  
11          looking forward to working with you because  
12          we'll be developing some of the issues in the  
13          future and our (unintelligible) oversight for  
14          will certainly take cognizance of your  
15          testimony. Thank you for your work.

16          **DR. ZIEMER:** Thank you very much, Mr. Earley.  
17          Let me open the floor, if there's any others  
18          that didn't sign up but do wish to make a  
19          comment tonight, we've completed the list here.  
20          Are there any others who wish to make comment?  
21          Yes, and give us your name for the record here.

22          **MS. BAYES:** Certainly. My name is LeeAnn  
23          Bayes. My [Identifying Information Redacted]  
24          was [Name Redacted], who was the [Identifying  
25          Information Redacted] at Rocky Flats for a

1           number of years. He worked at Rocky Flats from  
2           1971 until September 12th of 1988. That was  
3           the morning he died.

4           I consider my [Identifying Information Redacted]  
5           very fortunate because he had the opportunity  
6           to have excellent medical care for the duration  
7           of his illness. And I think it is  
8           reprehensible that our government has denied  
9           that same coverage to these people who have  
10          given so much to grant us our civil liberties  
11          and to guarantee us our Constitutional rights.  
12          I know nothing about dosimetry. I know my  
13          [Identifying Information Redacted] didn't get to  
14          see me graduate from high school, college,  
15          graduate school, get married or have children.  
16          And I don't think that it's fair that you  
17          should deny these people the opportunity to  
18          have every chance at surviving their illnesses  
19          or bearing through them with some degree of  
20          comfort and especially dignity.

21          I don't have a scientific background, but I do  
22          know what it's like to be an orphan of the Cold  
23          War. And that needs to be taken into  
24          consideration. Thank you.

25          **DR. ZIEMER:** Thank you very much. Well, let me

1           thank all of you again for coming out this  
2           evening. Been a long day for many. We -- the  
3           Board will reconvene tomorrow morning. We will  
4           be taking up the SEC petition from Dow Chemical  
5           and the SEC Petition from Chapman Valve. So  
6           some interesting additional activities. You're  
7           all welcome to join us at that time. We begin  
8           tomorrow at basically 8:15. The agenda says  
9           8:00 to 8:15 is the, quote, welcome. That  
10          means a chance to get here and have a cup of  
11          coffee and say hello, and then we'll get  
12          underway at 8:15.

13          We will be meeting in a different room  
14          tomorrow. I understand it's the Sherman Room?

15          **DR. ROESSLER:** (Off microphone)

16          (Unintelligible)

17          **DR. ZIEMER:** Savannah Room.

18          **DR. WADE:** No, Stanley -- Stanley --

19          **DR. ZIEMER:** Close enough for an old guy --  
20          begins with an S. Let me get it straight,  
21          Stanley 1, somewhere down the hall, I  
22          understand. We'll try to find each other.  
23          Thank you. Good night.

24          (Whereupon, the meeting was concluded at 8:35  
25          p.m.)



1  
2  
3  
4  
5**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 days of May 2 and 3, 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 5th day of June, 2007.

---

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

