

1 is we're seeing more anomalies, more zeroes,
2 for a two-year period. Now that's not to --
3 that's not to say that you don't see increased
4 zeroes later on in time, but you know, that --
5 those two years you do see that, and we're also
6 picking up some questions coming out of the
7 data integrity review that we're doing in
8 parallel you'll talk about in a second --

9 **MR. GRIFFON:** Right.

10 **MR. FITZGERALD:** -- to also raise questions
11 about missing records for '69 and '70, which of
12 course is the time frame of the fire, so we're
13 trying to pin that down from two directions,
14 one from looking at the records and data on the
15 external dosimetry side, and also looking at it
16 from the question of this -- the data
17 reliability probe that we're doing with NIOSH
18 as well. So we're just trying to pin down what
19 happened in '69/'70, why are certain records
20 apparently not available and what does that
21 mean. We don't have any conclusions yet,
22 though.

23 **MR. GRIFFON:** Right. Okay. The next item or -
24 - I'm not sure it follows with the handouts
25 there, but there's a question on -- on -- and

1 this was kind of a new item that was raised at
2 the Denver meeting and we pursued it on the
3 workgroup level. It's the decontamination and
4 decommissioning workers -- yeah -- and the --
5 the particular concern here, and NIOSH has just
6 begun -- you know, just to give us some initial
7 responses on this, but the issue raised I guess
8 is that during those late -- that later time
9 period, the -- the program -- it see-- it
10 appears, anyway, that the approach to internal
11 dose measurements was mo-- was -- was changed,
12 and it seemed that they went away from
13 bioassay, at least to some extent, and -- let
14 me finish, Brant -- and -- and had a much more
15 -- an increased reliance on BZA, breathing zone
16 air sampling. And at the last workgroup
17 meeting NIOSH reported back to us that -- that
18 they in fact did still have a routine bioassay
19 component, but -- and they had BZA sampling as
20 well, and the BZAs would trigger a special
21 bioassay. Now when we questioned further on
22 this, it was unclear -- at least to me and from
23 my notes -- as to whether this program applied
24 to everyone. It seemed like it definitely
25 applied to the contractor, but subcontractors

1 were a question that I thought was still open-
2 ended. So I -- I think we -- you know, this
3 one might be something that we can close out
4 easily. The -- the question -- it -- still at
5 the end of the day if it turns out that there's
6 a gap in -- in bioassay, urinalysis type
7 records, we're not necessarily saying at this
8 point that doses can't be reconstructed 'cause
9 they still may have air sampling data, but --
10 but they may need to present a different
11 approach is what -- what our position is right
12 now. But at this point, what we know is that
13 there was at least some bioassay sampling done
14 during that period, and it -- it appears that
15 at least the contract workers were on some --
16 some sort of routine bioassay program, so that
17 would -- would, you know, probably minimize
18 that concern. Still an outstanding question I
19 think -- at least in my mind -- on
20 subcontractors and if this program filtered
21 down to everyone.

22 Anything to add, Brant, or did I...

23 **DR. ULSH:** I think in general you adequately --
24 or you accurately summarized what we talked
25 about in the last workgroup meeting. At the

1 last workgroup meeting we had some site experts
2 on the line to answer some questions, have some
3 dialogue about the D&D era, and what we heard
4 was that this was, you know, in the '90s and
5 the 2000s. And the philosophy was that anyone
6 who would have had the potential to receive
7 greater than 100 millirem was monitored. And
8 certainly during the D&D era the philosophy was
9 that access to radiation areas was controlled
10 based on rad worker training. You had to have
11 rad worker 2 training to be allowed to go into
12 these areas.

13 And you're correct, Mark, that SC&A asked some
14 questions about the BZ samples and the results
15 of our discussion at the last workgroup meeting
16 clarified that indeed BZs were used not as a
17 substitute for bioassays but rather as a
18 trigger for special bioassays. So that was on
19 top of the routine bioassay program.

20 And yes, some questions did come up about
21 whether or not the subs -- subcontractors were
22 included in the bioassay program, and the site
23 experts confirmed that yes, indeed, they were.

24 **MR. GRIFFON:** I don't -- I don't quite remember
25 it that -- my notes are a little different than

1 that, but I'm not going to -- I mean we -- we
2 can figure --

3 **DR. ULSH:** It sounds like we need to --

4 **MR. GRIFFON:** -- that out as we go --

5 **DR. ULSH:** -- talk about it some more --

6 **MR. GRIFFON:** -- yeah, yeah.

7 **DR. ULSH:** -- at the next workgroup meeting.

8 **MR. GRIFFON:** Yeah.

9 **DR. ULSH:** But in general, those are the -- the
10 high points of the D&D concerns.

11 **MR. GRIFFON:** And I think also we just want to
12 -- want to run back -- I mean I understand
13 philo-- philosophies on this, but I think we
14 need to check reality, too, and just make sure
15 that -- that the program as described was
16 implemented -- you know, as it's being
17 described and I -- I think that, you know, the
18 -- well, the basis of -- of the monitoring
19 program, if it was triggered based on surveys
20 as in the rad worker approach or RWP approach,
21 then -- then we've seen flaws in this in other
22 sites, so we -- you know, we just want to take
23 this to an end and make sure that -- that at
24 least large groups of subcontractors weren't
25 being missed in this sort of approach.

1 **MR. FITZGERALD:** Right, and just -- just
2 quickly, another thing that gave us some pause
3 was some contemporary defense (unintelligible)
4 and other audits at that time, early '90s, that
5 raised some questions about whether in fact the
6 second, third tier subcontractors were
7 receiving this bioassay program and their
8 records were being in fact centralized in this
9 database. So I think just to cross that T, to
10 compare the records --

11 **MR. GRIFFON:** Yeah.

12 **MR. FITZGERALD:** -- with the data would give us
13 some assurance that that was happening because
14 of some of those doubts.

15 **MR. GRIFFON:** Right. Okay. Yeah, Mike.

16 **MR. GIBSON:** (Off microphone) (Unintelligible)
17 recall correctly (unintelligible) there was the
18 issue of -- well, it was called the routine
19 bioassay sampling program during the production
20 years and how that same acronym or same name
21 was used, but it was transferred to a once
22 yearly bioassay sampling once the D&D work
23 started. And so it seems like a similar path
24 at other sites and so that's an issue that --
25 where workers may not be as closely monitored

1 (unintelligible) you know, yearly as opposed to
2 quarterly.

3 **MR. GRIFFON:** Yeah, there -- there is some --
4 there's some things we just have to finalize in
5 this and there -- there was a little bit of
6 clarification needed on some -- you know, it --
7 we had some statements that indicated that
8 everybody got a closeout lung count or
9 urinalysis, and then there was some
10 contradiction to that, that -- so I just think
11 we need to -- to ver-- to, you know, walk this
12 through a little further. But we -- we've had
13 some dialogue on it and we're -- and we're
14 making some progress on that.
15 And then -- let's see where I am here. The --
16 the last item and probably the item which
17 requi-- is still the most work for us to do I
18 think is under the big heading of data
19 reliability. And I -- a -- a couple of items
20 under there. One, the database validation and
21 NIOSH's continuing efforts to check the data
22 reliability for the database. And again, it's
23 -- in the past meeting I think we'd talked
24 about the fact that they don't use -- at least
25 with the current claimants that they have, they

1 don't expect a reliance on coworker models.
2 Nonetheless, we -- we wanted -- check this
3 electronic database because I think a lot of
4 the hard copy records that are in claimants'
5 files are actually printouts from the database
6 itself. I don't think they're original raw --
7 what I would consider, you know, original
8 records. So we want to check to make sure that
9 this data is in fact reliable. And to the
10 extent we can go back to -- as I always say, go
11 back to the laboratory counts if you can, but
12 we want to get back to origi-- more original
13 sources and confirm that this electronic
14 database is -- is reliable and accurate and can
15 be used in the dose reconstruction program.
16 And recently, in one of the last workgroup
17 meetings actually, this item has been expanded
18 a little bit to include -- we -- we discussed
19 that there were urine log books, as identified
20 in -- in the -- in the tech basis document
21 itself, the internal dosimetry tech basis
22 document at the end -- one of the attachments
23 notes the use of urinalysis log books. And
24 NIOSH has indicated that they will make efforts
25 to -- to retrieve these and -- and again, we're

1 talking about retrieving a sampling of these
2 log books and comparing to the electronic data.
3 The other thing that NIOSH is -- has indicated
4 they will do for the workgroup is -- and I
5 think it's under way -- they're going to
6 provide the databases in an identified form
7 with identifiers, and this -- this has come up
8 in both the Y-12 workgroup and -- and this
9 Rocky Flats workgroup, that oftentimes,
10 especially with several of the things we're
11 going to discuss in a minute, there's specific
12 cases -- specific allegations by individuals,
13 and NIOSH has had access to the individual's
14 record, but we have de-identified data, as SC&A
15 and the workgroup. So it would expedite
16 matters if we were both looking at a identified
17 version of the data and we could cross-walk
18 this together and -- and, you know, take this
19 to an end. So they are providing that
20 identified database.

21 The third item is what I'm terming
22 investigation and follow-up on data validity
23 questions raised by the petitioners. And it's
24 not only raised by the petitioners, but also as
25 a result of SC&A's interviews with some of the

1 petitioners, and I think as a result of -- of
2 NIOSH's interviews with the petitioners, so
3 it's kind of a combination -- but these are
4 basically inve-- basically, to use Jim's
5 terminology, pulling the thread on some of
6 these specific allegations to see if -- and --
7 and some of the claims that were raised in the
8 petition involve allegations that people were
9 working in high exposure areas for a couple of
10 quarters, and for those quarters their records
11 said no data available. And so we want to --
12 and we are in the process of walking some of
13 these back and checking them. And I think the
14 bigger question is was there any kind of
15 systemic problem of that nature. So along
16 those lines, Joe -- Joe, did you hand that --
17 was that a draft that you gave me or was that
18 available for...

19 **MR. FITZGERALD:** No, that --

20 **MR. GRIFFON:** This -- this update --

21 **MR. FITZGERALD:** -- that was actually -- that
22 was actually Kathy DeMers' status as of a
23 couple of days ago --

24 **MR. GRIFFON:** Oh, okay.

25 **MR. FITZGERALD:** -- you know, accounting for

1 where things stood on the different tasks, but
2 that wasn't circul-- I can certainly --

3 **MR. GRIFFON:** This is still --

4 **MR. FITZGERALD:** -- circulate that.

5 **MR. GRIFFON:** -- an internal --

6 **MR. FITZGERALD:** That's internal to just what
7 we're doing.

8 **MR. GRIFFON:** Okay.

9 **MR. FITZGERALD:** But in a sense, we're still
10 going through the log books and I think
11 reviewing what safety concerns that NIOSH has
12 given. It turns out we're pretty much in
13 agreement with NIOSH on safety concerns, so --

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

15 **MR. FITZGERALD:** -- things are -- things are
16 moving ahead.

17 **MR. GRIFFON:** Yeah, I'm -- I'm just going to go
18 down these items --

19 **MR. FITZGERALD:** Yeah.

20 **MR. GRIFFON:** -- from this dra-- this internal
21 report on the -- and -- and I'm basically
22 taking Joe's language on the status of some of
23 these items. It's really been NIOSH and SC&A
24 working together on checking some of this and -
25 - and they're -- they will report back to the

1 workgroup, but we've kind of let them work
2 together on these issues to bring these to --
3 to a conclusion.

4 The -- the first item in -- in this -- it's
5 sort of a report on all of these investigations
6 of various subgroups involving data
7 reliability, but one is under safety concern
8 reports, and these are reports that were --
9 over the years I guess any employee could issue
10 a safety concern and there'd be a follow-up by
11 the safety office at the site. And some of
12 these were noted by the petitioners and they
13 were -- NIOSH reviewed -- I think there were --
14 I'm guessing around eight or -- eight or ten of
15 them, or was it that many? I don't know.

16 **MR. FITZGERALD:** Roughly that number.

17 **MR. GRIFFON:** Yeah, roughly eight to ten of
18 these. And NIOSH reviewed and determined that
19 -- that these -- ones cited in the original
20 list were not pertinent really to data
21 integrity issues and one of the problems here
22 is that the title often looks like it will be
23 something that's related to dosimetry issue,
24 and then you actually find the report and it's
25 not quite the -- what you thought it was. So

1 most of those were not pertinent to the data
2 integrity issue. SCA -- SC&A had a question on
3 one of them that might -- they feel might still
4 be pertinent so we're -- we're -- we're going
5 to continue on this path with the workgroup.
6 The other question we asked NIOSH if they --
7 and I believe I made this request of NIOSH --
8 was to see if there was any listing of the
9 safety concern reports over time and if they
10 could -- because the ones that were listed here
11 were primarily from the petitioners and they --
12 their work experience was primarily from the
13 '80s and '90s and therefore most of the safety
14 concern reports were dated '90 and after, with
15 one exception in the '70s, and I thought it
16 might be useful to -- if there was a -- again,
17 a simple listing, not to go back and find all
18 these reports, but if there's a listing and try
19 to identify again by title if there were
20 anything of interest here, and NIOSH has agreed
21 to do that.

22 **DR. ZIEMER:** And if I could insert at this
23 point --

24 **MR. GRIFFON:** Yeah.

25 **DR. ZIEMER:** -- that one would wonder what the

1 impact of the FBI -- shall I call it invasion
2 of Rocky had on those kinds of reports
3 surfacing, so it would be of interest to know
4 what -- what occurred prior to -- the FBI visit
5 I think was actually in '89, as I recall --
6 early '89, so -- and then you're -- you're
7 looking at things that occurred after that.

8 **MR. GRIFFON:** That's true. That's true.

9 **DR. ZIEMER:** Okay.

10 **MR. GRIFFON:** Okay. The second item is under
11 external dose procedures. I wasn't quite clear
12 on that title, but basically NIOSH is in the
13 process of reviewing the records of specific
14 individuals in this case, so we have identified
15 -- I think went through the process of -- of
16 identifying people that had allegations, and
17 they're in the process of -- of going back to
18 their original records to see if in fact -- I
19 think these were one of -- some of the people
20 that -- that claimed that either they had no
21 data available in their record or that their --
22 their badge or -- or -- you know, their TLD or
23 badge was in some way mishandled or
24 misrepresented their workplace exposure, and it
25 -- this is a listing of individuals that NIOSH

1 I think is going back to their case data and
2 saying okay, you know, we do or don't see
3 anything here related to the allegation.
4 And then the third item is -- a question was
5 raised on -- on some of the log books, whether
6 there -- the -- at least the petition said that
7 there were log books that would confirm some of
8 this information, that in fact they worked in a
9 -- a hot area and there -- they had some
10 dosimetry-related information that would
11 basically prove that when they had a zero in
12 their record and -- and there were very high
13 exposures in the workplace, and they pointed to
14 the rad con -- radiation contamination log
15 books and other log books, and I think where we
16 stand with that is NIOSH and SC&A have been to
17 Rocky or are -- worked with the Rocky records
18 people. They've identified some of these log
19 books. They've scanned them and they've
20 initiated reviews -- is that accurate? -- and -
21 - and they are going to provide the scanned
22 versions of these log books for the O drive so
23 that the workbook and other SC&A members have
24 access to those, as well. So that -- that is
25 beginning.

1 Then the fourth item -- we're almost done here,
2 two more items. Fourth item is a question of
3 destroyed records. There was an allegation
4 that a bunch of records were taken to a trailer
5 of some sort when there was some sort of
6 inspection taking place at the site, and after
7 the inspection was over the allegation is that
8 these records were then disposed -- destroyed
9 or -- or -- you know, destroyed. And I don't
10 think we have any status on this. NIOSH is
11 attempting to -- to track this down, but no
12 status at this point.

13 And then finally, along the same lines, missing
14 records, and I think this -- this might be
15 related to the one Joe was discussing earlier.
16 NIOSH is tracking at least two individuals that
17 claim that their records were missing after the
18 fire. So this is related to that '69/'70 time
19 period, isn't it, Joe?

20 **MR. FITZGERALD:** Yes.

21 **MR. GRIFFON:** Yeah. So -- and that's -- that's
22 -- I think that's where we are with -- with the
23 workgroup.

24 **DR. ZIEMER:** Okay. Before we have additional
25 discussion, we do have on the line -- Kay, are

1 you still there?

2 **MS. BARKER:** Yes, I am, Dr. Ziemer.

3 **DR. ZIEMER:** You wanted to make a statement.
4 Why don't you go ahead and do that now --

5 **MS. BARKER:** Okay.

6 **DR. ZIEMER:** -- and then we'll proceed.

7 **MS. BARKER:** Thank you. Thank you, Dr. Ziemer
8 and Board members, for letting me take a few
9 moments of your valuable time. I just have one
10 question that I would like to ask the Board and
11 that is, since there is a conflict of interest
12 with the Rocky Flats site profile and
13 evaluation report on the petition, what if
14 anything are you going to do about this
15 conflict?

16 **DR. ZIEMER:** Okay.

17 **MR. GRIFFON:** You can ask her.

18 **DR. ZIEMER:** Are you -- you're talking about
19 the conflict of one of the authors, I believe,
20 of the --

21 **MS. BARKER:** That's correct.

22 **DR. ZIEMER:** -- the site profile. And I'm --
23 I'm not sure the Board can answer that today.
24 I -- is this -- is it Roger Falk?

25 **MS. BARKER:** Yes, it is, sir.

1 **DR. ZIEMER:** Okay, yeah. We want to make sure
2 we're on the same page here. Well, let -- let
3 me start generically. I think on conflict of
4 interest issues, certainly ORAU and -- and
5 NIOSH are looking at those issues. I don't
6 know -- Lew, on this particular one, can you
7 enlighten us further on the status or where
8 that one stands?

9 **DR. WADE:** I can try. I'm going to be speaking
10 for ORAU, and I don't see ORAU represented, so
11 let me speak for them. My understanding of the
12 ORAU process is that ORAU would go through each
13 of the documents that had been prepared prior
14 to the new conflict of interest policy and
15 would produce an annotated document that would
16 show the contribution of all individuals to
17 that document.
18 Following that, that document would be reviewed
19 by an independent group within ORAU to
20 determine if the contribution of those
21 individuals that were conflicted in any way
22 substantially changed the document. If the
23 conclusion of that group was that that was the
24 case, then they would commission that document
25 to be rewritten.

1 All of this will be under the review also of
2 NIOSH and then the review of the Board.

3 **MS. BARKER:** Okay.

4 **MS. KIMPAN:** Lew, this is Kate -- Dr. Ziemer.

5 **DR. ZIEMER:** I'm sorry, say it again?

6 **MS. KIMPAN:** This is Kate Kimpan. I --

7 **DR. ZIEMER:** Yes.

8 **MS. KIMPAN:** I actually had to leave for a
9 brief meeting and just came on the 800 a little
10 bit ago.

11 **DR. ZIEMER:** Oh, okay. Did you hear the
12 question, Kate?

13 **MS. KIMPAN:** I did, and I -- I (unintelligible)
14 --

15 **DR. ZIEMER:** We have Kay and we have Kate, and
16 Kate is the ORAU person, so she's going to
17 answer as well.

18 **MS. KIMPAN:** -- exactly what Lew said, Kay, and
19 that is that we're right now in the process of
20 doing a full annotation and attribution of the
21 Rocky Flats site profile. And what that means
22 is all of the findings and conclusions and
23 components of all parts of that site profile,
24 all the component documents, will -- will
25 identify where the findings are from, where

1 conclusions are from. And as Lew said, where a
2 document owner had a conflict, if that occurs
3 as the policy is finalized, we will verify by
4 reviewing again -- even though these documents
5 have sustained many reviews on the ORAU side
6 and many on the NIOSH side, many via other
7 arenas, we will again review all findings and
8 conclusions that were contributed by, developed
9 by or added by someone who, under our new
10 policy, is viewed as conflicted. We will
11 assure that all of those conclusions are sound
12 scientifically. If there was a need to revise
13 or renew any findings or conclusions, we will
14 absolutely do so.

15 **MS. BARKER:** Okay. Thank you.

16 **DR. ZIEMER:** All right --

17 **DR. WADE:** I'd like to add one follow-up to
18 that, as well, and -- and another level of
19 review is the SC&A review that we're going
20 through now. We -- we are having the document
21 -- the site profile and then anything that
22 relates to the SEC petition rigorously reviewed
23 in public by the Board and its contractor.

24 **DR. ZIEMER:** So that will give an additional
25 layer of -- of -- of review to the document.

1 **MS. BARKER:** Okay.

2 **DR. ZIEMER:** Kay, did you have any other
3 comments for us at this time?

4 **MS. BARKER:** No, Dr. Ziemer, other than I still
5 am waiting for the information that you had
6 asked NIOSH and SC&A to provide to me on the
7 Rocky Flats workgroup that was on May 30th.

8 **DR. ZIEMER:** To -- I'm sorry, provide -- oh,
9 the transcripts.

10 **MS. BARKER:** Yes.

11 **DR. ZIEMER:** Yes, yes, and we ourselves don't
12 have those transcripts yet, but --

13 **MS. BARKER:** Okay.

14 **DR. ZIEMER:** -- hopefully those'll be ready --
15 I'm looking -- I'm sitting here looking at our
16 court reporter who we're overwhelming with
17 various transcripts in the last few months, but
18 he -- he is working feverishly to get all of
19 those caught up. So --

20 **MS. BARKER:** Okay.

21 **DR. ZIEMER:** -- as soon as we have them, we
22 will get those to you.

23 **MS. BARKER:** Thank you so much and --

24 **DR. ZIEMER:** Yeah, you bet.

25 **MS. BARKER:** -- thank you for letting me speak

1 today.

2 **DR. ZIEMER:** You bet. Thank you. Okay, is
3 there -- Board members, do you have comments or
4 questions on the Rocky Flats report that Mark
5 has given, or related comments? Yes, Wanda.

6 **MS. MUNN:** It's not with respect to Mark's
7 report necessarily, but I would like to make a
8 comment or two about SC&A's draft attachment to
9 the SCA task 10008 which was provided to us
10 back in May, on May 9. I could very easily
11 wait until after the break to make that
12 comment, if it's all right with everyone here.

13 **DR. ZIEMER:** In fact, you would like to wait
14 until after --

15 **MS. MUNN:** I would like to, yes.

16 **DR. ZIEMER:** We will break and then -- then
17 learn what your comment is.

18 (Whereupon, a recess was taken from 2:55 p.m.
19 to 3:20 p.m.)

20 **DR. ZIEMER:** I think we're ready to resume our
21 deliberations. I'll begin with a comment from
22 Dr. Wade.

23 **DR. WADE:** Yes. Even if we continue our
24 deliberations with a comment on Rocky Flats,
25 apparently I spoke in error when I asked Dr.

1 Poston to leave the table and that, based upon
2 the information I've been given now, he is not
3 conflicted so he's welcome to join us for Rocky
4 Flats, and I apologize for that.

5 **DR. ZIEMER:** He just wanted to leave the table.

6 **DR. WADE:** No, I don't think he did. I don't
7 think he did. But yeah, these are complex and
8 ever-evolving issues, and with my apologies.

9 **COMMENT BY MS. WANDA MUNN**

10 **DR. ZIEMER:** Okay. Thank you. Well, we were -
11 - we were about to hear some comments from
12 Wanda Munn, and so now the Chair recognizes
13 Wanda for the purpose of presenting those
14 comments.

15 **MS. MUNN:** Thank you, Dr. Ziemer. With
16 respect, as I noted earlier, to the draft of
17 attachment 2 to SCA -- to your Task I-008,
18 which was submitted to us by SCA on May 9th,
19 this Board chose SC&A as our technical advisor
20 because they had so many qualified individuals
21 available to them and our -- their primary task
22 was to provide us with technical information
23 that might not be obvious to some of us who do
24 not work with this material on a daily basis.
25 This particular attachment 2, site expert

1 interview summary, that we received was
2 intended to be added to a document which has
3 already been provided to us earlier, but in
4 which this particular discussion was reserved.
5 When I began to read it, I recognized that
6 although the preliminary paragraphs do point
7 out that these are pieces of information that
8 have been derived from interviews with
9 individuals on site, when one takes the various
10 headings of this document and begins to read
11 them without having paid close attention to the
12 preliminaries, one finds a great many extreme
13 allegations that are made by the individuals
14 who have been interviewed. And it's not clear
15 to the casual reader that these are concerns
16 that have been raised by workers. They are
17 presented rather as matter of fact -- again, to
18 the casual reader.

19 If, for example, I began to read -- under the
20 general information category -- the first thing
21 I see is that the primary goal of the RFP was
22 to meet the commitment made to the government
23 to make a pre-established number of pits.
24 There was less concern with safety in the
25 production years than later. In the '50s and

1 '60s there was a bull of the woods on the
2 operations floor who would intimidate
3 individuals into completing work, regardless of
4 safety considerations. The safety statistics
5 did not reflect reality.
6 Now these -- these types of statements,
7 presented as fact, are of concern if they are
8 not re-identified as having been concerns
9 expressed by workers. Of particular concern to
10 me was a statement made under the security
11 heading where it's stated that a storage area
12 in building 707 is pictured on the cover of --
13 and the title that's given is an extremely
14 inflammatory title. It's a book written by a
15 journalist/historian whose intent, of course,
16 was to sell books. The storage area is not
17 covered, nor is it pictured. This is not
18 information that's helpful to us, nor is it
19 information that would be helpful to the
20 general reader who is expecting this
21 information to be technical information.
22 I would request that SC&A reread this
23 particular document and perhaps revise it in
24 such a way -- not that any of this material is
25 necessarily changed or revised, but in such a

1 way that it is very clear and repeatedly
2 referred to as being unconfirmed allegations
3 made by individuals who were interviewed for a
4 site.

5 **DR. ZIEMER:** Okay. Thank you for that comment.
6 Any other Board members -- this was a document
7 I think we received very recently -- what's the
8 date on that document?

9 **MS. MUNN:** It was dated May 9. We received it
10 in mid-May.

11 **DR. ZIEMER:** Yes, it's a few weeks old. Okay,
12 Mike Gibson.

13 **MR. GIBSON:** Yeah. I guess my only comment to
14 that would be -- would get back to the point I
15 made yesterday, that there's a lot of
16 information been taken by site experts and used
17 by NIOSH that I'm sure they've done some
18 investigation into it and I would imagine that
19 SC&A has probably done some investigation into
20 these -- these worker allegations, and so, you
21 know, it gets back to my point. Are we going
22 to take people who's ran programs, site
23 managers, rad detection managers and use that
24 as gospel, or are we going to take, you know --
25 again, how many -- how many workers, both

1 hourly and salaried, that's been out in the
2 field for years and actually had their hands on
3 the stuff doing the work, how many of them are
4 going to write -- are going to be considered
5 site experts and write -- help write site
6 profiles, et cetera.

7 **DR. ZIEMER:** Thank you. Wanda, do you have
8 another comment?

9 **MS. MUNN:** And to SC&A's credit, they were
10 cautious to identify the job titles of the
11 types of individuals that they did interview.
12 They didn't make it very clear that these were
13 the only individuals, so that it was not
14 imminently clear that -- that out of 12
15 individuals, all of this information was
16 obtained. But nevertheless, they -- they did
17 do an excellent job of covering, in my personal
18 view, the types of individuals who would have
19 been actually involved in the work.

20 **DR. ZIEMER:** So the concern here is the
21 possibility that these are allegations which
22 have not necessarily been confirmed, but may
23 sound as if they had been. Mike's point is it
24 cuts both ways. We need to assure that
25 whatever is used to characterize the site has

1 been confirmed as being factual. Yeah.
2 Other comments on this point? And this -- this
3 you hear as a request from a Board member.
4 Generally if we are tasking our contractor to
5 do something, we -- we like to at least have
6 some level of -- of consensus so that the --
7 the contractor's not taking orders from
8 individual Board members. But maybe others can
9 weigh in in terms of -- pro or con as to this
10 point that Wanda's made. And again, keep in
11 mind the related point that Mike has made.
12 Others -- Roy.

13 **DR. DEHART:** I haven't had the opportunity to
14 review that particular document that's being
15 referred to, but I do think that we need to be
16 clear on any document that we're putting out as
17 to source and reliability.

18 **DR. ZIEMER:** Okay. And Brad.

19 **MR. CLAWSON:** I -- I read that article and
20 actually I was quite interested by it. One of
21 the things that I did find out, and I thought
22 that they spelled out that these were workers
23 making these accusations, and maybe from my
24 knowledge in the workforce I was taking it as
25 that, but both sides have a very valid point.

1 Mike's point -- you know, this is a double-
2 edged sword, and I think SC&A, in my eyes, did
3 a good job. I -- I enjoyed this report. I
4 enjoyed the information. But -- but you are
5 correct that we need to be very careful. But I
6 -- I personally felt that they had called out
7 that this was workers that made these
8 accusations. Now you're right, it -- a casual
9 reader just browsing through it, that'd be
10 correct. It could be misconstrued. But I felt
11 that it was -- I thought it was well put
12 together.

13 **DR. ZIEMER:** Okay, so your -- you have less
14 concern on that point, it appears. Others, pro
15 or con on this? I'm not necessarily looking
16 for a motion, but I want to get kind of the
17 sense of the Board before we ask a contractor
18 to spend a lot of time, although it may be an
19 easy fix, with a page or something, and maybe
20 even a paragraph that maybe Wanda could help
21 provide if -- if necessary. I don't know. I'm
22 just -- this is top of the head for me, but --
23 what would the fix be, in your mind, Wanda?

24 **MS. MUNN:** There's only one item which I would
25 request be removed entirely, or changed in such

1 a way so that it has some relevance, and that's
2 one with the reference to the inflammatory
3 title on the -- on the book, without any
4 further reference to it or without the picture
5 that it refers to as being there.

6 Other than that, my only suggestion would be an
7 occasional reminder, underneath the various
8 topic headings, that among the allegations from
9 the 12 members -- the 12 workers interviewed,
10 were these comments. If that were inserted
11 occasionally, I think it would resolve the
12 primary concern.

13 **DR. ZIEMER:** Other Board members have any --
14 yes, Mike, another comment.

15 **MR. GIBSON:** Yeah, I guess I would say that,
16 you know, again, on the other side of the coin,
17 if there's any of these site experts that's
18 written up parts of these reports, they've been
19 in any -- any incidents where they've been in a
20 supervisor position or in charge in any event
21 and there's been an -- an occurrence or Price
22 Anderson violation or anything else, then I
23 think that should be also referenced.

24 **DR. ZIEMER:** And perhaps that is the case. I -
25 - I get the idea that the annotation approach

1 that ORAU is going to use may in part help to
2 address that. At least it will identify who
3 the information is from, and that helps the
4 individual reading it to weigh its value. I
5 guess we also will know not only who that
6 individual is, but there will be on file the
7 conflict of interest information on each of
8 those.

9 Other comments on this?

10 (No responses)

11 I don't know, John, if -- if you -- if you want
12 to react to this at all. I don't want to put
13 you on the spot, necessarily -- well, maybe I
14 do.

15 **DR. MAURO:** That -- that's fine. We're --
16 we're -- we're very much aware of the concern
17 and we have spoken about it before. We agree
18 that we do need to do some editing to make it
19 clear who's saying what and that's very minor
20 effort. It'll take just some paragraphs to be
21 rewritten, some proper attribution, who's
22 saying what -- easy fix. And we apologize for
23 the concerns that were raised here and we will
24 in future certainly make it very clear who is
25 saying what and it's -- it's done.

1 **DR. ZIEMER:** Thank you. It appears then that
2 we need to take no further action. The concern
3 has been noted both ways and it's an ongoing
4 concern that the Board will need to keep in
5 mind as we look at future documents, both of
6 our contractor and of NIOSH's contractor.

7 **DR. WADE:** And for the record, I was there when
8 this issue was raised and John's reaction was
9 immediate and -- and very positive, and I think
10 it's a problem that's really behind us, so --

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

12 **DR. WADE:** -- I appreciate their
13 professionalism.

14 **MS. MUNN:** Thank you.

15 **DR. WADE:** (Off microphone) (Unintelligible) Y-
16 12.

17 **DR. ZIEMER:** Yeah, I'm -- I'm looking at the
18 schedule here because we also have -- we have
19 an SCA report on the fourth round of cases that
20 we also --

21 **DR. WADE:** There are three agenda items we've
22 skipped over.

23 **DR. ZIEMER:** That we need -- yeah.

24 **DR. WADE:** The status of the SECs, the fourth
25 round report from SC&A, and then the Board's

1 discussion of its -- its working groups. I've
2 been completely unable to predict the time it
3 would take to do an agenda item, but I'm
4 operating on the assumption that Rocky -- that,
5 excuse me, Y-12 might not take as long. If we
6 have time after Y-12, then we'll hear from SC&A
7 on the fourth round. If we have time then,
8 we'll hear from LaVon on the SEC petitions.
9 And if we have time then, we'll deal with the
10 Board's discussion. But more likely the
11 Board's discussion will go to tomorrow.

12 **DR. ZIEMER:** Will go to tomorrow, and on the
13 fourth round, the point is that I think Kathy
14 and Hans will be leaving this evening --

15 **DR. WADE:** No, no, they've made adjustments.

16 **DR. ZIEMER:** Oh, they have. Oh, okay. Okay,
17 good.

18 **Y12 SEC UPDATE:**

19 **DR. WADE:** And -- but we would like to
20 accommodate them if at all possible, so let's -
21 - let's take the step off the pier on Y-12 and
22 see where we wind up.

23 **MS. MUNN:** Okay.

24 **DR. ZIEMER:** The first one to step off the pier
25 will be Jim Neton.

1 **DR. WADE:** I've got the list -- there are many
2 conflicts on Y-12. Unfortunately I have to ask
3 Drs. DeHart, Presley and Ziemer to leave the
4 table, and I hope I got that right.

5 **DR. ZIEMER:** That's correct.

6 **UNIDENTIFIED:** (Off microphone) If not, we'll
7 let you know.

8 **DR. WADE:** I have no doubt. I do think that
9 there's -- in keeping with the venue and our
10 political bent, I think there is a letter from
11 the Senators from the great state of Tennessee
12 to be read. Jason, are you going to do that?
13 Could we have the lights up a bit, please? I
14 don't know who I'm calling to, but -- to a
15 higher power -- let there be light.

16 **MR. BROEHM:** Hi, Jason Broehm from the CDC
17 Washington office, and I have a letter here
18 from Senators Bill Frist and Lamar Alexander of
19 Tennessee related to the Y-12 site, and neither
20 -- none of their staff were able to be here
21 today so they asked me to read this into the
22 transcript.

23 (Reading) Dear Chairman Ziemer, we are writing
24 to express our support for adding workers who
25 were engaged in uranium enrichment and other

1 radiological activities at the Y-12 national
2 security complex in Oak Ridge between 1948 and
3 1957 to the Special Exposure Cohort.

4 On July 26th, 2005 the Board recommended
5 granting SEC status to workers employed at Y-12
6 between 1943 and 1947 in response to the first
7 part of the petition submitted on behalf of Y-
8 12 workers. The designation became effective
9 on September 24th, 2005, and we commend the
10 Board for thoroughly and expeditiously
11 reviewing the petition. It is our
12 understanding that more than 800 cases would be
13 affected by the Board's recommendation on part
14 two of the petition, years 1948 through 1957,
15 which is of utmost importance to us and our
16 constituents.

17 Y-12 was among our nation's first nuclear
18 production facilities, and began operating at a
19 time when there was very limited knowledge
20 about the effects of radiation exposure, and
21 little or no monitoring of workers. Congress
22 enacted the Energy Employees Occupational
23 Illness Compensation Program Act to ensure that
24 workers who were harmed by their service would
25 receive compensation, and specifically created

1 the SEC to grant presumption of causation when
2 there is incomplete information regarding
3 radiation exposures and it is reasonable to
4 believe that such exposures may have endangered
5 the health of workers.

6 The men and women who worked at Y-12 between
7 1948 and 1957, and their families, should be
8 awarded the same benefits and compensation as
9 those who worked at the facility between 1943
10 and 1947 if it is determined that health of
11 employees may have been endangered and there is
12 insufficient information to accurately
13 determine the level of radiation exposure.

14 Thank you for your attention to this matter,
15 and your continued efforts to ensure that our
16 nation's atomic workers and their families
17 received the benefits they deserve.

18 Sincerely, William H. Frist, M.D., Majority
19 Leader, United States Senate, and Lamar
20 Alexander, United States Senator.

21 Thank you.

22 **DR. WADE:** Thank you, Jason. I know that that
23 letter was electronically sent to Board
24 members. We'll have hard copies put in front
25 of Board members now, and there'll be copies on

1 the back table as well. LaShawn, if you could
2 see that Board members get hard copies of that
3 letter, I'd appreciate it.

4 Okay, now we're on to the presentation by
5 NIOSH. Dr. Neton.

6 **NIOSH PRESENTATION, DR. JAMES NETON, NIOSH**

7 **DR. NETON:** Thank you, Dr. Wade. Before I take
8 a step off this pier, I'd just make sure the
9 Board's aware that I'm not a particularly
10 strong swimmer, so with that...

11 I'm here to talk about an update to the SEC
12 evaluation report for the Y-12 SEC class. And
13 in particular I'm here to talk about an update
14 that we issued to the SEC evaluation report
15 that was sent -- it was published on June 9th,
16 and I believe it was put out on our web site,
17 sent to the petitioners and members of the
18 Board as well.

19 But before I get into the contents of the
20 supplement to the petition, I'd like to take a
21 step back and just sort of refresh your memory
22 as to what -- what transpired at the Board
23 meeting in Denver related to SEC petition 28.
24 That is we had a petition submitted under
25 Paragraph 83.13 with an initial class

1 definition that you see here, which was all
2 steam fitters, pipe fitters and plumbers who
3 worked from October '44 through '57. As you
4 recall, we expanded our evaluation to include a
5 review of all workers who were at the site
6 between 1948 and '57. And the reason that we
7 started in '48 was because there were several
8 other petitions -- that is, petition 18 and 26
9 -- that had already been reviewed and a class
10 was added for all workers prior to 1948. So
11 the bottom line was that the period left to
12 evaluate was '48 to '57 at Y-12.
13 And of course, you've heard this many times,
14 there's a two-pronged test. We evaluated
15 whether we could estimate the doses with
16 sufficient accuracy; and if we could not, then
17 was there a reasonable likelihood that the dose
18 may have endangered the -- the health of the
19 members of the class.
20 Based on our analysis, we reported in our
21 evaluation report that the sources of internal
22 exposures were there in five different
23 buildings -- which are listed here -- and that
24 we lacked sufficient accuracy to estimate the
25 internal dose for exposures in those buildings,

1 and particularly the exposures for thorium.
2 And as I just said, that we believed that we
3 could not reconstruct -- that health was
4 endangered from this exposure. And our
5 evaluation was that the exposures that were
6 incurred in these buildings were the result of
7 episodic exposures, chronic and episodic
8 exposures to thorium where we had little to no
9 monitoring data. And we recommended a proposed
10 class -- if I can get this thing to move -- as
11 you see on the screen here, which was five
12 buildings, Building 9202, 9204-1, 9204-3, 9206
13 and 9212. So anyone who worked in those
14 buildings for at least 250 days between
15 December -- January '48 and 1957 were
16 recommended to be members of the -- of the
17 class.

18 That's the background. Now let's talk about
19 what happened with the supplement.

20 After the Board meeting we had a working group
21 meeting in Cincinnati that I thought was pretty
22 productive, and we've had these ongoing
23 meetings and I've lost count now how many, but
24 they've always been pretty productive. And in
25 our minds, two particular issues came up that

1 really merited further research on our part,
2 after a fairly good, robust discussion of all
3 topics. And those two issues I've listed here.
4 One is that -- has NIOSH really identified all
5 buildings that were involved in thorium
6 production. How confident were we that we've
7 covered the waterfront on all the buildings,
8 how do we know where this thorium was. Our
9 initial five buildings were based on reported
10 incidents in buildings and health physics
11 reports where there may have been some surveys
12 done. But we really didn't have a
13 comprehensive listing that we could hang our
14 hat on for those buildings.
15 And the second issue was can the incident
16 reports for Cyclotron operations that we
17 portrayed in our evaluation report, could they
18 really adequately bound the internal exposures
19 for -- for workers during that period.
20 So we set out to do some research, and I want
21 to report on those two specific issues today.
22 The first -- the first issue with the thorium
23 operations, I think the Board members are aware
24 that we had access to these records which were
25 called material balance ledgers. Some of our

1 information came from those ledgers, but at the
2 point that we issued our evaluation report, we
3 had not tracked down all these ledgers. These
4 are still classified documents that one has to
5 have a Q clearance to read and -- and observe -
6 - or, you know, to read and digest, and there
7 were still a few missing.

8 Well, subsequent to the Board meeting, we had a
9 couple of people with the appropriate
10 clearances go and review these material mass
11 balance ledgers, and in fact they found a mass
12 balance ledger for every year of the SEC
13 period. And in a review of those ledgers we
14 discovered an additional building, 9201-3,
15 where there appeared -- or there was, according
16 to the ledger, a very large quantity of thorium
17 that was handled. It was in the range of
18 thousands of kilograms. We really don't know
19 exactly what happened in this building. It
20 seems to have been tied to some type of reactor
21 experimentation. But we have no process
22 knowledge, no source term -- well, we knew the
23 source term, we know how much was --
24 approximately how much was there -- or any
25 indication of what type of monitoring was done

1 to evaluate exposures. So this gave us some --
2 some reason for pause.
3 There were other buildings, three listed here -
4 - 9203, 9213 and 9995 -- that also were
5 indicated to have thorium during the SEC
6 period, but they were much smaller quantities.
7 I mean much, much, much less than a kilogram of
8 material, on the order of grams of material.
9 And they were clearly associated with buildings
10 that appeared to be related to laboratory
11 assays, that type of -- of operation where one
12 might have calibration source quantities.
13 Although I will say that one building I think
14 was listed -- it was abbreviated, but I think
15 we can interpret it to mean production
16 experimentation, but it was, again, a very
17 small quantity of grams of material. And there
18 were such discrete amounts that, based on our
19 opinion, our looking at these values, that we
20 believe that we could use a source term model
21 to reconstruct internal exposures for these
22 buildings. And in fact, we have proposed to
23 use something akin to the logic that's
24 contained in new Reg. 1400, which is a document
25 written -- it talks about how -- when -- when

1 there's a need for air sampling in the
2 workplace. And in fact, we would do a
3 backwards calculation and say what would be the
4 projected exposure from this source term in the
5 air -- air -- in the work environment, and
6 using some conservative factors that would be
7 claimant-favorable, we believe we could bound
8 the exposures to workers in these three
9 buildings.

10 So as such, based on this, this is the -- then
11 this is the only building, 9201-3, that was not
12 in the original list, those five buildings that
13 I mentioned, that we're proposing now to add to
14 the proposed class definition for thorium
15 exposures, which would bring the total number
16 up to six buildings now. Okay. And that's
17 defined or outlined in the -- it's a fairly
18 brief supplement, I think it's four or five
19 pages, but we have a page or two that discusses
20 the issues behind that.

21 Okay, let's turn now to the second issue, which
22 is the Cyclotron dose reconstructions. NIOSH,
23 in our evaluation report in Denver, proposed an
24 approach to reconstruct doses to Cyclotron
25 workers during the period using what we believe

1 to be a large cadre of incident reports. Now
2 this goes under the paraphrase you can't judge
3 an incident report by its cover or its title,
4 because we had access to -- we had indications
5 -- several indicators that there were a large
6 number of incident reports available, and the
7 titles appeared to indicate that they were
8 fairly good treatments of what happened with
9 incidents at these Cyclotrons. And in fact,
10 there's a database that we talked about before
11 called the Delta View database that had an
12 indication that there were around 800 reports
13 that were on file that we could use to look and
14 figure out exactly what the nature of the
15 exposures were during these incidents.
16 'Cause if you remember, at the Cyclotrons --
17 with the exception of the polonium 208
18 production -- the sources are sealed sources.
19 They're sealed in -- in a -- some -- some sort
20 of a container during irradiation, and only
21 when they're opened -- which they're opened in
22 the X-10 facility -- would there be any
23 potential for exposure. We do know, though,
24 based on some incident reports in the 1960s,
25 that sometimes these -- cladding, containers

1 around the sources, ruptured and did release
2 significant quantities of -- of material,
3 airborne activity to the workplace.
4 At any rate, we looked through this -- ORAU
5 looked through this database of the 800
6 incident reports and, to our surprise, we could
7 not find any useful incident reports for
8 reconstructing internal exposures during the
9 SEC period. There were a lot of incident
10 reports, but they did not deal with internal
11 exposures. And that, coupled with the fact
12 that we know incidents -- incident reports
13 existed in the '60s that documented some fairly
14 large internal exposures, we knew there -- they
15 probably existed, we just -- we just don't have
16 the thread as to where they are. They must be
17 somewhere -- they're certainly not where we've
18 been looking, and in fact, we've sort of run
19 out of avenues at this point and don't believe
20 that we're going to be able to find any of
21 these reports in a timely manner.
22 So because of this, we've looked at the
23 definition and -- or looked at the evaluation
24 report and decided to revise our class
25 definition to include Cyclotron workers who

1 worked -- this is the Cyclotron building, 9201-
2 2. So that's our -- that's the gist of what's
3 in our supplement that we -- we sent out and --
4 there should be one more slide there, isn't
5 there?

6 (Pause)

7 Okay. So this is the revised class definition
8 that you'll see in our -- in our supplement,
9 which is now a two-prong -- well, not two-
10 pronged, a two-part definition. One is the
11 original thorium definition that was updated to
12 include the additional building, so you'll see
13 it now reads all thor-- thorium exposures while
14 working in buildings 9201-3, 9202, 9204-1,
15 9204-3, 9206 or 9212 at Y-12 for at least 250
16 work days for the ten-year period that's listed
17 here on the screen, 1948 through '57.

18 And then the additional part now is
19 radionuclide exposures associated with
20 Cyclotron operations in building 9201, again
21 for 250 days during the period from January '48
22 through '57.

23 So that's the quick story of our -- of
24 supplement. I'll be happy to answer any
25 questions.

1 **DR. WADE:** Board members, any questions for Dr.
2 Neton? Dr. Melius.

3 **DR. MELIUS:** Yeah, I don't know if this is a
4 question for you or for Pete Turcic from
5 Department of Labor, but last time we had a
6 discussion at this meeting of this issue of
7 monitored or should have been monitored for
8 thorium exposures, and I -- I think it's really
9 the issue of how to best define the class in a
10 way that they'll be sort of appropriately
11 identified and readily identified by the
12 Department of Labor. And I guess I would ask
13 you -- first of all you, Jim, and then maybe
14 Pete, if you want to add to that, as to where
15 are we in terms of those discussions and -- and
16 so forth as -- sort of how do we make this
17 definition operational?

18 **DR. NETON:** I think Pete did such an excellent
19 job at the last meeting describing how they're
20 going to do it that I'd refer that -- I'd
21 prefer that he answer that question.

22 **MR. TURCIC:** Again, we would look at
23 individuals that were in those buildings, and
24 the issue as far as monitoring would be, again,
25 based on today's standards, should they have

1 been monitored for internal monitoring, and
2 that's how we would evaluate whether they were
3 in the class.

4 Now in order to do that, we really look at
5 three different groups. Normally what we would
6 -- what we would do is we would look at
7 occupations, where we know -- it's obvious were
8 associated with those functions in those
9 buildings.

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

11 **MR. TURCIC:** Then there's -- there's the other
12 group that may -- probably were not -- you
13 know, we could get things like cafeteria
14 worker. Then in the middle group of -- there
15 are a large number of occupations where maybe
16 they weren't in those buildings continuously,
17 things like electricians, maintenance people,
18 that would routinely be, you know, assigned to
19 those buildings.

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

21 **MR. TURCIC:** And the way we work those three
22 different groups would be the first group, we
23 would just make a determination based on that
24 occupation and not require any further
25 development work.

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

2 **MR. TURCIC:** The other group, the -- the middle
3 group, what we would attempt to do there would
4 be we would do some development work, you know,
5 if it was a -- an electrician or something like
6 that, and we would accept that they were in
7 there if there was no contrary evidence in the
8 file. You know, if we had evidence in the file
9 that they were assigned somewhere else and they
10 were not routinely assigned to those buildings,
11 then they would have to show 250 days in those
12 buildings.

13 And then the third group, we would need
14 positive evidence to show that they were in --
15 in one of those buildings for 250 days during
16 that time period.

17 **DR. MELIUS:** One of the issue that at least I
18 recall from that meeting was the -- was it
19 should have -- were monitored or should have
20 been monitored for thorium, or was it for
21 radiation exposures, because --

22 **DR. NETON:** The original definition was
23 thorium.

24 **DR. MELIUS:** I know, but when we had discussion
25 whether radiation exposure since that's sort of

1 the -- the threshold for monitoring is not just
2 a single exposure, but --

3 **MR. GRIFFON:** Single isotope.

4 **DR. MELIUS:** Single isotope.

5 **DR. NETON:** Right, I -- I think it was -- it
6 was described that if -- if a person was in the
7 building, then thorium exposure was assumed to
8 have occurred if you couldn't prove otherwise.

9 **DR. MELIUS:** Right.

10 **DR. NETON:** Or couldn't demonstrate otherwise.

11 **DR. MELIUS:** Yeah.

12 **DR. NETON:** So in other words, you didn't have
13 to prove that you were exposed to thorium. If
14 you were in the building and we couldn't
15 restrict the exposure to one very narrow
16 segment of a building, I think working in that
17 building would constitute exposure to thorium.

18 **DR. MELIUS:** Yeah. Yeah. No, I just want to
19 clarify that -- that whatever we --

20 **MR. GRIFFON:** (Off microphone) (Unintelligible)
21 clarified on the record --

22 **DR. MELIUS:** Okay, well (unintelligible) --

23 **DR. NETON:** I don't want to speak for
24 Department of Labor so maybe Pete --

25 **DR. MELIUS:** -- if we do leave it at thorium,

1 'cause there was some disagreement on that last
2 time or uncertainty about that, that -- that
3 we're making it a definition that's usable by
4 the -- appropriately, you know, operational and
5 usable by the Department of Labor. I mean --

6 **MR. TURCIC:** Yeah, I mean, but you could -- you
7 could have some -- you could have some
8 occupations where people may have gone in there
9 -- once a week or something like that -- and
10 they wouldn't be required to be monitored for a
11 short period of time and they would not be in
12 that class --

13 **DR. MELIUS:** Yeah.

14 **MR. TURCIC:** -- unless they can show 250 days.

15 **DR. MELIUS:** Thank you.

16 **DR. WADE:** Any other questions for Jim?

17 (No responses)

18 Okay. This is the part of the agenda now --
19 oh, I'm sorry.

20 **MR. GRIFFON:** I got a -- I got a follow-up for
21 Pete, maybe. Might as well do it now instead
22 of waiting till...

23 Along those same lines, as far as implementing
24 that, I'm trying to understand 'cause
25 oftentimes we've got survivor claims and we've

1 got department information and job title
2 information, and specifically -- I mean we know
3 from our workgroup efforts and from, you know,
4 some site experts that have contributed that
5 these departments are -- are not linked
6 specifically to one building. Oftentimes,
7 anyway. I don't know if there's some times
8 when they are. But how -- you know, from an
9 implementation standpoint, again, how are you
10 going to --

11 **MR. TURCIC:** Okay, if I --

12 **MR. GRIFFON:** -- identify from someone's
13 records, especially when the spouse often would
14 say all I know is he worked at Y-12 --

15 **MR. TURCIC:** Yeah.

16 **MR. GRIFFON:** -- everything else was secretive
17 and -- you know.

18 **MR. TURCIC:** One thing that we do when -- since
19 DOE employees are also covered by Part E, we
20 ask -- we get from DOE what we call our -- the
21 DAR reports, and that has a lot more
22 information. It may have occupational
23 information. If -- again, it depends in which
24 of those groups. You know, if -- if the
25 occupation was something that you normally

1 wouldn't associate that they were in those
2 buildings, then we would need positive evidence
3 that -- you know, some positive evidence that
4 they were routinely assigned to those
5 buildings.

6 In that middle group, again, without contrary
7 evidence, we would accept and put them in
8 there.

9 **MR. GRIFFON:** Okay, and one final
10 clarification. You said monitored or should
11 have been monitored for internal radiation
12 exposures this time. I think in --

13 **MR. TURCIC:** Yeah.

14 **MR. GRIFFON:** -- in Denver you said for
15 radiation exposures.

16 **MR. TURCIC:** Right.

17 **MR. GRIFFON:** (Unintelligible) the difference?

18 **MR. TURCIC:** Internal, because you're saying
19 monitored for thorium. How would you monitor
20 for thorium? It would be an internal
21 measurement. Right?

22 **MR. GRIFFON:** Yeah, and how do -- how -- how
23 are you -- I mean from an implementation
24 standpoint, how are you going to
25 retrospectively determine who was -- should

1 have been monitored for internal exposures?

2 **MR. TURCIC:** Okay.

3 **MR. GRIFFON:** I'm assuming you're basing it on
4 current standards, which are 100 millirem from
5 --

6 **MR. TURCIC:** (Unintelligible)

7 **MR. GRIFFON:** -- (unintelligible) radionuclides
8 for, you know, 50 -- 50-year (unintelligible) -
9 -

10 **MR. TURCIC:** Current --

11 **MR. GRIFFON:** -- yeah.

12 **MR. TURCIC:** -- current standards.

13 **MR. GRIFFON:** Right.

14 **MR. TURCIC:** Uh-huh.

15 **MR. GRIFFON:** By -- by current standards, but
16 how -- how do you determine, if --

17 **MR. TURCIC:** Well --

18 **MR. GRIFFON:** -- someone goes in and out of
19 buildings, how often do they have to --

20 **MR. TURCIC:** We would then start looking and --
21 and again, all this stuff -- you're going to
22 find every possible combination you could think
23 of of situation. We would have to start
24 looking at occupations and weigh in the
25 evidence -- you know, if all we have is an

1 occupation, and you weigh the evidence of what
2 would currently be done with that occupation
3 today, you know, and in other cases you may
4 have affidavits to support it. So it's really
5 a case-by-case adjudication based on the
6 evidence with the general principles being that
7 -- you know, how do you fall into those three
8 groups.

9 **DR. WADE:** Jim.

10 **DR. MELIUS:** Yeah -- yeah, I -- I just think we
11 need to try to make sure -- we just want to
12 make sure that we're being as clear as we can
13 be in our recommendation so that, you know, it
14 doesn't -- makes it easier for you and -- and
15 more straightforward, that's all.

16 I have a question for Jim. Sorry, don't --

17 **DR. WADE:** He tried to --

18 **DR. MELIUS:** Yeah, he tried to get off --

19 **DR. NETON:** I tried to sneak away.

20 **DR. MELIUS:** Can you speak a little bit about
21 the end point for these operations and so
22 forth, particularly the Cyclotron? I --

23 **DR. NETON:** Yeah, that's a good question. I
24 probably should have given that a little better
25 treatment. In the Cyclotron arena or area --

1 it didn't stop in 1957. It continued on. So
2 in some sense, our evaluation -- we -- we
3 included Cyclotron workers in the original SEC
4 period, through '57, that was proposed, but we
5 have not continued to evaluate beyond that
6 where there were exposures. We do know we have
7 incident reports in the '60s that we might be
8 able to use, but -- but we're silent on that at
9 this point. It doesn't preclude us using the
10 83.14 process, for example, of adding Cyclotron
11 workers after 1957. But at this point, this is
12 as far as we've been able to take our analysis.
13 Good -- very good question.

14 **MR. GRIFFON:** Are you planning on continuing
15 your investigation --

16 **DR. NETON:** Yes --

17 **MR. GRIFFON:** -- into those (unintelligible)?

18 **DR. NETON:** -- we will continue to look through
19 the Cyclotron operations, but you know, the
20 Cyclotron area came up at -- at sort of the
21 11th hour, so to speak, and we just didn't have
22 a complete picture after that, so you know, for
23 -- for speed purposes, we -- we've gone forward
24 with what we've got available.

25 **DR. WADE:** So the Board can expect to hear back

1 from NIOSH on the issue post-'57 then.

2 **DR. NETON:** Yes.

3 **DR. WADE:** Good. Other questions?

4 (No responses)

5 All right. AT this point now we would hear
6 from petitioners, but I don't believe there's
7 any petitioners or their representatives on the
8 line -- but I'll ask. Any petitioners or
9 representatives to make a comment?

10 **UNIDENTIFIED:** (Off microphone)

11 (Unintelligible)

12 **DR. WADE:** Absent that, I'll turn it over to
13 the chair of the working group who can decide
14 how best to proceed with information.

15 **UNIDENTIFIED:** (Off microphone) 28's on the
16 line --

17 **DR. WADE:** Mark.

18 **UNIDENTIFIED:** -- but we have no comment.

19 **MR. GRIFFON:** You have someone on --

20 **DR. WADE:** I'm sorry, could you repeat?

21 **MR. DUVALL:** Twenty-eight, James Duvall.

22 **MR. GRIFFON:** Is that a petitioner?

23 **DR. WADE:** Are you a petitioner? That's --
24 please make a statement, sir.

25 **MR. DUVALL:** Oh, we have no statement.

1 **DR. WADE:** Okay. Thank you for being here, and
2 please -- if at any point in the deliberations
3 something occurs to you that's important for us
4 to hear, please raise it.

5 **MR. DUVALL:** Thank you.

6 **DR. WADE:** Thank you.

7 **WORKING GROUP REPORT**

8 **MR. GRIFFON:** Yeah, I -- I was -- I think I'll
9 -- you know, I will try to be brief -- briefer
10 than the Rocky Flats report, but I would like
11 to give just a -- a workgroup update and I
12 won't be re-- Jim's covered a lot of it, so
13 I'll go through -- the last workgroup
14 conference ca-- as Jim said, we've had -- I
15 can't even count how many workgroup meetings,
16 but you know, I think we -- we've proven that
17 this process works. It might be a little slow
18 at times, but it does work and we've gotten a
19 lot out of this. The last one was June 8th, I
20 think -- June 8th, and on the list at the time
21 we talked about the thorium exposures was one
22 of the primary things, and Jim outlined that
23 very well and I don't think we have anything to
24 add.

25 The one -- I -- I guess one thing, and this

1 comes up a few times in the process -- and --
2 and this is one thing that sort of maybe
3 lengthened our review process in this whole
4 effort is that, as Jim pointed out, these
5 ledgers are classified. So NIOSH reviewed and
6 provided us reports on this. SC&A and the --
7 and the workgroup have not seen these, but --
8 and -- and that's true of some bits and pieces
9 of -- of the review, but overall we -- we were
10 very happy with the effort they made to track
11 down this information and find out exactly
12 where additional thorium was and -- so -- so we
13 were able to close out on that item pretty
14 well.

15 And you know, with regard to the laboratories,
16 they -- I -- you know, I think the workgroup
17 was in agreement, I think SC&A was in
18 agreement. We -- we just -- you know, this was
19 June 8th I think. An outline of a model has
20 been provided. I don't even think I've opened
21 the document on this one, but it's pretty clear
22 there were small laboratory quantities and
23 there should be methods by which they can bound
24 these exposures for those -- for those workers
25 in those buildings -- those laboratories in

1 those buildings. And if any workgroup members
2 disagree with me, please point this out.
3 The second issue on the agenda was the
4 Cyclotron work and, as Jim pointed out,
5 polonium and these other exotic radionuclides
6 were the principal item. And I was going to
7 mention the extended time period, I think we
8 just brought that up so I won't go into that
9 any further. I think it -- it was important
10 for the record that some of the discussions on
11 the workgroup level was well, you know, most of
12 these exotic radionuclides wouldn't have
13 contributed very significantly, if at all, to
14 internal exposures. But Jim pointed out in the
15 workgroup deliberations that in fact some of
16 the early polonium runs extensively
17 contaminated the areas and -- and there was
18 residual -- potential exposures to residual
19 contamination during subsequent runs, I guess,
20 so there was -- there was sort -- there was an
21 unknown and significant internal dose component
22 and I think that was important to justifying
23 the addition of -- of -- of this group of
24 workers to an SEC.
25 The next item we talked about was plutonium

1 exposures, and this is along the lines, as we
2 were discussing earlier, of what exposures or
3 what doses we can reconstruct as opposed to the
4 groups we cannot reconstruct. I think we
5 should point this out. There were some
6 Calutron runs in the late '50s I think -- mid
7 to late '50s -- within the time frame still,
8 '54, 5, 6, something like that -- and -- but
9 they do have -- and they've presented a model
10 to us. SC&A and the workgroup are in agreement
11 that they can bound -- they can determine upper
12 estimates with this model.

13 Additionally there was another building
14 identified, building 9205, which seems to be
15 one of these support laboratories that had fair
16 -- a fair amount of plutonium air sampling and
17 they have just provided us with some
18 documentation that basically says the previous
19 model provided more than bounds those
20 identified air sampling measures within that
21 laboratory. So I think we're confident that,
22 for those two groups of plutonium exposed
23 workers, those doses can be reconstructed.

24 The fourth item we discussed was data
25 validation, and this was both on external

1 radiation do-- data and internal bioassay data.
2 And for Y-12 it was -- for those of -- who
3 haven't heard this before, for Y-12 it was much
4 more important to us because a large
5 percentage, I think it was 75 percent or 80
6 percent, of the claimants were in some way
7 going to rely on a coworker model to
8 reconstruct their -- their doses, coworker
9 model being that they were going to use this
10 electronic database data to develop a
11 distribution and then assign intakes based on
12 that or -- or external exposure databased on
13 that. And so therefore we -- we felt it
14 important, especially on this site, to validate
15 the data.

16 The second very important reason for validation
17 in this case is that in fact this -- this data
18 -- it was the Y-12 database, but it -- it was
19 currently I guess owned, for lack of a better
20 word, by ORAU research branch. And ORAU being
21 the contractor on this project, we felt it very
22 important to do independent validation of this
23 data. And it was not as easy as asking for all
24 the urine log books and doing a statistical
25 sampling and matching up with the database

1 data. It would have been nice if that was the
2 case. But it might have been a little
3 patchwork at times, but I think at the end of
4 the day SC&A felt comfortable with both the
5 external data and the internal data. And we
6 did this through a combination of looking at
7 health physics reports. They had summary
8 statistics within those health physics reports.
9 This did get cumbersome right down to the end
10 and -- and I've -- but -- but I appreciate
11 Larry Elliott's involvement at the end, along
12 with DOE. Libby White was helpful. We -- we
13 asked for identified data and we went through
14 various iterations of getting identified data
15 and -- but at the end of the day, within the
16 last couple of weeks we have a database with
17 all the identifiers. And the reason it was
18 important on this aspect, and I'm bringing this
19 up because I think it's going to come up again
20 -- Rocky Flats is one example -- but the reason
21 it was important in this especially was that we
22 were getting reports back from NIOSH from these
23 health physics reports. The health physics
24 reports are still classified, so we didn't have
25 direct access to those. We got summary notes

1 swap item from Friday. You recall we were
2 swapping two SC&A items so it would be what
3 originally was a Friday morning item, SC&A
4 initial presentation on fourth round of dose
5 reconstruction cases. And Hans and Kathy, we
6 do have a public comment period at 5:00, so are
7 we okay on -- as far as your --

8 **MS. BEHLING:** (Off microphone) (Unintelligible)

9 **DR. ZIEMER:** Okay, let's push ahead.

10 (Pause)

11 **MS. BEHLING:** My slides are in the back, Ray.

12 **THE COURT REPORTER:** We don't have them?

13 **MS. BEHLING:** Yes, they're in the back.

14 **DR. ZIEMER:** Yeah, I'm not -- this was not in
15 our packet, I guess. Is that correct?

16 **MS. BEHLING:** It should have been; I had sent
17 it. It is in the back. You don't have it.
18 This is for -- it was scheduled for tomorrow
19 and it is the summary of the fourth set of
20 cases, if y'all need it.

21 Tell me when you're ready to proceed.

22 (Pause)

23 **DR. ZIEMER:** Okay.

24 **MS. BEHLING:** Okay. I'm Kathy Behling with
25 SC&A, and I appreciate having the opportunity

1 to present our summary of the fourth set of
2 cases -- case reviews. I know at this time of
3 the day it's easy to start to fade, but I also
4 know Dr. Ziemer has faith in the fact that I
5 have a very exciting presentation to give you.
6 Our draft report was published in April -- on
7 April 7th, 2006, and at this point in time it's
8 still considered a draft. And prior to
9 publishing this report we met with the two-
10 member Advisory Board team members and
11 discussed their cases and the findings
12 associated with those cases. Today I have
13 generated a matrix that has just been forwarded
14 to the Board and to NIOSH, but we have not
15 started our issues resolution process. So
16 everything that I'm going to discuss today with
17 regard to our findings is still preliminary
18 findings.

19 I went too far, sorry. Let me go back here.
20 Okay, I'm going to begin by starting back in
21 the very beginning of this project to serve as
22 a reminder and to refresh everyone's memory as
23 to what SC&A's initial charter was under our
24 statement of work. And you'll see four items
25 here.

1 First of all, we were asked to determine if
2 dose estimates are reasonable. And NIOSH can -
3 - has three different approaches to determining
4 estimates of dose. They were -- they can
5 estimate dose using maximizing assumptions in
6 which they intentionally are overestimating
7 doses when they know that the case is likely
8 not going to be compensable or close to 50
9 percent.

10 The second approach, which is also an
11 efficiency approach, is a minimized approach to
12 dose reconstruction where it becomes apparent
13 that, even by doing only a partial dose
14 reconstruction, the individual will be
15 compensated. And so for efficiency purposes
16 the -- NIOSH concludes their dose after they
17 have determined that this individual is most
18 likely going to be -- or is going to be
19 compensated and just based on let's say
20 external dose alone and that may be sufficient
21 for -- for the case to be a compensable case.
22 And finally, and these are the -- the cases
23 that we've seen the least amount of and the
24 cases that NIOSH doesn't have quite as many of,
25 and those are the best-estimate cases. In this

1 particular set, as -- as I'll talk about a
2 little later, there ha-- there are several
3 best-estimate cases. And these are cases where
4 when they calculate the dose the probability of
5 causation is very close to that critical 50
6 percent POC.

7 Now I go on to bullet two. One of the things
8 we were also asked to look for is assumpt-- the
9 assumptions that are being used. Often there
10 are gaps in this data, and so we look very
11 closely at the assumptions, and these
12 assumptions will differ based on the type of
13 dose reconstruction that's being done. If it's
14 a minimized or max-- well, if it's a maximized
15 dose reconstruction, the assumptions will be
16 overestimating and claimant-favorable. If it's
17 a best-estimate dose reconstruction we look for
18 ensuring that the assumptions are
19 scientifically sound.

20 The third item -- also we look at the
21 sufficiency and the completeness of the data
22 that the -- that NIOSH is getting from the DOE
23 or whatever source they're using for that data.
24 We look for completeness and readability and
25 ensure that they can adequately use the data

1 that's available. You hear that a lot in the
2 discussions that are going on with the site
3 profiles.

4 And lastly, our statement of work indicates
5 that we look at the cases and ensure that these
6 dose reconstructions are being done in
7 compliance with the written procedures, and
8 they are being conducted in a consistent manner
9 and consistent between cases.

10 I'm going to expand a little bit more on this
11 issue of the details provided in the statement
12 of work, and this also is -- has become the
13 basis of SC&A's audit process.

14 There are three primary areas that we look at,
15 and that, first of all, is we do a review of
16 the data collection. Now data collection --
17 we, again, ensure that all the data NIOSH has
18 requested -- that they did receive it and that
19 this data is sufficient to calculate a
20 reasonable estimate of the dose.

21 We also look very closely at the interview
22 information, the CATI report, and any
23 documentation that's provided by the claimant.
24 We ensure that NIOSH uses that appropriately
25 and if they don't use that data we ensure that

1 the -- that if there's a good reason for them
2 not to use that data or they have other
3 information that's consistent with the data
4 that they're using for the dose -- is more
5 compelling for their dose estimates.
6 And then finally we look at the internal and
7 external dose estimates, and here's where we
8 also spend a great deal of time. And as you
9 can see, statement of work indicates that we
10 look at all assumptions and that we ensure that
11 those assumptions -- appropriate and give the
12 benefit of the doubt to the claimant. And also
13 that we look at issues such as -- we -- we look
14 at all the dose calculations and re-- and try
15 to recalculate those dose calculations. We
16 look at issues such as obviously the treatment
17 of missed dose and unmonitored dose.
18 Now you -- we talked about this earlier.
19 Missed dose is that dose where the individual
20 has actually been monitored, but the monitoring
21 results indicate that, for the external dose,
22 the individual had values less than the limits
23 of detection. In that case the dose
24 reconstructor had the opportunity to either use
25 a conservative approach to assigning this dose,

1 which would be number of monitoring periods --
2 N times LOD where -- and it's number of
3 monitoring periods times that LOD. Often
4 they'll use a little bit less conservative
5 approach, but consistent with their procedures,
6 of N times LOD over two. In other words, the
7 number of monitoring periods times the LOD
8 divided by two.

9 That differs from the unmonitored dose in which
10 NIOSH must use a different approach, such as
11 cohort -- coworker modeling, as we've been
12 talking about earlier.

13 Also we look at -- for each dose reconstruction
14 we look at the methods that were used and we
15 ensure that they were interpreted properly and
16 that the appropriate methods were -- were used
17 by NIOSH, as specified in the NIOSH procedures.
18 Okay. Okay, this slide gives you an overview
19 of the fourth set of cases. The first column
20 is our tab number, and that's just our
21 separator in our report and our sequential
22 numbering so that you can see we've now done 80
23 cases to date with the completion of this
24 report. In this -- these 20 cases, six
25 represent AWE facilities and 14 are DOE

1 facilities. These cases also had -- we --
2 we've looked at 14 different types of cancer,
3 and we've looked -- six out of the 20 were
4 compensable cases, and obviously 14 were non-
5 compensable.

6 Let me explain the last column again a little
7 bit. The maximized doses -- as you can see, in
8 -- in some cases -- in fact, from -- well, from
9 -- some of the -- some of the Hanford cases and
10 the cases that are less than the 50 percent
11 where you see it maximized external and
12 internal doses, those are what we have seen in
13 many of the previous cases. We -- where
14 there's been many overestimating assumptions
15 used, and a lot of the findings that we have
16 identified in those cases are similar to what
17 we've seen in the previous 60 cases.

18 Of the AWE facilities, the first six listed
19 there, three of the AWE facilities were
20 compensable cases and three were non-
21 compensable cases. And in each of these -- at
22 each of these facilities and each of these
23 cases, NIOSH used the same guidance document,
24 which was OTIB-0004, which is a complex-wide
25 generic procedure that, to this point in time,

1 SC&A has interpreted that procedure to be a
2 maximizing procedure, and therefore we are
3 questioning the appropriateness of using that
4 procedure for the first three cases that were
5 compensated. And so many of our findings
6 associated with those first three cases have to
7 do with that issue and questioning whether
8 OTIB-4 was the appropriate procedure to be
9 used.

10 You'll also see tabs 67 and 68 are identified
11 as best estimates, and tab 69 -- I have a
12 question mark behind maximized and I have best
13 estimate listed there because NIOSH identified
14 that as a maximizing procedure -- approach to
15 dose reconstruction. However, when I looked at
16 that case and I looked at the POC value, it
17 became apparent that that really should have
18 been classified as a best estimate and we
19 viewed it as a best estimate case. Best
20 estimates are typically done for external dose.
21 They use a workbook that incorporates Crystal
22 Ball and -- that uses a Monte Carlo procedure
23 to input uncertainty associated with the DCFs
24 and the uncertainty associated with the
25 dosimeter. And they also ran IMBA for the

1 internal dose. They did a full internal and
2 external evaluation of this case number -- tab
3 69, and so we're classifying that also as a
4 best estimate.

5 These best estimate doses -- we found in these
6 particular cases of best estimates, we've seen
7 two best estimates I believe previous to this,
8 and I guess I was somewhat surprised at just
9 the level of detail and the amount of
10 complexity and the time-consuming nature that
11 went into estimating doses for these particular
12 best estimates. In fact, in one of these cases
13 there were -- there was an individual who
14 worked there for 30 years and had around --
15 about 648 tritium bioassay results. And
16 although NIOSH could have used a site-specific
17 procedure or a Technical Basis Document for
18 assessing that internal dose, they went through
19 a painstaking approach of identifying each and
20 every one of those 640 bioassays and inputting
21 all of that into IREP and really scrutinized
22 over this data and refined the data quite a
23 bit. And most of our findings associated with
24 these best estimates have to do with
25 assumptions used by NIOSH in -- in making some

1 of their determinations.

2 Okay, on this slide I'm tr-- I broke down the

3 findings for you based on the initial

4 categories as stated on this statement of work

5 that I discussed in a previous slide. As you

6 can see, data collection, external dose,

7 internal dose, and then the CATI information.

8 And because we have a total of 100 findings,

9 you can see the total by the bottom by the per-

10 - percentage of findings that fall under each

11 of those categories. As you can see at least

12 from this small selection of data, these 20

13 cases, it appears and -- and you'll see later

14 that it is consistent with what we had for all

15 80 cases, the data collection process does not

16 seem to be something that is -- has been a

17 problem for NIOSH. We don't see a lot of

18 incidences where DOE or AW-- AWEs don't' really

19 have that much data, but DOE is -- is not

20 giving them the data that they've been asking

21 for.

22 Obviously you'll see a lot more findings under

23 the external and the internal dose. We have 40

24 categories of -- of -- on our checklist that we

25 look at under the external, and I believe eight

1 or so categories under the internal. And
2 that's where we see most of -- of our
3 deficiencies or findings.

4 And then the last category, again, is the CATI
5 information. And here again we're looking at
6 what the -- what the interview -- interviewer
7 stated in his interview process, and we compare
8 that to what NIOSH actually used in their dose
9 reconstruction report.

10 Okay. Okay, I -- here I broke down the
11 findings related to how they impact dose, and
12 this is something that you will see on our
13 checklist that's included with each of the
14 individual reports. And under "low", that
15 indicates that the deficiency has a marginal
16 impact on dose, and obviously "medium" and
17 "high" mean -- higher impact on dose under
18 "high". "Under review" is that category where
19 obviously everything under the data collection
20 process is under review because we feel that
21 NIOSH did not receive all the data that they
22 should have, and so we're making a
23 recommendation that they contact DOE and, you
24 know, review that or -- or try to determine if
25 there's more information for that. So that's

1 why certain fall -- certain of these findings
2 fall under the category of "under review".
3 Okay. Now here I've broken down these 100
4 findings and I've tried to compress them into
5 areas where we find discrepancies. And as you
6 can see, the largest percentage, 38 percent, of
7 the findings associated with these 20 cases,
8 these 100 findings, fell under the incorrect
9 procedure, method or assumption used. And as I
10 stated previously, a lot of the findings had to
11 do with we felt that OTIB-4 was not a correct
12 procedure to be used for compensating the --
13 the AWE facilities, and so there's a lot of
14 findings from those cases. And also the best
15 estimate cases we're questioning some of the
16 assumptions associated with that very detailed,
17 refined assessment that NIOSH has done.
18 I'll just pick out a few of these categories to
19 give you examples. Model/assumption --
20 model/assumption selection not scientifically
21 sound. Now this is a category that is an ef--
22 it's a built-in efficiency process that NIOSH
23 uses in cases such as -- which you've heard
24 before -- when they know that it's going to be
25 a compensable case they will select the colon

1 as the highest non-metabolic organ for the
2 hypothetical internal intake, and it does give
3 the highest dose and it is considered, quote,
4 claimant-favorable. However, it -- obviously,
5 as you hear during public comment sessions so
6 often, I think it tends to confuse the claimant
7 and it's an identification of often a cancer
8 that's not even related to -- to their cancer.
9 And so in this case it's something that we
10 pointed out. And from SC&A's point of view, it
11 is -- we recognize that we're making this --
12 we're stating a finding that NIOSH is
13 overestimating the dose, excessively
14 overestimating dose, and that's where most of
15 the findings fall into that category.
16 The dose reconstructions -- another set of
17 findings is dose reconstructions did not
18 consider all potential sources or those sources
19 are not properly accounted for, and that was 23
20 percent of these case. Many of the findings
21 here -- a lot of the cases were cases where the
22 individual worked in the early years, and so
23 there were times, like for the occupational
24 medical exposure, some -- a lot of our findings
25 indicated that possibly NIOSH did not consider

1 photofluorography X-ray exams back in the early
2 days, and it's that type of finding that falls
3 under that category.

4 And I'll go up to the top left where
5 misinterpretation of procedures or procedural
6 non-compliance, and here again -- I guess we've
7 discussed this so many times before, but we
8 have identified certain procedures such as this
9 OTIB-8 and OTIB-10 which is a means of
10 estimating and determining missed dose for film
11 badge and TLDs, and it's those procedures that
12 are not as clearly written as they could be and
13 they are routinely misinterpreted. But as you
14 also heard yesterday, I believe that NIOSH has
15 corrected those. And it's that type of finding
16 that falls under that category.

17 And I did the same type of breakdown for all 80
18 cases. The fourth set of cases is -- falls
19 under -- all of the percentages are pretty
20 close to what we find here. The only thing --
21 there were two sets of findings, a very small
22 set of findings, for calculational errors and
23 procedures not being referenced that we did not
24 identify in the previous -- in the most recent
25 set of cases. And again, as I mentioned

1 earlier, I think this does indicate that data
2 collection issues do not seem to be a problem
3 that we're identifying very often, certainly
4 not calculational errors.

5 I will point out that we do have a category of
6 reviewer could not reproduce dose that you see
7 on the bottom here, 13 percent. In some cases,
8 but ver-- very few, it may ultimately result
9 that that is a calculational error, but --
10 however, typically that's not the case because
11 a lot of findings that fall under that
12 particular category have to do with the fact
13 that when a best estimate is used or when a
14 workbook is used, that uses the Crystal Ball
15 Monte Carlo technique. It's sometimes
16 difficult for us to sit down and reproduce all
17 of those doses. Other times the -- the dose
18 reconstruction report is not always as clear as
19 it could be and when we sit down with our
20 guidance -- with the guidance that should have
21 been used and the guidance that they supposedly
22 stated was used and apply that guidance, we
23 cannot reproduce the values that are in the
24 dose reconstruction report.

25 Okay. With all that said -- so we can ask what

1 -- what has been the impact of -- of SC&A's
2 audit process and all of the identification of
3 findings. And I think to date, and we've
4 confirmed this, we have identified to NIOSH
5 procedures that are routinely misinterpreted,
6 and that is being corrected. We have also
7 identified procedures that have some
8 inconsistencies, there's inconsistencies
9 between one Technical Basis Document and
10 another or a Technical Basis Document and a
11 Technical Information Bulletin, and often some
12 excessive complexity is built into some of
13 these TIBs, as you can see in some of the
14 previous slides. And I -- I will take the
15 opportunity here to state that based on
16 everything that we're -- we've heard about so
17 far that's going on right now with the site
18 profile work, I can only expect that that
19 particular category of excessive complexity is
20 -- is going to increase. We're going to see
21 more findings associated with that because of
22 the complexity of the TIBs, the complexity of
23 the cases. And I would only hope -- I'm
24 getting off on a side issue here a little bit,
25 but I would only hope that for -- that for

1 NIOSH's sake and for the auditor's sake, some
2 of the complexity of those is being built into
3 facilities such as the Y-12 -- I would hope
4 that there are certain dose reconstructors that
5 are assigned to just doing Y-12 cases and can
6 become very familiar with those types of
7 guidance documents so that it makes it a little
8 it easier on everyone.

9 Also this next one is interesting. If you go
10 back to your first set of 20 cases, tab number
11 7, when we were working through that tab Hans
12 identified this issue of looking at lymphatic
13 cancers and reassessing the dose
14 reconstructions in behalf of that. And I can
15 only assume that it was because of that
16 identification of that finding that NIOSH did
17 go forward, make that change -- which has
18 affected about 1,000 cases, I guess, at this
19 point.

20 The other thing we've done, as I've alluded to
21 before, is recommend that NIOSH avoid this
22 excessive overestimation, which just is not
23 scientifically sound. It adds confusion. It's
24 difficult for the claimant to understand. And
25 I think when claimants, as -- as we hear, they

1 compare notes, and it -- it's a confusing
2 issue. We should try to be as consistent and
3 as scientifically sound as possible, especially
4 in cases like this hypothetical internal
5 intake. Selecting the colon over the breast or
6 some other cancer is -- it's just as easy to
7 select one -- one cancer -- the correct cancer
8 as opposed to the colon or something else.
9 You're not compromising efficiency.

10 And then lastly, and I think we -- we've talked
11 about this also today. From the very beginning
12 I think one of the most difficult items that we
13 had, as auditors, was trying to get a full
14 understanding of what the dose reconstructor
15 did. The dose reconstruction report has not
16 always been as clear as it could be, and I
17 think NIOSH has also recognized that and
18 they're working on -- on changing the wording
19 associated with that. But that doesn't only
20 benefit us as auditors. It obviously benefits
21 the claimants, and it benefits, hopefully,
22 NIOSH's internal QA process. We heard earlier
23 today about including a matrix for assumptions.
24 SC&A has also recommended we put into our
25 report -- in the summary we identify the doses,

1 all the external dose, internal dose, identify
2 it on the IREP sheet, and I think that would
3 also be beneficial for NIOSH's internal
4 auditing process and -- and the claimant
5 themselves.

6 And then my last slide, and I guess I have to
7 correct my number here. My first -- I guess I
8 pulled this number off the internet, and I
9 believe we had a correction to that number, but
10 NIOSH has completed somewhere around 12,000
11 cases or over 12,000 cases that have been sent
12 up to DOL. And obviously, as you've seen
13 through my presentation, SC&A has only audited
14 80 cases of that more than 12,000.

15 So it's clear that 80 cases represent only a
16 small percentage of the dose reconstructions,
17 and therefore any discrepancies that we find --
18 the -- the value of this audit has to be to
19 improve, like I said, future dose
20 reconstructions by amending procedures when
21 appropriate. I think that's -- that's been a
22 helpful item that we've added, that we are --
23 something that SC&A has benefited the program.
24 Also if we can lay -- the second item, re-
25 evaluate or revise completed dose

1 reconstructions, such as the lymphoma cancers
2 that I mentioned earlier, that have already --
3 that have impacted cases that have been
4 adjudicated.

5 And lastly, if we can -- if -- if these
6 findings can assist NIOSH in improving their
7 internal QA program, I think SC&A has -- has
8 had benefit in that, even in these few -- 80
9 cases.

10 So I believe that's my last slide and -- Hans,
11 did you have anything else you wanted to say?

12 **DR. BEHLING:** I think you said it all.

13 **MS. BEHLING:** Okay. At least I gave you a
14 chance here.

15 **DR. ZIEMER:** He knows the right answer to that
16 question.

17 Thank you very much, Kathy. Let me ask Board
18 members -- Roy, it looks like you have a
19 question here.

20 **DR. DEHART:** Kathy, it's been a pleasure
21 working with you and Hans as we work on these
22 cases, and I've found it informative and
23 helpful. I don't want to be prescriptive in
24 this, but I would suggest that when you have
25 the high significant findings -- we have three

1 in this -- this set, and we've run about that
2 same number, as I recall, in the earlier sets -
3 - it would be helpful if you could identify
4 those specifically, with -- with the concern
5 that you have, so that we can go back and look
6 in the book ourselves --

7 **MS. BEHLING:** Yes.

8 **DR. DEHART:** -- because we're only dealing with
9 about 20 percent of the cases, at most.

10 **MS. BEHLING:** Yes, that's a very good idea, and
11 I apologize for not doing that. The other
12 thing I will point out that, you just jogged my
13 memory on that particular slide, the fact that
14 we have a lot of low impact findings in -- in
15 most of the cases, because now we're starting
16 to see the best estimate cases. In fact, I
17 should have also pointed out -- and it was on
18 one of my previous slides -- the three best
19 estimate cases, they have the most findings, I
20 think -- nine, 11, and so on -- so if you have
21 even -- if we confirm that these truly are
22 deficiencies and you have several low impact
23 dose deficiencies, in those cases -- that one
24 case I believe was 48 per-- over 48 percent, so
25 we'll see how that plays itself out, but I do

1 agree with you with regard to the high -- high
2 dose. That's a very good suggestion.

3 **DR. ZIEMER:** Wanda Munn.

4 **MS. MUNN:** I noticed in the pie chart of the
5 breakdown for the fourth set, as opposed to the
6 breakdown of findings for all 80 cases, the
7 segment that reports the irreproducible
8 results dropped from 13 for the overall down to
9 eight. I'm assuming that in those cases where
10 you were unable to reproduce the exact result -
11 - I'd gotten the impression from what you said
12 in the past that the impact of that was
13 relatively low and that it didn't make a major
14 difference in most of the cases, but can we
15 also assume from this that that's becoming less
16 of an issue as we get more familiar with the
17 cases and the workbooks get used more
18 thoroughly?

19 **MS. BEHLING:** I think that is correct. As I
20 said, I believe it was during our prev-- our
21 third set of cases where we first started to
22 become aware -- or maybe the second set of
23 cases -- of the workbooks that exist out there,
24 and we were not familiar with how to even
25 interpret the data in those workbooks. So yes,

1 you do see a decline in that -- SC&A's ability
2 (sic) to reproduce the dose, and often that is
3 because in -- in -- I think in some cases
4 they're -- they're attempting to also include
5 all of their references -- in some cases I do
6 see things such as where they -- they break up
7 the -- the -- I can't think of the word right
8 now, but they're a little bit more descriptive
9 in their dose reconstructions, and so that does
10 help us. And we are becoming more familiar
11 with interpreting the workbooks and going into
12 those workbooks and seeing what information is
13 being used, and so it's a little bit easier for
14 us to reproduce.

15 **DR. ZIEMER:** Okay. Other comments? Kathy, I
16 guess -- and again, this will lead to a matrix,
17 a resolution matrix, as we have for the others.

18 **MS. BEHLING:** In fact I have generated a
19 matrix, but you may not have even -- I just
20 generated the matrix probably earlier this week
21 when you -- you probably didn't even get it
22 before you left, so it is --

23 **DR. ZIEMER:** No, but -- yeah, the Board -- the
24 Board will have that expectation, if they
25 haven't already got it. The matrix is --

1 **MS. BEHLING:** Yes.

2 **DR. ZIEMER:** -- follows, and we're --

3 **MS. BEHLING:** Yes.

4 **DR. ZIEMER:** -- we're under way then with --

5 **MS. BEHLING:** With the issue --

6 **DR. ZIEMER:** -- the process.

7 **MS. BEHLING:** That's right, we will -- we'll
8 begin that.

9 **DR. WADE:** And for the record to be clear, at
10 this point NIOSH hasn't had a chance to respond
11 --

12 **MS. BEHLING:** Exactly.

13 **DR. WADE:** -- and, you know, we'll follow that
14 --

15 **DR. ZIEMER:** Right.

16 **DR. WADE:** -- process that's been so productive
17 as we continue, but NIOSH has not had a chance
18 to react to this as of yet.

19 **MS. BEHLING:** Of course.

20 **DR. ZIEMER:** Thank you very much. Let's take
21 about a five-minute break. I need to get the
22 list of -- of speakers, and so we will have the
23 public comment period in five minutes.

24 (Whereupon, a recess was taken from 5:00 p.m.
25 to 5:07 p.m.)

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PUBLIC COMMENT

DR. ZIEMER: Okay, we're going to begin the public comment session. First we'll call on Harriet -- is it pronounced Ruiz, Harriet? Is Harriet here? I understand she --

UNIDENTIFIED: (Off microphone)
(Unintelligible)

DR. ZIEMER: What -- what's the correct pronunciation?

MS. RUIZ: It's Harriet Ruiz.

DR. ZIEMER: Ruiz.

MS. RUIZ: Yes.

DR. ZIEMER: Okay. Welcome.

MS. RUIZ: I thought you were asking for (unintelligible) there for a minute.

DR. ZIEMER: No, no. Good.

MS. RUIZ: Good afternoon, Mr. Chairman and members of the committee, and I really appreciate you letting me speak to you today. I appreciate all the hard work you do. I know how hard it is to sit in a committee meeting all day, I am a state representative. And I am going to read a little bit and then kind of talk briefly.

1 First of all, my name is Harriet Ruiz, it's R-
2 u-i-z, and my phone number is 505-771-3059, and
3 I'd like that in the record.

4 **DR. ZIEMER:** It has been recorded. Thank you.

5 **MS. RUIZ:** Thank you. Since I filed the SEC
6 petition in January of '06 I have received
7 several requests for more information in a
8 differently-formatted -- in a differently-
9 formatted letter. The burdens placed on
10 petitioners are time-consuming. Records are
11 not readily available and -- to build a case
12 for the SEC. You know, we're just lay people
13 out here, and it is -- it's -- it's a -- it's a
14 very hard thing.

15 **MS. RUIZ:** And Harriet, just for the Board's
16 benefit, in case there's any question, you
17 haven't mentioned the state, but I think maybe
18 they've all figured it out. It's --

19 **MS. RUIZ:** I'm sorry, I'm from New Mexico.

20 **DR. ZIEMER:** -- New Mexico.

21 **MS. RUIZ:** Yes.

22 **DR. ZIEMER:** Right.

23 **MS. RUIZ:** Where am I? Yesterday -- well --
24 well, let's see, build a case -- NIOSH Director
25 Howard and yesterday Larry Elliott stated to

1 the Board that they do assist SEC petitioners,
2 but I have not seen evidence of this to this
3 date. The scope of the LANL petition, which I
4 filed with several other state legislators --
5 and I'm going to mention their names; it's the
6 Speaker of the House Ben Lujan, he also worked
7 in Los Alamos I believe from 1956 through
8 possibly '68, '70, somewhere in that area, I'm
9 -- I'm guessing on that; and also
10 Representative Jeannette Wallace, she
11 represents Los Alamos, so her constituents --
12 so we figured we would invite Jeannette to be
13 on this because it's of big concern to her and
14 her constituency, so -- the other legislators.
15 And how I did this is in -- I want to cover all
16 the workers in the production areas from 1943
17 through 1975.

18 The initial NIOSH response on February of '06
19 requested that I submit additional -- added
20 information to demonstrate the infeasibility of
21 reconstructing dose -- I'm sorry, it's late. I
22 have not had access to health physicists, and
23 NIOSH has not assisted me in securing
24 historical records to help meet the information
25 requirements which are required under the rule.

1 I received a second letter from NIOSH on May
2 26th, '06 asserting deficiencies in my
3 submissions regarding insufficient dose data on
4 the grounds the documents were not categorized
5 according to boxes in the SEC forms used by
6 NIOSH, even though the records are from DOE's
7 1991 tiger team reports and NIOSH's own site
8 profile presentations -- it's in their own
9 PowerPoints.

10 I don't think I need to read these unless you
11 would like me to. I have several here that
12 were submitted. If you would like me to, I
13 can, but the -- I -- I'm very aware of the
14 time. Would you like me to, or just go on?

15 **DR. ZIEMER:** I don't know that it's necessary,
16 but you --

17 **MS. RUIZ:** Okay.

18 **DR. ZIEMER:** -- could at least provide them to
19 us for the record.

20 **MS. RUIZ:** Well, if I have a clean copy, I
21 will.

22 **DR. ZIEMER:** All right.

23 **MS. RUIZ:** I'm now in the process of making my
24 third submission, which is due next week, for
25 the time frame of the last letter. This last

1 letter was -- if I don't do it by June 24th I
2 believe it will be disqualified, and the reason
3 they said that it was not was because my
4 attachments and stuff weren't in the right
5 boxes. And I just don't think this is a
6 friendly way to ask petitioners, especially lay
7 people, to submit petitions. There have been
8 no phone conversations back and forth. I think
9 a phone conversation would have been really
10 nice saying you didn't check the right boxes
11 and we need maybe a more definite explanation
12 to what really was needed. I kind of have an
13 idea now so I'll go home and -- and work.
14 I was a little bit upset while they were
15 identify-- busy identifying the deficiencies in
16 my SEC petitions and requiring repeated
17 submissions, I understand that NIOSH has, on
18 its own motion, qualified a subset of SEC class
19 covering the workers exposed to radioactive
20 lathium (sic), while my SEC petition lags in
21 bureaucratic purgatory and the likelihood of
22 its ultimate qualification remains uncertain.
23 NIOSH I believe is cherry-picking pieces of a
24 class out and I want to know is that fair.
25 My husband, Ray Ruiz, who was also a state

1 representative, and before he passed away he
2 asked me to finish the job. He was approached
3 when he was a state legislator because he
4 worked in Los Alamos, died from exposure out
5 there, by several people who were sick and came
6 to him because they knew he worked there -- at
7 that time he wasn't sick -- and asked him to
8 champion. He carried two memorials in the
9 House to promote getting compensation for the
10 workers. The job that he asked me to do is
11 this job, to be the voice for the
12 disenfranchised workers. They don't have a
13 voice. I still have people calling me saying
14 I'm disqualified; I don't understand. My
15 husband worked in all the sites. He had a Q
16 clearance. He had cancer. She had cancer.
17 After hearing testimony for the last two days
18 and hearing of all the sites and the
19 inadequacies of the record-keeping, the trouble
20 finding the correct documentation to qualify
21 these people for fair compensation, I'm
22 shocked. I -- I guess I just figured it was in
23 Los Alamos, and it's -- it's prevalent.
24 I -- I think why I'm -- I -- I know I filed an
25 SEC simply because of them not paying the

1 claims in New Mexico compared to other states.
2 Last May I came to Washington with Jeannette
3 Wallace and other people and spoke to the
4 Congressional -- all the Congressional people
5 from New Mexico, just to see if we could speed
6 things along. At that time New Mexico was
7 paying the claims at 19 percent. Hanford,
8 Washington -- which is the same standard as New
9 Mexico -- were paying at 49 percent. That's a
10 30 percent disparity for my constituents in the
11 state of New Mexico, the injured workers who
12 during the Cold War gave of their time --
13 unknowing, none of them knew. And I have --
14 now I do have some affidavits. I do -- I'm --
15 I'm out there searching. It is a very arduous
16 task and I just thank you for your time. I
17 know how hard it is to sit there, and if at all
18 we could correct any of the oversights,
19 possibly, with NIOSH or even speeding up the
20 SECs to get compensation to these people
21 faster. You know they're dying. The widows -
22 - it's usually a widow left -- are dying. The
23 children aren't going to pursue this because
24 they're raising families. I can feel the pulse
25 of the families. I've been there. I've

1 watched the suffering, the pain, the medical
2 bills. A lot of these people don't have the
3 wherewithal to pay all these medical bills.
4 But they're not being compensated in a fairly -
5 - a timely manner and I think, knowing my
6 husband and the group of workers that he worked
7 with, and I would have to say as a whole they
8 probably had the same feeling in their hearts
9 that maybe I'll get this compensation and my
10 family, my wife will be taken care of before I
11 pass. And then they pass. Nothing's happened,
12 and the wife is left thinking well, what am I
13 supposed to do now. So that's why I'm here,
14 and I know you hate to hear these sob stories,
15 but I am not a health physicist. I am having a
16 very hard time digesting all of this stuff.
17 But what I'm hearing is -- is prevalent and
18 something needs to be speeded up to get the
19 claims to the people. And thank you for your
20 time. I appreciate it.

21 **DR. ZIEMER:** Thank you very much, Harriet.
22 Appreciate your being with us today.
23 Yesterday we had with us Robert Steffan*
24 representing Senator Obama's office, Illinois.
25 He could not be with us today, but has asked

1 Dan McKeel if he would read that statement into
2 the record. And Dan, if you'd do that at this
3 time.

4 **DR. MCKEEL:** Thank you very much, Chairman
5 Ziemer. I -- I should just preface that I'm
6 Dan McKeel. I'm a physician. I will be
7 talking about the same two sites that Dr. --
8 that Senator Obama's referring to, and I just
9 want you to know that he asked me to preface
10 this remark by saying that -- and noting that
11 yesterday we had two excellent meetings with
12 Department of Labor staff and Peter Turcic, and
13 also with Larry Elliott from NIOSH and his
14 staff, and we are highly encouraging and -- and
15 really hopeful that many of the things that the
16 Senator remarks about, and ourselves, are being
17 addressed. So I -- I want to put that into a
18 very positive perspective.

19 With that I'll read you a -- a statement from
20 U.S. Senator from Illinois Barack Obama.

21 (Reading) Dear Advisory Board on Radiation and
22 Worker Health. I regret that I am unable to
23 appear before you in person today. However, I
24 wanted to share with you a few thoughts about
25 the former nuclear weapons worker compensation

1 program. I want to thank all of the Board
2 members, as well as the good people at the
3 various agencies who work every day to help
4 former nuclear worker-- weapons workers receive
5 the compensation they deserve.

6 Having said this, I am concerned that these
7 workers are not receiving the assistance they
8 need from the government to file their claims.
9 I first became aware of these problems when
10 dozens of these workers contacted my office
11 seeking assistance because they found the
12 claims process to be frustrating, confusing and
13 sometimes misleading. I know that many efforts
14 have been made and continue to be made to
15 address these frustrations, yet deep concerns
16 remain.

17 I am specifically interested in two aspects of
18 EEOICPA. First, I am committed to ensuring
19 that those Illinois residents who worked on the
20 nuclear weapons program and are eligible for
21 compensation receive a fair hearing about
22 whether the cancer they have today is related
23 to the work they did in support of the Cold
24 War. My staff is working to help the workers
25 from Dow Chemical and General Steel Industries

1 file special exposure SEC petitions. I will do
2 whatever I can to ensure their petitions are
3 evaluated fairly and through a process in which
4 we can all have confidence. I am also working
5 to support the Special Exposure Cohort petition
6 filed by Blockson Chemical Company in Joliet,
7 Illinois.

8 Second, I am committed to ensuring that the
9 entire program and the process by which former
10 nuclear weapons workers are compensated is
11 administered in a way that is consistent with
12 the Congressional intent in passing EEOICPA.
13 As so many of you know, our fellow Americans
14 often do not have confidence that their
15 government gets things right. Certainly our
16 government did not get it right when it
17 withheld information from the workers that
18 their jobs might impact their health because of
19 the lack of adequate safety measures. But our
20 government helped right this wrong when it
21 passed legislation to compensate these workers.
22 Unfortunately the impact of this legislation
23 has been minimized by the lack of cooperation
24 that these workers have received from the
25 government in filing their claims. Despite the

1 best efforts of the Advisory Board members, it
2 seems to me that the jury is still out as to
3 whether the government is doing everything it
4 can to implement EEOICPA. Specifically, this
5 lack of cooperation is exemplified by the
6 following: The failure to release the ORAU
7 report on self-identified SECs; the low number
8 of site profiles completed, and the low number
9 of worker outreach meetings conducted; the
10 failure to even release the name of the
11 contractor officer at Battelle in charge of
12 conducting dose reconstructions and site
13 profiles at the smaller sites; the failure to
14 do dose reconstructions at the Dow and General
15 Steel sites, relying instead on similar data
16 from other sites.

17 And I -- now I'm interjecting my own, just to
18 put this in -- in perspective. Our sites,
19 which have 833 total claims, only 2.99 percent
20 and 3.66 percent of those claims have been
21 completed at the two sites, so -- so we're
22 talking about very low rates of claims
23 processing.

24 (Reading) The failure of agencies to provide
25 information that would be helpful in preparing

1 SEC petitions, and the failure to provide
2 detailed information about the data they used
3 to deny claims.

4 Despite my reservations about where we are now,
5 I am more concerned with the future direction
6 of this program. I'll look forward to working
7 with all of you to make sure we're
8 expeditiously moving toward a process in which
9 all of us can have confidence. I am also open
10 to any suggestions that you might have to
11 improve this program. I trust that the
12 Advisory Board will fairly evaluate the SEC
13 petitions filed by the workers at Dow, General
14 Steel and Blockson Chemical, and I'll look
15 forward to working with you to ensure that
16 eligible workers at other Illinois sites
17 receive the compensation that they deserve
18 under EEOICPA.

19 Thank you for your time. Sincerely, Barack
20 Obama, United States Senator.

21 And if I may, can I give you a copy of this?

22 **DR. ZIEMER:** Certainly.

23 **DR. MCKEEL:** (Off microphone) And if you'll be
24 so kind as to make copies and distribute those
25 (unintelligible).

1 **DR. ZIEMER:** Yeah. And Dan, I think maybe your
2 -- some of your personal notes are in here,
3 but...

4 **DR. MCKEEL:** (Off microphone) That's probably a
5 bad idea (unintelligible).

6 **DR. ZIEMER:** I might withhold those, but --

7 **DR. MCKEEL:** (Off microphone) (Unintelligible)
8 my speech (unintelligible).

9 **DR. ZIEMER:** Yeah, and you have additional
10 comments, I believe, do you?

11 **DR. MCKEEL:** Yes, sir. That would be fine.
12 Okay, so that was from Senator Obama. This is
13 -- this is mine.

14 And so I'm going to be speaking to you this
15 afternoon about these two particular sites in
16 Illinois, and we've formed a workgroup to
17 promote our SEC petitions which we're preparing
18 for the two sites, and we call that the
19 Southern Illinois Nuclear Workers.

20 As some of you all may remember, I assisted
21 with passing the Mallinckrodt Destrehan Street
22 SEC petition, and so we're working on similar
23 SECs for these two Illinois sites.

24 Both of the sites we're interested in are
25 currently classified as AWE-only sites, and

1 both -- we're -- we're very certain at this
2 point have a paucity of personnel individual
3 radiation monitoring data, neither has a site
4 profile, and no former worker outreach meetings
5 have been held. We've had some informational
6 meetings, but no NIOSH-sponsored direct
7 meetings.

8 Both sites held contracts with Mallinckrodt and
9 the Atomic Energy Commission in the past. At
10 GSI the contract was to X-ray uranium-238
11 ingots, and at Dow it was to extrude uranium-
12 238 metal, really as developmental work for the
13 -- for the program. Both sites were remediated
14 for residual uranium contamination, and at
15 General Steel that was in 1994 by the
16 Department of Energy, and Dow was remediated in
17 2000 when the Army Corps took over the FUSRAP
18 program.

19 What's very interesting and unique and might be
20 highly interesting to you folks is that General
21 Steel -- and I should interject that the
22 official name for this site is Granite City
23 Steel, but General Steel was the name of the
24 company when it actually did this work, so I'm
25 going to -- I'm going to call it that. The

1 industrial radiography sources there included
2 two Allis-Chalmers betatron particle
3 accelerators which produced 24 to 25 million
4 electron volt X-rays. They also had several
5 cobalt-60, radium-192 gamma sources, and all of
6 these were necessary there because they dealt
7 with really massive castings for tanks,
8 submarines, nuclear submarines and things like
9 that, so they had to have a source that would
10 penetrate 15 to 20 inches of steel.

11 Dow proces-- and in addition at the Dow site,
12 they processed large amounts of thorium and
13 beryllium from 1951 probably through at least
14 1998. Neither of those metals has been fully
15 remediated, to our knowledge, up to this time.
16 The uranium was; thorium and beryllium have not
17 been.

18 What I'm particularly interested in in
19 addressing here is -- is timeliness in the
20 program and I would say fairness and equity
21 with the way it's being administered. John
22 Ramspott, who's assisting with the Granite City
23 Steel -- General Steel Industries SEC -- he's
24 going to talk to you some more about that site,
25 and so I'm addressing both sites as a general

1 topic. And I would say that as far as
2 timeliness, I just need to point out several
3 facts that we were addressing in our meetings
4 yesterday.

5 One is we sent out an informational letter to
6 Mr. Elliott that OCAS received March 31st. We
7 sent another letter to Peter Turcic, together
8 with a cover letter that was signed by both
9 Illinois Senators and by two Illinois
10 Congressmen, and in -- both of those were
11 letters asking for information we feel is
12 absolutely vital to our SECs. And as I said,
13 we had terrific meetings yesterday. I think a
14 lot of our issues are on the way to being
15 solved. But that's a fair statement of where
16 we stood yesterday, at least.

17 One of the key questions that we posed to NIOSH
18 was that our sites, particularly at the -- at
19 the General Steel site, out of 427 cases
20 they've had 168 cases that have been forwarded
21 to NIOSH for dose reconstruction. However --
22 and I -- of those -- and we're trying to find
23 out why this is -- 42 of those have been sent
24 to Battelle to be dose reconstructed. But in
25 any case, there are four -- there are four

1 cases that have been dose reconstructed, and
2 we're trying to find out how that could be in a
3 -- in a site in which we have letters from Mr.
4 Elliott -- two, in fact, from NIOSH, six months
5 apart -- saying that they don't have any
6 individual monitoring data. So we're -- we're
7 trying to find out what happened with those
8 four -- those four cases in particular one.
9 Another thing that I'll just note about the
10 process that's disturbing to claimants in
11 particular is we have two sources for accessing
12 data about claims status. One is at DOL, of
13 course, and one is at OCAS. And it's
14 interesting that those General Steel cases, on
15 the Department of Labor web site this morning,
16 show that all four dose reconstructed cases
17 have been denied. Whereas yesterday afternoon
18 Larry Elliott mentioned to us that his records
19 indicate that those four dose reconstructed
20 cases have been approved and compensated. So
21 it does seem that a fundamental statistic like
22 that could be gotten straight between the two
23 agencies.

24 I will also mention that we have been trying to
25 get information from the Department of Energy.

1 The most recent FOIA we submitted February the
2 11th. To date we have an interim answer, but
3 no final answer. And the next step for us is
4 what we'll have to do, we'll have to go and
5 file a motion to compel them to provide that --
6 that information in federal court, which I find
7 extremely distressing.

8 And then I would finally remind the Board that
9 last August in St. Louis, my good wife Louise
10 sent a letter to the Board and made a public
11 comment where she asked for overall EEOICPA
12 cost data, and -- and that data was promised to
13 her with a comment that it probably may not be
14 too hard to get that from public sources. But
15 in any case, we are here in June in Washington.
16 We still haven't gotten that information. And
17 we're still interested in it.

18 As far as fairness and equity, I -- I think I -
19 - I need to talk about these two small sites
20 and how they're being treated versus the large
21 DOE sites that are the focus of the attention
22 in the first five years of this program. As --
23 as you all probably well know, these are two --
24 two of the sites that are being handled by
25 Battelle under a one-year contract with NIOSH

1 that began last October. I -- I would say that
2 as a general thing, from what I know about the
3 Battelle sites, that these are all sites that
4 differ in the way they've been handled from the
5 large sites. Very few have site profiles,
6 Technical Information Bulletins. Very few have
7 filed SECs and had them qualified, and they've
8 had far fewer worker outreach meetings. Many
9 of these sites that I know about probably have
10 very little, if any, monitoring data and they -
11 - they're therefore really prime candidates for
12 becoming Special Exposure Cohort centers.
13 One example, for example, is the Texas City
14 plant in -- in Texas, which is one of the 11
15 sites that extracted uranium from phosphate
16 rock, just like they did in -- at Blockson.
17 And the AE-- under an AEC contract. And I was
18 asked to go down there and to make an interview
19 at KHOU-TV about the general program, but also
20 to meet with these people. And that -- that's
21 a center where I think they've had about 108
22 claims by now, and all -- all of the claims
23 that have been processed have been denied. But
24 I was only there about an hour and a half
25 visiting with them directly, and one of the

1 things I found that will absolutely impact that
2 site is the -- the AEC, when they set up that
3 operation, they built a building for them that
4 the workers called the recovery building. And
5 although the period that's covered under this
6 Act for those workers is '52 to '56, every
7 single person I talked to in that room said oh,
8 yeah, the recovery building was there through
9 at least 1977. And I said well, did -- did you
10 use it? And they said oh, man, said yes, we --
11 you know, the active extraction was not used,
12 but it was not remediated and it was used for
13 storage and people were in and out of that
14 building all the time. So here's a situation
15 where the -- the -- the era of severe,
16 probably, residual contamination -- it -- the
17 building was in use. So that -- that's the
18 kind of fact that needs to be added to the
19 dossier of these two small sites.
20 Again, none of these men wore badges, so they
21 couldn't have any individual radiation
22 monitoring data.
23 So one of the things that we took up at our
24 meeting was who can actually change the dates
25 of coverage under EEOICPA, and I think we did

1 find that out, that the Department of Labor can
2 do that for us.

3 But what I want to point out is, these -- these
4 are sites that have -- have no data. They
5 could be self-identified, you know, SEC sites.
6 And -- and we're very interested in finding out
7 will they be on tha-- on such a list. And I
8 simply point out that, as Mr. Elliott said
9 yesterday, there've been five sites now that
10 have been identified, basically flagged by
11 NIOSH and have had expedited SEC petitions
12 under Section 83.14 of 42 CFR 83.

13 I -- I would note that that -- the original
14 Act, as I read it, really doesn't allow for
15 this type of discriminatory treatment between
16 the AWE and DOE small and large sites. In my
17 opinion, every claimant from an AWE-only small
18 site deserves to be treated the same as any
19 claimant from a large DOE site, and I -- I
20 would just say that although I found the idea
21 initially attractive, this idea that the -- the
22 position that the Board takes, and NIOSH I
23 think, that they will address large site
24 profiles -- site profiles first and SEC
25 petitions from large DOE sites first is -- is

1 probably not -- not fair and it doesn't seem to
2 be equal treatment of the sites.

3 We have a site classification issue that's
4 really related to the fate of claims from these
5 two small sites. And as I said, although now
6 both sites are classified as AWE-only, in the
7 first two listings in the *Federal Register* from
8 Department of Energy, they were both listed as
9 -- and I'm quoting now -- AWE/DOE sites. So
10 something's happened between then and now that
11 their classification has been changed. Well,
12 there is a slight window where the -- where the
13 General Steel site might be classified as DOE
14 during a five-day cleanup period in 1993. But
15 with that exception, they -- they don't qualify
16 as DOE sites.

17 Well, is this important? Yes, it is because
18 workers and -- and survivor claimants are not
19 now eligible for Title E benefits since the DOE
20 classification has been removed.

21 Interestingly, however, there are 64 claims
22 from Granite City Steel and 16 cases from Dow
23 that have been -- have been or are being
24 processed under Title E. So the workers are
25 very confused by this. This action raises

1 unrealistic expectations among them. And to
2 me, it's quite wasteful of agency and taxpayer
3 resources. Beyond that, the lack of DOE site
4 status deprives the former Dow workers of the
5 DOE screening and medical treatment benefits
6 for beryllium sensitivity and chronic beryllium
7 lung disease.

8 The Madison site processed large quantities of
9 both metals, beryllium and thorium, during the
10 time that -- that Dow operated the plant in
11 1951 to 1974. Thorium we know was processed
12 thereafter by subsequent corporate owners,
13 which were Consolidated Aluminum, Phelps Dodge
14 and -- and more recently the Spectralite
15 Consortium. And again, that was at least
16 through 1998.

17 Dr. Laurence Fuortes, who presented the Ames
18 petition today, has graciously examined six of
19 our Madison site workers. They're all non-
20 smokers. They all have progressive
21 interstitial lung disease, and he -- he's
22 convinced that this is occupational exposure.
23 It could be beryllium, it could be thorium, it
24 could be something else that was used there.
25 They used lots of metallic alloys. And as we

1 heard today, thoron gas from that thorium work
2 could certainly have led to this chronic lung
3 disease. So there -- the thorium also -- they
4 worked with it, they extruded it, they ground
5 it, they did a lot of things that released
6 thorium dust into the air, so there were also
7 particulate thorium. And right now they have
8 to travel to Iowa, whereas if they were a DOE
9 site they would of course be eligible for the
10 DOE screening on-site programs. And we do have
11 increasing evidence that supports the original
12 site classification for both of those sites as
13 DOE and AWE sites.

14 We do need to find out, and that's our job and
15 we can certainly use some help. We need to
16 know whether the thorium work was an AEC effort
17 that was connected with the nuclear weapons
18 program, and so that's one of the things we're
19 trying to find out from the Department of
20 Energy.

21 I would also note that I think Dow was
22 certainly overlooked when the list of original
23 beryllium vendor sites was made, and according
24 to what I've learned, they used enormous
25 quantities of beryllium. We cannot now get

1 the request.

2 And then finally, the last thing I wanted to

3 say was just a couple of sentences because I

4 was struck today -- there were at least two

5 incidences where you all talked about needing,

6 among the agencies, access to a database where

7 -- where identi-- patient identifiers or worker

8 identifiers needed to be coupled to a non-

9 identified database, and that this could --

10 with some great effort, I'm sure -- be

11 accomplished under -- by and among yourselves.

12 And that's noble. That's great. But going

13 back to the theme of -- of access and equity

14 and fairness, the petitioners do not have

15 access to that data, and I've -- I've seen

16 references and certainly hear many references

17 to the information on the O drive. Now I

18 understand that some of that is protected by

19 the Privacy Act and -- but I also know that you

20 all have ready access to all of that data. And

21 in fact I'd note that the Department of Labor

22 published a bulletin, 0218, so back in 2002,

23 called "Use of the (unintelligible) Database",

24 and I'm well aware that you all can sign into

25 that over the internet and use that data.

1 However, I would point out -- I've done it
2 before -- that the public really hasn't any
3 access to that data. And in particular, SEC
4 applicants have no access to that data. So my
5 solution to that would be -- you know, I
6 understand that some data is protected by the
7 Private -- Privacy Act on the O drive, but it
8 should be easy to -- not easy, but it should be
9 possible to partition that away from the data
10 on the O drive that is not classified, that
11 does not fall under the Privacy Act, but
12 basically is documents that you've captured and
13 that -- I would say that the SEC petitioners
14 need equal access to, as you all do.
15 So anyway, I will -- I'll leave that as a
16 future hope, and I thank you very much for all
17 the hard work you've done. I'm always
18 impressed at how methodical and systematic and
19 careful this process is, and I -- I do want to
20 end on a note that I'm extremely hopeful and
21 look forward to addressing you as the SECs move
22 along. So...

23 **DR. ZIEMER:** Thank you, Dan. While you're at
24 the mike, I have a feeling that your wife's
25 request may have fallen through the cracks, but

1 for clarity, was she requesting information
2 about the cost of managing the program versus -
3 -

4 **DR. MCKEEL:** Yes, sir.

5 **DR. ZIEMER:** Not the awards --

6 **DR. MCKEEL:** No -- well, she -- she --

7 **DR. ZIEMER:** The awards information -- I guess
8 we had an update yesterday. Maybe you --

9 **DR. MCKEEL:** Right.

10 **DR. ZIEMER:** -- were there so you have an idea
11 what that is. It's recently passed, for -- for
12 both Part B and E, the Labor number I think was
13 around \$2 billion.

14 **MS. MUNN:** \$2 billion.

15 **DR. MCKEEL:** Right, and I -- and I --

16 **DR. ZIEMER:** But you're asking -- she was
17 asking --

18 **DR. MCKEEL:** What I -- what I --

19 **DR. ZIEMER:** -- the cost of operating the
20 various aspects of the program, in effect?

21 **DR. MCKEEL:** That's correct, so her letter that
22 -- that you all received really was to put all
23 that together, so the contract for SC&A, your -
24 - the -- the Board's data, but also including
25 the cost that Department of Labor -- for

1 administering the program. In other words, the
2 overall -- she -- she was interested in --

3 **DR. ZIEMER:** Do we know -

4 **DR. MCKEEL:** -- what does this overall effort
5 cost.

6 **DR. ZIEMER:** Was there an actual written
7 request?

8 **DR. MCKEEL:** Yes, sir. Uh-huh, which she
9 provided to the Board and that was in August of
10 2000 -- we still have a copy back home. I
11 don't know that I have one with --

12 **DR. ZIEMER:** Was that sent to me? I hope it
13 was sent to (unintelligible) --

14 **DR. MCKEEL:** I think it was actually given,
15 yes, sir, I think so.

16 **DR. ZIEMER:** Okay.

17 **DR. MCKEEL:** And as -- and as a follow-up, I --
18 you know, NIOSH -- we were contacted once by e-
19 mail and told by NIOSH that that -- some of
20 that information was on the way.

21 **DR. ZIEMER:** Okay. If that -- if it came to
22 me, I dropped the ball on it. I -- I
23 (unintelligible) --

24 **DR. MCKEEL:** Well, I'm not really trying to say
25 it that --

1 **DR. ZIEMER:** No, no --

2 **DR. MCKEEL:** -- but it was an honest --

3 **DR. ZIEMER:** -- those were my words. I was --

4 **DR. MCKEEL:** But you know Louise, she doesn't -
5 - she speaks -- you know, it was a sincere
6 request. She's --

7 **DR. ZIEMER:** Yes, I understand, and --

8 **DR. MCKEEL:** -- really interested in it.

9 **DR. ZIEMER:** -- we want to try to accommodate
10 that as -- Stu, did -- have you seen that
11 letter?

12 **MR. HINNEFELD:** (Off microphone)

13 (Unintelligible) (on microphone) but we do have
14 it. We do have it in writing and we know we
15 resp-- I thought we had responded and so I'll
16 have to find (unintelligible) --

17 **DR. ZIEMER:** Maybe you can track that down. I
18 don't know if we have access to the Labor part
19 of this, but --

20 **MR. HINNEFELD:** Our -- exactly, that -- I think
21 our interim response was we can provide
22 everything that's in our control. You know,
23 the Board costs, SC&A costs, our costs, ORAU
24 costs. I don't know that we can get Labor
25 costs or DOE costs, which I think were also

1 requested, but I'll find out. I'll find out
2 what -- what -- the part we can provide
3 (unintelligible) --

4 **DR. ZIEMER:** Let's track it down. Thank you.
5 We also have to be read into the record another
6 statement, Congressional statement. Is -- is
7 Jason -- are you still here? Yes. So he will
8 identify this particular statement and -- and
9 read it into the record, as well.

10 **MR. BROEHM:** Yes, I've been in touch this week
11 with Bret Rumbeck* from Senator Schumer's
12 office. He was very much trying to get the
13 Senator here himself, but he had a very busy
14 schedule and was unable to make it. Bret
15 himself was unable to make it and asked me to
16 read this statement -- written statement from
17 Senator Charles Schumer from New York into the
18 record.

19 (Reading) Mr. Chairman, thank you for allowing
20 me to submit testimony to the Board regarding
21 Bethlehem Steel. Thousands of New Yorkers
22 labored during the late 1940s and early 1950s
23 in ultra-hazardous conditions at Department of
24 Energy and contractor facilities, while being
25 unaware of the health risks. Workers at these

1 facilities handled high levels of radioactive
2 materials, and were responsible for helping to
3 create the huge nuclear arsenal that served as
4 a deterrent to the Soviet Union during the Cold
5 War.

6 Although government scientists knew of the
7 dangers posed by the radiation, workers were
8 given little or no protection, and today many
9 have been diagnosed with diseases like cancer
10 that are likely linked to the work they did at
11 these nuclear facilities. Despite having one
12 of the greatest concentrations of facilities
13 involved in nuclear weapons production-related
14 activities in the nation, western New York
15 continues to be severely under-served by the
16 Energy Employees Occupational Illness
17 Compensation Program Act.

18 As I stated to you in my letter on January
19 19th, 2006, I was opposed to the Board's motion
20 that, based on the current information on the
21 Bethlehem Steel site profile, the profile was,
22 quote, acceptable for use in the NIOSH dose
23 reconstruction program, unquote. While I'm
24 happy to hear that NIOSH and Sanford Cohen &
25 Associates have come to agreement on five of

1 the six discrepancies, and continues to work
2 with Ed Walker on the final outstanding issue,
3 I'm still very concerned that the January
4 decision denies compensation to the great
5 majority of potentially-deserving former
6 Bethlehem Steel workers. 42 CFR Chapter 1
7 Subpart A Section 82.2 lays out the basic
8 principles for dose reconstruction, stating,
9 quote, dose reconstruction is to characterize
10 the radiation environments to which workers
11 were exposed, and then to place each worker in
12 time and space within this exposure
13 environment, unquote. However, the Board
14 approved and NIOSH is currently using
15 information which is not put -- does not put --
16 does not at all put the former Bethlehem works
17 in their correct working environments, but an
18 entirely different plant, with different data
19 and information.

20 When the Board recommended Linde Ceramics to be
21 approved for a Special Exposure Cohort, the
22 decision was based on the lack of sufficient
23 information to estimate the radiation claimants
24 may have been exposed -- may have been exposed
25 while working in the plant, and the Board

1 specifically cited 42 CFR Chapter 1 Subpart C
2 Section 83.6 to back up their decision. I
3 encourage the Board to also use this section to
4 grant a Special Exposure Cohort to the workers
5 of Bethlehem Steel.

6 Mr. Chairman, I ask you, can an accurate dose
7 reconstruction model be built using only
8 information and data from Bethlehem Steel? If
9 not, then the Board and NIOSH need complete --
10 need completely overhaul the current Bethlehem
11 Steel site profile using the existing Bethlehem
12 Steel data and not records and data from
13 another plant.

14 I would also encourage the Board and NIOSH to
15 work with Ed Walker and the Bethlehem Steel
16 Action Group so they can apply for a Special
17 Exposure Cohort. It is unconscionable to
18 continue delaying compensation to these Cold
19 War heroes and their survivors, and unfair to
20 put the burden of proving a cancer-related
21 illness on workers and their surviving
22 families.

23 On July 27th 2005 Senator Clinton and I, along
24 with our colleagues in the House of
25 Representatives, introduced S-1506, which would

1 amend the Employee -- the Energy Employees
2 Occupational Illness Compensation Program Act
3 of 2000 to include certain former nuclear
4 weapons program workers in the Special Exposure
5 Cohort under the Energy Employees Occupational
6 Illness Compensation Program. Our bill would
7 correct years of injustice for western New
8 York's nuclear workers. After the sacrifice
9 these Cold War heroes made for our country,
10 they have waited far too long. Being added to
11 a cohort means that these former employees do
12 not have to go through a dose reconstruction
13 process. Instead, if a person has an eligible
14 cancer and worked at a facility when weapons
15 work was performed, their cancer is presumed to
16 have been caused by a workplace exposure and
17 the person's claim is paid. This bill would
18 finally put the former workers on the path to
19 getting the recognition and compensation they
20 deserve. And this is how we should correct
21 this wrongdoing, not by endless bureaucratic
22 red tape.

23 Again, I thank the Chairman and the Board
24 members for allowing me to submit testimony on
25 behalf of the former nuclear workers in New

1 York.

2 **DR. ZIEMER:** Thank you. We have someone here I
3 believe still from Congressman Udall's staff --
4 Michelle -- is Michelle still here?

5 **UNIDENTIFIED:** (Off microphone) I think he's
6 going to go see.

7 **DR. ZIEMER:** I'm not sure of her last name.
8 I'm trying to read it and... Oh, Michelle is
9 here, okay. Did -- did you have an additional
10 comment, Michelle?

11 **UNIDENTIFIED:** You know, I think that my boss,
12 Congressman Udall, covered most of what I would
13 have presented in his absence.

14 **DR. ZIEMER:** I think that's a super comment to
15 make.

16 **UNIDENTIFIED:** I do want to say this. As
17 Congressman Udall's state director who works
18 face to face with a lot of these constituents,
19 primarily the Los Alamos Lab claimants, we do
20 have a family that -- a number of families that
21 are trying to get their hands on the bioassay
22 database information for their loved one.
23 They've never seen it. It's information that
24 was sent directly from the Lab to NIOSH. We
25 were told that they needed FOIA requests to get

1 that information. I have a family that
2 requested this I believe it was at the end of
3 February. No response. So I'm just putting a
4 bug in your ear that I think that we can do --
5 there's a real opportunity for improvement to
6 get the information in their hands. It's
7 information that belongs to them. It's the
8 only thing I would add that he didn't cover.

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

10 **UNIDENTIFIED:** Okay. And thanks for your good
11 work.

12 **DR. ZIEMER:** Right. Let's see, Dr. Fuortes,
13 did you have additional comments?

14 **UNIDENTIFIED:** (Off microphone) He's gone.

15 **DR. ZIEMER:** Okay. Well, he -- he did speak to
16 us yesterday and it wasn't clear to me if this
17 was part of yesterday's list or if he signed up
18 again.

19 John Ramspott -- John's the individual that Dr.
20 McKeel referred to.

21 **MR. RAMSPOTT:** Thank you very much. My name's
22 John Ramspott. I'm helping the claimants, one
23 of them happening to be my father-in-law, at
24 the General Steel castings plant. I recently
25 sent the Board and numerous others a 400-page

1 workbook -- and I promise I'm not going to
2 review the whole book tonight. I'm going to
3 let you guys get out of here. But -- and I am
4 definitely open to any comments, criticisms,
5 anything.

6 The intent of that workbook was to fulfill a
7 promise I had made last August to this same
8 Board, obviously with new members which I
9 haven't met yet but I look forward to, and that
10 was to find out what actually went on at that
11 plant and report back to you, as best I could,
12 with a document that I could actually say came
13 from the workers. I know in the cleanup report
14 it said there's nobody left. I have a database
15 of 250 people, who'd be glad to talk to anyone
16 from any organization, that worked there.
17 Many of them are ill. They're looking for
18 hope. They still have faith that the program
19 will work. And Dr. McKeel indicated yesterday
20 we did have some great meetings with both NIOSH
21 and with DOL. There's some things that are
22 going to happen that really I think will help
23 finding out about Battelle, which is looking at
24 that site. Mr. Elliott has offered to let me
25 get one of my workbooks sent to him and he'd

1 get it to Battelle, 'cause I went to pay them
2 the same professional courtesy that I did
3 everyone else. And if I missed anybody that
4 really needed that information, I'd be glad to
5 do it. All they have to do is contact me.
6 I'll be here again tomorrow.
7 But the whole idea was sincere in trying to
8 help you folks. I've got 30 years experience
9 in a business just like you guys have in this.
10 It's not easy getting 40, 50-year-old
11 information. Somebody had to do it so I
12 decided to do it. A lot of the claimants that
13 I'm helping, they have no idea how to get this
14 stuff. So I'll give it to anybody that can use
15 it to help these folks.
16 There are just a couple of real quick things,
17 if I may. In watching the program, I admire
18 everyone that has been involved in doing their
19 presentations because I've been following the
20 program for about a year and a half now 'cause
21 I started going to the Mallinckrodt meetings to
22 watch and tried not to waste people's time and
23 get them what I think they could really use.
24 One of the things that's in the workbook that
25 I'd like to just call special attention to were

1 various sources.

2 The federal documents all say uranium-238 and

3 they did inspection on it with an X-ray.

4 Wasn't just an X-ray. It was a betatron. It

5 was a particle accelerator. And with the

6 encouragement of a lot of people and with the

7 help -- there -- there are a lot of documents

8 on the internet that tell you what happens when

9 a particle accelerator hits something with 24

10 or 25 million volts. It gets real interesting.

11 I've paid for documents. I've actually gotten

12 information off the health physicists' question

13 and answer web site, which is unbelievable.

14 They -- you know, a common person like myself -

15 - I know some people said they couldn't find

16 information. They actually give it to you over

17 the internet. It's unbelievable. There's

18 people from Duke University that are quoted.

19 You know, I went to the University of Missouri,

20 majored in business. I don't know anything

21 about physics. And you can open my book, I

22 definitely have a disclaimer in there -- please

23 add any information you can, ask me to delete

24 anything that's wrong. So I appreciate that

25 information that -- the sources that are there,

1 and one of them's a real bell-ringer.
2 (Unintelligible) the easy ones. Cobalt, we
3 knew about that, we mentioned that last August
4 meeting. Iridium-192, we mentioned that. A
5 KVP machine, that's a little machine. Three
6 weeks ago I met a man got, you know, hit by it.
7 He remembered the day. It was the day before
8 John F. Kennedy was shot. He was home from the
9 hospital. He's got a pretty good memory. He's
10 going to help us.
11 Now the betatrons are a little different deal,
12 though. When you take X-rays of ingots of 238
13 -- I asked the question myself, wow, I wonder
14 what the heck it does to that. Well, there's a
15 term that came out -- and I really will need
16 some help -- activation. I'd like to know
17 exactly what happens to metal when it's hit
18 with a 24, 25 million volt betatron. I've read
19 what it says it does, and it came from good
20 sources. Los Alamos -- they got a nice 200-
21 page book, it's on the web, that tells you
22 exactly what happens when you do that,
23 especially with something over 10 million
24 volts. It gets real interesting, so I think
25 that should be a source -- a whole new source.

1 The other thing that gets interesting -- when
2 you do this to uranium, now that's just regular
3 metal. Activation apparently can happen on
4 anything. I'd really like to know what it does
5 to that uranium, though, because now I talked
6 to a man that told me what they did with the
7 uranium when it was at the plants.
8 They put it in a metal car, they brought it in.
9 They took the so-called picture, but they took
10 four pictures of it. Apparently it won't
11 penetrate on one shot. They had to rotate the
12 ingot, shoot it a quarter, shoot it a quarter,
13 go in -- everything's manual -- go in, rotate
14 it, and then shoot the other quarters. And
15 each time they shoot a quarter, they got to
16 move the camera. That's what they call it in
17 the report, camera -- that's definitely not a -
18 - a little camera.
19 Now there's one little thing that's missing,
20 though, and that's why I'm -- ask some people
21 to review the site again, and that's why the
22 site profile and outreach meeting was really
23 important. It came in on a company-owned metal
24 car. Railroad wasn't going to let them bring
25 it in. They had to use their own company cars.

1 That's what they used in the steel plant. Any
2 steel plant has them. They beat them up, they
3 bang them up.

4 Guess what was missing when they did the
5 cleanup? The cars. Those cars went in every
6 part of that plant. They used it for everyday
7 work. Now they found residual in the tracks.
8 U-238 residual was cleaned up in those railroad
9 tracks. I wonder what was on the car. I think
10 I can guess.

11 So I really would appreciate your help, your
12 consideration. There's new sources. I think
13 claims have maybe been denied and maybe ought
14 to get reopened. You know, this is an
15 individual talking, but if they all got judged
16 on one uranium ingot, and it wasn't just one --
17 you know, the web site from FUSRAP's great. It
18 gives you a copy of the purchase orders.

19 That's in that book I sent you. When you see a
20 bill for \$2,800 for X-rays and they cost a buck
21 apiece, that's a lot of metal.

22 So that's just part of my comments. I
23 appreciate your help. Mr. Elliott's helping
24 us. Mr. Turcic's helping us. We're even
25 getting the names changed, I think. They're

1 going to call it the real thing, because that
2 keeps people from even filing a claim. Most of
3 these claimants -- they don't use the internet,
4 and if they use the internet they have to hit
5 four hyperlinks -- they'd have to look at
6 Granite City Steel first, and Granite City
7 Steel's like calling a -- I think I -- I was
8 telling Mr. Elliott, it's like saying NIOSH is
9 the post office. They're two totally different
10 things. They're government agencies, but
11 they're two totally different things. These
12 two plants were two totally different places.
13 So if you heard about a program like this --
14 and we had it happen at one meeting, it's a
15 heartbreaker. A guy comes in and he's sick.
16 He worked at Granite City Steel and you've got
17 to tell him you're out of luck, this is for
18 General Steel. I don't want to do that again,
19 so I'm asking for your help.

20 **DR. ZIEMER:** Good. Thank you.

21 **MR. RAMSPOTT:** Thank you. Appreciate it.

22 **DR. ZIEMER:** I think all the Board members did
23 receive the -- the volume. You certainly put a
24 lot of work into that. We thank you for -- for
25 what you've done.

1 **MR. RAMSPOTT:** You're welcome.

2 **DR. ZIEMER:** And I have Christine Ramspott,
3 also. Is Christine also speaking?

4 **MR. RAMSPOTT:** Who?

5 **DR. ZIEMER:** Someone wrote Christine Ramspott,
6 I --

7 **MR. RAMSPOTT:** (Off microphone) Oh, yeah
8 (unintelligible) --

9 **DR. ZIEMER:** It sounds like a relative to me.

10 **MR. RAMSPOTT:** (Off microphone) My wife asked
11 me to read a letter for her (unintelligible) --

12 **DR. ZIEMER:** Oh, okay, you'd better not forget
13 that.

14 **MR. RAMSPOTT:** And it was my wife's dad, so
15 this -- this letter's from her. She addressed
16 the Board last August, as well, and there's a
17 couple of issues and one of them I think's
18 being addressed now, but I'm going to read her
19 letter.

20 (Reading) Dear sirs and madams. On August 2005
21 I made public comment before this Board
22 regarding two main issues for my father's
23 workplace, General Steel Industries, also known
24 as Granite City Steel -- under the program --
25 one of the covered sites under the EEOICP Act.

1 These issues are still unresolved as far as I
2 know, and I'm seeking guidance in these
3 matters. Perhaps these are not the most
4 pressing problems which face the Board, but
5 these are issues which seem to me are
6 administrative adjustments which could be made
7 fairly easily, or perhaps not.

8 As a teacher for over 33 years I have learned
9 to become a problem-solver and helper for my
10 students. In my current role as unofficial --
11 really unofficial assistant to some elderly
12 claimants who don't have any knowledge
13 whatsoever of computers, the internet, how to
14 fill out forms properly or even where to begin
15 when faced with the most minor obstacles, I
16 find it frustrating to try to explain to them
17 why the Social Security report which they
18 receive states that their loved one didn't work
19 in Granite City, Illinois, where they lived all
20 their lives, but they worked in Pennsylvania.
21 The issue concerns the fact that General Steel
22 Industries and National Roll of Avimore*,
23 Pennsylvania, a division of General Steel
24 Industries, seem to both share the same EIN,
25 Employee (sic) Identification Number. As I've

1 been told, both companies are now out of
2 business -- actually one of them's had a name
3 changed, actually bought by somebody else, and
4 that's not unusual in the steel industry. Or
5 to whom -- what government agency do I address
6 this concern? It now delays claims greatly and
7 confuses and frustrates the claimants, who
8 sometimes stop at the application process.
9 There's two parts of this. First off is we
10 call them Granite City Steel, and it isn't.
11 And then when your Social Security verification
12 of employment comes back, it says you didn't
13 work at either one of those, says you worked at
14 National Roll. How two companies have the same
15 EIN -- I'm not real sure how that happens.
16 That -- somebody's got to fix that 'cause it
17 confuses everybody. I mean not just the
18 claimants, but anybody handling a claim.
19 I might want to add, anybody that we've talked
20 to that's handling claims, polite, nice, easy
21 to deal with. Social Security people good to
22 deal with. But it doesn't get changed.
23 Secondly, there's still a problem of letting
24 the general public for this site know that a
25 claim under this program might be their right.

1 I personally find it very sad and unfair when
2 meeting a persons like Agnes. Agnes is a widow
3 for over 25 years, her husband dying of cancer
4 at a young age. Agnes was left to raise five
5 children on her own. She did a fine job.
6 She's still working at age 76. Her husband
7 worked at General Steel Industries, and she has
8 filed a claim. The receipt of this monies --
9 she says she's going to retire. She's
10 deserving. It is only by happenstance that
11 she's learned of the program and my husband
12 shared the program information with her when he
13 was doing research about the site. She would
14 never have known that Granite City Steel, which
15 was doing -- or which was a competing steel
16 company just across town from General Steel
17 Industries -- actually was the name under which
18 former employees of GSI or their families must
19 search to find information about the program.
20 General Steel had more than 3,500 employees for
21 many years. This highly confusing
22 circumstance, the misnaming of companies, does
23 not only affect GSI employees but the employees
24 of many other approved sites throughout the
25 country with multiple names.

1 It is shameful that many of these Cold War
2 veterans don't even know the program exists.
3 How can that be remedied?

4 In conclusion, I'd like to remind the Board
5 that I asked a question last August, quote,
6 What happened to my daddy? After more than a
7 year's research with my husband and others, I
8 feel that I know. I'm sure that you can see,
9 too, from the 400-page book which was sent to
10 you. I'm asking for your help in streamlining
11 the program and aiding these most deserving
12 families.

13 Thank you. Any assistance would be
14 appreciated. Sincerely, Christine Ramspott.
15 So thank you very much for both of us.

16 **DR. ZIEMER:** Thank you. Okay, next, Adrian
17 Beard. Adrian.

18 **MR. BEARD:** My name is Adrian Beard. I am a
19 teacher of incarcerated youths in Prince
20 Georges County in Maryland, and I'm not
21 accustomed to being before a committee or
22 commission like you. Give me a room full of
23 carjackers and gang leaders, I'm okay. So --

24 **DR. ZIEMER:** Close enough. Close enough.

25 **MS. MUNN:** You've come to the right place.

1 **MR. BEARD:** My father's Alec Owens. From 1953
2 to 1980 he worked at the Nevada Test Site. He
3 died in September of 2002. Before he died he
4 filed a claim, and my sister, after his death,
5 inquired about his claim. And we've been
6 trying to get it resolved ever since then.
7 July 22nd we received information from NIOSH
8 and it indicated that they had verified his
9 employment. They also indicated that they had
10 also verified the ailment that he had died
11 from, the particular cancer that would be --
12 and it was related to abnormal dose of
13 radiation. They also indicated that they were
14 now pushing it towards a health physicist who
15 would proceed to resolve it at this last stage.
16 Now that was in July of 2005. Right -- I
17 received a communication in January 2006. It
18 was identical to the letter that I got a year
19 before. So I guess my family's concern, my
20 concern, is since both letters validate that my
21 father's employment was at the Nevada Test
22 Site, the medical data in both of the documents
23 indicate that the cancer that's responsible for
24 his death was consistent with abnormal dose of
25 radiation, and all the data that I've heard

1 here and the personal testimony that I've heard
2 from other families and members of those
3 families and the statements that I've heard
4 from Congressional leaders and -- and I'm
5 really getting educated here, more than I ever
6 thought I would be -- indicates that this is a
7 repeated problem. And I'm trying to bring the
8 -- the real seriousness of our concern that we
9 get some resolution and not have a whole year
10 of -- of not knowing the status or any reply or
11 any indication of what is going to happen or
12 not going to happen.

13 I notice that the Nevada Test Site has
14 something like over a 62 percent completion
15 rate, and that doesn't seem to jive with what
16 has happened with me when I tried to
17 communicate.

18 I'm also very much impressed with the report of
19 I think Mrs. -- is it Mrs. Behling -- relative
20 to the discrepancies and the difficulty
21 relative to information being transmitted to
22 those claimants and their families. And I
23 found that very interesting.

24 I also was asked by a number of other families
25 relative to the data of minority claimants, how

1 many had filed, how many have been processed,
2 how many have been compensated, and I couldn't
3 find any data relative to that. And I was
4 wondering if that was available somewhere.
5 The last thing I wanted to -- to give to you,
6 and I'm not going to -- I know your time is
7 valuable and I don't want to keep you -- is
8 something that I received from my coach. This
9 -- it's in the sense of a story or I guess a
10 anecdote. He was telling me about a young man
11 that he had on his team, and he wasn't a real
12 good player, but he had a lot of spunk so he
13 put him on there. And the time that -- the day
14 that he made the team was the day that he --
15 the young man found out that his father was --
16 was diagnosed with cancer. And so the whole
17 time that the young man was playing -- he ended
18 up, because of his talent, basically sitting on
19 the bench. And the day before the last game
20 the young man's father died. And the coach
21 really didn't expect to see him show up for the
22 game, but he did. Not only did he show up, but
23 the coach told me that he really kept begging
24 him, intensely begging him to let him get in
25 the game just for a few minutes. And the

1 coach, realizing that, you know, what the
2 situation with the young man, it was the last
3 game, he let him in and was going to take him
4 out within a matter of minutes. But what
5 happened was the first thing the young man did
6 was cause a fumble and -- and captured the
7 fumble for his team. Then the next thing he
8 did, he intercepted a pass. And he just kept
9 going like that. When the game was over with,
10 the coach was like what got into you? He says,
11 you know, I never seen you play like this. He
12 said the young man looked him straight in the
13 eye and said Coach, this is the first time that
14 my dad will be able to see me play.
15 We're kind of in that situation, you know.
16 They're watching to see how we're going to play
17 this. And I'm just asking you not to let it be
18 so difficult for us. I thank you for your
19 time.

20 **DR. ZIEMER:** Thank you. And we do have NIOSH
21 case workers here today. I -- perhaps they're
22 still there, but if there's information on this
23 case, we'll get you to the right person.

24 **MR. BEARD:** I had signed up to --

25 **DR. ZIEMER:** Oh, you have an appointment --

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2
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8:30, so thank you very much. Good night, and
we'll see you then.

(Whereupon, the day's business was concluded at
6:15 p.m.)

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

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of June 15, 2006; and it is a true and accurate transcript of the testimony captioned herein.

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

WITNESS my hand and official seal this the 8th day of July, 2006.

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