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CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

convenes

MEETING 48

ADVISORY BOARD ON RADIATION AND WORKER HEALTH

VOL. I

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Meeting of the Advisory Board on Radiation and
Worker Health held at the Red Lion Richland Hanford
House, Richland, Washington, on July 17, 2007.

*STEVEN RAY GREEN AND ASSOCIATES
NATIONALLY CERTIFIED COURT REPORTING
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July 17, 2007

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TRANSCRIPT LEGEND

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-- "uh-huh" represents an affirmative response, and "uh-uh" represents a negative response.

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

-- (inaudible)/ (unintelligible) signifies speaker failure, usually failure to use a microphone.

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JULY 17, 2007

1:00 p.m.

P R O C E E D I N G S

WELCOME AND OPENING COMMENTS

1
2
3
4 **DR. ZIEMER:** Good afternoon, everyone. I'm
5 going to call the meeting to order. This is
6 the 48th meeting of the Advisory Board on
7 Radiation and Worker Health, meeting in
8 Richland, Washington. We're pleased to be back
9 in the Hanford area and the opportunity to
10 renew acquaintances with some of the folks that
11 we've come across in this area in previous
12 visits.

13 I'd like for the record to show that two of our
14 Board members are not with us physically. That
15 is Dr. Gen Roessler and Brad Clawson. I
16 understand Gen Roessler is on the line, is --
17 Gen, are you there?

18 **DR. ROESSLER:** I am here. Can you hear me?

19 **DR. ZIEMER:** We can hear you. Thank you. And
20 Brad Clawson, Brad, are you on the line?

21 (No response)

22 Apparently not at the moment.

23 **MS. MUNN:** He's not going to be able to --

24 **DR. ZIEMER:** He may not be able to. Dr.
25 Melius, my understanding is, will be joining

1 us. I believe his plane just gets in about
2 midday, so he shall be here, we -- we believe
3 fairly soon.

4 Today our Designated Federal Official sitting
5 in for Dr. Lew Wade is Chia-Chia Chang, and
6 Chia-Chia, do you have any opening comments for
7 the assembly at all?

8 **MS. CHANG:** Dr. Wade regrets not being able to
9 make it because of a scheduling conflict, and I
10 of course also thank the Board members and
11 bring along greetings from Dr. Howard and the
12 Secretary.

13 **DR. ZIEMER:** Thank you very much. For those of
14 you who may be visiting with us, as opposed to
15 some of the government staff people, there are
16 copies of the agenda -- as well as many of the
17 handouts that will be being considered this
18 week -- on the table in the back. Please feel
19 free to take those.

20 Also there are copies of the CD-DVDs that are
21 recently released, almost a best-seller now,
22 released by NIOSH giving a capsule summary of
23 the operation of this program, and I think many
24 of you will find that to be very helpful as
25 well. Please help yourself to those copies as

1 you may see fit.

2 We have two public comment sessions scheduled
3 for this meeting. One is later this afternoon
4 at 5:00 o'clock. And then a second one is
5 tomorrow evening at 7:30. Those of you --
6 members of the public -- who may wish to
7 participate, there's a sign-up sheet in the
8 entryway, so we would be pleased to have you
9 sign up if you wish to make public comment at
10 either of those times.

11 We're going to then proceed with the agenda as
12 it's given. Our opening afternoon here we have
13 a number of program updates. We're going to
14 begin with an update from NIOSH, and Larry
15 Elliott will present that update for NIOSH --
16 oh, a question first.

17 **MR. PRESLEY:** Before we go on, whoever's doing
18 the talking on the telephone, can we get them
19 muted?

20 **UNIDENTIFIED:** (Unintelligible)

21 **MR. PRESLEY:** Oh, okay, I thought it was coming
22 out --

23 **DR. ZIEMER:** There -- there isn't anything in
24 this room next door. I think it's coming from
25 behind, and I'm wondering if it's a radio

1 somewhere in the hotel. Maybe we can check
2 with the hotel staff and see if they can mute
3 that sort of background noise. Thank you.
4 Larry Elliott.

5 **NIOSH PROGRAM UPDATE**

6 **MR. ELLIOTT:** Thank you, Dr. Ziemer. Good
7 afternoon, members of the Board and members of
8 the public and colleagues. I'm pleased to be
9 before you again to present the NIOSH dose
10 reconstruction program statistics and where we
11 are at at this point in time in the -- in the
12 whole project.
13 As you can see from this first slide, there
14 have been 24,481 cases that have been referred
15 to NIOSH from the Department of Labor for dose
16 reconstruction. These numbers are as of July
17 10th of this year. Of those close to 24,000
18 cases, we have completed 79 percent of those
19 that have required dose reconstruction. And I
20 break down for you in sub-bullets here that 79
21 percent, or 19,340 claims, that have been
22 treated in some way, shape or form. There have
23 been 17,371 that have been returned to the
24 Department of Labor with a dose reconstruction
25 report. There have been 614 claims that have

1 been pulled by the Department of Labor because
2 they were inadvertently sent to us for dose
3 reconstruction and they didn't require it. And
4 then there are 1,355 claims that have been
5 pulled and identified as potentially eligible,
6 or eligible, for the SEC classes that have been
7 put into place.

8 Twenty percent of the cases at NIOSH for dose
9 reconstruction remain open and active in some
10 state, and 246, or one percent of the total
11 cases, have a -- have been currently
12 administratively closed. And if members of the
13 public don't understand what that means, once
14 we have completed a dose reconstruction report
15 we provide it to the claimant and ask for them
16 to review it and to sign what is called an
17 OCAS-1 form indicating that they have no
18 further information to provide and we can move
19 the claim on to the Department of Labor for a
20 decision. If they don't respond to us with
21 that OCAS-1 form in a specified amount of time,
22 then we will administratively close the dose
23 reconstruction.

24 It can be reopened at any point in time when a
25 claimant so indicates they'd like the claim

1 moved on to DOL for decision, or they indicate
2 they have new information for us to consider,
3 and we will do that.

4 This is a graphic depicting those same numbers
5 that -- that I presented earlier on the
6 previous slide, just a pie chart to show how
7 they're distributed across those categories.
8 Of the 17,371 dose reconstructions that we sent
9 back to DOL for a decision, we find in our
10 files that 29 percent, or 5,074 cases, had a
11 probability of causation greater than 50
12 percent, or would be found to be compensable by
13 the Department of Labor. Seventy-one percent,
14 conversely -- or 12,297 claims -- were found to
15 be non-compensable.

16 I presented some of these kind of graphics at
17 your first -- your meeting in May in Denver,
18 and this is just a -- I don't have others that
19 are site-specific as I presented in May. This
20 is just the distribution of probability of
21 causation in deciles up to the 50 percent
22 level, and showing how many are greater than 50
23 percent, 6,348, as compared to those that are
24 distributed across zero to 49 percent POC.
25 Of the 4,895 claims remaining at NIOSH for dose

1 reconstruction, we show 1,646 that are
2 currently assigned to a health physicist for
3 dose reconstruction. That leaves 692 claims
4 that we've already provided a draft dose
5 reconstruction to the claimant and we are
6 awaiting an OCAS-1 form, and there are 2,557
7 cases that are not assigned to a health
8 physicist for dose reconstruction.
9 As you know, we are monitoring our progress on
10 completing the oldest claims and there's a
11 bullet on this slide that speaks to the fact
12 that 53 percent, or 2,589 cases, of the total
13 4,895 are older than one year old.
14 Again looking at the first 5,000 claims that we
15 have been assigned to reconstruct dose for, in
16 monitoring our strategic goal to complete those
17 first 5,000 we show that 4,192 claims have been
18 completed with reports provided to the
19 Department of Labor for decision. There have
20 been 57 out of this first 5,000 that have been
21 administratively closed in dose reconstruction;
22 245 of the first 5,000 were pulled by
23 Department of Labor from our dose
24 reconstruction effort; 166 out of the first
25 5,000 have been identified as SEC claims; 24 of

1 this first 5,000 claims are -- show to be a
2 draft dose reconstruction with the claimant and
3 awaiting the OCAS-1; and then 250 of the first
4 5,000 claims are back in our hands from DOL for
5 some type of rework. The important number
6 here at the bottom of the slide is 66. That's
7 66 claims that have not had at least a draft
8 dose reconstruction or have not been identified
9 for an SEC class. And so out of the first
10 5,000, we're closely and diligently working
11 with these 66 claims trying to get them
12 completed.

13 What I -- I can say a few more things about the
14 66. There are 25 claims in this 66 that are
15 NUMEC claims, and we have a NUMEC petition in
16 front of us. And so once we have resolved our
17 evaluation of that petition, we hope that these
18 25 NUMEC claims will be addressed very rapidly.
19 That's the largest category within the 66. It
20 breaks down ten claims to W. R. Grace, another
21 six claims to Combustion Engineering, then all
22 the rest of the 60-- the remaining, whatever
23 that is, are represented by numerous sites with
24 four or less claims.

25 I've shown this graphic many times. We've kind

1 of reworked it a little bit for your -- for
2 your edification and I hope continued pleasure.
3 What I would point out for you in this slide is
4 that we have broken out all of the claims by
5 their tracking number in 1,000 increments. And
6 again, you can see what's going on with the
7 first 5,000, but this slide also gives you a
8 sense of what's going on with all the claims in
9 our population. I'd point out for you that
10 these three bars here, cases -- or two bars,
11 cases pulled and cases completed, are the work
12 that we feel we would lay claim to having all
13 done. These other ca-- bars, cases active,
14 cases pending and cases administratively
15 closed, and SEC cases, there may be some other
16 action going on with those. But you can read
17 from this graphic that we have not
18 inadvertently handled the later claims that
19 have been submitted to us in a different
20 fashion than trying to work off the older
21 claims.

22 Again a graphic that you've seen many times
23 over. We're now down into providing you with a
24 breakdown on the -- on the axis here of -- of
25 quarters that represent two quarters in each

1 datapoint. And the point -- the thing I'd
2 point out for you here in this graph of the
3 cases that we have received from the Department
4 of Labor in blue, we've seen a trend up lately,
5 in the last quarter and a half, of new claims
6 coming in. And this has been working against
7 what has gone on with our reduction in -- in
8 resources, our constrained resources over the
9 last few -- month and a half here, two months,
10 where we've had to curtail some of our efforts
11 because we were short-funded. And so this is
12 of major concern to me, as well as I'm sure the
13 claimants, to watch another backlog start to
14 get built here. We anticipate that our fiscal
15 year funding will come forward in October with
16 the new fiscal year, and we'll be back up to
17 speed. We have received -- since we met last
18 we have received notice from the Department of
19 Labor that they're going to send us another \$2
20 million, and the Centers for Disease Control
21 are going to return \$1 and a half million to
22 us, and then I was able to -- through adjusting
23 of commitments and obligations under current
24 contracts, to garner another half a million, so
25 we're going to put another \$4 million on top of

1 this next couple months to get ORAU -- to
2 enable ORAU to -- to work as best they can with
3 that additional set of monies. New fiscal year
4 starts October 1 and we'll be back up to speed
5 at that time.

6 This slide graphic on reworks shows that we
7 have received from the Department of Labor
8 3,539 claims for rework. And I'd remind the
9 Board that many of these -- the majority of
10 these claims that we're asked to rework deal
11 with new information, demographic information
12 about the claim -- another cancer, another
13 additional employment period or something has
14 gone on in that way -- or a new survivor has
15 been established and we have to provide a
16 rework.

17 The spike that you see in the third quarter of
18 '07, this 1,130 claims, this is due primarily
19 to the PERs that we're talking about of late,
20 and especially the super S PER. That touched a
21 large number of claims across many sites, and
22 so Department of Labor has sent that many back
23 to us in that particular quarter.

24 As you know, we turn to the Department of
25 Energy and request information on exposure for

1 these claims, and we have a very good response
2 rate right now with the Department of Energy.
3 The number of outstanding requests -- that's
4 what we track, how many requests do we have out
5 there, and we follow up on these outstanding
6 requests every 30 days -- and you see 479 as of
7 July 10th were in Department of Energy's hands
8 to respond to us. Of those 479, there are 91
9 that are greater than 60 days old, and we're
10 monitoring the progress on responding to those
11 very closely.

12 Oops, I'm sorry. I went too far.

13 With regard to our Technical Basis Documents,
14 Technical Information Bulletins, I just wanted
15 to briefly touch upon where we stand with a
16 number of AWE sites that we'd asked Battelle to
17 work up Technical Basis Documents for. As you
18 -- as you might recall, they produced for us
19 two Technical Basis Documents, a uranium metal
20 TBD and a uranium refining TBD. And then that
21 -- those noted that there would be an
22 appendices required for certain sites where
23 additional unique exposure scenarios existed,
24 and you see eight of those TBDs are approved
25 now -- appendices are approved for these TBDs,

1 and they're listed here. I won't read them,
2 but you can look at these on our web site if
3 you're so interested in these particular
4 appendices.

5 There are eight other appendices for these
6 Technical Basis Documents on AWEs that are
7 currently in review, and they're listed here,
8 and we hope to see them resolved in the review
9 process very shortly.

10 I might note that the largest number of claims
11 associated in this set of eight AWEs are found
12 in Electro Metallurgical Company, 73 claims.

13 The rest are much smaller numbers.

14 I mentioned briefly the Program Evaluation
15 Reports. We've completed 11 of these so far.
16 They are all on our web site and I encourage
17 the Board and the members of the public to read
18 them and read them very closely, because from
19 them you can understand how we go about doing a
20 screening process to determine if a claim might
21 be affected. And if a claim is not affected,
22 then it wouldn't be picked up and re-evaluated.
23 But affected -- potentially affected claims are
24 -- are re-examined against a particular change
25 that has been made in one of these Program

1 Evaluation Reviews.

2 So we've completed the Hanford bias factor.

3 We've completed misinterpreted dosimetry

4 records resulting in an underestimate of missed

5 dose at the Savannah River Site. We've

6 completed the error in surrogate organ

7 assignment resulting in an underestimate of X-

8 ray dose at the Savannah River Site. We've

9 completed the review of photofluorography at

10 Pinellas. We've completed the external

11 dosimetry target organ for prostate cancer --

12 oops, I need to move on for you -- and the

13 evaluation of the effect of Revision 2 of the

14 Bethlehem Steel site profile. And also

15 completed the effect of adding ingestion

16 intakes to Bethlehem Steel cases.

17 As far as these last two bullets go, I know

18 that Bethlehem Steel is on your agenda, and

19 again I'll relate to you what the outcome of

20 that Program Evaluation Review was. There are

21 two cases that will go over the 50 percent bar

22 after having been examined against these

23 changes. There's possibly a third claim that

24 may go over that 50 percent probability of

25 causation bar; it'll depend upon how Labor

1 handles that claim in the appeal process. And
2 there were seven claims that will drop below
3 the 50 percent bar based upon the changes made
4 to the Bethlehem Steel documents. We report
5 these to the Department of Labor and Department
6 of Labor decides how to handle these claims
7 that have been already compensated and -- and
8 are now found by dose reconstruction, based
9 upon the changes that were made to the
10 Bethlehem Steel TBD, were found to be non-
11 compensable.

12 We've also completed a Program Evaluation
13 Report for target organ issues around lymphoma.
14 We've completed one for the -- our modification
15 of the NIOSH-IREP lung cancer risk model.
16 We've completed the effect of the Rocky Flats
17 Neutron Dose Reconstruction Project data, and
18 also a Program Evaluation Review on the effect
19 of additional neutron dose data at the Savannah
20 River Site.

21 There have been six Program Evaluation Plans
22 that have been issued, and we have told you
23 that -- in the past that we thought the
24 preparation of these plans would enable us to
25 move quicker and farther and faster on these

1 PERs -- I'm sorry, I'm not keeping up with the
2 slides; thank you, Board member Presley -- and
3 as we have worked through the Program
4 Evaluation Reviews and started working on these
5 Program Evaluation Plans and -- and coordinate
6 our efforts with DOL, we've come to realize
7 that a plan is not going to suffice. We're
8 going to have to put together Program
9 Evaluation Reviews in a timely manner and put
10 them out there. We can't just put a plan out
11 and -- and let that stand there as we are doing
12 this work. It just hasn't worked out. But
13 we're monitoring the progress on these -- these
14 six Program Evaluation Plans and we'll come out
15 with a Program Evaluation Report at their
16 conclusion. You won't see any more plans from
17 us, but you will see in the future additional
18 Program Evaluation Reviews.

19 I'd like to go through a series of achievements
20 that we feel we've made at NIOSH in the
21 program, and these are very general and broad-
22 scoping achievements. We have completed nearly
23 80 percent of all dose reconstructions. I know
24 the first slide that I showed you said 79, but
25 if we add in the -- the draft dose

1 reconstructions that are awaiting the OCAS-1,
2 it's 82 percent. But nearly 80 percent of all
3 dose reconstructions that have been forwarded
4 to us have been completed.

5 The -- we -- we work against strategic goals in
6 our project plan at NIOSH in OCAS, and our
7 first strategic goal was to look at the -- how
8 well we're doing against the first 5,000 claims
9 and trying to complete those. I've reported
10 that -- where we're at on that to you.

11 The second strategic goal that we set for
12 ourselves was to achieve what we call steady
13 state, and we defined that as having no claim
14 in our system older than one year. And you see
15 here there are now 2,306 active claims that are
16 less than a year old out of that 4,000 number I
17 gave you earlier, or 47 percent of that number.
18 I think what's important to note here is that
19 44 percent of that -- of that total active
20 claims are six months or younger.

21 If we look at our efforts across the sites, the
22 covered facilities, there are -- for your
23 information, there are 316 covered facilities
24 as of today. This number changes somewhat. It
25 fluctuates. It was 319, I think -- or 318, and

1 DOE has dropped a few sites from the covered
2 list just recently. But if we look at those,
3 we only have claims that -- that come from 208
4 of these sites. And of 171 of those sites, you
5 see that the -- the breakdown here where it's
6 reported that 25 sites have 100 percent of the
7 DRs completed. In other words, we have no open
8 -- active claim for those 25 sites. We have
9 completed every dose reconstruction for which -
10 - claim given to us under that site.
11 Forty-three sites have between 80 and 99
12 percent of the DRs completed, or 20 -- that's
13 25 percent of the 171. Forty-nine sites have
14 shown to be a situation where 50 to 79 percent
15 of the claims have been reconstructed. And
16 together those numbers equate to 69 percent of
17 the total 171.
18 There are 35 sites where -- and are -- there
19 are 35 sites where 20 to 49 percent of the DRs
20 are completed; and 19 sites where less than 20
21 percent -- or 11 percent of the total -- are
22 not completed.
23 Only 37 sites remain with at least one claim at
24 NIOSH and no DR completed. This represents 148
25 active claims, or .03 percent of active claims.

1 We've reviewed 93 SEC petitions that have been
2 sent to us.

3 We have added 17 classes representing 14
4 facilities.

5 The Conflict or Bias Policy has been revised
6 and implemented.

7 We have also revised our acknowledgement packet
8 -- this is the information that is sent to a
9 claimant upon our receiving the claim from DOL
10 the first time, telling the claimant that we
11 have now -- we are now the holders of their
12 claim and we're about to start dose
13 reconstruction. We've changed that
14 acknowledgement packet. You've helped us with
15 that, and we appreciate it.

16 We've also, as mentioned earlier, completed a
17 dose reconstruction video that will, we hope,
18 inform claimants and can be used in resource
19 centers and elsewhere to educate people on what
20 we do.

21 We've implemented and maintained an external
22 mailing list for the OCAS Web updates, and this
23 is a constant, constant effort to make sure
24 that we're reaching all the people that want to
25 be reached to be notified of our -- of any

1 changes to our web site, any new information
2 that we load up.

3 We have held five dose reconstruction
4 workshops, and this is where we invite
5 organized labor, we -- representatives,
6 activists, advocates. We've had a few
7 Congressional staff involved. And we provide
8 them a dose reconstruction workshop and explain
9 how we go about doing the business of dose
10 reconstruction.

11 We've completed a new set of Frequently Asked
12 Question sheets for the public and have
13 distributed those.

14 The NIOSH ombudsman has been hired and has been
15 very active.

16 There have been five Special Exposure Cohort
17 outreach meetings and six Special Exposure
18 Cohort worker outreach meetings.

19 There've been 75 worker outreach meetings where
20 we take a dose reconstruction tool to them and
21 ask them for their input. I'd note for you at
22 this time in the presentation that we have
23 moved the worker outreach program that was
24 being administered under the ORAU team's effort
25 through a subcontractor, ATL -- we now have a

1 task directly with ATL and we are dealing with
2 them on worker outreach directly.

3 There have been four town hall meetings, and
4 there's also been four public meetings to
5 obtain public on the new SEC procedures.
6 We've had over 4,000 Congressional requests
7 that we've responded to for information.
8 We've provided over 100 Congressional briefings
9 during the life of the program.

10 And we've had one Congressional delegation come
11 to Cincinnati and visit us and go through one
12 of these workshops that I mentioned.

13 We've had over 9,000 e-mails that have been
14 received in the OCAS in-box, and we strive to
15 respond to those e-mails as -- as quickly as we
16 can.

17 There have been close to 50,000 phone calls
18 received by OCAS, and we've also seen our prime
19 technical support contractor, ORAU, receive and
20 respond to over 240,000 phone calls.

21 We have provided support and have participated
22 to -- at Advisory Board meetings, those 52 that
23 are reported here include the committee,
24 subcommittee and teleconference meetings.

25 And finally, we have participated and supported

1 43 different workgroup meetings.

2 And I'd be happy to take any questions that you
3 might have.

4 **DR. ZIEMER:** Thank you very much, Larry, for
5 that concise overview. Let's see who has
6 questions or comments on this report.
7 Yeah, Mark.

8 **MR. GRIFFON:** Larry, that -- that one -- I
9 think you explained it pretty well, but that
10 one graph with the spike on the reworks, that
11 was mostly due to super S -- the majority of it
12 --

13 **MR. ELLIOTT:** The majority of them were super
14 S-related, yes.

15 **MR. GRIFFON:** And these were cases that -- that
16 you have self-identified or they were already
17 through...

18 **MR. ELLIOTT:** The process in the Program
19 Evaluation Review is to screen all cases and
20 identify those that are potentially affected,
21 and we give Department of Labor a list of
22 those. And then we -- they match that against
23 what they think would be affected, and then
24 they send us back those claims. That's how
25 that's working.

1 **MR. GRIFFON:** Is there -- is there another big
2 item that affected that spike, or super S was
3 the only one really --

4 **MR. ELLIOTT:** Super S was overwhelming. There
5 are a few other PERs in this, but not to the
6 degree that super S contributes.

7 **DR. ZIEMER:** Larry, you mentioned a recent sort
8 of upsurge in cases coming from Labor. Can you
9 identify the reason for that? Is this an
10 outcome of the worker outreach meetings or --
11 suddenly getting more claims in from that, or
12 do we know?

13 **MR. ELLIOTT:** I can't lay my finger on a
14 specific reason or cause. We do know that our
15 friends at DOL are out in -- out and about,
16 recruiting claims. They're holding town hall
17 meetings, they're holding meetings that they
18 call SEM meetings, which are the -- I can't
19 remember the acronym for SEM, but it -- it goes
20 to --

21 **UNIDENTIFIED:** (Off microphone) Site exposure.

22 **MR. ELLIOTT:** -- site exposure matrix, yes, for
23 the -- for the toxic chemicals, and I think
24 when they interact with people in those
25 sessions, they -- they are also recruiting

1 claims.

2 I also think we need to take stock -- I don't
3 know how much this contributes, but we need to
4 take stock of the fact that there's been these
5 17 classes added and people start applying
6 again. Once they see a class, they think well,
7 okay, maybe now's my time to get my claim in.
8 And in, you know, many cases, some of those
9 don't find their way through the presumptive
10 process and so they come to us for dose
11 reconstruction as a non-presumptive claim
12 against that class. I don't know how many we
13 would look at there, but I think those are the
14 two contributing factors.

15 **MR. PRESLEY:** Question.

16 **DR. ZIEMER:** Mr. Presley.

17 **MR. PRESLEY:** Larry, you said that there were
18 seven claims that had --

19 **DR. ZIEMER:** Use the mike.

20 **MR. PRESLEY:** I'm sorry. You said there were
21 seven claims that we had gone back on the -- I
22 guess one of these missed dose things that --
23 that were going to be reviewed. Have -- have -
24 - have those been paid, this -- those seven
25 been paid and we have to go back on them, or

1 what...

2 **MR. ELLIOTT:** This -- this -- you're referring
3 to these last two bullets here about Bethlehem
4 Steel --

5 **MR. PRESLEY:** Yeah.

6 **MR. ELLIOTT:** -- and I was just pointing out
7 for the Board -- for its discussion on
8 Bethlehem Steel later in this meeting that, if
9 you read this Program Evaluation Review, you
10 will find that there were some claims -- three
11 claims potentially that would move over into
12 the compensable region and seven that would
13 move out of that region into non-compensable.
14 I assume that some of those have already been
15 paid. I have no idea what DOL's going to do
16 about that and it's not my business, so...

17 **MR. PRESLEY:** Thank you.

18 **DR. ZIEMER:** Josie, you had the same question
19 then? Yeah, okay.

20 Other questions or comments on the report?

21 Yes, Dr. Lockey.

22 **DR. LOCKEY:** Larry, do you have any -- is there
23 any relationship to how --

24 **DR. ZIEMER:** Use the mike, Jim.

25 **DR. LOCKEY:** -- how the out-- how the output

1 programs are working? I mean survey your
2 audience --

3 **MR. ELLIOTT:** You mean the outreach?

4 **DR. LOCKEY:** Yes. Would it be helpful to have
5 the ombudsman make a presentation at one of our
6 meetings to bring the Board up to date about
7 how that program's --

8 **MR. ELLIOTT:** Okay, I hear two questions in
9 there: How are the outreach meetings; that
10 takes me to our worker outreach effort. If
11 you're asking about the SEC ombudsman's efforts
12 to reach out to people that -- I haven't talked
13 about that in these slides. I've only talked
14 about our worker outreach effort for dose
15 reconstruction/Technical Basis Document
16 purposes.

17 But -- and I did mention in one of these slides
18 that the SEC counselor, Laurie, and the SEC
19 ombudsman have -- have put on the number of
20 meetings that were in that slide. She could --
21 you want to talk about your -- Denise is not
22 here, but Laurie's here. She could talk about
23 what's happened at these meetings.

24 **MS. BREYER:** We did have -- I think the slide
25 reported that there've been five SEC outreach

1 meetings. Two of those were formal meetings
2 that Denise and I put together. One was in
3 Calabasas, California and one was in Idaho
4 Falls, and they were people who had reached out
5 to Denise and asked for more information on how
6 to file an SEC petition, and so that's how we
7 chose those locations.

8 And the turnout was small at both of those, but
9 the information that I believe that people were
10 able to get at those meetings I think was
11 outstanding. A lot of people thanked us for
12 those meetings and came up to us afterwards who
13 had no idea what a Special Exposure Cohort was
14 and were able to walk away understanding.

15 And we did receive an actual petition at one of
16 these meetings where a petitioner handed us one
17 of their petitions and spoke to at least three
18 or four other people who were interested in
19 filing petitions as a result of those meetings.
20 So I think those are going fabulously.

21 And then Denise and I, on our own, have also
22 been invited out to different things. Like I
23 went to a Steelworkers' meeting in DC and
24 explained the SEC process, and out to Los
25 Alamos before -- kind of while you all were

1 discussing the Los Alamos petition because
2 people were interested in filing a follow-up to
3 that class that was originally petitioned for
4 in the first Los Alamos petition. And then
5 Denise has also gone up to NUMEC on her own and
6 worked with petitioners.

7 So I think that the process is working, you
8 know, as far as people who are requesting
9 information and us being able to be available
10 to provide that to them.

11 Denise and I have also held two conference
12 calls with people over the phone explaining the
13 process, so I think that if she were here she
14 would probably indicate that she thinks that
15 her job is -- is working, as far as being able
16 to provide people with information about SEC
17 processes.

18 **DR. ZIEMER:** Thank you very much. Phil
19 Schofield.

20 **MR. SCHOFIELD:** Yeah, Laurie, just a little bit
21 of feedback on your meeting you had in Los
22 Alamos. Even though it was a small group
23 attended, I was able to go to this. The
24 feedback from claimants and people there is
25 very positive, so I really believe these

1 meetings are worthwhile.

2 **MS. BREYER:** Thank you.

3 **MR. SCHOFIELD:** Thank you all.

4 **DR. ZIEMER:** Thank you, Phil. Other comments
5 or questions?

6 (No responses)

7 Okay. Thank you again, Larry, very much.

8 **DOL PROGRAM UPDATE**

9 For our next program update on Department of
10 Labor, we're going to have someone who's
11 actually new to our podium. It's Christie
12 Long. Christie is out of the Seattle office of
13 Department of Labor, and we welcome her to the
14 podium to give us the DOL -- DOL program
15 update.

16 **MS. LONG:** Good afternoon, members of the Board
17 and members of the public. I am here today, as
18 Mr. Zimmer (sic) -- Dr. Zimmer said, I am in
19 Seattle. I am the district director in that
20 office, and I am here representing Pete Turcic
21 today.

22 I'd like to start with the first chart is our
23 activities under Part B that was effective in
24 July, 2001. We have received 57,987 cases, and
25 of that, 83,727 claimants; 37,538 were for

1 cancer cases and 24,524 cases have been
2 referred to NIOSH.

3 On the Part E side, it was enacted in October
4 of '04 and we have 47,349 cases and 64,894
5 claims. Almost 26,000 cases came to us from
6 Department of Energy, and that was effective
7 June, 2005.

8 Our compensation we have paid as of July 10
9 \$2.7 billion in compensation, \$2 billion for
10 Part B, \$1.5 billion for cancer and \$242
11 million for RECA; \$725 million for Part E, and
12 \$154 million in medical expenses.

13 The next slide talks about our payees, and we
14 have 31,581; under Part B 25,395 and of those
15 almost -- well, 10,390 cancer case payees,
16 4,520 NIOSH case payees and almost 5,000 RECA
17 payees. Under Part E, 6,186.

18 A case status for the Part B claims, 37,538
19 cases with 57,226 claims; we have 28,264 cases
20 that have had a final decision, 2,215 cases
21 where there's a recommended decision but no
22 final decision has been issued; 4,330 cases are
23 currently at NIOSH. And the last bullet, I ask
24 you to please make a correction. It should
25 actually read 2,730 cases pending DOL

1 decisions. Initial actions is not correct.
2 The next slide talks about the final decisions.
3 And if you look at the bar chart on the left,
4 it's the final decisions approved. We have
5 10,634. The bar to the right are final
6 decisions that were denied, 17,630, and the
7 breakdown for that: 2,925 were for non-covered
8 employment; the next bar, 10,782 were because
9 the probability of causation was less than 50
10 percent; the next bar is 2,494 for insufficient
11 medical evidence; the next category, 1,119 for
12 non-covered; and the last 330 for ineligible
13 survivors.

14 The next slide covers NIOSH referrals. We have
15 made, as of July 10, 24,527 referrals to NIOSH;
16 18,744 of those have been returned and 1,653
17 have been withdrawn. We have had 17,091 dose
18 reconstructions, and we have sent back to NIOSH
19 1,508 cases where they required a rework; 4,076
20 initial referrals at NIOSH.

21 The dose reconstruction case status: 17,236
22 cases with a dose reconstruction, 15,230 final
23 decisions, 1,592 recommended decisions but with
24 no final decision, and 406 that are pending a
25 recommended decision.

1 On the new SEC-related cases, 1,314 were
2 withdrawn for SEC review; 958 final decisions,
3 and of those 891 were approvals and 67 were
4 denials; 94 recommended decisions with no final
5 decision and 167 that are pending.

6 NIOSH case-related compensation -- this data is
7 as of July 5 -- \$811 million in compensation
8 for 8,242 payees and 5,437 cases; \$675 million
9 on dose reconstruction cases that affected
10 6,331 payees and 4,520 cases; and \$136 million
11 on added SEC cases with 1,911 payees and 917
12 cases

13 The next slide covers the SEC petition site
14 discussions, and I'm going to go down by
15 facility. So starting with Hanford, the number
16 of cases, 7,634; under E, 10,752. Dose
17 reconstructions, 2,112; final decisions -- and
18 this is B only -- 3,030. Part B approvals,
19 801; Part E approvals, 807, for a total
20 compensation of \$135 million.

21 Move next to Ames Lab. Cases, we had 283;
22 under B, 390 under E. Fourteen NIOSH dose
23 reconstructions, 76 final decisions for Part B.
24 Part B approvals, 48; Part E approvals, 34, for
25 a total compensation of \$8 million.

1 The last facility, Blockson Chemical, cases,
2 200; claims, 307 -- and this is Part B only.
3 NIOSH dose reconstruction is 105; final
4 decisions, 176. Approvals, 14; apparently we
5 don't have the data or there is no data for
6 Part E approvals, and total compensation is \$1
7 million.

8 The next three are Chapman Valve, Sandia and
9 Bethlehem Steel. And starting with Chapman
10 Valve, 215 cases, 406 claims -- again, this is
11 the Part B only. NIOSH dose reconstructions,
12 73; final decisions on the B -- Part B, 175;
13 Part B approvals, 34; Part E, not applicable;
14 and total compensation, \$5 million.

15 Sandia, 220 cases, 259 claims, 35 NIOSH dose
16 reconstructions, 63 final decisions, 14 Part B
17 approvals, 9 E approvals, and \$1 million in
18 compensation.

19 And lastly, Bethlehem Steel, 1,341 Part B; Part
20 E, 2,175 -- I'm sorry, no E, claims. NIOSH
21 dose reconstructions, 710; final decisions Part
22 B, 1,244; Part B approvals, 320; again, no Part
23 E; and total compensation, \$47 million.

24 That concludes my presentation. Do you have
25 any questions?

1 **DR. ZIEMER:** Okay, thank you very much,
2 Christie. I'd just remind everyone that
3 there's always a little discrepancy between the
4 -- the NIOSH numbers and the DOL numbers,
5 partially because you're using slightly
6 different dates, and what goes in and out of
7 the door varies a little bit from --

8 **MS. LONG:** Correct.

9 **DR. ZIEMER:** -- when you see it and when they
10 see it.

11 I was trying to resolve in my mind some of the
12 numbers on the actual total compensations. For
13 example, on one slide where you said you paid
14 out \$811 million on six -- 8,242 payees. And
15 if -- if I take the simple \$150K times that,
16 those numbers don't seem to match up. Am I
17 missing something on that, or can either NIOSH
18 or DOL explain that to me? Stu is approaching
19 the mike, so maybe he has the --

20 **MR. HINNEFELD:** There -- there can be multiple
21 payees on an individual claim.

22 **DR. ZIEMER:** Oh, so that --

23 **MR. HINNEFELD:** So you have multiple survivors.

24 **DR. ZIEMER:** Okay, so --

25 **MR. HINNEFELD:** I think if you --

1 **DR. ZIEMER:** -- the 150 may not be to each of
2 the persons --

3 **MR. HINNEFELD:** If you -- I think the numbers
4 work out better if you do that total cost times
5 the cases rather than the payees.

6 **DR. ZIEMER:** Ah, that -- that would account for
7 it 'cause it looks like it should be a bigger
8 number, so that's -- okay. Thank you.

9 Other questions or comments? Yes, Mark.

10 **MR. GRIFFON:** Yeah, just a question on the
11 reworks. I think you said 1,508 reworks. I'm
12 trying to compare that to the recent spike on
13 the NIOSH graph, and I don't think -- I'm --
14 I'm -- I'm just trying to understand if -- if --
15 -- if those are the same reworks. Are they --
16 are they -- a lot of those due to super S?

17 **MS. LONG:** Correct.

18 **MR. GRIFFON:** If so, it looks like if you look
19 at NIOSH's graph over time, there's a lot more
20 than 1,500 reworks. There's -- you know, you
21 have one spike that was 1,300, then you add up
22 all the others, 100 apiece there.

23 **MR. HINNEFELD:** Well, I suspect there's a
24 terminology difference here --

25 **MR. GRIFFON:** Yeah, and that's what I'm --

1 **MR. HINNEFELD:** -- and things --

2 **MR. GRIFFON:** -- that's what I'm trying to
3 understand.

4 **MR. HINNEFELD:** -- things that we call reworks,
5 DOL doesn't necessarily. Because there are
6 many things that we call rework that are
7 reopening, for instance. A case would be done
8 and new evidence would come to light, and DOL
9 would call that case a reopening. They all
10 look the same to us. We call them all DOL
11 reworks, so I -- I'm really confident that
12 that's a terminology difference --

13 **MR. GRIFFON:** Okay, okay.

14 **MR. HINNEFELD:** -- and there are a number of
15 different categories that either fall in or out
16 of rework, depending on whether you work for
17 DOL or you work for us.

18 **MR. GRIFFON:** Okay. So what -- what -- I think
19 we've asked -- asked this of DOL before, but
20 what -- what is in that category of reworks,
21 from your standpoint? What kinds of trends,
22 and I think -- I think we did get at one point
23 a breakdown by one of the presenters from DOL
24 of what sort -- is there any trend -- you know,
25 what -- are you seeing any trends in the types

1 of things that are being sent back to NIOSH to
2 be reworked?

3 **MS. LONG:** I have not seen a trend.

4 **MR. GRIFFON:** No -- no trend at all, no --

5 **MS. LONG:** No.

6 **MR. GRIFFON:** -- all are very unique cases,
7 no... I thought at one point we did have a
8 report that there were some kind of different
9 categories of things. Anyway...

10 **MR. ELLIOTT:** Well, I think you heard Jeff
11 Kotsch --

12 **MR. GRIFFON:** Yeah.

13 **MR. ELLIOTT:** -- last time talk to you about
14 this and indicating that, again, the same as I
15 had stated earlier, many of these reworks deal
16 with a change in the demographic information
17 around the claim -- additional cancer,
18 additional employment, a new survivor, that
19 kind of thing. There was -- before the PERs
20 came on line, there were a small category of
21 truly technical issues that we were being asked
22 to rework. Now that we've got this number of
23 PERs being worked, we're seeing more -- we're
24 seeing the demographic -- we're seeing the
25 population of reworks change in that way.

1 **MR. GRIFFON:** Okay. I guess -- I guess I would
2 ask for -- for the next DOL presentation maybe
3 to have that same -- I know that Jeff presented
4 it before, and maybe if you can continually
5 update us on that breakdown as it evolves, it
6 might be useful to see.

7 **DR. ZIEMER:** Christie, I want to pose a
8 question that's basically the same one I asked
9 Larry, and you may not have an answer for it,
10 but nonetheless I'll pose it. NIOSH indicated
11 they've seen a somewhat marked increase in the
12 number of cases coming over. From Labor's
13 point of view, can you identify why we are
14 suddenly seeing more cases again? Do we know
15 what the -- the reason for this is? Is it --
16 again, I thought perhaps the outreach meetings
17 were stimulating more people, but can you put
18 your finger on anything there?

19 **MS. LONG:** Well, I -- I'm not sure that I can
20 put my finger on it. I would have to agree
21 with Larry's assessment that I do think the SEM
22 round table meetings and the outreach that the
23 Department's been doing has increased the
24 effort and has gotten the word out more to the
25 claimant population. Our Resource Centers are

1 very active getting the word out about our
2 program, and it's the only thing that I can at
3 this point attribute that to.

4 **DR. ZIEMER:** Ask for other questions or
5 comments, Board members? I didn't ask Dr.
6 Roessler if she had any, or -- Gen, are you
7 still on the phone?

8 **DR. ROESSLER:** I'm still here.

9 **DR. ZIEMER:** Okay. Well, I assume if you have
10 a question, you'll pipe up.

11 **DR. ROESSLER:** I will.

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

13 **MR. GRIFFON:** Just a follow-up to -- to Paul's
14 question. I wonder if -- you -- you probably
15 don't have this available now, but it might be
16 interesting to look at those cases and whether
17 they actually trended with those outreach
18 sessions that you did, if you got an up-tick in
19 the Idaho ones and -- you know, did they
20 correspond to those meetings that you recently
21 had, that might be interesting to see. It
22 shouldn't take long to kind of -- do that kind
23 of assessment.

24 **MR. ELLIOTT:** That would be interesting to do,
25 but it's -- it wouldn't be fruitful at this

1 time to do it because it typically takes -- I
2 don't know, Christie can speak to this better
3 than I -- there's an average time that they
4 know of that it takes to develop a claim before
5 it's sent to us. And it's -- it's longer than
6 the time frame that -- that we see from when we
7 did these outreach efforts, if you're talking
8 our -- our SEC outreach efforts, our worker --
9 so -- but it's something to -- it's a good
10 comment, something to look into.

11 **DR. ZIEMER:** That -- that's right, a claim
12 coming in now would have perhaps been
13 initiated, as far as gathering information,
14 quite some number of months ago 'cause you
15 don't get it until --

16 **MR. ELLIOTT:** We don't -- we don't get it until
17 --

18 **DR. ZIEMER:** -- the medical information's in,
19 the --

20 **MR. ELLIOTT:** Right.

21 **MS. LONG:** Correct.

22 **MR. ELLIOTT:** Employment history's verified.

23 **DR. ZIEMER:** -- employment history's verified,
24 so that --

25 **MR. ELLIOTT:** That's correct.

1 had the Subcommittee on Dose Reconstruction
2 broken out separately; but if we don't, we can
3 get your report yet today and then go to the
4 workgroups -- or we can do the workgroups first
5 and then catch you after the break.
6 One -- before we do the workgroups, I want to
7 make the Board aware of one minor change in the
8 alignments of assignments, and that is that
9 Mike Gibson, who was recently appointed as
10 chair of the work-- the workgroup -- or the
11 worker outreach workgroup, workgroup on worker
12 outreach, was also chairing the Savannah River
13 workgroup. And in order to spend more time on
14 the worker outreach program and also to attend
15 some of those meetings, Mike asked if he could
16 be relieved of chairing the Savannah River
17 workgroup, with the understanding he would
18 remain on the workgroup but not have the
19 responsibility of the chair. And after
20 contacting the other members of the workgroup
21 to see who would volunteer or be available to
22 do that, I have now appointed Mark Griffon, who
23 is a member of that workgroup, to serve as
24 chair. So that change has not been promulgated
25 on the web site yet. I actually made that

1 appointment just a couple days ago, so it's
2 very new, but you might make a note in your own
3 records that Mark will be chairing that
4 workgroup.

5 Let -- let's go through these workgroups in
6 order. You may or may not have any -- any
7 actual changes to report. I have -- I'm -- let
8 me take them in the order they're on the web
9 site 'cause I just have to have -- have that
10 open, so -- and Blockson, we're going to have a
11 report from Blockson anyway, Wanda -- Wanda
12 Munn is the chair -- later in the meeting or...
13 Tho-- those -- those workgroups that will be --
14 for example, Chapman Valve, that will be --
15 actually have action items, we can take those
16 reports at that time. I think -- I think -- I
17 think Blockson is one of those, so we'll delay
18 one, likewise Chapman Valve.

19 Conflict of interest policy, Dr. Lockey.

20 **DR. LOCKEY:** Perhaps our legal counsel would
21 comment on the conflict of interest workgroup.
22 I -- we're on hold until we get further
23 clarification about the direction we need to
24 take on that.

25 **DR. ZIEMER:** Okay, we -- we're awaiting

1 something.

2 **MS. HOWELL:** Right, we're awaiting further
3 instructions from HHS regarding how we should
4 proceed with that, but I've spoken with Dr.
5 Lockey and Dr. Wade and we'll be proceeding
6 within the next few weeks and certainly have
7 something more to give you and hopefully some
8 progress by the October meeting.

9 **DR. ZIEMER:** Okay. Thank you. The Fernald
10 site profile, the chairman of that is Brad
11 Clawson, who's not with us today, and other
12 members of that group -- I -- the group has not
13 met. They have been receiving some materials
14 by e-mail that the group has been looking at,
15 but -- and I'll -- I'll look to Mark and Bob,
16 but my understanding is that there is no --
17 there has been no meeting since our last
18 meeting of this workgroup, and none is
19 currently scheduled.

20 **MR. PRESLEY:** That's correct, sir.

21 **DR. ZIEMER:** Okay.

22 **MR. PRESLEY:** We're in the process of trying to
23 set up some working groups on that in
24 conjunction with one that Wanda's got, one that
25 I'm trying to get ready for the Test Site, so

1 we're trying to --

2 **DR. ZIEMER:** Trying to find a time --

3 **MR. PRESLEY:** Right.

4 **DR. ZIEMER:** -- to schedule the meeting. Yes,
5 okay.

6 The Hanford site workgroup, Hanford's on the
7 agenda so we'll get that report later.

8 Los Alamos is Mark Griffon.

9 **MR. GRIFFON:** Los Alamos workgroup meeting
10 hasn't met, either. I think one thing we, as
11 the workgroup, want to und-- want to understand
12 a little better is where NIOSH stands on the
13 site profile modifications. I think they -- my
14 understanding is from '75 on they're -- they're
15 doing some research and further modifications
16 and I guess -- we -- we've kind of been on hold
17 with this and -- and -- and I -- I didn't want
18 to push for a workgroup meeting until we had
19 something that SC&A could actually respond to.
20 And if things are still evolving, I don't think
21 it's a good time for SC&A to dig in and do a
22 lot of legwork or -- or for the workgroup to
23 meet until we know a little better what the
24 status is on the LANL site profile and the --
25 maybe Jim...

1 **DR. NETON:** We'd be in a better position to
2 answer that question tomorrow when Sam --

3 **MR. GRIFFON:** Okay.

4 **DR. NETON:** -- Glover arrives. He's intimately
5 involved with the site profile revisions, so if
6 we could defer the answer till tomorrow, that
7 would be good.

8 **MR. GRIFFON:** Okay. So I think we-- we're
9 anxious to move it along, but we don't want to
10 -- we -- we don't want to get ahead of
11 something that we know is being modified by
12 NIOSH. It doesn't make a lot of sense to -- to
13 spend energy now when -- when something's
14 evolving -- and maybe Joe can help me out here,
15 too.

16 **MR. FITZGERALD:** Just -- just to clarify --

17 **MR. GRIFFON:** Yeah.

18 **MR. FITZGERALD:** -- I think the -- the question
19 that we had was the additional work that was
20 being done on the post-'75 SEC evaluation,
21 understanding of course that there's further
22 work that's going to be underway and we had an
23 action from the workgroup to look at that SEC.
24 But clearly with the SEC being decided through
25 '75, the question now is what do we do post-

1 '75, and I think we're in that holding pattern,
2 seeing perhaps what NIOSH is doing.

3 **DR. ZIEMER:** Okay. John Mauro, did you have an
4 additional comment on that?

5 **DR. MAURO:** I think we have a recurring theme
6 of that nature. This is also true for Fernald.
7 It's also true for Hanford. So what we have,
8 and -- and -- that -- that's I guess worth --
9 worthy of keeping note of that, there are a
10 number of site profile reviews that were in the
11 closeout process when the SEC stepped in. So I
12 think that is probably -- has eclipsed, in
13 effect, the -- the site profile's been more or
14 less eclipsed by the SEC. And in effect, you
15 really -- in the process of addressing I would
16 say the SEC issue, we're also simultaneously of
17 course addressing many of the site profile
18 issues.

19 **DR. ZIEMER:** Right. Right. Thank you. The
20 next one on the list is Linde Ceramics. Dr.
21 Roessler, do you have anything there to report?

22 **DR. ROESSLER:** Yes, Paul?

23 **DR. ZIEMER:** Yeah.

24 **DR. ROESSLER:** Can you hear me okay?

25 **DR. ZIEMER:** Very well.

1 **DR. ROESSLER:** Oh, good. There's a lot of
2 noise on the line.

3 The Linde workgroup has not met recently. We
4 met on March 26th and at that time we turned
5 over some work to ORAU. We had hoped to have a
6 response by June 29th. On July 9th I got a
7 note from Chris Crawford at OCAS saying that
8 there will be a delay in completing the work --
9 and this work involved the urinalysis data that
10 we need for the Linde review. He said when I
11 have an update, I'll let you know.

12 So that's all I know at this point. I don't
13 know if anybody's there from ORAU who can give
14 us any more information.

15 **DR. ZIEMER:** Okay. Well, no, there isn't, but
16 that -- that's similar to some of the others.
17 There's pieces of information that we're
18 awaiting, again, in this particular case before
19 we can move forward.

20 Nevada Test Site, Robert Presley.

21 **MR. PRESLEY:** I talked to Mark Rollefor-- Mark
22 Rollefus (sic) week before last, and Mark said
23 that we are waiting still for some of the
24 technical data basis documents to be completed
25 so that we can go back as a working group and

1 make our final decision. The holdup has been
2 the amount of work that NIOSH has had.
3 Hopefully we'll have something on this before
4 our next meeting -- full Board meeting and we
5 can put it to a vote.

6 **DR. ZIEMER:** Okay, thank you. The workgroup on
7 procedure reviews headed by Wanda Munn, and
8 they have had a meeting and another one
9 planned. Wanda, give us an update.

10 **MS. MUNN:** Yes, we have had -- as most of the
11 Board members are aware, our workgroup has not
12 met for almost a year, primarily because there
13 was so much activity going on with respect to
14 the material that we needed to cover. A large
15 number of procedures were in the process of
16 review and a great many new technical documents
17 of one sort or another were being generated in
18 response to some earlier work that had been
19 done. SC&A, who's done an excellent job in
20 recent months of pulling together the current
21 matrix of the procedures that we're going to be
22 having to address during this second go-round
23 and during the workgroup meeting, which we had
24 by teleconference on the 26th of June, we
25 identified several items that were of major

1 interest to us, one being the lack of clarity
2 that many of our working group members had with
3 respect to outstanding issues from the first
4 batch of procedures we had gone through.
5 Since that time Kathy Behling and other members
6 of SC&A have provided for us an updated list of
7 that matrix from the first group of procedures
8 so that we are very clear on which issues need
9 to be addressed at our upcoming meeting. And
10 we have received one piece of information from
11 our NIOSH components with respect to the second
12 outstanding item that we had in the current
13 group of procedures that we have under review.
14 So we're scheduled for a meeting -- face-to-
15 face meeting in Cincinnati on the 29th of
16 August, with the expectation that at that time
17 NIOSH will have had an opportunity to address
18 more fully the outstanding issues on matrix
19 number two. And we anticipate being able to
20 close out, with any luck at all, virtually all
21 of the remaining items on number one -- with
22 luck.

23 **DR. ZIEMER:** Thank you. Our workgroup on Rocky
24 Flats has been very active over the last couple
25 of months leading up to our last meeting, and

1 now they're catching their breath. Mark,
2 anything else that we need to report on --

3 **MR. GRIFFON:** Yeah, no --

4 **DR. ZIEMER:** -- on Rocky?

5 **MR. GRIFFON:** -- no report at this time on
6 Rocky.

7 **DR. ZIEMER:** Yeah.

8 **DR. MAURO:** Excuse me, Dr. Ziemer, I'm sorry to
9 interrupt --

10 **DR. ZIEMER:** Yeah --

11 **DR. MAURO:** -- regarding --

12 **DR. ZIEMER:** -- John --

13 **DR. MAURO:** -- regarding the procedures, this
14 is John Mauro.

15 **DR. ZIEMER:** Yeah.

16 **DR. MAURO:** One -- one of the procedures that
17 are amongst the set of 45 that we're in the
18 home stretch of completing, but one very
19 important one has been delivered and that is
20 the OTIB-52 procedure regarding construction
21 workers. So that's a real special one and I
22 know lots of folks are very interested.

23 **DR. ZIEMER:** Right.

24 **DR. MAURO:** You do have that in front of you.

25 **DR. ZIEMER:** Right. That was just recently

1 distributed, the review of OTIB-51 on -- or is
2 it 52 -- 52 on the construction workers. Did
3 all the Board members get that, or just the
4 workgroup? Everybody got it? Okay, thank you.
5 Workgroup on SEC issues, and that's a group
6 that's looking particularly at the 250-day
7 issue and the interpretation of that. Dr.
8 Melius is chairing that. I can report to you
9 that they have not met since our last full
10 Board meeting, so there's nothing at the moment
11 to report on that.

12 Workgroup on SEC petitions that did not qualify
13 for evaluation. I think Dr. Lockey gave us the
14 closeout report of that last time.

15 **DR. LOCKEY:** That's correct.

16 **DR. ZIEMER:** And so for all practical purposes,
17 much as we like to keep -- institutionalize
18 things, that workgroup should disappear from --
19 or should be shown as workgroup emeritus or
20 something like that.

21 **DR. LOCKEY:** It has disappeared.

22 **DR. ZIEMER:** And then workgroup on worker
23 outreach, and Mike Gibson.

24 **MR. GIBSON:** We have not met yet, but hopefully
25 now that Rocky's done, we can have maybe a

1 teleconference call in the next few weeks and,
2 before the September meeting, have some of the
3 workgroup members attend some of these outreach
4 meetings and have something more to report
5 then.

6 **DR. ZIEMER:** Okay, thank you. It appears that
7 I skipped the Savannah River Site, and I
8 already announced that the leadership of that
9 has transitioned to Mark, but I think in
10 Savannah River also there's information being
11 gathered by -- who's our contact on that, the -
12 - the --

13 **MS. CHANG:** Sam and Joe.

14 **DR. ZIEMER:** -- Sam and Joe, Joe Fitzgerald,
15 and either Mark or Joe --

16 **MR. GRIFFON:** Yeah.

17 **DR. ZIEMER:** -- any comments on Savannah River
18 --

19 **MR. GRIFFON:** I can --

20 **DR. ZIEMER:** -- you...

21 **MR. GRIFFON:** I can give a small -- I mean I
22 just took this over, and Joe can chime in if I
23 get this incorrect, but yeah, I think site --
24 Savannah River is only a site profile review,
25 and we have a -- a status report or a interim

1 report, I guess, from SC&A at this point. We -
2 - we did have a classified meeting down at the
3 Savannah River Site to look at a database, and
4 we -- out -- out of that meeting -- I mean it -
5 - it's actually quite interesting 'cause the
6 database we were looking at wasn't the database
7 we thought we were going to look at, so that's
8 one of the things we have to resolve is this
9 sort of database pedigree question. And out of
10 that meeting arose several actions and I've --
11 I've -- I volunteered to take the task of
12 getting some action items out of that workgroup
13 meeting and circulating them to the workgroup
14 and to NIOSH as a reminder. I think we all
15 understood when we left the meeting that
16 certain parties had certain actions, but I
17 think we need a reminder, a memo, of these
18 actions. And I'm just getting around to
19 finalizing that so I'm going to circulate that
20 soon. But I think otherwise, the interim
21 report is out there and I think we need a face-
22 to-face workgroup probably to work through some
23 of the-- these questions. But we -- my first
24 preference would be to get a sort of status
25 report on some of these actions that were

1 arranged for in the February meeting in
2 Savannah and maybe Joe can add on if...

3 **MR. FITZGERALD:** Yeah, this is Joe Fitzgerald.
4 I think the only thing I would say is that this
5 is the first of a kind. This is a follow-up to
6 a site profile, which we haven't done before,
7 and it's becoming clear that as we've gone
8 through this process that, you know, we can
9 close some of these issues out -- and we have,
10 in fact. Sam Glover, the workgroup and
11 ourselves have closed out a number of issues.
12 But there are some issues that require data,
13 information from DOE, and so this is going to
14 sort of have a continuum that will take a
15 little bit of time. And what we're proposing
16 is to go ahead and take this so-called status
17 summary, this -- you know, work progress
18 report, and go ahead and put that together --
19 not do too much more work with it but, you
20 know, make it available to the Board as here is
21 the progress of the follow-up to this review
22 that the Board assigned us, and we're going to
23 continue chasing some of these remaining
24 issues. But here's where we are now, here's
25 what's been settled, here's what's remains,

1 here's some of the issues that we've looked at,
2 and make that available and -- but then move on
3 and work some of these other issues. So that's
4 what we're planning to do in terms of issuing a
5 sort of a interim report or progress report
6 that we could make available to the Board.

7 **DR. ZIEMER:** Okay.

8 **MR. FITZGERALD:** And that current draft right
9 now is with Sam. He's looking at it from the
10 standpoint of just looking at the status and
11 the -- you know, ascertaining whether or not he
12 -- he agrees and whether the workgroup's on
13 board.

14 **DR. ZIEMER:** Okay, thank you. Let the record
15 show that Dr. Melius has joined us. Welcome,
16 Jim. Jim, we're just doing the updates on our
17 working groups. One that we sort of reported
18 for you, but I'll give you an opportunity to
19 update further if you wish, it's on the SEC
20 issues, the 250-day issues and related items.
21 I -- I reported that that workgroup has not met
22 since our last meeting, and I don't think
23 there's any other material that -- or is there
24 some more material --

25 **DR. MELIUS:** What -- there -- there --

1 **DR. ZIEMER:** -- that you want to report on?

2 **DR. MELIUS:** There -- there is some more
3 material. Jim Neton -- we had that one meeting
4 that we had agreed to try to identify some of
5 the information, some particular cases and
6 exposure situations fro-- at the Test -- Nevada
7 Test Site, and I believe that relatively
8 recently has been provided to SC&A. I got an
9 e-mail I believe from Arjun about that. I
10 don't know, Arjun, if you want to add a little
11 bit to that.

12 **DR. MAKHIJANI:** No, we -- we're -- we've sort
13 of begun looking at it, but we don't have
14 anything substantive to report. Jim --

15 **DR. ZIEMER:** But you have received the document
16 from -- from NIOSH and so on.

17 **DR. MAKHIJANI:** We did -- we did receive the
18 document --

19 **DR. ZIEMER:** Okay.

20 **DR. MAKHIJANI:** -- from NIOSH, so --

21 **DR. ZIEMER:** And then -- so the -- the
22 workgroup will be awaiting SC&A response --

23 **DR. MELIUS:** Yeah.

24 **DR. ZIEMER:** -- for that. All right. Thank
25 you for that update.

1 **MR. PRESLEY:** Hey, Paul?

2 **DR. ZIEMER:** Yes --

3 **MR. PRESLEY:** I just received --

4 **DR. ZIEMER:** -- Bob Presley.

5 **MR. PRESLEY:** I just received an e-mail from
6 Gen, and she asked that everybody please try to
7 speak into the mikes. She's having a hard time
8 hearing.

9 **DR. ZIEMER:** Okay, thank you. Gen, we'll try
10 to speak up, but we had trouble this morning
11 with people at the -- on the phones hearing us,
12 as well. It may have something to do with the
13 equipment here, we don't know really.

14 **DR. ROESSLER:** It is a lot of clicking every
15 now and then.

16 **DR. ZIEMER:** Yeah, I -- I think that's some
17 background on the line. We're not hearing at
18 this end at all.

19 **DR. ROESSLER:** Yeah, I think if people on the
20 line could mute their phones, that would help.

21 **DR. ZIEMER:** Yeah.

22 **DR. ROESSLER:** Thanks.

23 **DR. ZIEMER:** If you are listening by phone, if
24 you're not speaking, mute your phone so that we
25 don't pick up the background noises. Thank

1 the dose reconstruction subcommittee.

2 **MR. GRIFFON:** Okay. Yeah, a lot of -- a lot of

3 the folks in the room now were here for the

4 earlier subcommittee, but I will go through --

5 a fairly brief subcommittee meeting this

6 morning. We did talk about mainly three

7 topics. One was the blind reviews for the dose

8 reconstruction process. The second was the

9 advanced versus basic reviews that we wanted to

10 -- to see going forward, whether we needed to

11 further look at the original scope of the

12 advanced reviews and see if we needed to

13 integrate more of that into the future advanced

14 reviews. And finally just a status update on

15 the -- all the sets of reviews that we've been

16 doing and where they stand and where they're --

17 where -- where we're going in the near future.

18 On the first topic with the blind reviews, we

19 had -- we had discussed this at previous

20 meetings and I think we sort of had some

21 general discussions on how to -- how we want --

22 wanted to conduct the blind reviews. It -- it

23 is in our original contract with SC&A to have

24 SC&A conduct blind reviews. We haven't done

25 any to this point, so we -- we had discussed

1 sort of the -- the need to do them, how we
2 would go about them and the process for a sort
3 of case selection. And out of this -- out of
4 this morning's subcommittee meeting we came up
5 with a recommendation from the subcommittee to
6 the Board to consider, and I guess I can just
7 read that -- that recommendation out and then
8 we can -- we can discuss it from there.
9 The subcommittee recommends that the Board
10 should task SC&A with conducting two blind
11 reviews, both being done with two different
12 approaches. The first approach would be a dose
13 reconstruction using available NIOSH tools, and
14 the second approach would be a dose
15 reconstruction using best health physics
16 practices without the use of NIOSH tools but in
17 accordance with the letter and intent of the
18 statute and the regulations. And we were -- we
19 also mentioned that -- or I guess part of the
20 motion was that this be conducted as part of
21 the '07 -- FY '07 activities, at least
22 initiated in '07. It may not be completed in
23 '07 -- probably won't be completed in '07.

24 **DR. ZIEMER:** So that is the motion?

25 **MR. GRIFFON:** That's the motion, yes.

1 **DR. ZIEMER:** And for clarity, by '07 activities
2 you're referring to the tasking of our
3 contractor, SC&A, in terms of -- of that
4 activity.

5 **MR. GRIFFON:** Correct, yeah.

6 **DR. ZIEMER:** Okay. That motion doesn't require
7 a second since it comes from a subcommittee.
8 It's on the floor for discussion.
9 Wanda?

10 **MS. MUNN:** Further clarification, perhaps I
11 missed it, but our discussion was indicating
12 that these blind reviews were going to take
13 place from raw data, specifically --

14 **MR. GRIFFON:** Yeah.

15 **MS. MUNN:** -- and that was -- I did not hear
16 that incorporated in the motion.

17 **MR. GRIFFON:** Yeah, I -- I should -- I was
18 trying to be brief with the motion, but when I
19 -- I can expand that the -- these two
20 approaches, the first approach would be a DR --
21 dose reconstruction using available NIOSH
22 tools, but -- but the initial data that -- that
23 we give or that -- that SC&A gets in this blind
24 review process would be the exact same data
25 that a dose reconstructor at NIOSH would

1 receive. In other words, it would be the raw
2 DOE records, along with the interview and other
3 correspondence, but it would not include any of
4 the analysis that NIOSH did in reconstructing
5 dose. So it was just -- just be the raw data
6 and the interview and other -- other sort of
7 administrative information and -- and that
8 would be -- you know, that would be what they
9 were provided up front.

10 In option -- in option B, they would be given
11 that same set of information, but then they --
12 instead of using the NIOSH workbooks and
13 procedures and tools, they would just use
14 basically the -- good health physics practices.
15 And part of the -- part of the rationale for
16 that is we want to -- this is to sort of test
17 the -- one of our charters, which is the
18 scientific validity of the dose reconstruction
19 program, so you know, if it -- it could work
20 very well and be consistent with NIOSH's output
21 if they use the same tools, but what if they
22 just went back to basics and said okay, we're
23 not going to use some of the -- some of the
24 spreadsheets that NIOSH uses, for instance,
25 have fairly sophisticated approaches for

1 calculating uncertainties and incorporating
2 them into the dose estimates. If you just --
3 if you're going to do a best -- best estimate
4 using best health physics practices, sort of
5 going back to the basics and using a calculator
6 to run your numbers, you know, you might not
7 have all the sophistication in the uncertainty
8 analysis, but -- but you -- you know, you might
9 -- you'll get a reasonable comparison with
10 these other methods, as well. And -- and then
11 it's sort of -- you know, it's another way to
12 validate is NIOSH's method scientifically
13 robust.

14 **DR. ZIEMER:** Okay. Does that answer your
15 question, Wanda?

16 **MS. MUNN:** Yes, it does.

17 **DR. ZIEMER:** Okay. And Dr. Melius?

18 **DR. MELIUS:** Yeah, my concern would be why only
19 a sample of two? That seems awfully small to
20 make a comparison or to reach any -- if we're
21 trying to understand either the validity or
22 which approach is -- is better or more
23 appropriate to do, I'm not sure what we're
24 going to conclude with a, you know, cell size
25 of one on each side. And it seems to me we've

1 postponed doing those -- doing these for quite
2 some time. I think the blind reviews have, you
3 know, potentially significant value and I think
4 they're -- is, as we had originally discussed,
5 a significant part of -- of us as a Board
6 meeting our charge in the legislation to
7 evaluate the dose reconstruction process. So I
8 guess I'm a little puzzled why only -- are we
9 starting with two, and particularly why are
10 starting with two and splitting them into, you
11 know, two different approaches and what are we
12 -- where do we go from there? I mean...

13 **DR. ZIEMER:** Let me respond in part, and I'm
14 not on the subcommittee but I did listen to
15 their deliberations. I would look on this as a
16 pilot study. They wanted to try a couple and -
17 - and -- and then see if thi-- is this the
18 approach we want to use for blind review.
19 We've not done blind reviews, and there's some
20 question as to how they should be done. I
21 think, as I understood it, they were going to
22 evaluate this immediately after so they could
23 determine what additional number might be
24 needed and if indeed this is the approach that
25 should be used. But --

1 **DR. MELIUS:** But -- but --

2 **DR. ZIEMER:** -- perhaps Mark should --

3 **MR. GRIFFON:** Yeah, that -- that was the only -
4 - the justification was -- you know, this --
5 let's try this out and see how this works. I
6 understand your concern of two is not a very --
7 very large sample to try something and see if
8 it works.

9 **DR. MELIUS:** Yeah, 'cause -- if I can just --

10 **MR. GRIFFON:** Yeah.

11 **DR. MELIUS:** -- I mean if it -- the desire is
12 to compare the -- get some estimate of the
13 amount of work time that would be required and
14 sort of the budget and how much -- well, budget
15 and time we need to commit on the part of SC&A,
16 I also don't think that a -- you know, a sample
17 of, you know, one from each method is going to
18 -- or approach is going to be adequate because
19 it really is -- lot's going to depend on your
20 selection of the cases, how, you know,
21 complicated their -- their exposure history is
22 and what they were exposed to and so forth, so
23 I guess --

24 **MR. GRIFFON:** Well --

25 **DR. MELIUS:** -- I -- I -- I'm -- I'm puzzled

1 why we're only committing at this point to
2 doing two, I guess is the thing. It seems to
3 me we need to -- we've delayed this long enough
4 and we ought to be thinking about -- 'bout
5 doing more. If it's a budget issue, then let's
6 talk about it in terms of budget. If it -- if
7 it's an issue of method, I guess I'm a little
8 concerned at the end of it how -- how are we
9 going to know which one is better, or more
10 appropriate?

11 **MR. GRIFFON:** We -- we do -- just for
12 clarification, we were saying two cases and use
13 both methods on both cases, but --

14 **DR. MELIUS:** Yeah, even so --

15 **MR. GRIFFON:** -- still -- still, the numbers
16 are small, yeah.

17 **DR. MELIUS:** Yeah.

18 **MR. GRIFFON:** Yeah.

19 **DR. LOCKEY:** Mark, let me ask you a question.
20 If -- if the two cases were done in a blind
21 fashion and they come out similar, does that
22 answer a question; or if they come out
23 dissimilar, does that answer a question?
24 What's -- will be the next step in either of
25 those outcomes?

1 **MR. GRIFFON:** I -- I -- I think -- I think --
2 I'm not sure that -- that -- that -- I guess
3 that's part of why we wanted to keep a small
4 number as we're not sure what outcome we're
5 going to get out of this. But I think part of
6 what we're going to find out is -- is
7 information of -- of not just the final result,
8 but information so-- you know, along the way of
9 -- of how -- what we found out in doing the
10 dose reconstructions each way, so...

11 **DR. LOCKEY:** So perhaps the process is -- is --

12 **MR. GRIFFON:** Yeah --

13 **DR. LOCKEY:** -- as important as the outcome
14 here, and then take next steps?

15 **MR. GRIFFON:** That's at least what I think --

16 **DR. LOCKEY:** Okay.

17 **MR. GRIFFON:** -- at this point, but -- you
18 know, and then maybe we -- you know, we do need
19 a larger sample eventually. I think we
20 budgeted for two blind reviews for each year,
21 didn't we, initially?

22 **DR. ZIEMER:** Yeah, the budget -- we're budgeted
23 this fiscal year for two blind reviews, and
24 we're budgeted next year I think for two,
25 although we haven't approved next year's budget

1 and that could certainly change. But John
2 described for the group how they would approach
3 this in terms of internally making sure the two
4 things were done completely separate, and you
5 may want to describe that.

6 **MR. GRIFFON:** Well, I think we know.

7 **DR. MELIUS:** I guess my concern is not hearing
8 the methods or -- or about the particular
9 methods involved. It's -- I'm trying to get a
10 sense is the subcommittee -- are we committed
11 to continuing to do blind reviews or -- or are
12 we --

13 **MS. MUNN:** Yes.

14 **DR. MELIUS:** -- going to do two and just stop
15 and say -- and we're trying to evaluate whether
16 they're worth doing because --

17 **MR. GRIFFON:** No, I --

18 **DR. MELIUS:** -- then I have a real concern that
19 the -- the sample size just isn't big enough
20 and that we're fooling ourselves if we think we
21 can reach conclusions. If we're trying to
22 reach out -- you know, work out what's the best
23 approach to use --

24 **MR. GRIFFON:** That's what I think.

25 **DR. MELIUS:** -- then -- then, you know, I guess

1 I can understand a little bit better and I'm a
2 little bit more comfortable with sort of this
3 pilot test and then moving --

4 **MR. GRIFFON:** Yeah, I'm not sure I'm -- I'm not
5 sure I'm speaking for the whole subcommittee,
6 but -- but I -- my intent was that we'd choose
7 a small sample size to work out how we want to
8 do these blind reviews, and we are committed --
9 I mean the original scope says these blind
10 reviews and we estimated two per year --

11 **DR. LOCKEY:** Yeah.

12 **MR. GRIFFON:** -- and I think we're still
13 committed to doing more of these, but we just
14 don't want to assign ten and then find out, you
15 know, we went about this all wrong. We wasted
16 a lot of -- so we want to -- we want to try to
17 refine it after these first -- this pilot sort
18 of --

19 **DR. MELIUS:** Okay.

20 **MR. GRIFFON:** -- test.

21 **DR. MELIUS:** Okay. That helps.

22 **MR. GRIFFON:** Sorry.

23 **DR. ZIEMER:** Other comments or questions? Yes,
24 Larry Elliott has a comment.

25 **MR. ELLIOTT:** I've -- I've listened to the

1 deliberation on blind reviews from the start of
2 the program, if you'll recall. I'm really
3 interested in what you do with this and have --
4 it's been, you know, my advice to you all to
5 get on with it and do it because I think
6 there's a lot to be gained from -- from this
7 examination.

8 I -- I would like to challenge the Board here
9 to -- to come to grips with what are the
10 questions that you're trying to answer in a
11 blind review, because I think there's two
12 obvious ones. One obvious one that you've been
13 thinking of all along, you know, how well did
14 NIOSH do in reconstructing the dose for a given
15 claim using their approaches, their -- their --
16 their tools. And I -- I think there's many
17 more questions that could be asked. If you put
18 your questions down, maybe then you can reflect
19 upon what you see in your review process and
20 maybe we can see some answers.

21 To me it's very interesting because NIOSH --
22 when you talk about basic health physics
23 principles, Mark, that's what we feel we have
24 based this whole program on, and that's what we
25 have done in the development of our tools.

1 We've used basic health physics principles,
2 good industrial hygiene practices and
3 understanding of exposure scenarios. And where
4 we needed to draw assumptions, we've tried to
5 make those assumptions reasonable and claimant
6 favorable in the context of a compensation
7 program that requires us to do -- do all of
8 this in as timely a manner as we possibly can
9 to treat all the claims.

10 And so, you know, one of the questions could be
11 is there another approach that gets the job
12 done with more accuracy and in a quicker time
13 frame. I'm all ears.

14 So I'm -- I'm just -- I don't want to be
15 belligerent here, but I really think that I
16 don't want to see this opportunity missed in
17 blind reviews. I think they are important. It
18 is, to me, one of the ultimate external peer
19 reviews that we could ask for. Can some other
20 health physicist pick up a claim, with the
21 claim information that's been developed as a
22 case file, and come out with a dose
23 reconstruction in a timely manner that gives a
24 compensation decision that is accurate. That's
25 what we've been asked to do in this law and

1 that's what we've been striving to do from day
2 one.

3 So I -- you know, sorry to be preaching here,
4 but that's what I would say to you.

5 **DR. ZIEMER:** Thank you. Good comment. Jim,
6 you have an additional comment?

7 **DR. MELIUS:** Yeah. Let me -- since we're
8 talking about the philosophy of why we're doing
9 these and so forth, and I appreciate Larry's
10 comments, but another reason to do blind
11 reviews was to -- to assure that NIOSH is
12 obtaining all the necessary and available
13 information for doing a -- a dose
14 reconstruction. And those of us who are
15 original members of the Board remember that we
16 spent a lot of time arguing and -- and -- about
17 whether or not we would include independent
18 interviews of the claimants as -- as part of
19 this process. And I'm not necessarily bringing
20 that issue up again, but -- but I do think that
21 that's the -- the other aspect of the need for
22 doing blind reviews, and I think, you know,
23 that that is also very important that we
24 provide some sort of verification that all the
25 information that was appropriate and relevant

1 to a dose reconstruction was -- was obtained,
2 to the extent that we are capable of doing that
3 in our audit. And again another reason for I
4 think the need to go on with this process and
5 to move it along.

6 **MR. GRIFFON:** I -- I -- that's a very
7 interesting comment 'cause we had the same
8 comment during the subcommittee from Arjun --
9 or John. And I think what is very clear to me
10 now is that the subcommi-- I think I would
11 offer that the subcommittee draft a set of
12 goals for -- I -- I don't think it should slow
13 this motion, necessarily, 'cause I think we
14 could start the process of -- of -- of doing
15 this work. But in the meantime, I think the
16 subcommittee, parallel to this, should draft
17 goals. And before SC&A gets the assignment,
18 obviously we would have these -- these goals
19 discussed and finalized, but goals for this
20 blind review process. I think that is
21 important.

22 The -- the one thing I want to say, I -- Jim, I
23 think the point you just made is a very
24 important goal of our dose review program, but
25 I think earlier this morning I said that I

1 didn't think it was part of our blind review
2 process that that -- that item that you just
3 mentioned, I tried to capture in the advanced
4 review section and -- and what I would see as
5 something that we haven't covered in our
6 advanced reviews in the past. My concern on
7 doing that with a blind review is -- you know -
8 - well, I just don't think we can capture in
9 the blind review -- we -- we want to compare
10 apples and apples, I think, and we want to have
11 -- have the same information being used by the
12 dose reconstructor from -- I guess it's
13 answering different questions, so I think we
14 should -- should set out what we want to
15 answer, but you know, in that case we're saying
16 give the NIOSH dose reconstructor all the same
17 information as you're giving SC&A and see what
18 kind of answers we get as far as -- as dose
19 estimates. I -- I -- but I do want to say that
20 that goal that you just mentioned I think is --
21 is one major one that I mentioned in our
22 advanced review that I don't think we've fully
23 captured, that -- that question of -- and
24 people that were in the subcommittee meeting
25 earl-- earlier this morning know that I

1 mentioned the data gathering section. I'll --
2 I'll hand out our original scope, I have extra
3 copies here. Data gathering, part of it was
4 did -- did NIOSH include all relevant
5 information from all sources, and I don't think
6 SC&A in their audits thus far have sort of
7 drilled down to examine that question. But I
8 was capturing that in sort of the advanced
9 review questions, not in the blind review
10 questions. But, you know, that -- that's sort
11 of my fo--

12 **DR. ZIEMER:** Okay, Jim, you -- additional
13 comment?

14 **DR. MELIUS:** I would just argue that it should
15 be part of both 'cause I -- and I think just
16 even to address the issue that Larry raised, is
17 there a more efficient way of conducting a --
18 the dose reconstruction process, and I don't
19 think you can consider that without considering
20 the totality information that was available or
21 should have been available for a particular
22 dose -- dose reconstruction. And if someone
23 missed the availability of certain types of
24 information, that could very well mean that the
25 process was, you know, less efficient or -- as

1 well as less accurate. So I would just argue
2 they're part of both. I don't think one can do
3 a full evaluation of -- of whether all the
4 informa-- you know, NIOSH is obtaining all the
5 information necessary and available for doing
6 dose reconstructions as part of the blind
7 reviews. I think that takes something more and
8 that's what I think you were getting at when
9 you were talking about the advanced reviews --

10 **MR. GRIFFON:** Yeah.

11 **DR. MELIUS:** -- but either way, I think it
12 needs to go forward. I would just argue that
13 you've included as part -- I think it's
14 inevitable as part of a blind review that you -
15 - you look into that.

16 **DR. ZIEMER:** Well, one part of a blind review
17 might be that the -- the dose reconstructor in
18 this case, whether it's using NIOSH method or -
19 - or basic health physics principles might, as
20 part of their findings, say there's
21 insufficient information in the file to address
22 some particular question. Not that they
23 necessarily would have to pursue it at that
24 point, but it could be a type of finding that
25 might emerge.

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

2 **DR. ZIEMER:** Additional comments?

3 (No responses)

4 Okay. We have before us the motion, which is
5 to approve, as part of this year's tasking of
6 SC&A, to get underway with two blind reviews.
7 One to be -- well, both to be done in two ways,
8 one using the -- basically what we'll call the
9 NIOSH methodology, the other using basic health
10 physics principles. Is that the -- the thrust
11 of the motion? I -- make sure we all --

12 **MR. GRIFFON:** Yeah.

13 **DR. ZIEMER:** -- understand what the motion is.

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

15 **DR. ZIEMER:** So two reviews, each done two
16 ways.

17 **MR. GRIFFON:** Yeah.

18 **DR. ZIEMER:** And -- and John Mauro described
19 for the subcommittee how they would do that and
20 make sure internally that the two groups doing
21 these weren't talking to each other to give
22 each other clues. They would truly be blind
23 from each other, as well.

24 Board, are you ready to then vote on this
25 motion?

1 All in favor, aye?

2 (Affirmative responses)

3 Those opposed, no?

4 (No responses)

5 Abstentions?

6 (No responses)

7 Gen Roessler, are you on the line?

8 **DR. ROESSLER:** I'm on the line and I voted aye.

9 **DR. ZIEMER:** Okay, thank you. Then --

10 **UNIDENTIFIED:** Aye.

11 **DR. ZIEMER:** Was that Gen twice? Did you --

12 **DR. ROESSLER:** No.

13 **DR. ZIEMER:** -- vote twice, Gen?

14 **DR. ROESSLER:** No, that was somebody else.

15 **DR. ZIEMER:** It sounded like a female voice. I
16 only recognized --

17 **DR. ROESSLER:** It did, but it wasn't me.

18 **DR. ZIEMER:** -- Gen as being on the phone.

19 Then the motion passes and we will so charge
20 SC&A with proceeding with that.

21 And David Staudt, are you -- Staudt, still on
22 the line from this morning, our contractor
23 (sic)?

24 (No responses)

25 Apparently not, but I think he's aware of the

1 recommendation that was going to be made.

2 Mark, do you have any other comments or -- on
3 the other issues and --

4 **MR. GRIFFON:** (Unintelligible) items I do,
5 yeah.

6 **DR. ZIEMER:** Go ahead.

7 **MR. GRIFFON:** Just going to hand around -- I
8 think some people got this this morning. It's
9 the same thing I handed around the
10 subcommittee, but I -- for people who didn't
11 see it, this is the -- there's a four-page
12 document coming around and it's got -- the
13 first two pa-- first two and a half pages are
14 the original --

15 **DR. ZIEMER:** Are these -- are these available
16 for the public, as well, do we know?

17 **MR. GRIFFON:** Do we --

18 **DR. ZIEMER:** Did we make extra copies?

19 **MR. GRIFFON:** We made some extras. We have
20 some extras here. We can make --

21 **DR. ZIEMER:** If anyone didn't get one and needs
22 one, we'll provide them.

23 **MR. GRIFFON:** We can make them available, yeah.
24 The first two and a half pages are the original
25 scope of -- the original scope for the dose

1 reconstruction reviews, and first item says
2 basic review, and it gives the subheadings.
3 Then advanced review is on page two, and then
4 half-way down page two I have added this in --
5 this discussion below, and that's probably
6 where -- where I'll focus you right now, just
7 for purposes of discussion, the scope which
8 needs to be covered in future advanced reviews.
9 And this certainly was just a discussion
10 document in the subcommittee. We didn't come
11 to any formal motion at -- at this point, but --
12 -- and I developed this for discussion from the
13 subcommittee, so we're -- we're just beginning
14 to discuss this. But these items A, and then
15 on page three, B and C, you'll see are part of
16 that original scope for the advanced reviews.
17 And I added the underlined sections to sort of
18 highlight what I felt were some -- you know,
19 some key phrases that I don't think thus far in
20 our dose reconstruction reviews that we really
21 focused on these things. We've probably been
22 doing, I think, what -- what John Mauro has
23 characterized as realistic reviews, probably
24 more than the basic but missing some of these
25 components of the advanced review.

1 And this morning we just sort of kicked in --
2 kicked off this topic, but I -- I -- I asked
3 the other subcommittee members, and we'll come
4 back to the Board with a proposal on this, but
5 I asked the other subcommittee members to look
6 at this and consider which items we want to add
7 for future advanced reviews. And I think
8 there's a couple of considerations, and at the
9 bottom of page four I sort of outline some of
10 those considerations because if you look at
11 item A, when we drafted this we didn't really
12 have a lot of site profiles. I don't even
13 think we had a methodology for reviewing the
14 site profiles at that point. Some of the
15 things in site (sic) A I think it -- it could
16 be easily argued that if we're doing a robust
17 site profile review, some of -- of items A-1, 2
18 and 3 may not be as important in a dose
19 reconstruction review.

20 On the other hand, there's a lot of sites for
21 which there are no site profiles or the Board
22 is not doing a site profile review. And so for
23 some of those cases it may be relevant to say
24 let's tag this one as an advanced review and
25 let's make sure we capture some of these

1 advanced scopes that I've underlined here and
2 highlighted. So we haven't come to any
3 conclusions on this, but I thought that -- we --
4 -- we haven't sort -- we -- the subcommittee's
5 not offering any recommendation at this point,
6 but we are planning to draft language to better
7 define what the FY '08 advanced reviews will be
8 for SC&A. And also sort of the -- the
9 mechanics of how we go about this, how -- for
10 example, we -- we may have sort of an iterative
11 step where we -- we -- we may define something
12 in -- in -- initially as an advanced review.
13 SC&A may open up the full case file and say,
14 you know what, I know you wanted an advanced
15 review on this but it really doesn't make sense
16 for the following reason and, you know, it
17 would be better off just to treat this one as a
18 basic review. Or vice versa. So sometimes
19 when you open up these case files and look at
20 the case, all the facts of the case, you have a
21 different sort of view of it than when you just
22 look at the case statistics. You know, was it
23 a best estimate versus an over or
24 underestimate, or things like that are
25 sometimes not -- don't fully capture the -- the

1 essence of the cases. So we -- we may have an
2 iterative process, and that's sort of the
3 mechanics of how -- how we put this in place.
4 So we've -- we -- we on the subcommittee are --
5 are planning on meeting in September -- late --
6 late August or early September and drafting --
7 or refining this scope or -- and also outlining
8 the mechanics of how we will put this into
9 place for FY '08 advanced reviews, and that's
10 sort of where we stand on that at this point,
11 no -- no real recommendations to the Board.

12 **DR. ZIEMER:** Okay, so no action required, this
13 is for information. Are there -- are there
14 questions for Mark or discussion on this?

15 **MR. PRESLEY:** Well --

16 **DR. ZIEMER:** Mr. Presley.

17 **MR. PRESLEY:** From the meeting this morning,
18 Mark's going to go ahead and e-mail this to the
19 -- to the working group (sic) members for a
20 comment, and then we'll -- I presume -- get
21 back together as a -- a working group (sic) on
22 that.

23 **MR. GRIFFON:** Yes.

24 **DR. ZIEMER:** Right. And at some point will
25 come with a formal recommendation to the Board.

1 left on the table. But we went through the
2 resolution process and we're at sort of final
3 closeout. Our hope is that in the next -- in
4 this September -- late August/early September
5 meeting we can also sort of finalize the fourth
6 and fifth set of cases.

7 The sixth set of cases is -- a matrix has been
8 finalized by SC&A and we're ready to bring that
9 into the workgroup process, and hopefully --
10 that may even be on the agenda for -- for that
11 meeting, if we have time.

12 The seventh set of cases SC&A is -- is now
13 completing the review and they're planning
14 within the next two, three weeks to contact the
15 Board teams and have the conference calls with
16 the Board members on individual cases. And
17 then subsequent to that, a matrix would --
18 would be brought forward to the subcommittee
19 the same way.

20 And finally the eighth set of cases, we just
21 selected these cases. NIOSH is -- is putting
22 together the cases to send to -- to SC&A. They
23 haven't received those yet, but they will begin
24 work on that and that'll be the -- that's the
25 final set for your FY '07 budget. Right?

1 Yeah, John is nodding yes, so...

2 And I guess that's it unless you -- you said
3 you had the teams for the eighth set, are you -
4 -

5 **DR. ZIEMER:** For the eighth set, there are 30
6 cases that NI-- or that will be reviewed in
7 that group, and I have assigned the -- the
8 teams are -- these are teams of two so there
9 are six review teams of two people. Each team
10 will have five cases to review. I'll
11 distribute those assignments at our workgroup
12 meeting Thursday, so those are ready to go.

13 **UPDATE ON SEC PETITIONS**

14 Okay. Now we're a little bit ahead of schedule
15 and, as usual, we try to be flexible and we
16 have an item from -- if we look ahead, an item
17 that we can pick up at this point. It's --
18 it's from Thursday afternoon's schedule. It's
19 just a review of SEC petitions upcoming -- wait
20 a minute, status of SEC petitions, where is
21 that?

22 **MR. RUTHERFORD:** It's actually scheduled for
23 Thursday afternoon at 2:30 or something, 3:30?

24 **DR. ZIEMER:** 2:45 -- 2:45 is -- is the item,
25 status of upcoming SEC petitions. LaVon

1 Rutherford is prepared to present that as
2 simply a report, an update on where we stand on
3 the petition process, numbers and so on, so
4 LaVon has agreed to present that now, so --

5 **MR. RUTHERFORD:** Thank you --

6 **DR. ZIEMER:** -- proceed.

7 **MR. RUTHERFORD:** -- Dr. Ziemer, and Board and
8 public. Some of the slides will be -- look
9 funny because they'll say we talked about
10 something at this Board meeting, but we haven't
11 really talked about it -- you'll notice that.
12 Again, this is the status of upcoming SEC
13 petitions. We do this -- we've done this
14 periodically, and we try to do it every Board
15 meeting but sometimes there's too much on
16 plate. We do this to provide the Board an
17 update of existing SEC petitions and also to
18 identify some 83.14s we're working on. We do
19 this -- this is ho-- this is done to help the
20 Board in preparations for upcoming working
21 group meetings and upcoming Board meetings.
22 To date, since the Rule was approved in May of
23 2004, we have had 93 SEC petitions. We have
24 nine petitions that are in the qualification
25 phase at this time. We have 40 petitions that

1 have qualified for evaluation, and of those 40,
2 32 NIOSH has completed evaluations. We have
3 eight that are in the evaluation process and we
4 have 39 that did not qualify.

5 Let me restate something. I said petitions in
6 the qualification process is nine, meaning they
7 haven't qualified yet at this time, and we have
8 eight that we are actually working on at this
9 time. And the numbers may seem weird to you
10 because it doesn't seem like we've had that
11 many, but if you remember, we do merge
12 petitions at times. If you remember back on
13 the Iowa evaluation, we actually merged four
14 petitions, so one evaluation may have covered
15 four petitions -- or three or four petitions.
16 I want to talk about existing evaluations that
17 we've completed our evaluation report and those
18 -- that report is with the Board awaiting
19 recommendation.

20 We have Chapman Valve, the Chapman Valve
21 evaluation report was approved in August of
22 2006, and NIOSH presented our evaluation in
23 September of 2006. The Advisory Board
24 established a working group and the working
25 group met and presented their findings at the

1 May, 2007 Board meeting and a decision was made
2 to hold off their recommendation until after
3 the petitioner had received the SC&A report
4 from -- from their review of our evaluation.
5 We plan to discuss that -- I believe it's on
6 the schedule to be discussed at this Board
7 meeting.

8 We have Blockson Chemical. Blockson Chemical -
9 - NIOSH completed their evaluation in September
10 of 2006, their initial evaluation. We
11 presented our evaluation at the December, 2006
12 Board meeting. At that Board meeting it was
13 recognized that the evaluation did not cover
14 all of the actual covered exposures for the
15 Blockson Chemical site, so we pulled back that
16 evaluation, revised it, looked at the
17 additional exposure scenarios. We reissued the
18 evaluation report in July, earlier this month,
19 and we plan to provide an update at this Board
20 meeting. A working group was established at
21 that December meeting.

22 We have the Fernald or Feed Materials
23 Production Center site petition. NIOSH
24 completed our evaluation in November of 2006.
25 We presented that evaluation at the February

1 Board meeting in Cincinnati, the February, 2007
2 Board meeting. The Advisory Board established
3 a workgroup to review the evaluation report and
4 in May of 2007 SC&A issued a draft review of
5 that evaluation report to the Board. That
6 review by that working group is still ongoing.
7 Bethlehem Steel, the evaluation report for the
8 Bethlehem Steel was approved and issued to the
9 petitioners and the Board on February of 2007.
10 NIOSH presented their evaluation at the May,
11 2007 Advisory Board meeting. A decision was
12 made by the Advisory Board to hold off until
13 some additional information could be provided
14 by NIOSH, to hold off till the next Board
15 meeting. I believe that's planned to be
16 discussed at this Board meeting.
17 Sandia National Lab Livermore, we completed our
18 evaluation in March of 2007. We iss-- or
19 actually we presented our evaluation at the --
20 at the May Advisory Board meeting. However,
21 just before that Advisory Board meeting we
22 received new information from the petitioner
23 which that new information brought into
24 question some of the evaluation we had done at
25 that time, and so the Board asked NIOSH to go

1 back and review that new information and
2 provide an update to -- to the Board. And we
3 plan on actually revi-- actually doing a
4 supplement to the evaluation report and issuing
5 that supplement in the very near future. We
6 will prese-- present that supplement at the
7 October Board meeting.

8 Hanford early years, we actually discussed this
9 at -- back in the -- the February Board meeting
10 in Cincinnati. The Hanford petition was a very
11 large petition, number of years. We determined
12 the best way to handle the Hanford petition was
13 to break that down into more of a manageable
14 approach of evaluating the early years at
15 Hanford where there were significant questions
16 that were brought up that -- that were somewhat
17 different than the later years. So we -- we
18 broke that into two separate evaluations.
19 The Hanford early years, we completed that
20 evaluation on May 18th and -- 2007, and we plan
21 to present that evaluation at this Board
22 meeting.

23 Y-12 is actually a petition that was an -- it
24 was initially not qualified by NIOSH and we
25 went through the qualification phase -- or went

1 through the phase to be qualified and we -- we
2 closed the petition, they didn't meet the
3 basis. The Administrative Review Panel
4 reviewed that one. This is one of the ones
5 that the actual working group looked at
6 earlier. This -- and the work-- the
7 Administrative Review Panel recommended that we
8 qualify this petition because they felt that we
9 had not provided enough information back to the
10 petitioner.

11 We went through the evaluation of this
12 petition. We've issued the evaluation report
13 on June of -- June of 2007. We plan to present
14 that evaluation at the October, 2007 Board
15 meeting.

16 There is one I -- I've left off here, and it's
17 kind of funny because I'm the one presenting
18 this one tomorrow, the Ames petition. We have
19 a -- a second Ames petition that qualified a
20 while back and we've completed the evaluation
21 on that. This is a petition for 1955 through
22 1970. It's a very specific class, focusing on
23 maintenance workers, sheet metal workers. We
24 completed that evaluation in June -- or
25 May/June time frame and we plan on presenting

1 that evaluation tomorrow.

2 We have a couple of sites that are still in the
3 evaluation process.

4 Hanford, as I discussed earlier, we completed
5 the early years' portion of the Hanford
6 evaluation. The other years, 1947 on to 1990,
7 we're on the pace to complete that evaluation
8 in September, and we plan on presenting that
9 second evaluation at the October, 2007 Board
10 meeting.

11 We have a petition for NUMEC that we are --
12 it's currently in review processes, and we --
13 we plan on presen-- or completing that and
14 approving that evaluation in the near future,
15 and presenting at the October, 2007 Board
16 meeting.

17 We had a Nevada Test Site petition that we're
18 evaluating that was for the actual years 1963
19 to '92. It was -- it was the underground
20 testing -- was one of the key elements. We
21 actually are on schedule to complete that
22 evaluation in August of 2007 and we will
23 present that evaluation at the October Board
24 meeting.

25 Lawrence Livermore National Lab, this is

1 actually an 83-- 83.14 that we're working on.
2 We're on schedule right now to complete the
3 evaluation in early October. However, if we
4 can get that done earlier, we will -- we will
5 present it at the October Board meeting.
6 There -- there is -- since I've prepared this,
7 we had two petitions that we're working on from
8 the Mound facil-- Mound site. They are
9 actually 91 and 92, if I remember correctly.
10 Those petitions are qual-- will qualify.
11 That's for a pretty large period. The actual
12 letter should go out this week for qualifying
13 those petitions, so that'll be another actual
14 petition we will be evaluating.
15 SEC sites, potential 83.14s that -- that we are
16 considering, there are a number of 83.14 sites
17 that we'd actually identified and we started
18 through the process. However, resource
19 constraints have -- have slowed the 83.14
20 process down. We have -- you know, with the
21 resource constraints that we have, we focused
22 our efforts on the 83.13s to ensure that we --
23 you know, in hopes we can meet the 180-day
24 requirement for those.
25 And that's it. Questions?

1 **DR. ZIEMER:** Okay. Thank you, LaVon. Robert,
2 do you have a question? No.
3 Mark Griffon.

4 **MR. GRIFFON:** On -- on this -- on the table
5 there, your next-to-last slide, I guess, LaVon
6 --

7 **MR. RUTHERFORD:** Yeah.

8 **MR. GRIFFON:** -- for the Hanford one, qualified
9 11/08/06 and you're expecting a report by
10 September '07. This -- this says '47 through
11 '90. Was -- was this like for the later years
12 separated or for the...

13 **MR. RUTHERFORD:** What we did was we broke down
14 the 19-- early -- 1942 to 1946 because of the
15 specific issue focusing on DuPont records. We
16 removed that from the -- and separated out into
17 two evaluations. So we completed that Hanford
18 early years, and now the '47 to '90 will be
19 completed in a second evaluation.

20 **MR. GRIFFON:** Okay, '47 through '90 is the --
21 is the later years.

22 **DR. ZIEMER:** Yeah.

23 **MR. GRIFFON:** And in the September '07 -- I
24 guess I'm reflecting on the time -- total time
25 period for --

1 **MR. RUTHERFORD:** Yes.

2 **MR. GRIFFON:** -- review. Is that meeting your
3 cri--

4 **MR. RUTHERFORD:** No, it's not, and actually if
5 you remember back in the February Board meeting
6 of 2007 at Cincinnati, I identified at that
7 time that we would not meet the 180-day
8 requirement for the Hanford petition because of
9 the -- the enormous amount of information and -
10 - and documentation that we would have to
11 review and the large class period. We
12 recognized early on when we developed the --
13 our -- our schedule and approach for that
14 evaluation that we would not make it.

15 **DR. ZIEMER:** Okay. Other questions or
16 comments?

17 **MR. GRIFFON:** On the -- one -- one -- one other
18 item. On the Y-12 --

19 **MR. RUTHERFORD:** '58 and '59?

20 **MR. GRIFFON:** Yeah, '59 to '59 statisticians,
21 you mentioned that the workgroup's discussed
22 this already. I don't think the workgroup
23 discussed this pet--

24 **MR. RUTHERFORD:** No, no --

25 **MR. GRIFFON:** Oh, I thought --

1 **MR. RUTHERFORD:** I -- did I say that?

2 **MR. GRIFFON:** I thought you did.

3 **MR. RUTHERFORD:** No, actually if -- this
4 petition was a -- a -- again, it was under
5 Administrative Review. It went through our
6 Administrative --

7 **MR. GRIFFON:** Right.

8 **MR. RUTHERFORD:** -- Review Panel and they
9 recommended that the petition be qualified and
10 we moved forward after that in the evaluation
11 phase.

12 **MR. ELLIOTT:** But you did say the working group
13 -- this is Dr. Lockey's working group --

14 **MR. RUTHERFORD:** Oh, yes.

15 **MR. GRIFFON:** Oh.

16 **MR. ELLIOTT:** -- read through --

17 **MR. RUTHERFORD:** Yes.

18 **MR. GRIFFON:** Oh.

19 **MR. ELLIOTT:** -- read through this particular -
20 -

21 **MR. RUTHERFORD:** Yes.

22 **MR. ELLIOTT:** -- petition and the -- the
23 documentation that was developed on it at that
24 time.

25 **MR. RUTHERFORD:** Right, actually we -- this --

1 **MR. GRIFFON:** Not -- not the Y-12 working
2 group, the --

3 **MR. RUTHERFORD:** No, no, this was actually
4 pointed out -- this went to Administrative
5 Review before Dr. Lockey's group met, and we
6 identified to Dr. Lockey's group -- working
7 group that it was in Admin Review, and the
8 recommendations that came out of the working
9 group were actually consistent with the -- the
10 findings by the Admin Review Panel, as well,
11 so...

12 **DR. ZIEMER:** All right.

13 **MR. RUTHERFORD:** That -- the Y-12 one is -- you
14 know, we'll bring it up just because of the
15 fact that it's unique. This is the first time
16 that we are going to actually discuss a
17 petition that's qualified based on a discrete
18 incident versus a -- it -- it -- it was a --
19 the petitioner identified that a discrete inci-
20 - or acute exposure occurred and the Admin
21 Review Panel qualified the petition based on
22 that. So I recommend you read that one really
23 close.

24 **DR. ZIEMER:** Other comments, questions?

25 **MR. GRIFFON:** I got...

1 **DR. ZIEMER:** Yeah, Mark, go ahead.

2 **MR. GRIFFON:** Just -- just a -- a follow-up on
3 this -- this time frame question with Hanford.
4 I mean since we are in Hanford here, I -- I
5 expect that there's going to be some concern
6 that we didn't meet -- or NIOSH didn't meet the
7 180-day --

8 **MR. RUTHERFORD:** Sure.

9 **MR. GRIFFON:** -- and -- and you're -- I don't
10 hear much of a justification other than that it
11 was a hard, complicated site.

12 **MR. RUTHERFORD:** You know, I think --

13 **MR. ELLIOTT:** We're not offering -- we're not
14 offering any --

15 **MR. RUTHERFORD:** No.

16 **MR. GRIFFON:** Okay.

17 **MR. ELLIOTT:** -- justification. In February in
18 Mason -- the Mason, Ohio meeting -- we
19 identified the issue for you all and told you -
20 -

21 **MR. GRIFFON:** Okay.

22 **MR. ELLIOTT:** -- how we were going to manage it
23 --

24 **MR. RUTHERFORD:** Right.

25 **MR. ELLIOTT:** -- that we were going to evaluate

1 that petition in -- in two separate pieces, and
2 we would make -- our intention was clearly
3 stated; we would bring forward one of those
4 evaluation reports within the 180-day mark --

5 **MR. RUTHERFORD:** Yeah.

6 **MR. ELLIOTT:** -- and we're going to do the
7 second one within another 180 days.

8 **MR. RUTHERFORD:** Yeah.

9 **MR. GRIFFON:** Okay.

10 **MR. RUTHERFORD:** I think one of the things I'd
11 like to point out is, you know, just with the
12 process of the 180 days. And you know, you've
13 got to recognize the fact that different sites,
14 time periods -- I mean the -- the schedule for
15 completion of these evaluations, you know, is -
16 - is affected by that, so...

17 **DR. ZIEMER:** The -- the legislation -- or not
18 the legislation, but the 180-day issue, there -
19 - there actually is not a penalty, per se,
20 associated with that, I don't think. It's a --
21 other than --

22 **MR. ELLIOTT:** Well, I guess I would offer that
23 those who are penalized are the people waiting
24 on, you know, this to be developed --

25 **DR. ZIEMER:** Yeah.

1 **MR. ELLIOTT:** -- and answered, and so we take
2 it seriously --

3 **DR. ZIEMER:** Right.

4 **MR. ELLIOTT:** -- that Congress has given us a
5 180-day deadline and we're trying to make it.

6 **DR. ZIEMER:** Yeah.

7 **MR. ELLIOTT:** And we're -- we're trying to be
8 very clear and transparent in how we're
9 managing this. If we recognize at an early
10 event that we're not going to make 180 days, we
11 tell you about that and we try to inform you as
12 to how we --

13 **MR. RUTHERFORD:** Right.

14 **MR. ELLIOTT:** -- propose to manage through
15 this.

16 **MR. RUTHERFORD:** And you know, I would point
17 out that, you know, we've operated on the -- on
18 the 180-day time limit well -- well before the
19 Rule became final. We've -- we've kept that
20 approach and we've tried and -- and really this
21 is only -- you know, the other ones, if we
22 missed any, would be by a day or two, so...

23 **MR. GRIFFON:** Have you -- have you -- I mean I
24 don't know -- I think Jim chairs the workgroup,
25 but have you -- have you communicated this with

1 the petitioner and everythi-- I'm sure you
2 have, but --

3 **MR. RUTHERFORD:** Yes.

4 **MR. GRIFFON:** Yeah, okay.

5 **MR. ELLIOTT:** Yes. Yeah, the petitioner's been
6 consulted on this and they understand what's
7 going on -- I hope they do.

8 **UNIDENTIFIED:** (From the audience and off
9 microphone) We weren't consulted.

10 **MR. ELLIOTT:** No?

11 **UNIDENTIFIED:** (From the audience and off
12 microphone) We were informed in a meeting and
13 never consulted.

14 **MR. RUTHERFORD:** Oh, okay.

15 **MR. ELLIOTT:** Well, you were --

16 **MR. RUTHERFORD:** Informed.

17 **MR. ELLIOTT:** That's what I mean by consulted;
18 you were informed.

19 **DR. ZIEMER:** Okay. Thank you. Any other
20 comments?

21 (No responses)

22 Okay. Thank you very much, LaVon. We
23 appreciate -- and it's helpful to look ahead
24 and see what's coming down the pike for the
25 Board for planning purposes, as well.

1 We're --

2 **MR. ELLIOTT:** There's one thing I want to add -
3 - I would like to add one thing --

4 **DR. ZIEMER:** Oh, Larry, yeah.

5 **MR. ELLIOTT:** -- on this. One thing we should
6 tell you that -- he mentioned NUMEC, and
7 NUMEC's 180 days was up this past week, and we
8 did call the petitioners and talk to them and
9 explain to them that the status of this
10 evaluation report on NUMEC -- it's been
11 developed and it is in review. There's a
12 concern about classified information that may
13 have found its way to our -- to us, and so
14 we're dealing with that. I probably have gone
15 more -- farther than I should on that, but
16 there's some other issues that we're resolving
17 as well and we've informed that set -- that set
18 of petitioners about that.

19 **PUBLIC COMMENT**

20 **DR. ZIEMER:** Okay. Thank you. We're -- we're
21 going to recess for roughly an hour, because on
22 the public comment portion we need to stick
23 with the -- the publicized schedule. There may
24 be people who are coming here for the purpose
25 of the public comment, so it's -- it would not

1 these, again, may call in during that period.
2 Kay Barker, are you on the line?

3 (No responses)

4 Okay, I have several here. Let me ask if any
5 of these are here and if they wish to speak now
6 rather than wait. Let's see, is -- it looks
7 like Oglesbee, I'm not sure of the first name.
8 Is there an Oglesbee here?

9 **UNIDENTIFIED:** (From the audience and off
10 microphone) She's here, she's not in the room
11 right now.

12 **DR. ZIEMER:** Okay, but perhaps in the corridor,
13 you mean? Okay.

14 **UNIDENTIFIED:** (From the audience and off
15 microphone) There she is.

16 **DR. ZIEMER:** Ms. Oglesbee, do you wish to speak
17 now or would you prefer to wait till the 5:00
18 o'clock period?

19 **MS. OGLESBEE:** No, I'll do it now.

20 **DR. ZIEMER:** Okay. You can approach the mike
21 there, and then let me also check -- is -- is
22 Mary Ann -- is it Carrico -- Carrico? Okay.

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

25 **DR. ZIEMER:** Later, okay. And Rosemary Hoyt?

1 **UNIDENTIFIED:** (From the audience and off
2 microphone) (Unintelligible)

3 **DR. ZIEMER:** Okay, good. Thank you.

4 **MS. OGLESBEE:** Could I sit down?

5 **DR. ZIEMER:** You certainly can. Uh-huh.

6 **MS. OGLESBEE:** Yeah. Thank you. Thank you.
7 So, I've lived here 48 years in Richland and
8 I'm a suit -- a stakeholder, definitely, and
9 three of my family members are cancer survivors
10 and they worked at Hanford and Rocky Flats.
11 So I prepared this presentation, this public
12 comment, because I'm recovering from an ailment
13 and it's better for me if I read it so I don't
14 get stressed out, so here we go. And most of
15 you aren't going to like it because it is about
16 what I know.

17 As it turns out, by year 2007 obviously the
18 Executive Branch impedes on the Legislative
19 Branch, and the Executive Branch and the
20 Legislative Branch impedes on the Judicial
21 Branch's obligations and fiduciary duties for
22 this EEOIC purpose. The Congress continues to
23 fund any and all of the current United States
24 President's men -- men and women's contrary and
25 adverse involvement.

1 Then I appear before you today to enlighten
2 current U.S. Pres-- President George W. Bush
3 and his assigned Advisory Board on Radiation
4 and Workers Health members to -- in regard to
5 abuse of discretion acts that are perpetrated
6 by the U.S. Health and Human Services,
7 caretakers, emphasis added. The Office of
8 Compensation Analysis and Support Director
9 Larry Elliott did willfully and deliberately
10 censor an official record that was released in
11 good faith for consideration by the assigned
12 caretakers. It appears that in that -- in 2004
13 Elliott's subordinate David Sundin did assign
14 the Special Exposure Cohort petition in
15 question an identification number, number
16 00011. I have had no notification of that.
17 And this was based on inaccurate, false and
18 contrived application. On September 10th, 2002
19 OCAS director Elliott had informed the
20 originator, writer and distributor of the SEC
21 petition, me, that his fiduciary duties cannot
22 be completed because he and his
23 supervisors/subordinates were not prepared to
24 abide by the federal law by the end of the year
25 2002. The EEOICPA of 2000 stipulates which --

1 stipulations, which includes the SEC provisions
2 were overwhelmingly approved by Congress and
3 active since October 30th, 2000. Reasonable
4 man would likely not allow their original and
5 applicable content of the law to be vacated to
6 suit the needs of a few federal caretakers such
7 as this.

8 I believe thousands of Special Exposure Cohort
9 petitioners have waited long enough to hear
10 from those who were legally required to render
11 a yea or nay response within a specified time
12 frame according to the original EEOIC
13 stipulations. Advocate and claimant Gai
14 Oglesbee collaborated and submitted the SEC
15 petition in good faith by September 18th, 2002.
16 The SEC petitioners covered a wide range of the
17 meritorious classes across the nation who
18 were/are prohibited by the assigned government
19 caretakers from defending the causation. The
20 petitions represent over 7,600 petitioners.
21 Too many of those meritorious petitioners have
22 passed. Those who have passed expected and
23 deserved a response according to binding
24 federal law, the deceased never received a
25 response from any of the officials since year

1 2002. By now certain existing workers and
2 survivor petitioners may have received paltry
3 sums of compensation for their decades of pain
4 and suffering. However, the point of this
5 disclosure is that the majority of the
6 petitioners have not received any recognition
7 whatsoever.

8 The legal and binding default stipulation is
9 ignored by the current U.S. President, his
10 advisors, that would include the Advisory Board
11 members, his USHHS Secretary, both Tommy
12 Thompson and Mike Leavitt and their
13 subordinates and the Congress.

14 I don't believe certain members of Congress had
15 the intent to force EEOICP claimants to file
16 federal lawsuits in order to assure their civil
17 due process rights are recognized. However, it
18 is evident that many claimants recognize that
19 they are being forced to consider filing
20 (unintelligible) federal lawsuits to assure
21 that that authentic trier of fact adjudicators
22 weigh all the evidence. For instance, it is
23 doubtful that the SEC or the 22 qualifying
24 cancers interim rule be recognized as the only
25 aspect to consider by any authentic trier of

1 fact judge or jury, especially skin cancers.
2 And certain prostate cancers have been
3 recognized and compensated. The claimants have
4 been authorized by Congress to act as pro se
5 parties since October 30th, 2000. The current
6 U.S. President will likely claim sovereign
7 immunity and executive privilege, especially
8 regarding his EEOIC signing statement of
9 October 28th, 2004. However, many legal
10 scholars have challenged the President's
11 premise. The claimants are not obligated to
12 observe the Price Anderson Industrial Amendment
13 Act for this EEOIC purpose.
14 After an independent auditor's many clashes
15 with the USHHS-NIOSH federal employees
16 regarding the Special -- Special Exposure
17 Cohort convers-- controversy, the NIOSH federal
18 employees still insist they can accurately
19 reconstruct doth -- dose with little to no
20 exposure information. The NIOSH premise would
21 be impossible to defend because the dose
22 estimates would be unreliable. The details
23 regard why the current U.S. President's
24 Advisory Board consultant, Sanford Cohen &
25 Associates, once again disagree with the NIOSH

1 findings. Then there's a reference to where
2 you find that.
3 USDOE (sic) agents seem to believe that they
4 function under the Executive Branch control and
5 are delegated to interpret the law, which is a
6 false premise. The primary USDOL
7 administrators may argue that one of their
8 subordinates, John Vance, Employment Standards
9 Administration, who I believe reports to Peter
10 Turcic, was mistaken when he promulgated the
11 following statements before the sick
12 worker/survivor audience, and I quote: We hear
13 your concerns and we want to help you, but
14 we're merely an agent of the government, he
15 said. It's important that you provide us with
16 the information we request. That was at Oak
17 Ridge town hall meeting.
18 And then at Richland town hall meeting he said
19 we come under the Executive Branch and can --
20 can do nothing to change the intent of the law
21 after we are delegated to interpret the law.
22 You aren't delegated to interpret the law. The
23 Judicial Branch is delegated to do that.
24 Director Vance feels that the majority of the
25 members of Congress feel that the DOL is doing

1 a good job.
2 Several federal court judges have already ruled
3 that the U.S. President has no judicial power,
4 neither express nor denied -- or implied,
5 neither Constitutional nor statutory. And
6 since it is designated by the Judicial Branch
7 that the President has no judicial power, then
8 it is for sure that the so -- so-deemed federal
9 caretakers are not granted judicial power,
10 neither express nor imply, either
11 Constitutional or statutory for this purpose.
12 And I must say at this point I have no
13 intention of giving up my civil due process
14 rights for this issue, but I will fight you.
15 Title 28, United States Code 2072, rules of
16 procedure and evidence, power to prescribe.
17 The Supreme Court shall have the power to
18 prescribe general rules of practice and
19 procedure and rules of evidence for cases in
20 the United States district courts, including
21 proceedings before magistrates thereof and
22 courts of appeal. Such rules shall not
23 abridge, enlarge or modify any longstanding
24 (sic) right. All laws in conflict with such
25 rules shall be of no further force or effect

1 after such rules have taken effect.
2 The U.S. Health and Human Services Secretary
3 and subordinates knew the violations of the
4 EEOIC claimants substantive and procedural
5 rights would soon be questioned. The USHHS
6 agent wanted to wait to deny cancer claims for
7 whatever intent or purpose they conjured. See
8 -- this is a -- a -- a Geneva, Switzerland
9 presentation by NIOSH on August 26th through
10 30th, 2002. Here's a -- here's a -- an excerpt
11 from that: We expect at some point that
12 regulations may face legal challenge based on
13 procedural understanding -- standing --
14 substantive grounds. Legal challenges are
15 unlikely to occur before DOL renders final
16 decisions denying cancer claims for which dose
17 reconstructions were conducted. This -- this
18 will likely be late summer or early fall 2002.
19 I don't know whether I need to read this to you
20 or not, but I'll read it anyway, definition of
21 substantive, in case some of you don't know,
22 apply to essential legal principles and rules
23 of right, substantive law. Apply to meth--
24 procedural applies to methods of enforcement
25 and rules of procedure. What does the rule of

1 law mean? The rule of law which applies to us
2 now, the claimants, simply means that the
3 government should rule in accordance with the
4 law and not in accordance with the decision of
5 man.

6 The OCAS director, Larry Elliott, was ousted
7 from the Advisory Board because of his
8 conflicts of interest. Larry Elliott has
9 conflicts of interest with me and my daughter
10 and my ex-husband. Then who among the
11 thousands of claimants are compelled to pay any
12 attention whatsoever to a recused USHHS
13 representative with conflicts of interest. The
14 answer would be none.

15 Long ago the United States Department of Energy
16 dose reconstruction contractor from the Oak
17 Ridge Associated -- Associated Universities,
18 which we call ORAU, or whatever we call it, and
19 -- contacted me to inform me that there was a -
20 - was conflicts of interest with my claims. I
21 was informed by the ORAU executive that my
22 claims had been turned back to NIOSH.

23 Elliott and his supervisors/subordinates have
24 definitely demonstrated that they have
25 conflicts of interest with the organizer,

1 writer and distributor of the September 18th,
2 2002 SEC petitions, thus obviously each and
3 every one of them was -- schemed to retaliate,
4 intimidate and threaten and harass. I don't
5 get that part of it, never will.

6 Attached to this presentation are -- are
7 pertinent exhibits that's include evidence that
8 Larry Elliott had the intent to hide the
9 September 18th, 2002 SEC petitions out of sight
10 and mind of those who are mandated to manage
11 the application papers. Subsequently I am
12 hand-delivering a copy of the original SEC
13 petitions to the Advisory Board Chair, Paul
14 Zimmer (sic), before this assembly of
15 witnesses. Included in the presentation are
16 certain exhibits that were confiscated by the
17 U.S. House Committee on the Judiciary in regard
18 to certain details of the ousting of the
19 conflicting Larry Elliott from his -- from this
20 Advisory Board. Also included are certain
21 conversations from a sign-on manager of several
22 petition groups and her declaration regarding
23 her confrontations with Larry Elliott and his
24 subordinate, David Sundin. Her name's Vina
25 Colley. Vina is the P.R.E.S.S. and Nuclear

1 Workers for Justice co-chair who agreed to sign
2 on to the petitions and contributed supporting
3 evidence. Sundin is the USH representative
4 Larry Elliott's subordinate who officially
5 documented his characteration (sic) of --
6 characterization of EEOIC claimants before the
7 Advisory Board on Radiation and Workers Health
8 May 19th, 2003 in a disgusting manner. He
9 called us pigs who move through the python, and
10 his cohort BNFL person called it schemes, at
11 which -- that's got to be a slow and painful
12 death. I hope I never have to -- to meet with
13 a python who swallows me, so -- but I guess I
14 am. To review these details -- and this is
15 followed with the URL location of this
16 documentation where he said this in front of
17 you, the Board.

18 For -- by consensus, the Advisory Board attempt
19 to censor public records by destruction mensods
20 (sic) should be viewed as brazen and deliberate
21 acts. The Advisory Board members can no longer
22 guise their destruction of public and official
23 records as their Privacy Act-protected
24 business-sensitive and/or housekeeping records.
25 Talking about one in particular, December 13th,

1 2004. It was supposed to be verbatim meeting
2 minutes. I happened to record those meeting
3 minutes, and then they were taken off the
4 network and put elsewhere and -- and it was
5 supposed to be public meeting records then.
6 And I've disclosed this intent to many of my
7 Congress-people.

8 Commentary: December 13, 2004, the President's
9 Advisory Board members claim a crucial summary
10 report redacted data is their product. The
11 Advisory Board's housekeeping issues are
12 displayed verbatim as a reason to
13 censor/destroy public records. The legal
14 status is aired by the USHHS solicitor of
15 record. Then two of the most brazen statements
16 made in those verbatim meeting minutes was
17 member -- by -- was by member Mr. Griffon and
18 clerk Cori Homer, the Advisory Board's
19 assistant. Apparently Homer was given the
20 authority by the President's Advisory members
21 to -- to gather and destroy public records that
22 were wrongfully labeled Privacy Act-protected,
23 business sensitive or housekeeping -- or a
24 housekeeping issue.

25 Advisory Board Chair Dr. Zimmer's (sic) topic

1 for deliberation during the meeting regards
2 individual case dose reconstruction reviews.
3 Chair Zimmer (sic) filed his mandated waiver of
4 authenticity that declares that the meeting
5 minutes are accurate. The December 14th, 2004
6 public session verbatim meeting minutes are
7 listed here as a URL location so you can check
8 it out.

9 Here's what was said. Excerpt, December 13th,
10 2004 meeting minutes. Mr. Griffon: The one
11 thing that he said also that I want to
12 emphasize is that the final summary report is -
13 - to the public is a Board report, it's our
14 product.

15 Dr. Mathias (sic) states how is the Board going
16 to report on this at our public meeting
17 tomorrow; what are we going to say?

18 Dr. DeHart: This is a housekeeping issue. We
19 have documents that we may not want to retain.
20 What -- what should we do that they can be
21 properly destroyed.

22 Ms. -- Ms. Homer: Give them to me; I'll take
23 care of it.

24 As indicated by the members, the original
25 verbatim meeting minutes were altered according

1 to the record notations. Then to this day by
2 consensus of the members of the Advisory Board,
3 the original December 13th, 2004 verbatim
4 meeting minutes are hidden from public
5 scrutiny. The date reflected regarding the
6 December 14th, 2004 verbatim meeting minutes is
7 also dated December 13th, 2004.

8 And like I say, I've noted that with my
9 Senators and Congressmen and presented evidence
10 of that, and I'm doing many projects on this
11 right now as I'm recovering from my illness and
12 so -- anyway, I'll -- I'll give Mr. Zimmer
13 (sic) the copy of the SEC and the records that
14 go with it, and I would appreciate that you --
15 somebody answers those 7,600 people because a
16 lot of them are Hanford people that I work with
17 every day, and we deserve better recognition
18 than just paying a few of our people, our
19 cases, and just paying a lot of survivors --
20 which they're deserving, but we need to pay
21 some more cases, and one of them's my
22 daughter's and mine, so -- anyway, I'll -- I'll
23 bring --

24 **DR. ZIEMER:** Can we have a -- is this a full
25 copy of your comments? 'Cause I want to

1 provide these also to Ray so that they show up
2 in the transcript correctly.

3 **MS. OGLESBEE:** (Off microphone)

4 (Unintelligible)

5 **DR. ZIEMER:** Okay. Thank you.

6 **MS. OGLESBEE:** (Off microphone)

7 (Unintelligible)

8 **DR. ZIEMER:** Your presentation's in the
9 envelope, okay. Thank you very much.

10 Now let me ask if -- if there are any folks on
11 the phone lines that had comments?

12 (No responses)

13 Okay, apparently not. Then we'll take a 45-
14 minute recess and reassemble at 5:00 o'clock
15 for the additional public comments. Thank you
16 very much.

17 (Whereupon, a recess was taken from 4:15 p.m.
18 to 5:00 p.m.)

19 **DR. ZIEMER:** Good evening, everyone. Thank you
20 for coming this evening for this public comment
21 session of the Advisory Board on Radiation and
22 Worker Health. My name is Paul Ziemer. I
23 serve as Chairman of this Board. I want to
24 take a minute or two and tell you a little bit
25 about what this Board does and what it doesn't

1 do 'cause you may -- may not know why we're
2 here. Well, you sort of do, but this Board is
3 not part of the federal government, per se. We
4 are independent. We've been appointed to look
5 over the shoulders of some federal agencies;
6 more specifically, NIOSH and the Health and
7 Human Services part of the compensation
8 program.

9 The people you see before you come from a
10 variety of backgrounds. Most of them are not
11 with the federal government, or at least not
12 directly. For example, I'm a retired faculty
13 member from Purdue University. My area of
14 interest and training is in health physics.
15 And usually when I tell people I'm in health
16 physics, they don't know what that is, but I
17 know that people in Hanford do, so I'll leave
18 it at that.

19 Let -- let me -- and the list of the Board
20 members is on the back table if you want to get
21 one later, but let me introduce Josie Beach is
22 here. Josie is local. She works for CH2M Hill
23 Hanford group, so she's very much at home here
24 in Richland area.

25 Mike Gibson over here is a retired electrician

1 from the Mound facility. He also at Mound
2 served as president of the PACE Local -- or
3 vice president of the Pace atomic workers
4 council.

5 Mark Griffon -- where's Mark? Okay, he'll --
6 he'll be back in a minute. I'll tell you who
7 he is. Mark Griffon is also a health physicist
8 and he's an independent consultant.

9 Dr. Jim Lockey -- we've lost Dr. Lockey. Okay,
10 well, these -- these guys'll have a demerit for
11 coming in late, but Dr. Lockey is an
12 environmental health physician and is located
13 at the University of Cincinnati.

14 Robert Presley, right here, from Oak Ridge,
15 Tennessee -- or at least he worked there a lot.
16 He's -- he's now with a group called Pro 2
17 Serve Professional Projects Services, and
18 that's in Oak Ridge, but a long-time Y-12
19 worker.

20 Dr. Jim Melius is right here behind me. He's
21 both -- he's a double doctor, M.D./Ph.D., so --
22 but Jim is a director of the New York State
23 Labor Health and Safety Trust Fund.

24 Wanda Munn is a local person, retired from
25 Hanford, a nuclear engineer.

1 don't deal -- we don't -- we don't figure out
2 the -- the individual cases. This Board does
3 not deal with the individual cases. We are not
4 an appeals board. We are a board that looks at
5 how the dose reconstructions are done. We look
6 at the contents of the site profiles and the
7 related documents and try to give sound advice
8 on -- where we can on what might improve the
9 program.

10 So part of the -- part of the advantage and the
11 reason for having public comment is to get
12 feedback, feedback from those around the
13 facilities -- who are usually claimants -- who
14 can give us insight as to how things are
15 working or, in some cases, not working,
16 depending on -- on how it's going for you. But
17 we want to hear what you have to say.

18 We've found that we have had to impose a time
19 limit. We don't like to do this, but some
20 folks have -- some folks are like me; once they
21 get started, they have a hard time stopping.
22 I'm used to speaking in 50-minute segments.
23 But we've had to impose a ten-minute time
24 limit, so in order to respect others who may
25 wish to speak, we ask you to try to adhere to

1 This letter is addressed to Dr. Ziemer and Dr.
2 Howard.

3 Dear Dr. Ziemer and Dr. Howard. I write in
4 strong support of careful, fair and timely
5 consideration of each of the Special Exposure
6 Cohort petitions filed for Hanford workers. In
7 addition, I urge you to closely consider public
8 comment brought before the National Institute
9 for Occupational Safety and Health and the
10 Advisory Board on Radiation and Worker Health
11 regarding benefits for Hanford workers.

12 As one of the sponsors of the Energy Employees
13 Occupational Illness Compensation Program Act,
14 I wholeheartedly believe that the federal
15 government has a moral responsibility to aid in
16 the care of those and their families who have
17 been made ill as a direct result of their work
18 in service to our nation. Our nation owes a
19 debt of gratitude to Hanford workers for their
20 contributions to our security and environmental
21 cleanup.

22 Since the creation of -- I'm going to say this
23 out every time. Since the creation of the
24 Energy Employees Occupational Illness
25 Compensation Program, I have closely monitored

1 the federal government's implementation of the
2 program. As the federal government considers
3 critical benefits for Hanford site workers, be
4 assured that I will continue to closely monitor
5 any decision on compensation for Hanford
6 workers.

7 One of the ways the Energy Employees
8 Occupational Illness Compensation Program Act
9 can better serve Hanford workers is for both
10 the National Institute of (sic) Occupational
11 Safety and Health and the Board to carefully
12 consider the information gained during outreach
13 meetings on the Hanford Special Exposure
14 Cohort. When local concerns are raised, I
15 fully expect the National Institute of (sic)
16 Occupational Safety and Health and the Board to
17 pursue and follow up with those concerns.
18 Specifically, I am aware of local concerns
19 about dose monitoring at Hanford, including a
20 lack of information on photon exposure caused
21 by a phenomenon known as directional shine. In
22 addition, the carcinogenic chemicals used at
23 Hanford should also be investigated --
24 investigated as these chemicals do not show up
25 on standard dosimetry equipment, but may

1 contribute to the development of cancer.
2 I urge the Board and the National Institute of
3 (sic) Occupational Safety and Health to
4 carefully examine such issues, and other local
5 concerns, as they would have a role in
6 justifying the Special Exposure Cohort class
7 for Hanford workers. The Hanford Special
8 Exposure Cohort petitions before the Board and
9 the National Institute of (sic) Occupational
10 Safety and Health offer the opportunity for
11 many workers and their families to finally have
12 their claims resolved in a timely manner.
13 For those who sacrificed for our nation at a
14 very real cost to their health, they certainly
15 deserve just and timely compensation.
16 Thank you for your consideration of these
17 concerns and, more importantly, the concerns of
18 my constituents. Sincerely, Congressman Doc
19 Hastings.
20 Thank you.
21 **DR. ZIEMER:** Thank you very much. I have a
22 couple of sign-up sheets where individuals here
23 tonight have indicated their desire to speak to
24 the assembly. I wonder if there are any here
25 who missed the sign-up sheet but did wish to

1 speak. If you -- if -- if you are in that
2 category and will raise your hand, we'll --
3 we'll have -- Mr. Hinnefeld will get you the
4 sign-up sheet.

5 Are there any -- anyone -- okay, there are some
6 that need to sign up on the sign-up sheet, so
7 he'll bring that in here shortly and we'll get
8 that second sheet --

9 **UNIDENTIFIED:** (Off microphone)

10 (Unintelligible) see hands one more time?

11 **DR. ZIEMER:** Yeah. Okay, there's one -- one
12 back there, catch that one, and one over here.
13 Okay.

14 Now let me -- we'll begin then with Mary Ann --
15 Mary Ann Carri-- Carrico -- Carrico.

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

18 **DR. ZIEMER:** Oh, tomorrow night. Okay, that'll
19 be fine. Rosemary, what -- tomorrow night for
20 you? Okay.

21 Come back tomorrow night to hear those two.
22 Okay.

23 **UNIDENTIFIED:** Excuse me, Dr. Ziemer?

24 **DR. ZIEMER:** Yes?

25 **UNIDENTIFIED:** Is there a way that the people

1 that are waiting on the telephone can also be
2 signed up to speak?

3 **DR. ZIEMER:** I -- I have -- I have some names.
4 I -- I have Kay Barker and -- who's speaking?

5 **MS. FEIRING:** Joanie Feiring.

6 **DR. ZIEMER:** Yes --

7 **MS. COLLEY:** (Unintelligible) Colley.

8 **DR. ZIEMER:** Yes. In fact, why don't you go
9 ahead, and give us your name again for our
10 recorder.

11 **MS. FEIRING:** Me?

12 **DR. ZIEMER:** Yes.

13 **MS. FEIRING:** Joanie Feiring? Okay. I'm from
14 -- well, let me -- I'm going to let Vina Colley
15 speak before I speak because she's the
16 president of the organization I'm working with.

17 **DR. ZIEMER:** Okay.

18 **MS. COLLEY:** Go ahead, you can speak, 'cause I
19 kind of wanted to wait till Gai got up and
20 spoke.

21 **MS. FEIRING:** Oh.

22 **MS. COLLEY:** If that's all right.

23 **DR. ZIEMER:** Okay, why don't -- why don't --
24 why don't you stand by and we'll get some of
25 the local folks here that are present, and then

1 we'll come back to Kay Barker on the phone.
2 Kay's in -- probably in Denver, I think, with
3 the Rocky Flats folks, so --

4 **MS. BARKER:** Yes, I am --

5 **DR. ZIEMER:** -- let's hear --

6 **MS. BARKER:** -- Dr. Ziemer.

7 **DR. ZIEMER:** Right. We'll hear from some of
8 the Hanford folks here first who've come here
9 especially tonight.

10 **UNIDENTIFIED:** Okay. We're from Portsmouth.

11 **DR. ZIEMER:** Okay, stand by just a moment.

12 (Pause)

13 Who's -- who is the next one, Stu, on that
14 sheet? Who's the top name there?

15 **MR. HINNEFELD:** Charles Shatell.

16 **DR. ZIEMER:** Charles Shatell?

17 **MR. HINNEFELD:** I believe it's Shatell.

18 **MR. SHATELL:** Yeah, that's me.

19 **DR. ZIEMER:** Okay, go ahead, sir.

20 **MR. SHATELL:** I guess I'm on.

21 **DR. ZIEMER:** You're on.

22 **MR. SHATELL:** Okay. I talked this afternoon to
23 people and I didn't realize that this 5:00
24 o'clock thing was where I had a right to talk.

25 **DR. ZIEMER:** And you have a better -- bigger

1 audience, also, so that's good, too.

2 **MR. SHATELL:** So at least -- I came to the
3 Hanford project in 1944. I've been around a
4 long time. And the 31st of this month I will
5 be 90 years old, so -- so I been around a long
6 time.

7 Now in 1948, that's when I came back from the
8 DuPont Company. I was one of these guys that
9 DuPont found out that I could have a top secret
10 clearance, and so they sent me all over the
11 doggone country where they had top secret work.
12 But anyhow, in 1948 I came back here, and at
13 that time the project out here needed a lot of
14 workers because their radiation thing was
15 getting pretty high. So they got the Jones
16 Company to come in and re-bid the thing for
17 doing the radiation work.

18 And now I been with NIOSH for many, many year,
19 and they wrote a letter to the Labor Department
20 when they were let out of it and -- and the
21 Labor Department took over. So I was trying to
22 find that letter so I could bring it out here
23 tonight to read it to you, but anyhow, in my
24 goings on here with -- on the Hanford project
25 and with the Jones Company, I -- six times I

1 was over-radiated with different parts on -- on
2 the project. Most of this came at
3 (unintelligible), and so when NIOSH wrote a
4 letter to me and a copy to the Labor
5 Department, they said that it looked like that
6 they (sic) would be a lot of money changing
7 hands here. And so the first thing that the
8 man that was sitting right up there from the
9 Labor Department said NIOSH didn't have any
10 right in the world to -- saying what they did,
11 so you might as well say it right now, you're
12 not going to get any money. Now that's what he
13 told -- well, I wasn't here to get money. I
14 was here to make a thing of what had really
15 happened on radiation.

16 And so anyhow, there was a whole lot of people
17 in this room and this boy from the Labor
18 Department says if any of you are in here
19 because of the prostate cancer, you're not
20 going to get any money so you might as well
21 leave, and about half of them left. So anyhow,
22 from that time on, I was -- of course worked
23 with NIOSH and everything, and in '48 I got
24 back with the Jones Company and we did a lot of
25 the radiation work because operations people,

1 they were burnt out and didn't have the -- the
2 operation.
3 So now -- I retired in '79, and when I retired
4 then I had a physical examination and
5 everything and I found out that I did have
6 problems with my prostate. So anyhow, when --
7 the doctor said well, we'll -- we'll take --
8 checking on it and everything, so they did and
9 he took things of my prostate and they found
10 out that I had cancer, a four plus four cancer.
11 Now I don't know how many of you maybe are
12 doctors or whatever, but a four plus four
13 cancer is pretty (unintelligible), pretty
14 stout. And so what -- we sent the thing in to
15 Richland and then they sent it in to someplace
16 in Connecticut, I believe, and -- to find out
17 just exactly what it was, the four plus four.
18 And so -- then it came back and it said -- and
19 the doctor said well, we got to do something.
20 There's three things that we could do. If you
21 -- we could take your prostate out. That costs
22 \$50,000. Or you can go and get radiation and
23 that costs \$35,000 to take the radiation the
24 rest of your life. Or you could have this
25 Lupron shots. We've had good luck with them.

1 And so I said well, I'll try the Lupron shots.
2 Well, the Lupron shots only cost \$2,370 a shot
3 and so I took that shot.

4 So I've had this now ever since 2001. I've
5 been taking those shots every four months all
6 the way -- thing, and sometimes the doctor
7 won't be here and I'll miss a shot. Well, if I
8 miss a shot my PSA goes clear through the roof.
9 And so then when I take a shot again it comes
10 back down.

11 But still the same time when -- the reason that
12 I got this cancer to start with is we were
13 working with (unintelligible), and we had 400
14 valves that had to be removed and so we removed
15 them. Now people out there never told us that
16 they had fuel elements that was rated 550 R.
17 When we got clear through it and we were clear
18 down to the end and we found out, the boy from
19 the R monitor using this scintillator found out
20 that parts of the valve read 550 R. Now people
21 that know what 550 R means, it was pretty
22 rough. The engineers that was there, when that
23 came up and they said 550 R, they all laughed.
24 They did -- nobody wanted to be around that 550
25 R.

1 So anyhow, we worked a deal and got the valves
2 taken care of finally and so -- and after --
3 then my -- my cancer -- cancer that I've got,
4 and here it is 2000 and almost 8, and I've
5 still got the cancer and I have to take the
6 shot every four months and it's getting pretty
7 high. I think it's tied to the stock market
8 'cause sometimes it's \$2,400 and other times
9 it's \$2,370. And of course then the doctor has
10 his part, too. So it is kind of a -- we are
11 spending a lot of money. My -- my insurance
12 right now is \$700 a month.

13 So I just wanted to come back here tonight and
14 tell you about this. Now as far as money goes
15 is concerned, the Labor Department in Seattle,
16 they tell me everybody has prostate cancer.
17 We're not going to give you any money. That's
18 the first thing they tell me. Well, I didn't
19 ask them for money, to start with. But I --
20 the government did that. And so anyhow, here I
21 am. I'm going to be 90 years old, as I say,
22 this (unintelligible) week, and I'm still
23 taking my shots every four months. And I'm
24 just like a woman is that's -- that has her
25 change of life. These shots that I take every

1 four months, then I -- I get like a change of
2 life. I get hot shots in my -- in my arms and
3 -- and stuff, so I have to take a pill
4 sometimes. And so -- and then the shot --
5 every once in a while you get a red spot in
6 front of one of your eyes. So that's what I'm
7 up against and, as I say, it's costing me a lot
8 of money, but so be it.

9 But I think the Labor Department in Seattle,
10 they're not doing a good job that I think they
11 should do because the -- the first thing they
12 tell you, just like everybody that goes in
13 there is trying to get money out of them, I
14 guess. Well, that wasn't what my interest was
15 in the thing. But anyhow, here we are and I
16 think the Labor Department ought to be ta--
17 having another look at what they're doing
18 because there is a lot of people that have
19 contacted me that -- that can't get up and say
20 anything, maybe. I don't know.

21 **DR. ZIEMER:** Okay. Thank you very much. Next
22 we'll hear from Kathryn Guffey. Kathryn?

23 **MS. GUFFEY:** Okay. I have filed for -- on my
24 husband and this is not in protest or anything
25 regarding his -- expecting you to do anything

1 because I don't expect a whole lot from anybody
2 right now. I've been -- the paperwork that was
3 sent to me is just unbelievable. I mean what -
4 - he's dead, by the way. It sta-- and it --
5 he's -- worked out there for over 20 years.
6 But they sent paperwork to me that I'm supposed
7 to know what he was working on and what
8 particular area, what chemicals, what this and
9 what these things were made up with, and I'd
10 imagine some of you physics -- physicists and
11 doctors would have a hard time figuring some of
12 that crap out. I mean it's a joke. But I'm
13 going to keep on till I do. I mean I don't sit
14 down and walk away.

15 OCAS is responsible for conducting the
16 occupational dose reconstructions for certain
17 workers with cancer who file claims under the
18 Act, and in accordance with the methods
19 published in 42 CFR 82, dose reconstructions
20 will be performed for covered employees with
21 cancers that are not members of Special
22 Exposure Cohort. As employees with cancer who
23 are not members of Special Exposure Cohort as
24 defined in the Act, SEC members with certain
25 specified cancers do not require dose

1 reconstructions to qualify for compensation,
2 but I can tell you now that I know of quite a
3 few that di-- have -- that are under that
4 umbrella that have been denied. And the basic
5 principle for the dose reconstruction is to
6 characterize the occupational radiation
7 environment to which workers were exposed using
8 available worker and workplace monitoring
9 information. And that's kind of a joke most of
10 the time.

11 In cases where radiation data default values
12 based on reasonable scientific assumptions are
13 used as substitutes -- we're not dealing with
14 assumptions, we're dealing with people's lives
15 -- the results of worker dose reconstruction
16 will be used by the Department of Labor to
17 determine the probability that the worker's
18 cancer was at least as likely as not due -- and
19 that's out of some of their literature -- due
20 to his or her occupation exposure to ionizing
21 radiation during employment at a covered
22 facility, criterion guidelines so forth and so
23 on.

24 Compensation has been reportedly denied 60
25 percent of 72,000 workers processed by U.S.

1 regulators involved in cold war nuclear
2 weapons. The *Washington Post*, however, said
3 that -- that only 21 percent of those
4 applicants have actually received a check from
5 the compensation program that was unveiled in
6 1999 by Bill Richardson, who was the Energy
7 Secretary at the time and is now Governor of
8 New York (sic). [Name Redacted], 52, who
9 worked at the Savannah River nuclear weapons
10 plant in South Carolina was so contaminated
11 that radiation alarms at the facility would
12 typically go off when he walked through, the
13 newspaper said. Doctors later discovered 19
14 malignant tumors on his bladder. One claim for
15 compensation was denied because he could not
16 access secret government files or sections of
17 his own personnel files. Without the records
18 he could not prove the cause of his cancer.
19 And that's what I'm running up against, the
20 proof. The proof is the real issue, and
21 Hanford is the one providing the information
22 that our proof has to stand on when we go -- or
23 answer any of this inf-- these letters or this
24 correspondence. Now whether their proof --
25 their proofs don't sta-- won't stand up to the

1 statistics. The prostate cancer alone has
2 proven that because one out of 500 is supposed
3 -- under the age of 70 is supposedly -- only
4 supposed to get prostate cancer, and about half
5 of the 30 or so men that my husband worked with
6 out there have prostate cancer. Now I'd like
7 for someone to explain those statistics to me
8 because I don't get it. If one out of 500, and
9 you've got a -- men of a group -- a group of
10 about 30 that's -- half of them have prostate
11 cancer, something's wrong.

12 Now we've requested some information from Fred
13 Hutchinson Cancer Research, but Fred Hutchinson
14 was rejected by the government as being faulty
15 in its methodology, in spite of the strong
16 connection between radiation and related
17 exposures and cancers and were well-documented.
18 And the researchers and analysts were convinced
19 the connection was proven. Fred Hutchinson's
20 will also have probability charts on persons
21 getting for-- various forms of cancer. And I
22 feel like there's probably other cancer
23 research places out there that will support
24 this information as well, but I think that you
25 as a group, if you're going to represent these

1 people, then you need to get with the people
2 and know their individual needs. And you need
3 to go out there -- if you haven't ever been out
4 there and been exposed and if you've never been
5 around those situations, then I have a hard
6 time knowing how you're going to be able to
7 help us. I mean it's a question, but it's also
8 an answer. If you are not and have not ever
9 been in those situations, you've never climbed
10 up under those buildings in those tunnels where
11 radiation dust and stuff has settled there for
12 years and years, how are you going to be able
13 to tell these people they are or are not
14 contaminated? A dosometer (sic) around their
15 neck does not protect the rest of their body.

16 **DR. ZIEMER:** Okay. Thank you, Kathryn. Next,
17 Chris -- looks like Janos?

18 **MR. JANOS:** Yes.

19 **DR. ZIEMER:** Yes, Chris.

20 **MR. JANOS:** Now I'm the authorized
21 representative for my mother, Wanda Janos, and
22 we're case [Redacted] with NIOSH. The one
23 thing I wanted to -- well, first of all I
24 wanted to thank you for coming to the Tri-
25 Cities, and we've waited for you guys to be

1 here for a while and it's nice to have you
2 here. The -- and I understand a lot of our
3 complaints are with the Department of Labor.
4 I've gotten some nasty letters, too, that kind
5 of indicate, you know, burden's on you; go find
6 the data. And we all know that -- and finally
7 NIOSH did admit that the DuPont records were
8 destroyed. So all evidence of reactor failures
9 and other exposures to people who took off
10 their dosimeter reading materials to be
11 patriotic have disappeared.

12 So the one technical issue that I have, and
13 I've never gotten a good answer to this, it's
14 my understanding that the B reactor and all of
15 its cloned sister and brother reactors -- the
16 D, E and F and K -- had a serious design flaw.
17 And that is most of the time, especially if
18 they're pushed to maximum performance, as they
19 were in war time, the core got too hot. As a
20 matter of fact, the first time that -- that
21 Fermi started the B reactor, it shut down
22 automatically, and that's great that it had a
23 safety thing. But the problem was what
24 happened. It got so hot that the metal casings
25 in the center of the reactor, the core, melted

1 and -- revealing the enriched uranium, and it
2 blew the steam -- with ionized strontium,
3 cesium and iodine -- right out the back into
4 the desert. Okay? Ambient vaporized ionized
5 radioactive material.

6 Now in that case, is dilution the solution to
7 pollution? I wonder.

8 Now my dad got thyroid cancer in 1948, started
9 working here in 1944, so he has a good chance
10 of being in the cohort. However, there are
11 other issues with thyroid cancer. It's one of
12 those latency type things, so we may not be in
13 the window.

14 But I want answers. I mean I would like to
15 know why no one can explain the ambient issue.
16 That reactor, between 1944 and 1970, had 1,900
17 of these fuel rod failures -- cesium,
18 strontium, iodine in the atmosphere, not good.
19 Why is it okay that it happened? 'Cause I keep
20 asking what about the ambient iodine? Iodine -
21 - you know, radioactive iodine will affect a
22 thyroid. It will do that.

23 My dad was a reactor supervisor working on site
24 and inspecting other reactors of this type. I
25 worry. I want justice.

1 **DR. ZIEMER:** Thank you, Chris. Next, Lloyd --
2 is it Chalcraf?

3 **MR. CHALCRAF:** Yeah.

4 **DR. ZIEMER:** Lloyd.

5 **MR. CHALCRAF:** I was born in this area. I
6 remember the first DuPont surveyor that come in
7 here, and they were disliked very much but they
8 found out -- a guy in White Bluffs, after they
9 dropped the bomb on Hiroshima and Nagasaki, he
10 thought well, we done the job.

11 But anyway, I went to work out there at Hanford
12 in -- with the Fire Department for about six --
13 six months and I transferred over the 200
14 areas. I worked in S where they's melting
15 slugs down from -- to take the plutonium out.
16 Then I got -- they moved us back, they had a
17 cut-back, and went to 300 area where they was
18 bringing this uranium in from Ohio, and we had
19 to handle that uranium by hand and we was
20 putting it through -- was cutting it into slugs
21 and we peeled the outside off and we'd get on
22 fire sometimes. It would go into the water,
23 but we had to handle all these uranium slugs
24 and -- which went into the reactors, Ks and the
25 B, D and R.

1 And in the meantime I got drafted in the Army,
2 but when I come back -- for the Korean deal.
3 When I come back I had my seniority that I
4 carried and I got to go back to the 200 -- 100
5 areas to work in the reactors. So I worked in
6 B area, D, DR -- hello, Charlie -- and -- and
7 all -- and at -- at K East -- I was at K East
8 (unintelligible) down in March of '71 for the
9 last time, and I imagine it's still in that
10 position off the front face. All us folks had
11 to work on the front and the rear face and
12 handle that hot stuff and that's -- I took
13 quite a little radiation. I don't know if
14 they've got a complete record of it.
15 And then we -- and I worked on the supplemental
16 crew, which -- we had to move around from area
17 to area, so I worked in all the -- all the DR,
18 Ds, Hs, Fs, Ks, K West, all the areas in
19 different jobs. And I remember Charlie Shatell
20 was out there with the -- in the plumbers'
21 union.
22 Anyway, that's -- and we had -- when I first
23 went out there we -- this stuff was coming out
24 of the stack, we used to have to run around
25 with something on the ground and pick it up. I

1 think that's what the out-- outsiders that were
2 hollering about from the east stack out of the
3 200 area smokestacks.
4 But anyway, that's -- like I say, I worked in
5 all of them. In the meantime, I just had
6 cancer removed. I just got a Kadlec about
7 three, four months ago and I got to go back in.
8 They opened me up, took colon cancer out and
9 now I've got a -- in the meantime I've got to
10 go back in again because they -- when they put
11 me together, it came apart, so I've got to go
12 back in for another operation and so I've...
13 And my family, in my bloodline, I don't know of
14 anybody's had cancer. I mean my folks came to
15 Richland in 1910 and Granddad set up a
16 blacksmith shop. And by the way, my mother's
17 brother was the first boy to die out of
18 Richland, Washington in World War I in 1918. I
19 didn't realize that till I looked in the old
20 papers. I remember when the DuPont surveyors,
21 a little side deal, come into town, was going
22 to take the property over, my grandmother led
23 this guy in the house and showed him well, I
24 lost my son, now you want to take my property.
25 But after all we -- but I'll put it this way.

1 This thing probably saved a lot of people after
2 we found out what was going on here. It was
3 worth the job. It was -- no argument there,
4 but it was -- the people was pretty shook up
5 when it first happened, but that's normal. If
6 you move out, people -- all at once they moved
7 in like -- in '44 -- '43 they come in. Nothing
8 was -- went hot till the B area went critical
9 in 04*. I've heard them talk about 03*. There
10 was nobody -- 'cause I was in school right here
11 in the Richland grade school and the Corps of
12 Army Engineers wanted those buildings for
13 offices, so they closed the school down in May
14 so they could take over the offices and
15 everything went -- so -- but that's what I can
16 remember about it, and it was like an invasion.
17 And this place was really jumping and they was
18 really going to work. Morris Knutson* was
19 digging ditches out and putting houses in and -
20 - but I remember as a boy and I -- like I say,
21 I remember from day one and we -- my -- that's
22 about all I can say, but I did work in all the
23 reactors. And by the way, I've talked to this
24 NOA* in Ohio -- I made a report to them. You
25 fellas know where I'm coming from there, so

1 that's all I can say, and I've got a reply back
2 for certain things, but fella -- that's all I -
3 - you know what I mean. I'm just -- I wasn't
4 one of the big wheels out there. I'm just an
5 ordinary guy. But when we took a lot of
6 radiation, all this -- bull game we called it.
7 We had to go to -- every time a reactor down,
8 we'd have to go there and work on them, so
9 that's about -- I'm (unintelligible) be taking
10 more of your time, but I -- that's all I can
11 say.

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

13 **MR. CHALCRAF:** I got to go back to Kadlec and
14 get my stomach worked on next -- week from
15 today.

16 **DR. ZIEMER:** Okay. Thank you. Let's go back
17 for a moment and check -- Kay Barker, are you
18 on the line?

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

20 **DR. ZIEMER:** Kay, would you like to proceed
21 with your comments?

22 **MS. BARKER:** Yes, thank you very much. Good
23 evening, Dr. Ziemer and members of the Board.
24 I would like to thank Dr. Wade for allowing me
25 a couple minutes of your time to make my public

1 comment via the telephone this evening.
2 I would like to talk about conflict of
3 interest. You're all well aware of the
4 numerous times we have brought up the Neutron
5 Dose Reconstruction Project conflict of
6 interest for Rocky Flats. I would strongly
7 suggest that the Hanford claimants be vigilant
8 (sic) for conflict of interest issues with
9 their petition.

10 I notice that Dade Moeller and Associates are
11 part of the ORAU team responsible for dose
12 reconstruction and evaluating SEC petitions.
13 But -- and this is a big but -- they also have
14 a DOE contract with Hanford for radiation
15 safety and protection issues. Wouldn't this be
16 like the fox guarding the henhouse if ORAU
17 investigates one of their own for accuracy?
18 You may remember that the Rocky Flats SEC
19 petition was fraught with conflict of interest
20 issues that were largely ignored by NIOSH and
21 the Board.

22 One last comment I would like to make is how
23 outrageous I believe the \$1,558 bill to
24 (unintelligible) I received from the CDC is.
25 This bill is in response to a FOIA I sent to

1 Mr. Sundin September 1, 2006, with a reminder
2 again on May 17th, 2007. I requested
3 information from the logbooks that NIOSH looked
4 through while at the Federal Center in Denver.
5 I felt I was just as much entitled to this
6 information as NIOSH was. Since they are
7 records I need for my claim, I should not be
8 charged for them, especially since it was not
9 my fault I don't have access to this
10 information. But if I want this information it
11 will cost me. Why do I have to pay for
12 information that NIOSH can use against my
13 claim? This action will affect all other
14 claimants that are not part of an SEC petition,
15 as well.

16 Thank you for this time. Kay Barker, Rocky
17 Flats claimant and ANWAG member. Thank you,
18 Dr. Ziemer.

19 **DR. ZIEMER:** Okay. Thank you, Kay. Now let's
20 see, Vina Colley? Is it --

21 **MS. COLLEY:** I was kind of wanting -- has Gai
22 Oglesbee -- has she spoke yet?

23 **DR. ZIEMER:** Let's see, Ms. Oglesbee spoke
24 earlier to us.

25 **MS. COLLEY:** Oh, okay.

1 **DR. ZIEMER:** So actually it was -- we ended up
2 -- we ended our other meeting earlier and she
3 was here and requested that she be able to
4 speak at that time, so we heard from her
5 earlier this afternoon.

6 **MS. COLLEY:** Okay. Well --

7 **DR. ZIEMER:** And she -- and she gave me a note
8 here to let you know that she's already spoken.

9 **MS. COLLEY:** Okay. Well, I would like to thank
10 you for letting me speak, and my name is Vina
11 K. Colley and I'm a former electrician that is
12 still on the recall list from the Portsmouth
13 Gaseous Diffusion Plant located in Piketon,
14 Ohio. Due to the chemical and radiation
15 exposures, I've spent the last 20-some years of
16 my life in and out of the hospital and health-
17 pertaining. I spend much of my time gathering
18 documents about the Portsmouth site and other
19 nuclear sites in an attempt to understand what
20 has dramatically degraded my health, and others
21 that have or are presently working at the
22 facilities.

23 In 1999, due to the releasing of our documents
24 that we had plutonium from recycled fuel from
25 Hanford Woods Val-- Hanford, Woods Valley, New

1 York, the Department of Energy admitted that it
2 knowingly exposed workers to neptunium and
3 plutonium, along with all the other radioactive
4 and toxic chemicals, while employed at the
5 Portsmouth site. With the releases of
6 plutonium documents, it helped start the
7 compensation deal, which started this sham of
8 the dose reconstruction.

9 Earlier today I heard them talk about the
10 urinalysis test. Well, urinalysis needed to be
11 taken at the beginning of the shift and also
12 should have been taken at the end of the shift.
13 Sometimes workers like myself and others, we
14 never had a urinalys (sic) test for over a
15 year, sometimes a year and a half. We all know
16 that what the mistakes in the law are probably,
17 you know, deliberate. And we need to extend to
18 the families -- we need to extend to family
19 needs, adding that I may suggest a primary
20 political force to get convers-- get
21 conversion, Republican, Democrat, whoever,
22 involved in this.

23 We need to add infant mortality to the
24 compensation act, and at least for the female
25 workers there is a study called "Mortality

1 Among Female Nuclear Studies" and it should be
2 added to this compensation. There was a lot of
3 things, problems that they found in the
4 females. I know when we testified here at
5 Piketon, [Name Redacted] had six women who
6 worked in her department and five of them had
7 total hysterectomies. I had a total
8 hysterectomy.

9 And I would like to comment on Gai Oglesbee
10 coor-- coordination of the submission of the
11 SE-- SEC petition in good faith. It was on --
12 by September 18th, 2002. The petition covered
13 a wide range of metorius (sic) classes across
14 the nation who were and are permitted by the
15 assignment government caretakers from defending
16 the causation. This petition represented over
17 7,600 petition, many P.R.E.S.S. members and
18 Nuclear Workers for Just-- Justice who agreed
19 to sign on to the petition, cont-- we
20 contributed, supporting the evidence and Gai
21 Oglesbee wrote the petition. And so we -- we
22 think that the petition should still be good to
23 cover these some 7,600 petitioners. Of course
24 many of them have passed on now.

25 The Portsmouth site, I've been told just here

1 recently, according to a 1990 GAO report, has -
2 - was the second on the list for the most
3 serious problems. And an attorney, [Name
4 Redacted] of the Chesney* firm, said that the
5 report was documented March of 1990. And ATSDR
6 came to our site. They claim that we have no
7 health problems, we have no problems off-site,
8 but Piketon is a special cohort site. And a
9 1985 GAO report states that the Piketon workers
10 have the highest exposures of all the gaseous
11 diffusion plants.

12 I can understand they put us in an open system,
13 like a gas chamber, but they didn't turn on the
14 gas. They just let us die one by one, slow,
15 slow pain, death. And what do the criminals
16 want to do? Study us to death with more dose
17 reconstructions for jobs. I've been waiting
18 since 1985 for compensation and for the company
19 to do the right thing. But here it is 2002
20 (sic) and that hasn't happened yet. My
21 application had -- received a positive
22 termination in 2004 for chronic bronchitis and
23 depression from an independent physician panel.
24 Then my records were locked up until 2007.
25 This means that the panel has concluded that

1 the toxic exposure to chemical substance the
2 DOC (sic) was significant factor aggravating
3 contributing to the cause of the illness or
4 which my claim was filed. There was an award
5 in 2004. In 2007 I finally got a medical card
6 for chronic bronchitis after many e-mails,
7 phone conversations and getting my records
8 locked up. I have been waiting now for seven
9 years. Some more results about the claim is a
10 criminal act to keep causing me so much stress
11 with a low immune system, heart problems, toxic
12 neuropathy, lung problems and thyroid problems,
13 and now have to worry about breast cancer and
14 my two nodules that I scared -- scared to have
15 them to look at them.

16 There are many things also that has been
17 awarded by state compensation that the
18 physician's panel hasn't recognized. And in
19 2000 my records went to a nurse in Washington,
20 D.C. She saw all of these problems that I was
21 having and she said that her boss told her that
22 Gai Oglesbee and I were two nut cases. But she
23 looked through my records and she saw there was
24 plenty of documentation, you know, from the
25 doctors that we had these problems. She sent

1 me a signed FedEx paper to sign to get my
2 records, all okayed with the medical conditions
3 to the physician's panel. She was fired. My
4 records were locked up. I had my records
5 unlocked again.

6 Then when my records went to the physician
7 panel, I only was awarded two of the illnesses.
8 Then my records were locked up from 2004 to
9 2007.

10 My problems that I have and many of my
11 coworkers are low immune system, heart
12 problems, toxic neuropathy, lung problems --
13 you know, how -- how much more stress is the
14 government going to do -- give us by continuing
15 to study us? Can anyone in that room explain
16 to us why they want to keep studying us? You
17 know, when I heard them today about this dose
18 reconstruction, I wanted to sit down and just
19 cry. I can't believe that we are cold war
20 heroes and our government has no more respect
21 for us than this. And if the Piketon workers
22 can't be considered -- we're not even listed on
23 the Super Fund list, even though we are second
24 of one of the worst sites in the world. No one
25 has ever recognized us as being that.

1 **DR. ZIEMER:** Okay.

2 **MS. COLLEY:** So if we can't get toxic chemical
3 illnesses compensation, how are these other
4 workers going to get it?

5 **DR. ZIEMER:** Okay. That's a --

6 **MS. COLLEY:** Let's do away with the dose
7 reconstruction and let's give these workers
8 their compensation, and let's give them the
9 medical card. We told you that back in 2000 we
10 didn't want to be tested anymore. Before 2000
11 I had been tested by some 100 doctors in the
12 state of Ohio to the workers compensation for
13 toxic chemical and illnesses. I didn't want to
14 be tested anymore. If you had give all these
15 workers a medical card and \$150,000, you would
16 have been better off today. But now \$150,000
17 is just a piece of dirt to what -- financially
18 burden that you've put us in.

19 **DR. ZIEMER:** Okay.

20 **MS. COLLEY:** It's not only just me. It's all
21 the workers, the Piketon workers, Oak Ridge
22 workers, Hanford workers. We're all special
23 cohorts. The government put us in this stuff.
24 They knew it was there. They never told us.
25 It's time for them to do the right thing.

1 **DR. ZIEMER:** Okay. Thank you for your
2 comments, Vina.
3 Are there any others on the telephone that wish
4 to comment?

5 **MS. FEIRING:** Yes, this is Joanie Feiring.

6 **DR. ZIEMER:** Joanie, go ahead.

7 **MS. FEIRING:** I'm Joanie Feiring. My father
8 worked at the Piketon plant from 1954 to 1964.
9 He died with four different cancers --
10 prostate, bone, lung and skin. I've been
11 working with Vina Colley on these issues here
12 in Portsmouth, Ohio and I want to say something
13 about -- as well as that situation, the
14 secondary exposures, which is just really
15 starting to come to the light.

16 My mother had washed my father's clothes for
17 ten years. She complained about the dust that
18 was on them. And she died younger than he did
19 -- than he did. She was 59, she had an
20 endometrial cancer which doctors in Michigan
21 had never even seen before and they didn't even
22 know how to treat it. They -- they treated it
23 with a treatment they actually named after her
24 later.

25 All of my sisters and I have health problems

1 today at very young ages, things that doctors
2 just don't usually see in younger people. One
3 has rheumatoid arthritis, one's had
4 endometriosis and fertility problems, one has
5 skin cancer that they usually see in much older
6 people. I've got a number of immune system
7 disorder problems.

8 I want to also address -- earlier there was a
9 comment made in the -- we listened to it pretty
10 much all -- all day -- on using a common sense
11 approach to this. And it only makes sense to
12 me that if they know these -- these materials
13 cause cancer and they know these people were
14 exposed, that this dose reconstruction is
15 unnecessary and you're spending lots and lots
16 of taxpayer dollars on something that's
17 erroneous. Because unless you have the
18 dosimetry (sic) badges -- and I was told that
19 at one time they would just drop them in
20 buckets as they would leave the buildings and
21 nobody knew which badge was whose and none of
22 this was kept track of -- that you really
23 cannot know. And I also believe now that the
24 re-- the reconstruction, or any kind of -- of
25 follow-up on this needs -- you need to look at

1 the maintenance issues. I just read an
2 inspection from the Piketon plant that they
3 admitted that they had flanges that were
4 cracked, and they had no way of knowing how
5 much radiation had escaped from these cracked
6 flanges due to the fact that they were sealed
7 with masking tape. Masking tape. I couldn't
8 get past that sentence in the report. It just
9 completely boggled my mind. And this was not
10 in 1956 or 1966. This was in 1996. And they
11 said that a more usual way of repairing this
12 would have been two bolts instead of one and
13 with a sealing material as opposed to this
14 masking tape.

15 And I feel like this is an analogy for what's
16 going on here. You know, this -- this masking
17 of the problem, masking of the issues. Let's
18 hide it, let's hide our head in the sand and
19 not try to think about it. That's -- that's
20 one issue that I think needs to be addressed.
21 The other is, with these exposures no one knows
22 how each individual person will -- will
23 respond. Each person is unique and each
24 person's exposures may cause different levels
25 of immune response, therefore creating

1 different illnesses. Just as a physician --
2 and we have a note from [Name Redacted] who
3 believes that this dose reconstruction is
4 useless, you cannot tell from a dose whether or
5 not someone was injured any more than by
6 knowing the dose of a medicine a patient had --
7 you can decide whether or not the patient is
8 cured. Dose reconstruction is just a way to
9 confuse the issue and that -- she added that
10 dose reconstruction is a waste of time since
11 the lowest possible dose, namely one track of a
12 -- one -- one nuclear event has the probability
13 of causing cancer.

14 So you know, these are -- to me, if you're
15 talking about common sense, you know, let's --
16 there were 10,000 -- according to your
17 reporter, the report that -- the woman from the
18 DOE said that 10,782 claims had deni-- had been
19 denied due to exposures probably less than 50
20 percent. That to me is just not acceptable
21 when there's no way to be certain of this and -
22 - and you know these people are getting ill
23 because of this cancer expo-- these toxic
24 exposures.

25 So thank you for letting me express my opinion.

1 **DR. ZIEMER:** Okay. Thank you very much,
2 Joanie. Are there any others on the line this
3 evening that wish to speak?

4 (No responses)

5 I need to check with Jason -- is Jason still
6 here? We have a statement from Senator
7 Schumer; did -- did you want to do that today
8 or tomorrow.

9 **MR. BROEHM:** (Off microphone) (Unintelligible)

10 **DR. ZIEMER:** We'll do that tomorrow. Okay.
11 That completes my list. Are there any others
12 that wish to speak that didn't get the
13 opportunity -- sir, please approach the mike,
14 give us your name.

15 (Pause)

16 **MR. MCDANIEL:** Dr. Ziemer, I'm Arthur McDaniel,
17 and I spent 32 years at Hanford and I made a
18 note to see everything I could see for past
19 experiences and this sort of thing. And
20 everything Charlie Shatell told you was the
21 truth 'cause I used to follow him. But the
22 thing of it is, I noticed from the time I
23 started out there until now, or when I retired,
24 that the radiation exposure, the instruments
25 they have, were primitive compared to what they

1 have today. And in a sense of the word, it's a
2 denial, because those people had the same --
3 the -- they should have been -- had the same
4 deal that the -- that they have today. They
5 should have got not into that position to where
6 those people were exposed -- overexposed, which
7 a lot of them were.

8 And in the four years that we've been pursuing
9 my father, which went to work there in '43 and
10 he worked there 30 years and he died of cancer
11 at 67. And the things that he used to tell my
12 mother when he wouldn't come home for two or
13 three days because he was all crapped up, that
14 stuff was never really addressed the way it
15 should have been.

16 And so we went through this whole system, paper
17 after paper. There was four or five conference
18 calls from back east with my brothers and
19 sisters trying to explain what's going on down
20 here and it just -- it never sunk home
21 whatsoever. It just -- well, it was like
22 talking to a barn door. You just didn't get
23 anything out of it. They'd say well, you
24 should do this or you should do that. Well,
25 what we did is we finally went out in the

1 Archives of Time at the -- at the library out
2 there where they have all these deals from
3 Hanford that you can look up that's happened
4 over the years.

5 And we knew that on the H reactor that they
6 dumped a bunch of slugs out of the rear face
7 onto the rear elevator, which crapped up
8 everything. And my dad was involved with that.
9 And so when we turned that in, DOE said no,
10 that didn't ever happen. That just didn't ever
11 happen. Well, then it -- and we had the proof
12 that it did out of the Archives of Time, and we
13 submitted that and it was -- of no avail. It
14 just like -- it was like talking to nothing.
15 They did-- well, so what? So it happened, so
16 what? Well, that's where people got into
17 trouble out there under those circumstances.
18 And that's the reason in the 32 years out there
19 I tried to follow everything and to look at
20 everything I could look at so when something
21 come up I could explain it or I been there or
22 done it.

23 Thanks, Dr. Ziemer.

24 **DR. ZIEMER:** Thank you very much. Are there
25 any others that wish to address the assembly

1 tonight?

2 (No responses)

3 Dan, do we have you on for tomorrow, Dan
4 McKeel? Thank you.

5 **UNIDENTIFIED:** (From the audience and off
6 microphone) (Unintelligible) meeting tomorrow?

7 **DR. ZIEMER:** Tomorrow we're at 7:30. It's an
8 evening sess--

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

11 **UNIDENTIFIED:** Can we get a copy of the final
12 report?

13 **UNIDENTIFIED:** Yes.

14 **DR. ZIEMER:** Yes. Is someone on the -- oh, was
15 there another hand over here? Please approach
16 the mike, and was somebody on the phone asking
17 --

18 **UNIDENTIFIED:** Yes, I asked if we could get a
19 copy of the report.

20 **DR. ZIEMER:** Which --

21 **UNIDENTIFIED:** Or the testimony of today.

22 **DR. ZIEMER:** Everything is being recorded by
23 the court reporter. Once that's transcribed it
24 will be on the web site.

25 **UNIDENTIFIED:** Will that include the letter

1 that was read earlier by the --

2 **DR. ZIEMER:** Yes.

3 **UNIDENTIFIED:** -- Congressman?

4 **DR. ZIEMER:** Yes, it will.

5 **UNIDENTIFIED:** Thank you.

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

7 **UNIDENTIFIED:** Thank you.

8 **DR. ZIEMER:** It'll be verbatim.

9 **UNIDENTIFIED:** The one thing I forgot to say a
10 while ago was --

11 **DR. ZIEMER:** Who is this? Who's speaking?

12 **MS. COLLEY:** Vina Colley.

13 **DR. ZIEMER:** Okay.

14 **MS. COLLEY:** We're sending the foxes to watch
15 the henhouse, with the exception that it is not
16 the hens we're discussing but the health and
17 the lives of real working class people.

18 **DR. ZIEMER:** Okay. Thank you. Yes, ma'am,
19 give us your name, please.

20 **MS. ADKINS:** Yes, I'm Linda Adkins, and my
21 husband, pretty much from the time he graduated
22 from college, he worked at -- in the nuclear.
23 He worked at Grants, New Mexico where they --
24 they were doing the yellow cake, he -- he
25 worked at Argonne National Laboratory and he

1 worked at Hanford. And in 1992 he was working
2 and they were doing radioactive isotopes and it
3 was an experimental thing, or it -- in oth-- in
4 other words, they were perfecting the
5 encapsulation of these radioactive isotopes.
6 And I think it was Westinghouse that was using
7 Battelle's facility, and he was project
8 engineer, and he didn't have a lot to -- you
9 know, they worked kind of around the clock and
10 he didn't have a lot of say-so as to procedure
11 because it -- it was the -- there was one
12 person there that didn't follow procedure and
13 he didn't really have any jurisdiction over
14 this person because he was a Battelle employee
15 and he was with Westinghouse. I think that was
16 in '92.

17 But anyway, during that time the -- he would
18 come home and he would have his coveralls and -
19 - and he went to work in a -- a white shirt and
20 a tie, and he would come home with coveralls
21 and he'd say well, that's because, you know, I
22 had to be scrubbed, blah, blah, whatever. We
23 got a letter from them that he was exposed and
24 they said they did a chest -- and that he was
25 exposed with americium-230. A few days later

1 we got a letter and we -- we were so upset
2 because, you know, we -- he was an engineer and
3 he understood that -- what that -- the
4 ramifications of that would be.
5 So we got a letter shortly after that and it
6 said that they did another reading later that
7 day and that the reading was different. Well,
8 we were so elated, we didn't read between the
9 lines. Didn't say that he wasn't exposed, said
10 the readings were different. We were just, you
11 know, elated that he -- but anyway, four years
12 later he was diagnosed with terminal cancer of
13 the upper part of the stomach, you know. And
14 it's just -- to me, this whole thing is a huge
15 bureaucracy, lot of people -- the more people
16 they can get to file a complaint, the -- they -
17 - that's where their jobs are. That's where
18 the money is. That's where they get to spend.
19 And I don't think that their hearts are in any
20 kind of compensation or anything else, and who
21 wants to go through all that? They -- they
22 sent me stacks of -- trying to get me to --
23 right after he passed away. I got things from
24 the University of Washington -- now the thing
25 that concerns me, if I thought that it would

1 prevent another person from being exposed, then
2 I would be involved. [Redacted] works out
3 there today, and I just think that they were
4 careless. You know, I think that they weren't
5 that responsible and that honest, and I think
6 that people should be able to go out and get
7 their work history on anybody that they're
8 concerned with, they should be able to go out
9 there and get their work history and any
10 incident that happened when they were in that
11 locale. I think that people should be able to
12 -- to -- to have access to that -- to those
13 records. I don't know that they are, I haven't
14 -- this is the first time I've -- I've -- you
15 know, I've been to one of these, so anyway --

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

17 **MS. ADKINS:** That's it.

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

19 **MS. ADKINS:** And I appreciate your --

20 **DR. ZIEMER:** Okay.

21 **MS. ADKINS:** Thank you.

22 **DR. ZIEMER:** Thank you. We have -- we have
23 another public comment session scheduled
24 tomorrow. It's later in the day, for the
25 benefit of those who -- whose schedules are

1 such that this earlier hour is not convenient,
2 but certainly you're all welcome to join us
3 then.

4 The Board will be meeting all day also
5 tomorrow. There are copies of the agenda back
6 there if you wish to look at the Board's
7 schedule and see if there are issues that might
8 be of interest to you. We -- we will be
9 discussing a lot of different topics which --
10 yeah, the main Hanford discussion will actually
11 be on Thursday morning, but there are some
12 other related things tomorrow, so -- welcome to
13 come back. Our session tomorrow begins at
14 9:45.

15 Thank you very much for coming, and goodnight.
16 (Whereupon, the meeting concluded at 7:10 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 July 17, 2007; and it is a true and accurate transcript of the testimony captioned herein.

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

WITNESS my hand and official seal this the 20th day of Sept., 2007.

STEVEN RAY GREEN, CCR

CERTIFIED MERIT COURT REPORTER

CERTIFICATE NUMBER: A-2102

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