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2 that the -- they just have an incomplete amount  
3 of data and they're reaching some extreme  
4 conclusions based unfortunately on not enough  
5 information. This is a very appropriate  
6 situation for a special cohort status because  
7 we're talking about a large number of people  
8 with a large number of exposure, and the  
9 amounts of information directly available is  
10 not really sufficient to make all these extreme  
11 and broad conclusions that are being made.  
12 I do respect your opportunity and have your  
13 attention, and I think that's pretty much what  
14 I wanted to say and I appreciate your  
15 consideration.

16 **DR. ZIEMER:** Okay, thank you very much. Then  
17 we'll hear from the other petitioner.

18 **MS. PENCETTI:** Yeah, I would have to agree with  
19 some of the things that Mr. Kellogg --

20 **DR. ZIEMER:** Give us your name --

21 **MS. PENCETTI:** -- brought up.

22 **DR. ZIEMER:** -- for the record -- give us your  
23 --

24 **MS. PENCETTI:** Oh, I'm sorry --

25 **DR. ZIEMER:** -- name again.

1           **MS. PENCETTI:** Cathy Pencetti, and I'm in San  
2           Diego. There was a lot of usage of the words  
3           "estimates", "assumptions" and it's -- it's  
4           kind of similar to what you were talking about  
5           when you were reviewing the Bethlehem Steel  
6           that how much of information that you got from  
7           other sites can be extrapolated and applied to  
8           this site. There was on a couple of pages in  
9           the report, page 39 and 40, where they used the  
10          estimate of eight hours a day, one day a week,  
11          standing a foot from the drum. And I just  
12          wondered what a person did the other, you know,  
13          72 hours that they usually worked that week,  
14          'cause there was a lot of people working  
15          doubles. That was more typical than out of the  
16          norm, and I know that was another estimation,  
17          but when the guys go on vacation or are out  
18          sick -- like my dad was in the hospital for  
19          three weeks during that week, specifically  
20          because of this stuff -- someone had to cover  
21          his job. So if you are doing the hopper, if  
22          you're covering for somebody else, you don't  
23          keep doing the hopper; you do the other stage  
24          that you're covering for. So there was a lot  
25          of cross-training and a lot of people doing a

1           little bit of everything. So I wanted to bring  
2           that out.

3           And also there was a comment regarding 111  
4           applications were submitted and 102 were  
5           complete as far as the dose reconstructions,  
6           and I wondered if that was based on this report  
7           or was that prior to this report being  
8           completed, or what?

9           **DR. ZIEMER:** I think those perhaps were the  
10          Department of Labor numbers that were presented  
11          to us. Does anyone know for sure? Yes.

12          **MR. TOMES:** The -- the numbers that was in the  
13          -- in the presentation, 111, those were the  
14          actual --

15          **DR. ZIEMER:** Those were -- okay, those were --

16          **MR. TOMES:** Those were the actual claims  
17          submitted to NIOSH --

18          **DR. ZIEMER:** To NIOSH.

19          **MR. TOMES:** -- from DOL that fit into the --  
20          the proposed class.

21          **DR. ZIEMER:** Okay. Did you hear that?

22          **MS. PENCETTI:** Yeah, and 102 of those were  
23          approved to be added to the class, or...

24          **MR. TOMES:** Those were -- those were the ones  
25          that had dose reconstructions completed.

1           **MS. PENCETTI:** Based on this information?  
2           Based on this report?

3           **MR. TOMES:** I'm sorry, I didn't understand that  
4           question.

5           **MS. PENCETTI:** Okay, it said that 102 dose  
6           reconstructions were completed?

7           **MR. TOMES:** Yes, ma'am.

8           **MS. PENCETTI:** And that was based on  
9           information from this report?

10          **MR. TOMES:** That was based pre-- those were  
11          previously completed, prior -- prior -- you  
12          know, back -- as of a few weeks ago.

13          **UNIDENTIFIED:** As of a few weeks ago?

14          **MR. TOMES:** Yes, sir.

15          **UNIDENTIFIED:** May I jump in here just for a  
16          second? It was my understanding -- I couldn't  
17          hear --

18          **DR. ZIEMER:** Give us your name.

19          **UNIDENTIFIED:** -- being said, but I -- from  
20          what I could hear, the little bit I could hear,  
21          I -- I thought that you were still in the  
22          process. Is that correct?

23          **DR. ZIEMER:** Yes.

24          **UNIDENTIFIED:** And the second thing is, those  
25          who submitted a claim, all of them will be

1 reviewed, even the ones that were denied. Is  
2 that correct, also?

3 **DR. NETON:** Yes, that's correct. We're going  
4 to go back and look at all of those 102 cases  
5 that have been completed thus far and re-  
6 evaluate them in light of the new information  
7 that's included in this site profile.

8 **UNIDENTIFIED:** Okay, and from what I was able  
9 to pick up, we have some real issues to resolve  
10 as to the outcome of this -- this dose  
11 reconstruction. Is that correct?

12 **DR. ZIEMER:** Hang on.

13 **UNIDENTIFIED:** Like when you talked about  
14 thorium M and thorium S, and then whether or  
15 not the plant -- after the -- after the project  
16 was finished, the plant was still exposed,  
17 you're still looking at that, is that correct?

18 **DR. ZIEMER:** Hang on, we're getting a lot of  
19 background noise.

20 **UNIDENTIFIED:** I could hear that.

21 **DR. WADE:** (Unintelligible) an argument of some  
22 type.

23 **UNIDENTIFIED:** My question is, I -- it appears  
24 that you're looking more closely at that site  
25 and the fact that these workers were still

1 possibly exposed, even after the project was  
2 over. Is that correct?

3 **DR. NETON:** Yeah, that is included in the -- in  
4 the site profile.

5 **UNIDENTIFIED:** Okay, and have -- have you come  
6 to any conclusions on that? I couldn't hear  
7 the whole --

8 **DR. NETON:** Yes, we have a -- a method in place  
9 in the -- in the new site profile to deal with  
10 exposure to workers after the production of  
11 uranium was -- was completed.

12 **UNIDENTIFIED:** So that tells me that you have  
13 taken in consideration that there could be some  
14 exposure --

15 **DR. NETON:** Oh, yes, definitely.

16 **UNIDENTIFIED:** Okay, sounds like you -- it  
17 sounds like you still have work to do. Right?

18 **DR. ZIEMER:** And ma'am, we need your name for  
19 the record here.

20 **MS. MARTIN:** Oh, my name is Gertrude Martin and  
21 I'm speaking on behalf of [Name Redacted].

22 **DR. ZIEMER:** Thank you.

23 **DR. WADE:** Yes, so you understand the process,  
24 Gertrude, NIOSH has presented its evaluation  
25 report to the Board. This Board will have a

1           working group begin to look at issues  
2           surrounding that evaluation report, so there is  
3           still work to be done.

4           **MS. MARTIN:** That's good.

5           **DR. WADE:** As this -- as this workgroup does  
6           its work, we will try and notify all of you of  
7           its meetings so that you can participate and  
8           bring your expertise to bear on the workgroup's  
9           discussions.

10          **MS. MARTIN:** That sounds very good. I  
11          appreciate that. I couldn't hear everything,  
12          but that part that I did hear made me feel that  
13          you were really digging into this and doing a  
14          better job than -- than was done the first  
15          time.

16          **DR. WADE:** Thank you.

17          **DR. ZIEMER:** Are there any other comments from  
18          the petitioners?

19          **MS. WALSH:** My name is Mary Walsh.

20          **DR. ZIEMER:** Mary.

21          **MS. WALSH:** And my father did a lot of shift  
22          work and he was on -- he always called it  
23          vacation relief, so he always took someone  
24          else's part of the -- their job while they  
25          weren't there. And I just want to say there

1 was a lot of shift work, so you can't say when  
2 you were there, you know, because I don't think  
3 they kept the records like we do now.

4 **DR. ZIEMER:** Oh, okay. Thank you. Any other  
5 comments from the petitioners?

6 **MS. MACK:** Yes, my name's Monica Mack.

7 **DR. ZIEMER:** Okay.

8 **MS. MACK:** My dad was an electrician out there  
9 and he would be called in all hours of the  
10 night when they had emergencies, especially  
11 when it snowed and blizzards, and he was hardly  
12 ever home 'cause he kept getting called into  
13 work 'cause of emergencies. And I don't know  
14 how they can use eight-hour shifts because my  
15 dad never had eight-hour shifts out there.

16 **DR. WADE:** Thank you.

17 **DR. ZIEMER:** Okay, thank you. A comment here  
18 from NIOSH.

19 **MR. TOMES:** I'd just like to address the eight-  
20 hour shift. We -- we haven't assumed that  
21 workers worked strictly eight-hour shifts. We  
22 -- we've got an exposure model and we assigned  
23 an uncertainty to it that they were exposed in  
24 close proximity to the source in -- for eight  
25 hours per week, being the drum, but we applied



1 an uncertainty to it that they were also  
2 exposed at other times.

3 **MS. MACK:** Yeah, 'cause yours is based on  
4 eight-hour work shifts, according to your  
5 paperwork.

6 **MR. TOMES:** That -- that is part of the  
7 distribution we're using, yes, that they were  
8 in close proximity for eight hours.

9 **DR. WADE:** Thank you.

10 **DR. ZIEMER:** Okay, thank you. Okay, Board  
11 members, further questions?

12 **DR. WADE:** Just for the record, the workgroup  
13 is chaired by Wanda Munn, members Roessler,  
14 Melius, Gibson and Brad Clawson an alternate.

15 **DR. ZIEMER:** Now it -- it appears, from what  
16 the chair of the workgroup said and from other  
17 comments, that there perhaps is additional work  
18 to be done. Do we need a motion to that  
19 effect?

20 **MS. MUNN:** We can -- I can --

21 **DR. ZIEMER:** We can move deferring action on  
22 this report until the workgroup is able to  
23 complete its activities and report back, for  
24 examp--

25 **MS. MUNN:** That was my intent, coming into this

1 meeting, that we would defer action until the  
2 working group had in fact worked out the issues  
3 that have been pointed out by SC&A and brought  
4 forth by some of the petitioners in their  
5 comments today.

6 **DR. ZIEMER:** Okay, so you are making such a  
7 motion?

8 **MS. MUNN:** I will in fact request that we  
9 postpone further -- that the Board postpone its  
10 deliberation on -- or its final deliberation on  
11 Blockson until the workgroup has had an  
12 opportunity to meet, with the expectation that  
13 we will bring a recommendation to you at the  
14 October meeting.

15 **DR. ZIEMER:** Is there a second?

16 **DR. MELIUS:** I'll second. I want a chance for  
17 some consensus on something, so --

18 **DR. WADE:** Got to be (unintelligible).

19 **DR. ZIEMER:** Okay, let the record show that Dr.  
20 Melius has seconded Ms. Munn's motion.

21 **MS. MUNN:** (Off microphone) (Unintelligible)

22 **DR. ZIEMER:** Is there any discussion on this  
23 motion, Board members?

24 (No responses)

25 Are you ready to vote? All in favor, aye?

1 (Affirmative responses)

2 Any opposed, no?

3 (No responses)

4 Gen Roessler?

5 **DR. ROESSLER:** Aye.

6 **DR. ZIEMER:** Aye, thank you. The ayes have it.

7 **DR. WADE:** One quick -- is there any chance we  
8 could select a date for that meeting now? We  
9 have the petitioners on the line. It would be  
10 wonderful. If not, we'll do it tomorrow.

11 **MS. MUNN:** I'm certainly prepared to have  
12 requests from anyone else. I've already  
13 mentioned by e-mail to other members of the  
14 working group that since we are -- since --  
15 since we have other activities going on in  
16 Cincinnati on the last week of August, it would  
17 be helpful from my perspective if we could look  
18 at that time period as a possibility, possibly  
19 the Tuesday of that week. I believe that would  
20 be the 25th.

21 **DR. WADE:** Tuesday of the last week of August  
22 is the -- the last -- is the 28th, unless  
23 you're picky about the fact that Saturday is  
24 the 1st of September. So the Tuesday of the  
25 last week of August is the 28th of August.

1           **DR. MELIUS:** I'm available that day.

2           **DR. WADE:** Gen, the 28th of August for a  
3 workgroup meeting on Blockson?

4           **DR. ROESSLER:** Okay.

5           **DR. WADE:** Mike?

6           **MR. GIBSON:** (Off microphone) (Unintelligible)

7           **DR. WADE:** Okay, do you want to pick a time  
8 today?

9           **MS. MUNN:** Is there any reason why the rest of  
10 you cannot meet at 10:00 o'clock that day in  
11 Cincinnati, at one of the airport hotels?

12           **DR. ROESSLER:** Sounds good.

13           **MS. MUNN:** SC&A and NIOSH folks, is that okay?  
14 I'm getting nodding heads.

15           **DR. ZIEMER:** Okay, we have the meeting time set  
16 for that workgroup to continue its exploration.

17           **DR. WADE:** For the petitioners and -- and  
18 interested workers, the workgroup has agreed to  
19 meet at 10:00 a.m. on August 28th. They'll be  
20 meeting in Cincinnati, but there will be an  
21 ability for you to call in, and I promise you  
22 it will be a better system than this. We've  
23 used the hotels in Cincinnati and the quality  
24 of sound will be much better. We'll be getting  
25 out call-in numbers for you. We'll notify you

1 individually after this, but just so you get  
2 your first inclination of the 28th of August at  
3 10:00 a.m.

4 **UNIDENTIFIED:** Thank you.

5 **UNIDENTIFIED:** Thank you.

6 **UNIDENTIFIED:** Thank you.

7 **UNIDENTIFIED:** Thank you.

8 **DR. WADE:** And please, if you can --

9 **MS. PENCETTI:** Can I have one more thing to be  
10 added to the workgroup list of things to look  
11 at in that meeting? This is Cathy in San Diego  
12 again.

13 **DR. WADE:** Please.

14 **MS. PENCETTI:** Okay, on page 26 you refer to  
15 the urine samples ranging from zero to 17 UGs  
16 of uranium per liter, and then the range was  
17 dropped from two and 3.8 and there's no  
18 explanation why -- why the average is so much  
19 lower than the 17.

20 **DR. ZIEMER:** Okay, they can follow up on that  
21 with you, yeah.

22 **DR. WADE:** Thank you.

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

24 **MS. PENCETTI:** All right.

25 **DR. WADE:** And thank you for bearing up with

1 the difficult sound system here. You make our  
2 work better, certainly.

3 **UNIDENTIFIED:** Well, thank you for letting us  
4 in on the meeting.

5 **UNIDENTIFIED:** Thank you.

6 **UNIDENTIFIED:** Thank you.

7 **DR. ZIEMER:** Thank you very much. The Board is  
8 going to take a break now and we'll resume at -  
9 - at 3:00 -- at 4:00 o'clock actually for the  
10 Ames discussion.

11 **DR. WADE:** Well, we have a -- we have -- the  
12 timeliness discussion we have, as well, so  
13 maybe a shorter break?

14 **DR. ZIEMER:** We can, how -- 20 -- we're going  
15 to take a break now, in any case.

16 **DR. WADE:** Come back quickly.

17 **DR. ZIEMER:** Okay.

18 **DR. WADE:** I would like to broach the  
19 timeliness issue --

20 **DR. ZIEMER:** Yeah.

21 **DR. WADE:** -- and get it discussed --

22 **DR. ZIEMER:** Okay.

23 **DR. WADE:** -- if we could.

24 **DR. ZIEMER:** We'll have time for the timeliness  
25 issue.

1           **DR. MELIUS:** If we don't make it back on time,  
2 start without us.

3           **DR. WADE:** Thank you.

4           (Whereupon, a recess was taken from 3:35 p.m.  
5 to 3:55 p.m.)

6           **DR. MELIUS:** Let the record show that I was on  
7 time for the timeliness discussion.

8           **DR. WADE:** And who wasn't?

9           **TIMELINESS DISCUSSION**

10           **DR. ZIEMER:** Yeah. We will try to stick as  
11 close as we can to the Ames schedule at 4:00,  
12 but we want to at least get underway with the  
13 time-- timeliness discussion. And to kick that  
14 off, we need -- we need advice from legal  
15 counsel on what the word means, so Emily has a  
16 timely presentation for us.

17           **DR. WADE:** As Emily walks to the microphone --  
18 I mean this is -- we will constantly be faced  
19 with the -- the pressures of timely versus  
20 complete versus accurate versus fair versus  
21 uniform, and I think we need to discuss it  
22 periodically. And I asked Emily just to -- to  
23 refresh us as to where the word appears in --  
24 in the governing documents.

25           **MS. HOWELL:** So at Lew's direction what I've

1 done is just gone through and found some  
2 various places where the Act and the  
3 regulations, as well as the Executive Order,  
4 discuss timeliness, first beginning with the  
5 Act, EEOICPA.

6 In Section 73.84(d) under the establishment of  
7 the Energy Employees Occupational Illness  
8 Compensation Program, letter (b), purpose of  
9 program, that reads (reading) The purpose of  
10 the compensation program is to provide for  
11 timely, uniform and adequate compensation of  
12 covered employees and, where applicable,  
13 survivors of such employees suffering from  
14 illnesses incurred by such employees in the  
15 performance of duty for the Department of  
16 Energy and certain of its contractors and  
17 subcontractors.

18 And that's pretty much the only place within  
19 the actual Act itself that timeliness comes  
20 into play for Part B and what this Board is  
21 concerned with.

22 **DR. WADE:** And there you have the tension  
23 between timely and uniform.

24 **MS. HOWELL:** Yes. Then in the Executive Order  
25 13179 dated December 7th of 2000, providing



1 compensation to America's nuclear weapons  
2 workers, timeliness appears a couple of times  
3 and I'll just read to you where it appears.  
4 Quote, While the nation can never fully repay  
5 those wor-- these workers or their families,  
6 they deserve recognition and compensation for  
7 their sacrifices. Since the administration's  
8 historic announcement in July of 1999 that it  
9 intended to compensate DOE nuclear weapons  
10 workers who suffered occupational illnesses as  
11 a result of exposure to the unique hazards in  
12 building the nation's nuclear defense, it has  
13 been the policy of this administration to  
14 support fair and timely compensation for these  
15 workers and their survivors.  
16 Later on in that paragraph the Executive Order  
17 reads (reading) The Departments of Labor,  
18 Health and Human Services and Energy shall be  
19 responsible for developing and implementing  
20 actions under the Act to compensate these  
21 workers and their families in a manner that is  
22 compassionate, fair and timely. Other federal  
23 agencies, as appropriate, shall assist in this  
24 effort.  
25 Timeliness also appears throughout the

1 discussion in the preambles in both the dose  
2 reconstructions and the Special Exposure Cohort  
3 rules. However, I'm -- the only place that it  
4 appears in the actual regulations themselves is  
5 within the Special Exposure Cohort rule found  
6 at 42 CFR Part 83 under section 83.1, what is  
7 the purpose of the procedures in this Part. It  
8 reads, in part, (reading) The procedures are  
9 also design-- I'm sorry. The procedures are  
10 also designed to give petitioners and  
11 interested parties opportunity for appropriate  
12 involvement in the process, and to ensure that  
13 the process is timely and consistent with  
14 requirements specified in EEOICPA.  
15 And then later on, under Section 83.13, how  
16 will NIOSH evaluate petitions other than  
17 petitions by claimants covered under Section  
18 83.14, it reads, under letter (a) -- I'm sorry,  
19 under letter (b), (reading) The Director of  
20 OCAS may determine that records and/or  
21 information requested from the Department of  
22 Energy, an AWE or other source to evaluate a  
23 petition is not or will not be available on a  
24 timely basis. Such a determination will be  
25 treated, for the purposes of the petition

1 evaluation, as equivalent to a finding that the  
2 records and/or information requested are not  
3 available.

4 So those are the main instances where  
5 timeliness comes up. There's some other  
6 scattered references that aren't really  
7 germane, but if anybody has any questions...

8 **DR. ZIEMER:** So it appears that the definition  
9 doesn't actually appear, that it's --  
10 timeliness in the regulation almost is in the  
11 eye of the beholder. What -- there is not a --  
12 a clear-cut definition.

13 **MS. HOWELL:** Correct, there are other deadlines  
14 associated with the program --

15 **DR. ZIEMER:** Yeah, right, right.

16 **MS. HOWELL:** -- but timeliness itself is kind  
17 of a general --

18 **DR. WADE:** Value.

19 **MS. HOWELL:** -- value, yes.

20 **DR. ZIEMER:** Okay. Thank you. Comments on  
21 that -- and Lew, now do you want to add to that  
22 at this point?

23 **DR. WADE:** No, I mean I think it's obvious it -  
24 - that timely, as opposed to or in competition  
25 with fair, uniform, compassionate, consistent,

1           those are the issues that we face on the Board.  
2           I think we've been through enough that we start  
3           to know where the pinch points are, and I think  
4           periodically we need to talk about them and  
5           decide how to deal with them. It not only  
6           applies to NIOSH and DOE and DOL, but it  
7           applies to us as a Board, as well. And so I  
8           don't have any magic to say to you other than I  
9           think it's -- it's a value we all aspire to. I  
10          think we need to talk about it and how we're  
11          doing and how we can do better at it. And I'd  
12          like to spend some time tomorrow talking about  
13          that.

14         **DR. ZIEMER:** Uh-huh, okay. Yeah.

15         **MR. GRIFFON:** (Off microphone) (Unintelligible)  
16          to add quickly (on microphone) two other  
17          adjectives -- competing adjectives, if -- to go  
18          on with what Lew said, thoroughness and  
19          completeness. I think we've -- we've certainly  
20          run up against that question of timely versus  
21          complete-- or thoroughness, so...

22         **DR. ZIEMER:** All right. Okay. Well, that's a  
23          good prelude to -- tomorrow you can give some  
24          thought to what we might do other than keep the  
25          value in mind as we proceed and make sure that

1 in -- in giving attention to the other values,  
2 that we don't neglect the issue of timeliness.  
3 Is there --

4 **DR. WADE:** I don't know if Robert Stephan -- I  
5 know Robert Stephan had a desire to -- to make  
6 mention of issues -- is Robert with us?

7 (No responses)

8 Okay, so be it. Thank you.

9 **DR. ZIEMER:** And -- on this issue?

10 **DR. WADE:** Yeah, on timeliness. This is  
11 Senator Obama's staffer.

12 **DR. ZIEMER:** Right. If -- if Robert does come  
13 on the line, why we can insert that at some  
14 point if necessary.

15 **DR. WADE:** Right.

16 **AMES SEC**

17 **DR. ZIEMER:** Let's then proceed with  
18 consideration of the Ames SEC. We're going to  
19 hear from LaVon Rutherford from NIOSH, and then  
20 we do -- let me check and see if the  
21 petitioners are on the line. Dr. Fuortes, is  
22 he -- are you on the line?

23 **DR. FUORTES:** Yes, sir.

24 **DR. ZIEMER:** Very good. How about Bob Staggs?

25 **MR. STAGGS:** Present, sir.

1           **DR. ZIEMER:** And Ralph Applegate? I was told  
2           Ralph may not be on the line, but after we hear  
3           from LaVon and then we'll hear from Dr. Fuortes  
4           and from Mr. Staggs. LaVon.

5           **MR. RUTHERFORD:** Thank you, Dr. Ziemer. Thank  
6           you to the Board and public for giving me this  
7           opportunity to speak on behalf of NIOSH and our  
8           evaluation of the Ames SEC petition, and that's  
9           SEC-00075.

10          Some of you may recall we actually have added a  
11          class for Ames for the years -- roughly 1943  
12          through 195-- end of 1954, and that will come  
13          up during the discussion.

14          This petition was actually received on October  
15          26th, 2006. We qualified the petition on  
16          January 30th, 2007, and we issued our report  
17          May 11th, 2007 to the Board and the  
18          petitioners.

19          The petition was submitted to NIOSH on behalf  
20          of a class of employees. It was focused on  
21          maintenance workers, sheet metal workers, other  
22          workers of that type that were involved in  
23          maintenance and renovation activities in  
24          Wilhelm Hall during the period of January 1,  
25          1955 through December 31st of 1970. Their

1 basis that the petitioner provided was that  
2 there was no monitoring data for these  
3 employees who conducted these renovation and  
4 remediation or maintenance activities during  
5 this time period.

6 We reviewed the existing claims which we had,  
7 which we had eight claims at the time, and  
8 determined that there was no monitoring data  
9 for those individuals and we qualified the  
10 petition.

11 As indicated, we have determined that, by our  
12 review, we have eight claims that currently  
13 would fall within the cla-- the current class  
14 definition, as defined. However, the final  
15 determination is made by the Department of  
16 Labor.

17 The Ames Laboratory actually started thorium  
18 production operations before the Wilhelm Hall  
19 operations. They actually started thorium  
20 production operations in 1943, or -- or around  
21 that time period. They were doing uranium  
22 production work. They designed -- came up with  
23 a uranium process for making -- or for coming  
24 up with uranium metal, and then they were asked  
25 to look at doing a similar process for thorium.

1           They started work on that in the early 1940s or  
2           around 1943 time frame in a building called  
3           Little Ankeny or -- it was the old ladies'  
4           gymnasium, and from 1943 through 1949 period  
5           the thorium production work was conducted in  
6           that facility.

7           In 1949 they had built a new facility, Wilhelm  
8           Hall. It was actually called the Metallurgy  
9           Building, and they moved thorium production  
10          operations from the Little Ankeny to Wilhelm  
11          Hall. In Wilhelm Hall they conducted thorium  
12          operations from 1949 through 1953. They -- at  
13          that time period they -- they turned over the  
14          thorium production operation, or that process,  
15          to industry. And from that point they moved  
16          away from thorium production.

17          There was a D&D effort that was conducted at  
18          that time period at Wilhelm Hall removing  
19          equipment -- they focused mainly on removing  
20          equipment from the facility. The radiological  
21          operations we're going to look at are actually  
22          to a class of -- the class of workers I had  
23          mentioned, the maintenance workers, sheet metal  
24          workers and support staff that did renovation  
25          and remediation activities from 1955 through



1           1970 in the Wilhelm Hall facility.  
2           During this evaluation we looked at a number of  
3           sources for information. A lot of these are  
4           standard sources that we go through when we're  
5           doing this. We looked at Technical Information  
6           Bulletins that ORAU has already developed to  
7           see if they would help us in our evaluation.  
8           We looked at the Ames Laboratory site profile.  
9           We did interviews with former Ames Laboratory  
10          employees. We interviewed not only workers  
11          involved during that time period, but we also  
12          interviewed a health physicist who was actually  
13          working during that time period, in 1963 to  
14          1970, to get his input on how much, you know,  
15          radiological monitoring and exposure -- or --  
16          and -- and coverage was provided to these  
17          employees, and to the relative hazard.  
18          We looked at case files in the NIOSH database.  
19          We looked at the site research database. We  
20          looked at -- and then we reviewed a lot of  
21          information -- Dr. Fuortes did a great job of  
22          providing information to us during the  
23          evaluation, as well as the petitioners. And  
24          then we reviewed affidavits provided by those  
25          petitioners.

1           The occupational exposures that employees  
2           within the class may have -- or dur-- these  
3           operations could have caused exposures to the  
4           employees during -- internal and external  
5           exposures to the employees -- painting and  
6           sealing spots of contamination -- and this is  
7           not all-inclusive; remediation activities are  
8           kind of broad, and maintenance activities, as  
9           well, but these are some of the -- some of the  
10          things that we've actually defined during our  
11          evaluation -- removing and replacing  
12          contaminated duct work, removing contamination  
13          (sic) lab hoods, dismantling machine shop,  
14          removing ceiling and floor tile, and removing  
15          contaminated roof equipment.

16          Principal external exposures, from this  
17          activity of remediation of thorium-contaminated  
18          equipment, there's not a significant external  
19          exposure from that activity of beta-gamma  
20          external exposure. However, there -- there are  
21          -- there were other exposures that were  
22          occurring at the Ames site. I just want to  
23          make note of that. This class -- this activity  
24          and -- and class is not really part of that,  
25          but there were other exposures at the Ames

1 Laboratory and -- and I will discuss how they  
2 relate to this evaluation later.

3 The principal internal exposures were from  
4 thorium -- from inhalation and ingestion of  
5 thorium-contaminated equipment during the  
6 remediation and renovation process.

7 I will make note that there is a report -- if  
8 you look on the X drive -- a report on an  
9 assessment of the thorium-232-- thorium-232  
10 hazards, uranium-238 and beryllium hazards  
11 associated with Wilhelm Hall. It was actually  
12 -- it was done in 1998 and it was done --  
13 written by a health physicist and it's a pretty  
14 detailed report. In that report you'll find  
15 that inaccessible areas to -- inaccessible  
16 areas to the routine workers within a facility,  
17 such as pipe runs, pipe tunnels, things like  
18 that, areas where maintenance staff may -- may  
19 go into, there were contamination levels in  
20 that actual 19-- and post-1970 that -- in  
21 excess of 10 CFR 835 limits, occupational  
22 exposure limits. So even up through this --  
23 after this class period, there is contamination  
24 that you can recognize that -- you know, prior  
25 to that that there was probably much higher

1           contamination prior to the remediation  
2           activities.

3           External monitoring data -- Ames Laboratory  
4           started their film badge monitoring in 1953.  
5           However, the focus was on professional level  
6           staff workers that worked at the operations  
7           where there were known radiation hazards. So a  
8           lot of the support staff were not mon-- or were  
9           not provided film badges, and that's kind of  
10          consistent with what we've found with the --  
11          our data we have with the existing claimants.  
12          Of the eight claimants, none of them had  
13          external monitoring data.

14          Internal monitoring data -- there was thorium -  
15          - some thorium bioassay that was done in  
16          1952/'53 time period at the end of the actual  
17          production operations -- thorium production  
18          operations that -- that was actually pushed by  
19          I think HASL and -- and their involvement at  
20          that time. And -- but there was no thorium  
21          bioassay data after 1953.

22          I've included the tritium bioassay data just to  
23          give you an understa-- indication of there was  
24          -- there was monitoring that occurred at Ames  
25          for other activities, and tritium bioassay data

1           -- we have that from 1965 through 1981, and  
2           that was for work that was being done with the  
3           five megawatt heavy water research reactor.  
4           Again, we have no internal monitoring data for  
5           the class.

6           As you've seen earlier with Jim's evaluation --  
7           with his presentation, the two-pronged test:  
8           Is it feasible to estimate the level of  
9           radiation dose of individual members of the  
10          class with sufficient accuracy; and is there a  
11          reasonable likelihood that such radiation doses  
12          may have endangered the health of members of  
13          the class.

14          NIOSH found that the available monitoring  
15          records, process description and source term  
16          data are insufficient to complete dose  
17          reconstruction for the proposed class of  
18          employees. NIOSH currently lacks access to  
19          sufficient informa-- monitoring source term  
20          data and process information to estimate the  
21          internal dose from thorium.

22          NIOSH found that we were available to  
23          reconstruct other radionuclides. However,  
24          recognize that -- that associated with this  
25          activity of renovation and remediation there --

1           there is no real other -- other isotopes to  
2           deal with for this given activity.  
3           I will give an example for the tritium  
4           monitoring data that we -- I discussed earlier.  
5           The site profile has a coworker model that was  
6           developed based on the data that they had from  
7           1965 through 1981, the operation-- operational  
8           years.  
9           NIOSH found that the available external  
10          monitoring data, process description and source  
11          term data are sufficient to reconstruct  
12          occupational beta-gamma exposures, including  
13          medical X-rays. And the reason why we came up  
14          -- even though there was no monitoring data --  
15          in fact there's -- you know, when I say there's  
16          no monitoring data, internal or external, there  
17          -- there is no personal monitoring, either  
18          bioassay or film badge; there is no dose rate  
19          surveys; there is no air samples; there are no  
20          contamination surveys or anything during that  
21          class period. So -- but the external component  
22          we feel we can -- we can reconstruct the  
23          external component based on the knowledge that  
24          we have of thorium with other operations, as  
25          well as we do have a coworker model that was

1           developed because of the -- the exposures --  
2           the significant external exposure at the site  
3           was from other activities. A coworker model  
4           has been developed that addresses the external  
5           exposure.

6           NIOSH has determined that is it not feasible to  
7           complete dose reconstruction with sufficient  
8           accuracy and health of employees was  
9           endangered. And evidence reviewed indicates  
10          that workers in the class received chronic  
11          internal and external exposures from  
12          remediation, renovation of former thorium and  
13          uranium production facilities.

14          I would like to correct that somewhat. That  
15          slide -- it says thorium and uranium production  
16          facilities. The actual uranium production was  
17          at -- was not at this facility at all. The  
18          only uranium work that was at this facility, by  
19          the records, are R&D type activities that were  
20          conducted.

21          Recommended class definition is sheet metal  
22          workers and physical plant maintenance and  
23          associated support staff who were monitored, or  
24          should have been monitored, for potential  
25          internal radiation exposures associated with

1 the maintenance and renovation activities of  
2 the thorium production areas in Wilhelm Hall,  
3 also known as Metallurgy Building or Old  
4 Metallurgy Building, at the Ames Laboratory for  
5 the time period from January 1, 1955 through  
6 December 31st, 1970.

7 And I won't read the other part. It just  
8 basically says 250 days or aggregated.

9 Okay, in summary -- and -- NIOSH feels that we  
10 cannot reconstruct the internal component to  
11 thorium-232 or the progeny. We do feel that  
12 other ex-- internal doses can be reconstructed,  
13 and all external components can be  
14 reconstructed.

15 However, let me point out in this slide as  
16 well, the neutron component -- there was no  
17 neutron component associated with this  
18 activity. There were neutron exposures at the  
19 site in which -- the site profile has a -- a  
20 methodology for reconstructing the neutron  
21 component, and those neutrons were from  
22 neutron-generating devices, so...

23 Come on. Okay, quit on me. Thanks, Jim. Is  
24 that a lessons learned? Okay.

25 So our recommendations for the period of



1           January 1, 1955 through December 31st, 1970,  
2           NIOSH finds that radiation dose estimates for  
3           thorium-232 and progeny cannot be  
4           reconstructed, so our feasibility is no and our  
5           health endangerment is yes.

6           That's it. Questions?

7           **DR. ZIEMER:** LaVon, could I ask you to clarify  
8           a couple of things --

9           **MR. RUTHERFORD:** Sure.

10          **DR. ZIEMER:** -- in the report. I was looking  
11          at Table 6-1 which delineates the dosimeter  
12          program at Ames and it lists various vendors or  
13          suppliers of --

14          **MR. RUTHERFORD:** Landauer and --

15          **DR. ZIEMER:** -- film badge and so on. I -- I  
16          see Land-- in fact, that was my question. I  
17          see Landauer in your reference list. I don't  
18          see them as a provider. Are they -- did I miss  
19          something here?

20          **MR. RUTHERFORD:** No, I -- and Tom may be able  
21          to correct me if I'm wrong in here. I think we  
22          checked with Landauer and -- and their -- but I  
23          don't think for -- and I would -- I'd have to  
24          go back and check on that for sure.

25          **DR. ZIEMER:** Well, in -- in fact, all of these

1 Landauer references seem to be for years beyond  
2 this pro-- this petition, so I was wondering  
3 what -- what that meant in the reference list.

4 **MR. RUTHERFORD:** Well, like I said, I think we  
5 checked with Landauer because they took over a  
6 lot of those operations --

7 **DR. ZIEMER:** Later.

8 **MR. RUTHERFORD:** Yes.

9 **DR. ZIEMER:** Okay, so you were just checking --  
10 'cause it's -- Landauer's in the reference list  
11 but not mentioned as -- okay.

12 Are you allowed to say who you contacted, or is  
13 that privileged information? On these  
14 references it --

15 **MR. RUTHERFORD:** Yeah.

16 **DR. ZIEMER:** -- it identifies people as --

17 **MR. RUTHERFORD:** I can give you job titles, or  
18 --

19 **DR. ZIEMER:** Well, there are some -- okay, let  
20 -- that will help me.

21 **MR. RUTHERFORD:** Sure.

22 **DR. ZIEMER:** Let me give you the reference and  
23 you can tell me the job title. I think I can  
24 figure out -- I'm wanting to make sure that you  
25 contacted a certain person. Personal

1 communication with a health  
2 physicist/industrial hygienist who worked from  
3 '63 to '93.

4 **MR. RUTHERFORD:** Yes.

5 **DR. ZIEMER:** That person --

6 **MR. RUTHERFORD:** Do you want --

7 **DR. ZIEMER:** Well, is -- is that the job title?

8 **MR. RUTHERFORD:** You just said it was a health  
9 physicist.

10 **DR. ZIEMER:** Well, but --

11 **MR. RUTHERFORD:** He was -- the individual --

12 **DR. ZIEMER:** -- was he the radiation safety  
13 officer, is what I'm going to ask.

14 **MR. RUTHERFORD:** At that time, you know, I --

15 **DR. ZIEMER:** Oh -- we'll talk separately then.

16 **MR. RUTHERFORD:** Yeah.

17 **DR. ZIEMER:** Okay, I don't --

18 **MR. RUTHERFORD:** We do--

19 **MS. HOMOKI-TITUS:** (From the audience and off  
20 microphone) (Unintelligible) --

21 **DR. ZIEMER:** You're not --

22 **MS. HOMOKI-TITUS:** -- (unintelligible) --

23 **DR. ZIEMER:** -- oh, no, we're not allow-- he's  
24 not allowed to say the name. Is that right?

25 **MR. RUTHERFORD:** I actually --

1           **MS. HOMOKI-TITUS:** (Off microphone) It depends  
2           on what that person's doing at the time  
3           (unintelligible) interview them and what they  
4           (unintelligible) --

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

6           **MS. HOMOKI-TITUS:** (Off microphone) It's not a  
7           (unintelligible) question I can stand up and  
8           answer.

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

10          **MR. RUTHERFORD:** Yes.

11          **DR. ZIEMER:** -- I'll just waive that. I was  
12          just --

13          **MR. RUTHERFORD:** I -- I -- you know, I will --  
14          you know, I think --

15          **DR. ZIEMER:** It's not -- it's not going to end  
16          up being pertinent to (unintelligible).

17          **MR. RUTHERFORD:** This individual actually  
18          worked at another AEC site prior to his period  
19          in 1963 when he started, and -- and they -- he  
20          was hired as industrial hygienist/health  
21          physicist. His main reason for hiring was for  
22          res-- the research reactor that they were  
23          building at the time and he was going to work  
24          on that.

25          **DR. ZIEMER:** Okay.

1           **MR. RUTHERFORD:** However, he was asked to  
2 provide additional support as needed. And you  
3 know, I think it's a good -- since you brought  
4 it up, you know, one of his -- I -- I brought  
5 that interview with me because that was one of  
6 the interviews that we -- we really -- I mean  
7 you take all the interviews' information and  
8 everything, but one of the things this person  
9 said is he confirmed his view that most of the  
10 renovation work and most hazardous renovation  
11 work performed in Wilhelm Hall occurred from  
12 1960 through 1966 and that the work involved  
13 was poorly monitored, if at all.

14           **DR. ZIEMER:** Yeah.

15           **MR. RUTHERFORD:** So...

16           **DR. ZIEMER:** Thank you. Other comments or  
17 questions? Mark Griffon.

18           **MR. GRIFFON:** Just a -- a question in terms of  
19 the way you define the class, same old kind of  
20 question that we --

21           **MR. RUTHERFORD:** Yeah.

22           **MR. GRIFFON:** -- run across, you know --

23           **MR. RUTHERFORD:** You know, we took the -- and I  
24 -- I know where you're coming from.

25           **MR. GRIFFON:** The who -- the who question, huh?

1           **MR. RUTHERFORD:** Yeah.

2           **MR. GRIFFON:** How are we going to identify  
3 these people and have you considered how many  
4 people this likely covers, is it -- in terms of  
5 who would fall into that category, is it most  
6 the...

7           **MR. RUTHERFORD:** Well, all I'm -- we actually  
8 talked to -- we actually talked to Department  
9 of Labor, and I'm not going to speak for the  
10 Department of Labor, but I will tell you that -  
11 - that it would be very difficult for -- for --  
12 it -- maintenance personnel worked all over the  
13 site, just leave it at that.

14           **DR. ZIEMER:** Jim Melius.

15           **DR. MELIUS:** Yeah, a follow-up to that, I -- I  
16 guess I was a little confused about why specif-  
17 - why specifically you separated out sheet  
18 metal workers then. It -- it --

19           **MR. RUTHERFORD:** That was a specific title that  
20 was given to us by the petitioner as a -- as a  
21 separate title that -- during that period and  
22 clearly the sheet metal workers removing the  
23 duct work and rein-- putting in new duct work  
24 would have fallen with-- easily fallen within  
25 that class.

1           **DR. MELIUS:** You -- you know, and I understand  
2           that, but it just seems that they're also  
3           encompassed under maintenance and --

4           **MR. RUTHERFORD:** Yeah.

5           **DR. MELIUS:** -- that -- that's just --

6           **DR. ZIEMER:** All maintenance --

7           **MR. RUTHERFORD:** Yeah.

8           **DR. ZIEMER:** -- and shop personnel includes  
9           them.

10          **DR. MELIUS:** I mean I don't object to --

11          **MR. RUTHERFORD:** Yeah.

12          **DR. MELIUS:** -- including them, it just -- is  
13          there some sort of distinction or something? I  
14          wouldn't --

15          **MR. RUTHERFORD:** No --

16          **DR. MELIUS:** -- think so.

17          **MR. RUTHERFORD:** -- I -- I don't think there  
18          is.

19          **DR. MELIUS:** Okay.

20          **DR. ZIEMER:** Other questions?

21                                (No responses)

22          Well, let's then hear from Dr. Fuortes. Are  
23          you still there, sir?

24          **DR. FUORTES:** I -- I'm here. I -- I really  
25          have nothing to add other than thank you. Bob

1           Staggs can clarify much better than -- than I  
2           can individuals or groups at highest risk. We  
3           -- we tried to be relatively narrow in -- in  
4           terms of ensuring that -- that we write down --  
5           applying a population who we thought were at  
6           significant risk. We -- we could have  
7           certainly id-- identified the population in the  
8           same air space or -- but -- but that just  
9           seemed very complicated and so I -- I worked  
10          with Bob to try to identify who are the people  
11          who worked in the basement or in the production  
12          areas who probably had the highest exposure  
13          that these maintenance workers and -- and  
14          technical staff are the people who I think  
15          really did have -- have very high exposures.  
16          They described being completely covered with  
17          dust on certain days, smoking their cigarettes  
18          and eating their lunch completely covered with  
19          dust from the exhaust -- duct work and roofing  
20          -- sorry, roofing -- ceiling panels that they  
21          had been removing.

22          **DR. ZIEMER:** Okay. Thank you. Bob, do you  
23          have additional comments?

24          **MR. STAGGS:** Yes, sir, I -- I would like to --  
25          to maybe help the Board clarify your -- your



1 question of why so much of this work fell to  
2 the sheet metal workers. It has to be noted  
3 that to transform this -- this building from a  
4 thorium production area into conventional  
5 laboratory spaces that you would normally find,  
6 predominantly all the work really fell to the  
7 sheet metal people because they had to rip out,  
8 rudimentary as it was, the -- the older dust  
9 collection system that was in place during  
10 thorium production, from the basement to the  
11 roof, and also other maintenance trades were  
12 involved in rebuilding of walls and tearing old  
13 walls out and taking liners out of masonry  
14 chases, if you will, that went from the  
15 basement to the roof, and completely renovating  
16 those spaces from ceiling tile to floor tile.  
17 During production the production workers had  
18 the, quote, luxury, if you will, of having  
19 ventilation air during production, even though  
20 by today's standards the ventilation might have  
21 been somewhat rudimentary. But they sensed for  
22 conversion of this building to normal  
23 laboratory spaces, all the hoods, all the duct  
24 work, was necessitated to be pulled out and  
25 then new put in. So we see those that were

1           tearing out this duct work, they didn't have  
2           the luxury of -- of any ventilation and -- and  
3           large quantities of -- of tramp thorium were --  
4           were lodged in -- in a lot of this duct work  
5           and -- and chases and Mr. Applegate at times  
6           described to me that we -- we took --  
7           especially at the bottom of a chase and the  
8           bottom of the duct work where the air stream  
9           would not carry it up to the rototone\*  
10          collector on the roof, they took this stuff out  
11          by the really -- they -- they used small scoops  
12          that you might scoop up bulk quantities at a --  
13          at a older grocery store. They used those  
14          aluminum scoops and -- and their hands, at  
15          times, to remove this -- this excess material  
16          that had collected. So the fact that you --  
17          you mention that maybe sheet metal trades you  
18          thought might be overly represented here, all  
19          of this -- all of this renovation work of this  
20          type really fell -- fell to them.  
21          Is -- is there anything else that I might --  
22          might clarify there?

23          **DR. ZIEMER:** No, that's -- that's helpful, Bob.  
24          I -- I think the question that arose was why  
25          they were separated out from other maintenance.

1 I -- I think you've indicated that certainly  
2 they had the -- sort of the main part of the  
3 job. They still are covered by the other parts  
4 of the statement, but -- so it's a little  
5 redundant, but perhaps is of no great  
6 consequence as far as the -- the final  
7 statement is concerned. So thank you very  
8 much, though, for clarifying that.

9 **MR. RUTHERFORD:** Dr. Ziemer, we did -- we did  
10 send --

11 **MR. STAGGS:** Cert-- certainly we're -- we're  
12 not saying that other trades were not involved  
13 in the renovation process --

14 **DR. ZIEMER:** No, understood.

15 **MR. STAGGS:** -- but after the sheet metal  
16 workers got through their job, the bulk of the  
17 -- of the dirty work really -- really was  
18 accomplished.

19 **DR. ZIEMER:** Uh-huh, okay. Thank you.

20 **MR. RUTHERFORD:** I just wanted to --

21 **DR. ZIEMER:** LaVon?

22 **MR. RUTHERFORD:** -- note, we did share the  
23 class definition with the Department of Labor  
24 and they said they could administer the class.  
25 That's fine.

1           **DR. ZIEMER:** Very good. LaVon, one other  
2 question for clarification. You -- you  
3 mentioned in talking about occupational  
4 exposure something about exceeding 10 CFR 835.  
5 Clarify me -- for me what --

6           **MR. RUTHERFORD:** I just -- yeah, I brought that  
7 up because -- you know, the remediation  
8 activities did not stop in 1970. There was --  
9 there -- there was very -- there was more  
10 remediation activities, but the documentation,  
11 the survey information and everything picked  
12 up. And one of the assessments that was done -  
13 - and I'd mentioned earlier was an assessment  
14 of the -- you know, the mitigation of that  
15 hazard that was done by a health physicist, and  
16 the report is on the X drive for your review  
17 and it's actually referenced -- it's the Hokel,  
18 1998, I believe. And it -- it points out, you  
19 know, as -- or actually the assessment and --  
20 and the report points out that there -- there  
21 was inaccessible areas to the average person  
22 that still had contamination in excess of 10  
23 CFR 835 free release limits in -- in the --

24           **DR. ZIEMER:** Okay, in 1999 the --

25           **MR. RUTHERFORD:** Yeah.

1 DR. ZIEMER: Oh, I --

2 MR. RUTHERFORD: Yeah, yeah, that was my point.

3 DR. ZIEMER: Yeah.

4 MR. RUTHERFORD: I just point --

5 DR. ZIEMER: 'Cause 835 didn't exist --

6 MR. RUTHERFORD: Right.

7 DR. ZIEMER: -- at the time of this --

8 MR. RUTHERFORD: Sure.

9 DR. ZIEMER: -- so I -- I wasn't quite clear on  
10 why that was referenced. It's because they  
11 still existed --

12 MR. RUTHERFORD: Right.

13 DR. ZIEMER: -- at the time 835 was in effect.

14 MR. RUTHERFORD: Right. And I think the point  
15 was to show that -- that, you know, some people  
16 may think that -- you know, that there's --  
17 there may have not been a great hazard. But if  
18 you look at the contamination levels that were  
19 left in '53 --

20 DR. ZIEMER: After the cleanup.

21 MR. RUTHERFORD: -- you know, exactly, you  
22 know, so...

23 DR. ZIEMER: Okay. Thank you. Other comments  
24 or questions?

25 (No responses)

1 Thank you, LaVon. Board members, it would be  
2 appropriate to have some sort of a motion on  
3 this recommendation. I've got three people  
4 wanting to make a motion.

5 **MS. MUNN:** No, fine -- go right ahead, John.

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

7 **MR. PRESLEY:** I make a motion we accept this  
8 SEC petition.

9 **MS. MUNN:** Second.

10 **DR. ZIEMER:** A motion is made and seconded that  
11 we -- that we recommend to the Secretary that  
12 this SEC petition be approved. I've reworded  
13 your motion. I think that was the intent.

14 **MR. PRESLEY:** (Off microphone) (Unintelligible)  
15 yield to the Chair (unintelligible).

16 **DR. ZIEMER:** And it's been seconded. Is there  
17 discussion on the motion?

18 **DR. WADE:** Dr. Melius.

19 **DR. ZIEMER:** Dr. Melius, are you willing to  
20 amend it -- or to modify it further for a final  
21 vote tomorrow when we -- we'll need some more  
22 exact wording?

23 **DR. MELIUS:** Yeah, I -- I was going to ask a  
24 procedural question. I'd be -- certainly could  
25 either -- I mean it's up to how the Board would

1           -- and NIOSH I think would like to proceed. I  
2           can either offer a friendly amendment to Bob's  
3           motion that would I think convey the -- a -- a  
4           full motion verbally, or if people would rather  
5           read -- get it, you know, printed out and then  
6           we could read it in the morning and -- read it  
7           and then vote on it then. It's up to the Board  
8           how you'd prefer to proceed.

9           **DR. ZIEMER:** I would suggest, if -- if the  
10          Board is comfortable with this, that we go  
11          ahead and -- you apparently have the wording  
12          ready --

13          **DR. MELIUS:** Yeah.

14          **DR. ZIEMER:** -- and we can still get the  
15          printout tomorrow to see if there's any  
16          editorial glitches, but why not close it  
17          tonight --

18          **DR. MELIUS:** Okay.

19          **DR. ZIEMER:** -- if we're able to. Is that  
20          agreeable?

21          **DR. MELIUS:** Yeah, I'm --

22          **DR. ZIEMER:** This is -- so it would now  
23          transform the -- Robert's motion, which I went  
24          through the first transformation. It would  
25          give us yet another transformation, put it in

1 the form to which we are accustomed as far as  
2 transmitting it to the Secretary.

3 **DR. MELIUS:** Yeah. So if Bob will accept this  
4 as a friendly amendment, I will read it.

5 The Board recommends that the following letter  
6 be transmitted to the Secretary of Health and  
7 Human Services within 21 days. Should the  
8 Chair become aware of any issue that in his  
9 judgment would preclude the transmittal of this  
10 letter within that time period, the Board  
11 requests that he promptly informs the Board of  
12 the delay and reasons for this delay and that  
13 he immediately works with NIOSH to schedule  
14 emergency meeting of the Board to discuss this  
15 issue.

16 The Advisory Board on Radiation and Worker  
17 Health (the Board) has evaluated SEC Petition  
18 00075 concerning workers at the Ames Laboratory  
19 in Iowa under the statutory requirements  
20 established by EEOICPA and incorporated into 42  
21 CFR Section 83.13. The Board respectfully  
22 recommends Special Exposure Cohort status be  
23 accorded to all sheet metal workers, physical  
24 plant maintenance and associated support staff  
25 (includes all maintenance shop personnel of



1           Ames Laboratory), and supervisory staff who  
2           were monitored, or should have been monitored,  
3           for potential internal radiation exposures  
4           associated with the maintenance and renovation  
5           activities of the thorium production areas in  
6           Wilhelm Hall (as known as the Metallurgy  
7           Building or "Old" Metallurgy Building) at the  
8           Ames Laboratory for the time period from  
9           January 1st, 1955 through December 31st, 1970  
10          and -- and who were employed for a number of  
11          work days aggregating at least 250 work days  
12          either solely under this employment or in  
13          combination with work days within the  
14          parameters (excluding aggregated work day  
15          parameters) established for other classes of  
16          employees included in the SEC.

17          The Board notes that although NIOSH found that  
18          they were unable to completely reconstruct  
19          radiation doses for these employees, NIOSH  
20          believes that they are able to reconstruct  
21          components of the internal dose (other than  
22          thorium) and all external doses. This  
23          recommendation is based on the following  
24          factors:

25          Number one, people working at the Ames

1 Laboratory during this time period worked on  
2 maintenance and renovation activities at the  
3 thorium production areas at Ames Laboratory.  
4 The NIOSH review of the available monitoring  
5 data, as well as the available source term and  
6 other information, found that they lacked  
7 adequate information necessary to conduct  
8 accurate individual dose reconstructions for  
9 thorium and its progeny during the time period  
10 in question.

11 Three, NIOSH determined that health may have  
12 been endangered for these Ames Laboratory  
13 workers. The Board concurs with this  
14 determination.

15 Enclosed is supporting documentation from the  
16 recent Advisory Board meeting held in Richland,  
17 Washington where this Special Exposure Cohort  
18 was discussed. If any of these items are  
19 unavailable at this time, they will follow  
20 shortly.

21 **DR. ZIEMER:** Thank you. Do you accept that as  
22 a friendly amendment?

23 **MR. PRESLEY:** Yes, sir.

24 **DR. ZIEMER:** Jim, would you repeat the sentence  
25 near the beginning that says the Board

1 respectfully recommends?

2 **DR. MELIUS:** The Board -- it's a long one.

3 **DR. ZIEMER:** Yeah.

4 **DR. MELIUS:** The Board respectfully recommends  
5 Special Exposure Cohort, parentheses, SEC  
6 status be accorded to all sheet metal workers -  
7 -

8 **DR. ZIEMER:** Okay, that -- you can stop there.  
9 I wanted to make sure it was -- we had the word  
10 status in there now.

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

12 **DR. ZIEMER:** In the earlier letters we left  
13 that out and were calling it a Special Exposure  
14 Cohort, as opposed to a --

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

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

17 **DR. MELIUS:** This is cut and pasted from the  
18 NIOSH --

19 **DR. ZIEMER:** Most recent ones.

20 **DR. MELIUS:** -- document so I -- well, both the  
21 -- our most recent letter, as well as the NIOSH  
22 proposed definition, so I think I got it right  
23 -- not blame Microsoft, I guess.

24 **DR. ZIEMER:** Okay. Board members, are you  
25 ready to vote on this motion?

1           **MS. MUNN:** Yes.

2           **DR. ZIEMER:** And we'll have written copy of it  
3 available for you tomorrow. Yes?

4           **MR. GRIFFON:** Just -- just one -- one item --  
5 one item for discussion. I just wanted to ask  
6 LaVon about the non-thorium -- you may have  
7 gone over this, but the non-thorium that you  
8 say you can reconstruct.

9           **MR. RUTHERFORD:** As I mentioned, for this  
10 activity -- the renovation and remediation  
11 activities -- the real exposure was only  
12 thorium and its progeny. And there were other  
13 activities at this site, and that's what I  
14 indicated that we could reconstruct the  
15 internal dose from.

16           **MR. GRIFFON:** And those other activities,  
17 though, you have no -- no data still. You're  
18 still in the same situation as far as data,  
19 though. Right?

20           **MR. RUTHERFORD:** Exactly, but we have also all  
21 the other professional staff workers were  
22 monitored internally and -- for those things,  
23 like tritium, we have a coworker model --

24           **MR. GRIFFON:** So you do have data in that --  
25 for those other --

1           **MR. RUTHERFORD:** Yes. Yes.

2           **MR. GRIFFON:** Okay, I (unintelligible) --  
3           that's what I (unintelligible) clarify.

4           **MR. RUTHERFORD:** Yeah, we don't have -- for  
5           those eight claimants that we have, we don't  
6           have internal monitoring (unintelligible) --  
7           got it.

8           **DR. ZIEMER:** Yes, and is that the class size?  
9           What is the class size on this?

10          **MR. RUTHERFORD:** Well, I -- you know, I don't  
11          know what the class potentially could be, but -  
12          - and I don't know what Department of Labor's  
13          final evaluation will be, but our initial  
14          review of the claimants that we have at Ames,  
15          we came up with eight that we thought would fit  
16          into it. It may be more, I'm not sure.

17          **DR. ZIEMER:** Yes, understood.

18          **MR. RUTHERFORD:** Okay.

19          **DR. ZIEMER:** Okay, are you ready to vote then?  
20          Okay, all in favor raise your right hand.

21                               (Affirmative responses)

22          It appears to be unanimous here. Gen Roessler?

23          **DR. ROESSLER:** I -- in favor.

24          **DR. ZIEMER:** In favor? Okay, let the rec-- any  
25          of you -- any no's?

1 (No responses)

2 Any abstentions?

3 (No responses)

4 Then this motion carries and the recommendation  
5 will be transmitted to the Secretary, as  
6 indicated, and you will have a written copy of  
7 this motion for your record tomorrow.

8 **DR. WADE:** And the vote is unanimous.

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

10 **DR. WADE:** We can go back to timeliness a  
11 little bit.

12 **DR. ZIEMER:** We have a little time for  
13 timeliness. Lew, help stimulate us on this.  
14 We -- we have talked about what the -- what the  
15 law says. We have sort of said timeliness is  
16 like some other things, I can't define it but I  
17 recognize it when I see it or I recognize it  
18 when it isn't there. But what -- what can we  
19 do to assure -- for example, are there some  
20 specific steps that we need to be thinking  
21 about or have you thought about what we could  
22 do? Are there some tracking issues that would  
23 help us on this to be able to say you know,  
24 we're letting something slip through the cracks  
25 because we haven't paid attention to it. I

1 know we have some site profiles we haven't had  
2 a chance to look at and so on. A lot of these  
3 things have to do with timeliness issues, but  
4 surrounding that are our own ability to -- to  
5 handle a lot of things almost at once. But --

6 **DR. WADE:** Well --

7 **DR. ZIEMER:** -- give us some wise counsel on  
8 how we need to think about this.

9 **DR. WADE:** Okay, I'll try, although --

10 **DR. ZIEMER:** Or -- or some not-so-wise counsel,  
11 whatever it may be.

12 **DR. WADE:** I think that -- the one thing that  
13 occurs to me most frequently when -- when I  
14 think about this is that the Board or a  
15 workgroup will have an issue in front of it,  
16 and to take that issue to 100 percent closure  
17 can take an awfully long time with a great deal  
18 of resource. To take it to anything less than  
19 100 percent closure is unacceptable to some of  
20 us. And yet this is where the tension comes in  
21 to completeness versus timeliness. And I think  
22 the Board needs to have a discussion, the Board  
23 as a whole needs to have a discussion of this  
24 issue and begin to establish some -- I'm not  
25 even sure it's deserving of the word

1 parameters, but some understanding of this  
2 issue and what it means. The Board also has to  
3 decide how thick its skin is with regard to the  
4 -- the charges that come to the Board about not  
5 being timely or not being complete. And I  
6 don't know that there's any right answer to it.  
7 I think that it's appropriate that -- that  
8 periodically the Board discusses this issue.  
9 And then secondly, the Board needs to, in its  
10 advisory capacity, look at the agencies,  
11 particularly in this case HHS agencies, NIOSH,  
12 and offer any guidance it might want to the  
13 agencies in terms of their timely behavior, and  
14 then it can look to its contractor. So I mean  
15 I have no magic answer other than I think it's  
16 an important enough issue that I think it needs  
17 to be periodically discussed, and I think  
18 there's enough tension now that it would be  
19 appropriate for us to have some discussion.  
20 And I know some of you live it more regularly  
21 than I do, and I think it's important that we  
22 hear from you.

23 **DR. ZIEMER:** And Jim, then Wanda.

24 **DR. MELIUS:** Yeah, one suggestion that -- that  
25 I would have is the -- although we do workgroup



1 reports at each meeting, we -- we really --  
2 really don't sit down there and then -- you --  
3 sort of look at those from a perspective of  
4 some sort of a master schedule, where we --  
5 when are we going to, you know, really catch up  
6 with some of these things that are -- that are  
7 outstanding and when can we fit them in and  
8 make sure that we use our Board meeting time  
9 efficiently. There -- there are -- and -- and  
10 this -- this is difficult 'cause you -- we've  
11 got to schedule in people on calls and -- and --  
12 -- and so forth and -- and -- and these aren't --  
13 -- aren't easy and -- and you know, some of us  
14 arrive late and leave early and all those  
15 things that -- that -- that go on and got to --  
16 got to juggle that, but -- but I -- there are  
17 times when I think, you know, we -- we do have  
18 -- have time that we could, you know, fit in  
19 discussion of certain issues that -- there and  
20 -- or that we sort of lose track of what's  
21 happening with, you know, petitions or  
22 evaluations and -- and don't properly address  
23 them, or at least in a timely fashion. So I --  
24 thinking -- keeping a better schedule and --  
25 and really reviewing that schedule at each

1 meeting, you know, as the workgroups update  
2 people -- 'cause I -- I think the workgroups  
3 actually have been fair-- you --

4 **DR. ZIEMER:** They've been active.

5 **DR. MELIUS:** -- pretty responsible. They're  
6 active and they're responsive and try to be  
7 and, you know, the times when NIOSH may be  
8 holding up things, SCA, may be times when the  
9 workgroups are just on scheduling issues, but -  
10 - but we ought to really just sit down and  
11 review that at each meeting and -- and make  
12 sure that we're planning the following meetings  
13 to make as good a use of our time here as -- as  
14 we can and I -- I don't think we've always done  
15 that, and not because the agendas aren't full  
16 or don't look full, but you can't tell. Ames -  
17 - Ames could have lasted another hour. You  
18 don't --

19 **DR. ZIEMER:** Yeah.

20 **DR. MELIUS:** -- it's -- it's a guess, and that  
21 makes -- that makes it hard.

22 **DR. ZIEMER:** Are you suggesting something like  
23 a master status sheet that we would have  
24 perhaps at each meeting that would give us the  
25 status -- for example, what's going on at

1 Hanford, all the sites on the list?

2 **DR. MELIUS:** And -- and -- and look at when are  
3 we going to finish out Fernald, when are we  
4 going to finish out Hanford, when are we -- you  
5 know, when --

6 **DR. ZIEMER:** And even perhaps establish some  
7 tentative timetables --

8 **DR. MELIUS:** Yeah, yeah --

9 **DR. ZIEMER:** -- on some of these?

10 **DR. MELIUS:** -- yeah.

11 **DR. WADE:** That is certainly valid.

12 **DR. ZIEMER:** Wanda, what is your comment?

13 **MS. MUNN:** Well, until you started that  
14 business about a master deficiency list, I just  
15 had a couple of brief comments, but when I  
16 contemplate what such a list would appear to  
17 be, especially requiring not just periodic  
18 updates but almost continual updates, that  
19 appears to be such a daunting task that we may  
20 have to institute an additional branch of  
21 government to do that. I'm not sure that's  
22 even -- I'm not sure that's feasible, but --

23 **DR. WADE:** I don't know it's feasible. It's  
24 worth an attempt -- certainly it's worth an  
25 attempt.

1           **DR. ZIEMER:** Department of Timeliness.

2           **MS. MUNN:** Yes, the Department of Timeliness  
3 would be well-accepted, I'm sure.

4           My -- my two brief comments originally were  
5 going to be that the issue of thick skin is one  
6 I think that we've all had to address in order  
7 to stay in our chairs from time to time. And  
8 it's -- it's -- that in itself is a fine line  
9 to find. One needs to be very sensitive to the  
10 comments that one hears, but at the same time  
11 you have to decide what's realistic and what  
12 isn't.

13           The most frustrating issue with respect to  
14 timeliness, from my perspective, has always  
15 been an issue of priorities. This is one of  
16 the few circumstances that I can imagine where  
17 it is almost impossible to prioritize the work  
18 that's before us. Everything that comes to me  
19 appears to be urgent and requiring of immediate  
20 attention. I find it very difficult to think  
21 well, I can -- we can postpone this one, we can  
22 postpone this one, we can postpone this one --  
23 there just is -- is no way to -- that I can  
24 see, to intelligently prioritize the work that  
25 we have.

1           **DR. ZIEMER:** Or to say that one's -- one  
2           facility's workers are less important than  
3           another, for example.

4           **MS. MUNN:** I'm unable to do that, and if there  
5           are people available to us who can do that, it  
6           would be delightful to hear from them at some  
7           junction.

8           **DR. ZIEMER:** Josie?

9           **MS. BEACH:** I just wanted to jump on in what  
10          Jim was saying, that possibly we could put that  
11          on with the action item list, combine those two  
12          so we don't end up with two separate lists of  
13          things that need to be accomplished.

14          **DR. ZIEMER:** Status report and action items,  
15          uh-huh.

16          **DR. WADE:** Right. To be realistic about  
17          approaching this, maybe at the next meeting  
18          I'll bring you a master schedule for Blockson,  
19          Hanford, and if you want to add another or two  
20          -- I -- I don't think it would be appropriate  
21          for me to come to you with 50, but if we want  
22          to pick a couple of three and start to do that,  
23          then we can -- based upon your reaction to  
24          that, next time we can expand the list to -- to  
25          hopefully include more and more of what we do.

1           So I'd be open to three or four that I could  
2           use as example-- Blockson seems a good one to  
3           me.

4           **UNIDENTIFIED:** Right.

5           **DR. WADE:** I mean that one should be relatively  
6           fine. I -- Hanford seems more open-ended and -  
7           - so there might be -- you have another --

8           **MS. BEACH:** What about Linde? Linde's been on  
9           the back burner for a while, as well.

10          **DR. ZIEMER:** There may be several. I think Lew  
11          is suggesting he doesn't want to try 100 of  
12          them at once or something --

13          **DR. WADE:** I'd like to -- to pick some  
14          representative ones in terms of the -- our  
15          business, and bring them to you.

16          **DR. MELIUS:** But that's --

17          **DR. ZIEMER:** Jim.

18          **DR. MELIUS:** -- that's exactly my concern,  
19          though, is that -- I -- I think we -- we do --  
20          I -- it is difficult, but we do need to  
21          prioritize, but at the same time we can't let  
22          certain sites keep, you know, falling between  
23          the cracks simply because there's not a -- you  
24          know, a vocal petitioner or a vocal senator or  
25          congressman or whoever that -- that's, you

1 know, pushing us on it. And so, you know, the  
2 Blocksons and some of the other sites tend to  
3 get moved forward all the time and Linde, you  
4 know, falls by the wayside. And -- and I think  
5 -- and yet I -- you know, frankly, I think that  
6 the -- frankly, the petitioners that are  
7 pushing us in terms of timeliness and the  
8 Congressional people and otherwise would  
9 understand when we say I'm sorry, we also --  
10 you know, Linde's been sitting there for  
11 however long; we need to address that. They  
12 might tell us to work a little harder or  
13 something, but --

14 **DR. WADE:** Okay.

15 **DR. MELIUS:** -- but -- but I --

16 **DR. WADE:** Understood.

17 **DR. MELIUS:** -- so I -- I guess for the -- and  
18 -- and I worry that if we just take on the four  
19 and -- you know, if you try to prioritize and  
20 schedule the four, you know, ones that -- sort  
21 of the greasy wheels, then -- then I think  
22 we're going to -- squeaky wheels, excuse me --  
23 I think we're going to be --

24 **DR. WADE:** I understand. I'll -- I'll try and  
25 bring you a full list. I don't know I can

1 bring you full detail on the full list --

2 **DR. MELIUS:** Yeah -- yeah, no, I --

3 **DR. WADE:** -- but I'll include everything --

4 **DR. MELIUS:** -- you start -- yeah.

5 **DR. WADE:** -- and then a couple of  
6 representative examples to run down.

7 **DR. ZIEMER:** Yeah, and actually we have a start  
8 to that list. You may recall -- actually we  
9 had a list of -- of the sites for which site  
10 profiles had been completed and those for which  
11 SC&A had done their reviews and the resolution  
12 process, and -- and that's a start on some of  
13 this if we can expand on that because a lot of  
14 that is -- leads to the end product, so --

15 **DR. WADE:** We have LaVon's look forward at SEC  
16 petitions that are coming up.

17 **DR. ZIEMER:** Right.

18 **DR. WADE:** We have the procedures review -- we  
19 have a number of streams --

20 **DR. ZIEMER:** Right.

21 **DR. WADE:** -- that need to get blended and  
22 brought to you.

23 **DR. MELIUS:** But -- but I also think that --  
24 that that also would better force some issues  
25 that we -- we haven't taken up, and one of



1           which is do we need another subcommittee.

2           **DR. ZIEMER:** Uh-huh.

3           **DR. MELIUS:** We've established one, and -- but  
4           that means that, you know, half of us are  
5           meeting and the other half, you know, get a  
6           half-day off. And you know, maybe we need  
7           another subcommittee and -- and I think we just  
8           have to recognize that -- that we're not going  
9           to be able to be as involved in all those  
10          issues as -- every issue maybe as much as we  
11          would like to be, but that we have to -- going  
12          to have to defer actions to -- to a  
13          subcommittee and then -- that. So I think it's  
14          things like that we have to consider, also.

15          **DR. ZIEMER:** Josie, you have an additional  
16          comment?

17          **MS. BEACH:** Can we consider dates? Aren't  
18          there dates that these are -- established that  
19          we could go by instead of schedules?

20          **DR. ZIEMER:** In some cases there are.

21          **MS. BEACH:** In some cases?

22          **DR. ZIEMER:** Yeah.

23          **DR. WADE:** See, another tension this Board has  
24          -- offering my respectful opinion -- is that --  
25          that the Board as a whole also wants to

1           consider issues and sometimes redo the work of  
2           the subcommittee or the workgroup. And that's  
3           fine because, again, people's -- people value  
4           their votes, and again that's something we have  
5           to take into consideration.

6           **DR. MELIUS:** Well --

7           **DR. ZIEMER:** Jim.

8           **DR. MELIUS:** While we're -- I mean another,  
9           more recent issue is -- was Rocky Flats, and in  
10          thinking about what went on at Rocky Flats, one  
11          -- one thing that would -- would have been  
12          helpful, I think -- twofold. One, it was very  
13          hard for those of you not -- those of us not on  
14          the workgroup to grasp that -- the issues that  
15          were being discussed and what was going on, and  
16          particularly because it was changing up to the  
17          last minute. You know, we had -- you know, a  
18          NIOSH report, an SCA review of that report and  
19          then a NIOSH, you know, retort to that at the  
20          last minute that, you know -- and seems -- so  
21          we're trying to sort of understand what -- gone  
22          and -- what was going on and so forth and I  
23          think we need to think about well, do we need  
24          to have a cutoff date, we're not going to  
25          consider any more -- and I think -- which I

1 think actually Wanda suggested and -- is that  
2 we -- I think the workgroups probably have to  
3 produce a -- at least a small closure report,  
4 something that goes out to the -- the rest of  
5 the Board, you know, two weeks ahead of time,  
6 let us better understand the issues, and then  
7 go through and catch up with whatever  
8 documentation we have and -- and so forth and  
9 on. I know it's more -- more work and again,  
10 I'm not faulting the Rocky Flats group, but --  
11 but something like that, I -- I would have  
12 found very helpful and would have given me  
13 time. Instead, ca-- came to the meeting and  
14 there's all this other data flying out at the  
15 last minute that was very hard to fig-- figure  
16 out what was going on.

17 **DR. ZIEMER:** In fact, establishing some sort of  
18 end-point dates may be valuable because it --  
19 it goes to the issue of when is something 100  
20 percent complete. There's always another  
21 document out there somewhere that someone's  
22 going to discover. And at some point you have  
23 to say we've got to make the decision based on  
24 what we have. We're not going to wait another  
25 six months or a year for every last piece of

1 information to come in.

2 **DR. MELIUS:** And -- and we also need to be fair  
3 to the petitioners and so forth and  
4 (unintelligible) --

5 **DR. ZIEMER:** And that's part of being timely.

6 **DR. MELIUS:** -- and the only way to do that, I  
7 think, is to sort of cut things off, get the  
8 information to them, too, and -- understanding.  
9 But it's easier said than done, by  
10 (unintelligible).

11 **DR. ZIEMER:** Lew -- Mark has a comment, and you  
12 have that on your action list for...

13 **MR. GRIFFON:** Oh, yeah, I -- I agree with --  
14 with most of these rec-- you know,  
15 recommendations, good comments, and I certainly  
16 agree with Jim's comments regarding Rocky  
17 Flats.

18 I guess I -- most of our discussion so far has  
19 -- has pointed internally, and I know it's the  
20 close of the meeting, but I think there's also  
21 this question that -- that through this  
22 workgroup process with Rocky Flats, I think one  
23 thing we -- or I felt, anyway, was that you --  
24 you had this -- we -- we have this basic thing  
25 we -- I think we need to look -- reflect on,

1           which is NIOSH's hurdle for their evaluation  
2           report is -- is to come back to the -- to the  
3           Board, the workgroup -- the Board saying that -  
4           - do they have enough information available to  
5           do dose reconstructions. And we add some  
6           hurdles in our internal SEC procedures which  
7           say -- and -- and every time they're the same.  
8           So I -- I would almost say -- and I think we  
9           said this in Mallinckrodt. We said this in Y-  
10          12. I think I'm saying it again with Rocky.  
11          You know the data integrity issue's going to  
12          come up. You know the other radionuclides  
13          issues are going to come up. If -- you know, I  
14          think somehow we have to -- to better address  
15          those before an evaluation report is out.  
16          Now I know NIOSH has a clock running, too, so  
17          that's -- that's an issue. But I think what  
18          ends up happening is we -- we're -- we -- we're  
19          investigating these things real time and they  
20          haven't been -- you know, they're not a hurdle  
21          necessarily from NIOSH's point of view from the  
22          regulations standpoint that -- the hurdle says  
23          information, it doesn't -- you know, the -- and  
24          -- and the final hurdle we add on is that --  
25          the proof of process, which I think we -- we've

1           -- this has sort of evolved through our Board  
2           deliberations and I -- I still believe we need  
3           that, but it's not necessarily a hurdle for the  
4           original evaluation report. So when we start  
5           with this evaluation report and start  
6           critiquing it and examining it, we ask all  
7           these questions, we're asking for more  
8           information -- what happened with Rocky is --  
9           is yes, some of the models weren't complete.  
10          It didn't mean that all the information weren't  
11          -- wasn't there, you know. It's just that they  
12          didn't fully develop the coworker models yet.  
13          So then we have a -- a time frame. I mean  
14          there -- and I'm not criti-- criticizing  
15          anyone, but that's just the reality of what we  
16          ran across throughout this. So I think we need  
17          to -- to somehow reflect on that, how can we  
18          improve that or -- you know, part of it might  
19          be NIOSH anticipating some of these issues  
20          'cause they know the Board's procedures exist.  
21          So I don't know, I just -- I just thought that  
22          was one thing.  
23          And then -- and then once we start that  
24          process, we -- we constantly have the tension  
25          of when is enough enough. I mean how -- how

1 far do we take the data integrity analysis.  
2 But I think to the extent it would -- would --  
3 it could be done prior to an evalu-- evaluation  
4 report, it would make it a lot easier.  
5 The other thing that -- that comes up in that  
6 whole process is then we have this -- this sort  
7 of interesting situation where we have NIOSH,  
8 who had to get an evaluation report out, you  
9 know, on a clock, basically, so they -- they  
10 have a document with their report saying they  
11 have sufficient information. And we're -- in  
12 the workgroup we're asking them basically find  
13 information that may argue against your own  
14 data integrity argument, you know. So we --  
15 and that's -- that's an awkward sort of  
16 situation to ask the -- the defender of the  
17 evaluation report to go and find information  
18 that may refute their -- their own report.  
19 And -- and I don't say that they weren't doing  
20 that in good faith, but I'm just saying it was  
21 a dif-- interesting situation for the workgroup  
22 to handle and sometimes it seemed like unless  
23 the workgroup made very specific requests, we -  
24 - we had little delays in that regard, so...

25 **DR. ZIEMER:** LaVon?

1           **MR. RUTHERFORD:** Yeah, I'd just like to offer  
2           up that here's, you know, another thing that  
3           affects timeliness is during the review --  
4           SC&A's review and -- of our evaluation and, you  
5           know, getting theirselves (sic) up to speed,  
6           the working group getting themselves up to  
7           speed, it happens every time that we also  
8           identify other issues that weren't identified  
9           up front. You know, our goal is -- what we  
10          typically do when we evaluate a petition, we  
11          evaluate the issues identified by the  
12          petitioner and issues that we know that we have  
13          on the plate at that time. And what tends to  
14          happen, especially with these big evaluations -  
15          - Hanford, Rocky Flats -- Hanford hasn't  
16          happened yet, but it will. It will. Hanford,  
17          you know, and Rocky Flats, the -- you know,  
18          these other sites where these large time  
19          periods is that when you get -- when it moves  
20          to the working group and it moves to SC&A,  
21          other issues become identified that are  
22          actually issues that were not directly  
23          evaluated within the site -- or evaluation  
24          report. And that's not -- you know, someone  
25          could argue, though, the evaluation report



1           should have -- you guys should have seen that.  
2           Well, you're -- you're focused on evaluating  
3           issues identified by the petitioner and the  
4           issues on the plate. We've got to do that in a  
5           time frame, and so we get that done and we get  
6           our proof. I just wanted to point that out.

7           **DR. ZIEMER:** Yeah.

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

9           **DR. ZIEMER:** Thank you. And I'm --

10          **MR. GRIFFON:** I also -- I just -- you know --  
11          and you understand my point is that --

12          **MR. RUTHERFORD:** Oh, I -- I do.

13          **MR. GRIFFON:** -- I -- I hope that and I think  
14          you -- you can -- it's kind of obvious, some --  
15          some can be anticipated. NTA film might come  
16          up again, you know.

17          **MR. RUTHERFORD:** Oh, sure.

18          **MR. GRIFFON:** You know --

19          **MR. RUTHERFORD:** Exact (unintelligible).

20          **MR. GRIFFON:** -- certain things -- certain  
21          things can be (unintelligible).

22          **DR. ZIEMER:** Yeah, as we gain experience, that  
23          will become evident. I'm wondering also if --  
24          in many cases if we allow ourselves sufficient  
25          time to do the task that we say needs to be

1 done. I know that we're pushing our contractor  
2 often. We'll say can you have this in three  
3 weeks and -- and if it takes four, then we're  
4 going to have a big problem. Or we -- we push  
5 NIOSH on these. In many cases we're pushing up  
6 close to our meetings, to start with, and any  
7 delay or new piece of information causes that  
8 problem. So to get a report two weeks ahead of  
9 time, before a meeting, becomes very  
10 problematical. I think we've been very --  
11 overly optimistic as to how long some of these  
12 tasks will take that we assign, either to the  
13 workgroup or to our contractor or to NIOSH.  
14 They're all -- all pushing those deadlines.  
15 Other comments?

16 (No responses)

17 This has been a good discussion. Lew, I think  
18 we -- oh, Jim --

19 **DR. LOCKEY:** Just one -- one comment.

20 **DR. ZIEMER:** -- a final comment.

21 **DR. LOCKEY:** The -- the subcommittee that's  
22 going to be set up to look at surrogate  
23 exposures -- I mean I --

24 **UNIDENTIFIED:** (Off microphone) Workgroup.

25 **DR. ZIEMER:** Workgroup.

1           **DR. LOCKEY:** -- that -- that could be a very  
2 long, involved process and I -- I think that  
3 perhaps we need to deliberate on that tomorrow.  
4 You may want to consider how long -- how long  
5 is that going to delay the Bethlehem Steel  
6 decision 'cause that's not going to be -- I  
7 can't anticipate how long that's going to take,  
8 but it could take a substantial amount of time.

9           **DR. ZIEMER:** Uh-huh, and that's another  
10 timeliness issue. It's the same kind of thing,  
11 yeah.

12           Okay, I think we'll recess for dinner. We're  
13 going to reconvene at 7:30 this evening for the  
14 public comment session, so we'll see you all  
15 then. Thank you.

16           (Whereupon, a recess was taken from 5:00 p.m.  
17 to 7:30 p.m.)

18           **PUBLIC COMMENT**

19           **DR. ZIEMER:** Good evening, everyone. We're  
20 going to get underway this evening. This is  
21 the public comment session of the Advisory  
22 Board on Radiation and Worker Health. My name  
23 is Paul Ziemer and I serve as the Chairman of  
24 the Advisory Board.

25           I know that a number of you were here yesterday

1           for our public comment session so I'm not going  
2           to repeat all the comments that I made at the  
3           beginning of the session yesterday, but I will  
4           briefly tell you that this Advisory Board is  
5           not part of the Department of Energy, nor is it  
6           part of the Department of Health and Human  
7           Services, nor is it part of the Department of  
8           Labor. This is an independent board which has  
9           been appointed by the President to oversee, as  
10          it were, the work of NIOSH, the National  
11          Institutes for Occupational Safety and Health,  
12          as they carry out their part of the  
13          compensation program, namely the dose  
14          reconstruction activities.  
15          This board is advisory. We are not a board  
16          that makes final decisions. We do not handle  
17          the individual claims and cases. We are not a  
18          -- an appeals board. We are advisory to the  
19          Secretary of Health and Human Services and our  
20          advice is -- can be taken or it can be ignored,  
21          but we do try to advise the Secretary on the  
22          operation, as it were, of the compensation  
23          program in terms of trying to identify is it  
24          being carried out according to the -- the  
25          wishes of Congress and the laws of the U.S.; is

1           it being carried out fairly; is it being  
2           carried out in accordance with what has been  
3           set forth in the law.

4           So this Board, as part of its deliberations at  
5           its regular meetings, has public comment  
6           sessions so that we can get feedback from  
7           individuals who have had experience with the  
8           program -- usually claimants. Not always, but  
9           individuals who can advise us on their  
10          experiences; sometimes good, sometimes not so  
11          good, but we like to hear from you.

12          We have found that because we have quite a few  
13          folks that like to comment that we've had to  
14          impose a time limit. We didn't really want to  
15          do this, but we've had to start imposing a time  
16          limit and that time limit is ten minutes. And  
17          as I mentioned to the folks yesterday, that's  
18          not a goal to be achieved, but is an upper  
19          limit to try to hold it to so that you -- there  
20          -- so there's an opportunity for others here to  
21          make their comments, as well.

22          We also expect to have some comments by phone.  
23          They're -- these meetings are open to the  
24          public, not only locally but nationally. These  
25          meetings are announced in the *Federal Register*,

1 so there are normally some commenters by phone  
2 and we expect to have some this evening as  
3 well. I know of at least one; there may be  
4 others.

5 We have had problems earlier today with the  
6 phone lines. We're hopeful that that's been  
7 corrected. If we do have that problem, we hope  
8 you'll bear with us as we try to listen to  
9 those who might join us by phone.

10 So with that, I'm just going to go down the  
11 list. We'll take them in the order of the  
12 sign-ups here and give folks an opportunity to  
13 talk, starting with Rosemary Hoyt.

14 Rosemary, welcome. You can use the mike right  
15 there, if you wish.

16 **MS. HOYT:** (Off microphone) My sister and I  
17 (unintelligible) coin and she lost and so she -  
18 -

19 **DR. ZIEMER:** She's going to go first, so this  
20 would be Mary Ann Carrico, okay. I think she  
21 won, she gets the first say.

22 **MS. CARRICO:** My name is Mary Ann Carrico. I'm  
23 speaking for myself and for my sister, Rosemary  
24 Hoyt. The Advisory Board has followed the law  
25 and obtained an independent contractor to

1 review NIOSH's work, SC&A, Sanford Cohen &  
2 Associates. The Sanford Cohen & Associate  
3 report is two years old and the findings from  
4 that report have not been implemented in the  
5 way NIOSH does its evaluation, to our  
6 understanding.

7 There's been an enormous amount of money spent  
8 on the SC&A contracts. According to them, the  
9 Hanford site profile has serious flaws in its  
10 science and is not claimant favorable in many  
11 evaluations. The Technical Basis Doc, TBD, and  
12 the Technical Information Bulletins, TIB,  
13 revisions have not yet been sent to SC&A for  
14 review. NIOSH has not used this report -- the  
15 SC&A report for the EEOICP dose reconstruction  
16 or for the SEC evaluation. We feel they should  
17 accept the SC&A report when claimant favorable  
18 rather than ignoring, disputing or redoing the  
19 same work.

20 NIOSH. NIOSH has said in the 51-7 evaluation  
21 report that they are able to do external dose  
22 reconstruction for the period covered. We  
23 challenge their ability and do not believe that  
24 the science was available at that time and that  
25 the calculations are presumptive and

1           speculative. During the March and June worker  
2           outreach meetings in Richland former workers  
3           stated that they kept logbooks as -- of their  
4           exposures or of others' exposures as part of  
5           their job. Dr. Glover stated that they are  
6           still trying to find these logbooks.

7           The excerpt here from Section F-2 of the SEC  
8           petition states -- this is the form that we  
9           filled out to submit the petition -- quote,  
10          that indicates that radiation monitoring  
11          records for members of the proposed class have  
12          been lost, falsified or destroyed. Dr. Glover  
13          has stated that NIOSH has the capability to do  
14          internal and external dose reconstruction  
15          without any of the lost records. He stated to  
16          my sister Rosemary that all of the findings of  
17          SC&A's Hanford finds have been resolved. They  
18          have not.

19          We do not feel NIOSH team's work has been  
20          claimant favorable or objective. Their  
21          priority is in getting the job done. Our point  
22          is that now it has to be redone to resolve the  
23          SC&A findings, and the super S is an example of  
24          this.

25          The law states that if monitoring records are



1 not available and dose reconstruction is not  
2 feasible, that a SEC class should be  
3 established. It does not say you can borrow  
4 information and extrapolate data from  
5 sororigate (sic) sites. Using sororigate data  
6 is pure conjecture, as far as we can see. All  
7 possible variables cannot be established or  
8 verified. We don't think a reasonable person  
9 would consider this.

10 The Advisory Board was rightfully very  
11 concerned this morning about a statement from  
12 one secretary at the Chapman Valve site, and  
13 discussed it at length. SEC-5-- SEC petition  
14 57 includes three affidavits that records were  
15 lost, falsified and destroyed. A diary was  
16 also submitted stating falsification of  
17 monitoring records as a daily practice, and  
18 coercion by supervisors and management to  
19 falsify records.

20 These are instances -- instances where we --  
21 where in -- there are instances where we were  
22 intentionally misled by NIOSH. During our  
23 recorded interview with NIOSH representative  
24 Pat and health physicist Monica we were  
25 outright lied to when we were informed that all

1           the findings of the Hanford SC&A report were  
2           resolved. Further, they stated we could not  
3           use the SC&A report for our basis of our SEC  
4           because it was in draft form.

5           Conflict of interest is a serious problem.  
6           Former management personnel are creating  
7           amendments and influencing the process. The  
8           suggestion of a member of the Advisory Board  
9           that claimants file a new SEC as opposed to  
10          delay for careful consideration all of the data  
11          is distressing. Filing of any SEC is a  
12          formidable undertaking. The SEC process is  
13          overwhelming. We've been working on this for  
14          years.

15          The final minutes of the March Hanford worker  
16          outreach meeting were not available for use at  
17          the June meeting. In fact, they were not  
18          posted until July 12th, 2007. At the June  
19          meeting Dr. Glover excused this as a funding  
20          problem. Frankly, funding management does not  
21          relieve NIOSH or OCAS of its responsibility for  
22          timely posting of information.

23          It is my hope and my sister's hope that NIOSH  
24          will speed up and improve communications, but  
25          take care to fully explore all data when

1           considering EEOICP claims and the SEC petition.  
2           A child growing up in Richland was a unique  
3           experience, and we're going to speak to this.  
4           We had to bring home a waiver from school that  
5           said our parents knew we were drinking milk at  
6           school from cows that had eaten grass  
7           contaminated with iodine-131. This was not all  
8           over the United States. This was unique to  
9           this area. Parents told stories about being  
10          exposed. This was a frightening experience for  
11          a child. There were stories of houses being  
12          closed, furniture being removed, even the  
13          floorboards at times were removed due to  
14          contamination. Fathers came home in different  
15          clothes than they went to work in due to  
16          contamination. We came home from school. Dad  
17          was already home because he had been  
18          overexposed. This also was very frightening to  
19          a child. Lots of dads died, devastating  
20          families. These men did not know they were  
21          giving their lives.

22          **MS. HOYT:** This is a very emotional issue. The  
23          news media has immortalized the greatest  
24          generation. They got the job done, did what  
25          was necessary to win the war, went to work when

1 sick to get the job done, falsified their  
2 records to keep on working. This greatest  
3 generation now has many faces in the EEOICP and  
4 the SEC petition process. Not approving this  
5 SEC would be a great disservice to them and to  
6 the families they left behind. Thank you for  
7 your time.

8 **DR. ZIEMER:** Thank you very much, Mary Ann and  
9 Rosemary. Next we'll hear from Dan McKeel.  
10 Dan is actually here representing not Hanford  
11 but a different group. And Dan, I would  
12 preface your remarks by saying that we have  
13 received -- I think it's been distributed to  
14 all the Board members -- the -- your detailed  
15 critique of the GSI Appendix B document --

16 **DR. MCKEEL:** Right.

17 **DR. ZIEMER:** -- that you asked --

18 **DR. MCKEEL:** Good.

19 **DR. ZIEMER:** -- Board members have received  
20 this. It will also go on the web site so that  
21 it is --

22 **DR. MCKEEL:** Thank you.

23 **DR. ZIEMER:** -- generally available.

24 **DR. MCKEEL:** Thank you, sir. I just did --  
25 wanted to say a couple of sentences about that

1 document right now. The Appendix B-B for TBD-  
2 6000 was released on the 25th of June, and we  
3 feel it was a very flawed and scientifically  
4 weak document. Our group, the Southern  
5 Illinois Nuclear Workers, has asked that the  
6 Board task SC&A to please review this report.  
7 John Ramspott and I have written detailed  
8 critiques to Mr. Elliott from OCAS, and we're  
9 happy that they will be recorded as both pub--  
10 public comments and as documents on the public  
11 document, specifically about this particular  
12 appendix.

13 I just wanted to highlight for the Board before  
14 you've read it that one of our main concerns in  
15 this document is that five of six unique source  
16 terms are completely omitted, and there's no  
17 calculation of Betatron neutron doses, as just  
18 examples of some of the major flaws we think  
19 there are in that document.

20 Most of what I'd like to talk to you tonight  
21 about is my experience as the SEC petitioner  
22 for the Dow Madison site and as a preface to  
23 tomorrow's session on agency updates on the Dow  
24 Chemical Company. I want to thank Dr. Ziemer  
25 in particular, who kindly allowed me to have

1           input into both drafts of the letter he and the  
2           Board forwarded to Secretary Mike Leavitt of  
3           HHS on May the 24th, and this letter was  
4           concerning the passage of Dr. Melius's motion  
5           to explore the 1961 to 1988 residual period  
6           that the Board passed unanimously at the Denver  
7           -- first Denver meeting.

8           I then received a letter from Peter Turcic of  
9           Department of Labor dated 5/22/07, so two days  
10          before Dr. Ziemer wrote his letter and sent it,  
11          and Mr. Turcic's letter was responding to a  
12          letter I had sent him on March the 27th in  
13          which I asked him to invoke the subpoena power  
14          of -- of Section 73.84(w) of the Act to obtain  
15          records that substantiated that some of the Dow  
16          Madison thorium activities were related to the  
17          AEC work done there. Mr. Turcic declined to  
18          submit that subpoena in his letter. But in  
19          addition, he provided reasons why Labor would  
20          not change the coverage period for Dow Madison,  
21          and he said, quote, that no legible document  
22          supported this, end quote. Mr. Turcic did not  
23          say he had reviewed my May 4th Board  
24          presentation, including the specific  
25          Mallinckrodt AEC purchase order to Dow Madison

1 to buy magnesium alloy 21-A. There was a very  
2 specific document labeled TDCC316.

3 I interpreted those letters and numbers to  
4 refer to magnesium-thorium alloy HM-21, a  
5 mainline Dow product. Mr. Turcic's letter did  
6 not say that Department of Labor had weighed  
7 worker testimony that Dow Madison shipped  
8 thorium alloy, not only to Rocky Flats but also  
9 to Oak Ridge and Los Alamos, that were in  
10 addition to Mallinckrodt.

11 I now know from today's testimony that Mr.  
12 Elliott had sent Department of Labor a -- a May  
13 8th e-mail that may have prompted that last  
14 part of Mr. Turcic's letter. I just found out  
15 about that today.

16 The letter that Dr. Ziemer wrote to HHS on May  
17 24th suggested that the HHS Secretary contact  
18 the Secretaries of Labor and Department of  
19 Energy to examine the facility description and  
20 coverage period for Dow Madison for 1961 to  
21 1988, so an extension of the SEC that was voted  
22 on from '57 to '60. This was asked in light of  
23 new information that I had presented to the  
24 Board on May 4th in Denver.

25 Dr. Ziemer's May 24th letter also tasked both

1 NIOSH and SC&A to analyze the feasibility of  
2 reconstructing thorium doses during 1961 to  
3 1988 -- 1998, and report back to the Board,  
4 quote, at its next meeting, end quote. No  
5 reports by either agency were given at the June  
6 Board meeting, which was the next meeting.  
7 SINuW helped SC&A and Mr. Phillips of that  
8 organization conduct a very successful fourth  
9 Dow worker meeting in East Alton, Illinois on  
10 the 20th of June. Simmons Cooper, who's  
11 working with us at no charge, again paid for a  
12 court report when SC&A was unable to do so.  
13 Grady Calhoun from OCAS attended part of that  
14 meeting. SC&I -- SC&A declined to seek entry  
15 into the Madison site the next day. Mr.  
16 Phillips had expressed interest to me in seeing  
17 the plant and in reviewing archived records we  
18 believe reside there that are highly relevant  
19 to establishing links to AEC activities related  
20 to thorium shipments.  
21 Anyway, we sent the verbatim transcript of the  
22 6/20 SC&A outreach meeting to all parties a  
23 week ago.  
24 Then on July the 6th Robert Stephan of Senator  
25 Obama's office forwarded me a letter dated May



1           23rd, 2007 from Pat Worthington of Department  
2           of Energy, which was addressed to Larry Elliott  
3           and responded to two questions that his deputy,  
4           Dave Sundin, had asked her in a -- in a e-mail  
5           dated 5/8/07. I communicated orally and in  
6           writing to Regina Kano\* and Pat Worthington of  
7           DOE my concerns that the May 23rd letter  
8           contained inaccuracies that needed to be  
9           corrected with respect to the first question  
10          that Mr. Sundin had posed, and that was about  
11          whether the purchase orders were -- were  
12          legible. Specifically, I was concerned that  
13          the specific purchase order of interest DOW  
14          TDC316 may not have been examined closely since  
15          it was not commented upon by Ms. Worthington in  
16          her brief responses. I learned at that time  
17          that Roger Anders, a historian for the  
18          Department of Energy, had had major input into  
19          the Worthington letter before he retired from  
20          DOE on June the 1st.

21          I also objected to the fact that -- that  
22          neither DOE nor OCAS had copied the 5/23 letter  
23          to me as a petitioner that -- that was sent six  
24          weeks earlier. So far I've not gotten a direct  
25          response from Ms. Worthington about my -- my

1 concerns.

2 Then last week I learned that the Dow SEC was  
3 not on the agenda for this meeting. In  
4 pursuing that I learned from Regina Kano that  
5 no letter had been received by her agency from  
6 HHS more than six weeks after the May 24th  
7 letter from Dr. Ziemer and the Board had been  
8 sent to HHS. I was very surprised, to say the  
9 least, and I still am.

10 Finally, I was unable to learn from Dr. Wade or  
11 Dr. Ziemer whether either NIOSH or SC&A were  
12 going to present written reports to the Board  
13 on the thorium issue at this second meeting  
14 follow-- following the 5/24 Board letter to HHS  
15 with its mandate to report at the next Board  
16 meeting. John Mauro, on May 4th, had presented  
17 excerpts from a draft report to the Board that  
18 has not been released, to my knowledge. I have  
19 not gotten any reports or feedback on any Dow  
20 SEC-79 activities from either NIOSH or SC&A  
21 from May 4th until now, apart from the June  
22 20th worker meeting held for the benefit of  
23 SC&A and -- and NIOSH by us at Simmons Cooper.  
24 In summary, I am very concerned that NIOSH,  
25 Department of Energy, Department of Labor and

1 SC&A have not kept me properly updated on  
2 progress with the analysis of the Dow SEC  
3 extension to cover the residual period from '61  
4 to 1998. This coverage of the Dow residual  
5 contamination period under an SEC is analogous  
6 to today's consideration of the second Ames SEC  
7 petition. I believe that getting a legal  
8 opinion from HHS about this Dow matter is  
9 paramount. It is still my view the Board has  
10 the authority to recommend an extension of the  
11 SEC-79 class to 1961-1998, even without getting  
12 this legal opinion first, and I would simply  
13 submit that this is supported by the -- today's  
14 favorable Ames SEC deci-- decision.

15 So I thank you for letting me address you. I  
16 look forward to the session on Dow tomorrow  
17 morning.

18 **DR. ZIEMER:** Thank you, Dr. McKeel, and I -- I  
19 would note that we will have an opportunity I  
20 believe on the morning's schedule to discuss  
21 Dow relative to --

22 **UNIDENTIFIED:** (Off microphone)  
23 (Unintelligible)

24 **DR. ZIEMER:** -- 11:30. We had to change the  
25 time there becau-- but DOE will be available,

1 at least by phone, and we can try to address  
2 some of those issues and clarify where the  
3 agencies are on those issues. Thank you very  
4 much.

5 One of Dan's colleagues, John Ramspott, was  
6 hoping to be with us by phone. I want to see  
7 if John is on the phone.

8 **MR. RAMSPOTT:** Sure, can you hear me?

9 **DR. ZIEMER:** Yes, can you --

10 **MR. RAMSPOTT:** (Broken transmission) had a  
11 little (broken transmission) so we still have a  
12 little bit of phone (broken transmission) but  
13 much better.

14 **DR. ZIEMER:** John, let me tell you also that  
15 your material that you sent to NIOSH, which is  
16 an extensive -- again, your -- I think it's  
17 your analysis of the Appendix B -- has been  
18 received by the Board and the Board members do  
19 have copies of that as well and that will be  
20 also posted on the web site. So we'd be  
21 pleased to hear your comments.

22 **MR. RAMSPOTT:** Fantastic, thank you. Again, my  
23 name is John Ramspott. I am assisting and  
24 representing a number of workers from General  
25 Steel Industries in Granite City, Illinois. My

1 involvement was brought to light because my  
2 father-in-law worked at General Steel  
3 Industries for 35 years, died of leukemia and  
4 various other cancers, so thus my involvement.  
5 The purpose of my (broken transmission) tonight  
6 (broken transmission) are to acknowledge and  
7 share with everyone that we did have an  
8 Appendix (broken transmission) posted on the  
9 OCAS web site (broken transmission) General  
10 Steel Industries (broken transmission) that's  
11 normally a very good thing, but in this case  
12 it's quite lack(broken transmission) in  
13 information and hopefully with the  
14 correspondence that I sent will be a little  
15 (broken transmission) with NIOSH and of course  
16 we're going to ask Board to be aware of what is  
17 taking place with this Appendix. We think  
18 (broken transmission) extremely important  
19 because listening (broken transmission) the  
20 meeting (broken transmission) it is quite clear  
21 that other (broken transmission) do impact  
22 (broken transmission) site (broken  
23 transmission) you go down the road. So to have  
24 a flawed appendix involving a unique (broken  
25 transmission) device or procedure (broken

1 transmission) one (broken transmission) or one  
2 site (broken transmission) definitely cause  
3 problems for others (broken transmission) the  
4 road.

5 This document, the Appendix (broken  
6 transmission), is extremely lacking in accuracy  
7 (broken transmission) many of the facts, all of  
8 which have been (broken transmission) NIOSH  
9 numerous others over the past two years. My  
10 concerns are shared by very many of the former  
11 workers and site experts (broken transmission)  
12 have also reviewed and seen this report. Most  
13 of them attended the NIOSH outreach meeting  
14 which was held and actually described as one of  
15 the best that had ever taken place. Of course  
16 these workers now are wondering why was all  
17 that good information essentially (broken  
18 transmission) regard and there (broken  
19 transmission) in this docu(broken transmission)  
20 Ramspott reply, about 24 pages, is an honest,  
21 accurate critique of items we feel are flawed  
22 or possibly even missing completely.  
23 Now I did receive an e-mail acknowledgement  
24 from Mr. Elliott of NIOSH indicating that a  
25 reply would be forthcoming. We appreciate the

1 fact that (broken transmission) rapid response  
2 (broken transmission) seemed sincere, so  
3 (broken transmission) going to be able to  
4 (broken transmission) this.

5 We're also requesting, as Dr. McKeel had  
6 indicated earlier, that the Board please  
7 consider including SC&A in the review of the  
8 Appendix. We know they have the specialty  
9 capability of analyzing. We've seen that in  
10 the past. And some of the particular areas  
11 that we're going to ask special attention be  
12 paid is the inaccurate information included in  
13 the section regarding activation of uranium and  
14 other alloys while using a Betatron particle  
15 accelerator. The Appendix and (broken  
16 transmission) anyone on the Board and anyone  
17 else that's interested please take a look at  
18 that, you'll see an oversimplification in those  
19 sections, in my opinion, and that truly -- in  
20 my opinion and, I'm sure, others -- is lacking  
21 in scientific quality. This one-size-fits-all  
22 narrow analysis is appalling. We have provided  
23 scientific data to NIOSH. Our (broken  
24 transmission) collection scientific articles  
25 actually including a physicist who has assisted

1 us and (broken transmission) noted in this  
2 Appendix not even mentioned. We believe an  
3 independent review is the only way we can get  
4 an accurate accounting. Workers have always  
5 been suspect of some of the dealings and now  
6 they actually feel betrayed by the system, and  
7 that's a shame. That -- that's not how this  
8 (broken transmission) is also underway all of a  
9 sudden a rush to do GSI dose reconstructions  
10 using this flawed information as a scientific  
11 basis upon which to perform dose  
12 reconstruction. I mean I personally think  
13 that's ridiculous 'cause why go ahead with bad  
14 and incomplete data to do dose reconstructions.  
15 And I did send an e-mail before my formal  
16 critique, which Mr. Elliott was kind enough to  
17 reply to and, you know, I'm definitely going to  
18 follow through on that because it appears  
19 there's already a conclusion that's been made  
20 that (broken transmission) part of the  
21 correspondence said this would be (broken  
22 transmission) I guess this is supposed to be a  
23 good time because it's going to be the  
24 claimant's first opportunity to file an appeal.  
25 So (broken transmission) have to file an appeal



1 (broken transmission) this (broken  
2 transmission) more sense to do it right the  
3 first time.

4 So should the workers be happy about this  
5 poorly-done appendix? I doubt it. And I don't  
6 think they really want their first opportunity  
7 to appeal (broken transmission) and in this  
8 tight money time and economic times that we've  
9 heard about, it seems to me like it'd also be  
10 quite a waste of money to do dose reconduc-- or  
11 do dose reconstructions in a hurry and then  
12 redo them. Seems to me it'd make more sense to  
13 stop the dose reconstructions (broken  
14 transmission) seem to be in a hurry now for a  
15 reasonable time, 30 to 60 days, whatever seems  
16 reasonable, to review the Appendix with the  
17 help of SC&A, with the help of ourselves --  
18 we've always offered to help, put our heads  
19 together and come up with the right answer on  
20 this.

21 So those are a few (broken transmission)  
22 thoughts that I wanted to share because, you  
23 know, this fast approach reminds me of the  
24 movie "Titanic", full speed ahead, and if we  
25 hit an iceberg we're going to have another

1 disaster. Why do that? Why not do it right  
2 the first time.

3 So I appreciate your time (broken transmission)  
4 and my concern really is that this could affect  
5 not just GSI workers but we know there are a  
6 lot of these other devices out there and other  
7 sites and to have that set as a precedent just  
8 seems like a really, really bad thing (broken  
9 transmission) to do. Actually we heard some  
10 discussion about that type of thing today,  
11 using other site information.

12 So I appreciate your time and I've tried to  
13 watch my time. Thank you very much.

14 **DR. ZIEMER:** Okay. Thank you very much, John.  
15 Next we'll hear from Faye -- is it Vliegen --  
16 Vliegen?

17 **MS. VLIIEGER:** (Off microphone) (Unintelligible)

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

19 **MS. VLIIEGER:** (Off microphone) First of all,  
20 let me thank (unintelligible) for  
21 (unintelligible) (on microphone) about this.  
22 I'm a former Hanford worker and I have been  
23 helping with some posthumous claims. I don't  
24 have a radiation claim myself. However, my  
25 experience with the Hanford site started with

1 my work there in 2001. After my injury I  
2 became well-acquainted with their methods for  
3 not revealing documents.

4 In my work in helping claimants -- we just get  
5 together and we talk and we try to get the  
6 records together -- I have found the same  
7 reticence from history, starting with the  
8 Atomic Energy Commission, which -- rightly so,  
9 it was a war time -- kept classified material.  
10 As a former military person I understand that  
11 need. That time has passed.

12 My records reviews have proven that the  
13 documents are not kept by personnel name, so  
14 when you ask for them by name that's not how  
15 they're kept. Even today accident records are  
16 coded without personnel name. So when the  
17 Department of Labor makes a good-faith effort  
18 to get them, they're not accessible. You have  
19 to learn the code words and the secret words  
20 and the -- the systems that they put the files  
21 under. Being a former military person, they  
22 taught me that well.

23 What I have found: The records are there, if  
24 you look by facility type, by program type, by  
25 contract numbers -- which are obscure, so you

1           have to pull a thread from a side and work in.  
2           Then when you do find records, you're going to  
3           find that many of them are missing. People  
4           were issued dosimeters (sic), but the records  
5           for their exposure may not be there because it  
6           was particularly frightening. In my own  
7           experience as an employee out there I had full  
8           run of the tank farms and I had a dosimeter and  
9           it was collected twice in two and a half years.  
10          So we know how accurate that would be, just as  
11          somebody who's supposed to be only an  
12          administrative type.

13          In looking at the declassified document site  
14          for Hanford just this evening before I came, I  
15          found an amazing amount of information -- not  
16          listed by any program, just records. I know  
17          y'all don't have them. I know you weren't  
18          given them, and the Department of Labor has the  
19          subpoena power to get those records.

20          As an employee, when I make the request for  
21          records there is a cursory search done -- by  
22          name and Social Security number -- of records  
23          which are not by name and Social Security  
24          number. And then if you go back and say well,  
25          what about the records for this facility? You

1           get a polite letter that says you're going to  
2           have to pay for it.  If you want more records,  
3           you will pay in advance, thank you very much.  
4           And that's usually where it stops, 'cause most  
5           people can't afford \$35 to \$70 an hour for a  
6           records research that probably is going to be  
7           fruitless again.

8           So why am I here?  As a former military person  
9           and government employee, I am appalled that  
10          this is continuing.  As a military person, we  
11          had a term for intentionally hiding documents  
12          and lying, and it was called "you'll be  
13          lunching at Leavenworth on a permanent basis."  
14          There is no way to explain how important this  
15          is to people.

16          On a posthumous basis in trying to get these  
17          records together, you don't have the ability to  
18          say where did you work, where did you have  
19          access, did you have any events that we should  
20          look for.  So in denying that something existed  
21          and therefore making an assumption with -- as I  
22          was here earlier in your discussions --  
23          surrogate data, or assuming that this is close  
24          enough for government work, you're doing a  
25          disservice to the people.

1 Now I'm a current employee and I didn't have  
2 some of the bad experiences that the people did  
3 starting at the site. But I can tell you that  
4 the institutionalized stonewalling goes on, and  
5 I will just give you one small taste of what's  
6 going on.

7 I have a partially-settled claim against the  
8 site in January for my injury. Somehow I was  
9 exposed to phosgene inside a building that was  
10 not a process building. That claim has been  
11 substantiated. I have permanent damage. I am  
12 not able to work. However, when I went to DOE  
13 FOIA office this spring trying to do my EEOICPA  
14 claim, the letter I got back -- not once, but  
15 twice -- was we have no record that you were  
16 ever injured on the site. But no less than  
17 four attorneys were involved, including DOE's  
18 attorney. All of my previous managers, all of  
19 the managers at DOE locally, DOE headquarters  
20 was made aware of my claim against them, as  
21 well as their attorney for their local  
22 administration of self-insurance.

23 Please don't be fooled or lulled into some  
24 false sense of security that you're being told  
25 the truth because there are many of us who can

1 tell you that, according to them, we were never  
2 injured.

3 **DR. ZIEMER:** Thank you, Faye. Roberta  
4 Montgomery -- Roberta?

5 **MS. MONTGOMERY:** I'm going to have her read  
6 this for me and --

7 **DR. ZIEMER:** Okay, we'll --

8 **MS. MONTGOMERY:** -- then I'll (unintelligible).

9 **DR. ZIEMER:** -- we'll get the mike to you there  
10 or -- there you go.

11 Okay, reading on behalf of Roberta.

12 **UNIDENTIFIED:** On behalf of Roberta, yeah.

13 Roberta's somebody I advocate for, so she wants  
14 to make a public comment.

15 **DR. ZIEMER:** And can you give us your name, as  
16 well, so we can show that?

17 **MS. OGLESBEE:** Okay, it's Gai Oglesbee again.  
18 I gave comment last night --

19 **DR. ZIEMER:** Yes.

20 **MS. OGLESBEE:** -- our Special Exposure Cohort,  
21 which Roberta's part of. She has signed onto  
22 it, long ago, so...

23 **DR. ZIEMER:** Thank you.

24 **MS. OGLESBEE:** Okay. She's got all her  
25 information here so we'll just give you a copy

1 of this afterwards.

2 (Reading) Thank you for listening to and  
3 accepting my public comment. I am the daughter  
4 of a deceased Hanford worker, [Name Redacted].  
5 My dad worked at Hanford since 1951 until he  
6 retired in the 1970s. My father was a brave  
7 and dedicated man who suffered more than I will  
8 ever fully understand. His character caused  
9 him to be a person who tried to get along with  
10 all people and to be congenial.

11 I was diagnosed with MS years ago and was  
12 finally confined to a wheelchair. I have  
13 struggled with the health effects caused by my  
14 thyroid disease and other relevant toxic  
15 exposure elements for years. I am classified  
16 as a downwinder. I believe my father brought  
17 the contamination home and harmed me and my  
18 family members. I am apprised of the health  
19 effects caused by the "Sea of Green" Hanford  
20 pollution. One of my brothers has been  
21 diagnosed with terminal cancer. My brothers  
22 and I were adopted by these fine people that  
23 were my parents in every way that counts for  
24 all of my life.

25 With that said, after several attempts to



1           clarify my defendant position -- or no, my  
2           dependent position regarding my father's  
3           support in order for me to survive, the  
4           Department of Labor finally agreed to  
5           officially classify me as being a dependent  
6           survivor. I am aware of other adult survivors  
7           who have been compensated by DOL who were not  
8           dependent on their worker father or mother at  
9           when -- when they died. After I was there to  
10          observed (sic) my father's and my mother's  
11          painful deaths that caused much suffering.  
12          After years of processing through the various  
13          phases of this bad and unenforceable EEOICP, I  
14          realized that I am more than deserving and  
15          entitled to present evidence of my father's  
16          pain and suffering that was caused by his  
17          nuclear facility workplace toxic exposure and  
18          his management's tormenting ways and means that  
19          were intimidating and harmful.

20          I have never received any dose reconstruction  
21          papers from Health and Human Services. The DOL  
22          Seattle District Office agents were directed to  
23          reassemble my complaint package that they had  
24          rendered chaotic and unidentifiable. But even  
25          though I was told the claims package was

1 getting escalated to the next phase, dose  
2 reconstruction, I never -- I've never heard  
3 from the NIOSH agents. Dose reconstruction has  
4 never occurred. Today I have not been apprised  
5 of the accurate status of my Part B and D aka E  
6 claims.

7 It is well documated -- documented that my  
8 EEOICP claims have been rejected and reinstated  
9 several times. My claims re still active right  
10 now. I like many others -- I, like many  
11 others, are waiting and waiting and waiting for  
12 a final decision. Many of us have decided to  
13 exhaust all possibilities having to do with the  
14 various phases of the EEOICP. However, it is  
15 becoming increasingly obvious that the EEOICP  
16 is dysfunctional.

17 My claims files have processed through many so-  
18 called case examiners, who frankly demonstrate  
19 that they don't have any knowledge of the  
20 evidence before them. In my case, the case  
21 examiners express that they have little to no  
22 knowledge of the -- of my supporting evidence.  
23 All case examiners have proven to me and my  
24 family that they are especially unqualified to  
25 assess medical evidence. One of the most

1 revealing aspects that came to my attention in  
2 2001 was a case -- local -- was a local case  
3 examiner's statement made to me, "What is a  
4 Hanford?" This exclamation -- exclamation was  
5 witnessed. Another statement made to me by one  
6 of the examiners when my father's accumulative  
7 dose was being discussed was, "Why, that would  
8 kill a man." The dose did kill a man; it  
9 killed my father.

10 My father's dosimetry records clearly  
11 designated that he took a 30,072 millirem dose  
12 since about 1954 or 1953. I am informed this  
13 amount is compensable if I decide to file a  
14 federal court action. One of his peer group  
15 function managers' death certificate designates  
16 that the manager died from his acute radiation  
17 exposure, or excess body radiation. The  
18 manager's body was covered with radiation burns  
19 that were first discovered during a company  
20 doctor's ex-- examining -- company doctor, who  
21 was Dr. Fuquay. Keep in mind that the  
22 Department of Energy's and company doctor, Dr.  
23 Fuquay's name is important because his name  
24 appears on other Hanford victims' medical  
25 records and my father's medical records as the

1 person in charge. The correlating dates of  
2 this matter-of-fact evidence is very important.  
3 During the same time frame, my father and other  
4 witnesses I have discovered had burns on their  
5 bodies, too.

6 My father should be declared a Special Exposure  
7 Cohort because his dosimetry about three years  
8 of -- about three years of missing data that  
9 would definitely increase the official dose  
10 measurements that were recorded. Just like my  
11 father's coworkers and the function manager's  
12 demise, the missing dosimetry readings are  
13 during this same time frame from 1951 to about  
14 1954. There is no apparent way I -- I have  
15 found to discover -- to recover the missing  
16 dosimetry. And who among us would ever know  
17 for sure if the dosimetry is accurate or not  
18 accurate?

19 In my father's case, the personnel records  
20 reveal that he was tormented by his management  
21 and certain company psychologists when my  
22 father dared to come forward to disclose his  
23 medical complaints. That is a very painful,  
24 emotional and alarming reality for me to  
25 contend with. We know that the historical

1 records are falsified. And after close  
2 examination of my father's records, I have come  
3 to the conclusion that my father's signature  
4 was forged on certain company medical release  
5 forms other. Upon review, the questionable  
6 signatures seem to be reason -- resemble his  
7 manager's signatures.

8 For instance, one of the medical records  
9 indicate that my father allegedly lit a match  
10 over an alcohol bottle that -- excuse me --  
11 that blew up and burnt him while he was being  
12 examined by a company doctor, which is absurd.  
13 My father was never diagnosed with encephalitis  
14 that was constantly being perpetrated by the  
15 company physicians. The company doctor's bogus  
16 diagnosis was intended to explain why my father  
17 was a troubled man with psychological problems.  
18 I have expert witness that will affirm that the  
19 encephalitis company diagnosis is a bogus  
20 claim. After review of certain Department of  
21 Energy released personnel records held by my  
22 father, I knew then and there that I would do  
23 what I can to clarify this harrowing problem.  
24 The company's doctors -- the company doctor's  
25 diagnosis are contrary to my father's personal

1 physicians' diagnosis and prognosis.  
2 My father was a decent, fine man who once  
3 studied to be a Catholic priest. His personal  
4 -- personnel records and Hanford media coverage  
5 reveal that he often received safety and  
6 humanity awards. He was a very dedicated man  
7 and a good provider who took good care of me  
8 and my needs, especially my medical needs.  
9 The controversy I am having with the Department  
10 of Labor regarding my claims is that they  
11 continue to designate that my records are  
12 incomplete, have gaps in them and thus are not  
13 worthy. The many DOL allegations are not  
14 relevant to my family and I be-- and I because  
15 we have written many affidas-- affidavits that  
16 pertain to the gaps in the records. Those  
17 affidavits are not considered by the DOL  
18 assessors. There aren't actually any gaps in  
19 the records because my father's deceased  
20 personnel (sic) physicians thoroughly explained  
21 what they were doing about the prostate cancer  
22 and leukemia issues, as well as other relevant  
23 diseases.  
24 For instance, my father's prostate cancer began  
25 to be diagnosed because his rising PSA levels

1           needed to be carefully monitored. My father  
2           and my stepmother [Name Redacted] decided to  
3           simply monitor the progression because my  
4           father's other life-threatening ailments were  
5           priority concerns. The deceased physician  
6           treating the prostate cancer agreed and  
7           indicated that he would let my father know when  
8           he believed it was time to perform the  
9           necessary surgery. Prostate surgery was  
10          eventually performed. The ever-changing DOL  
11          case examiners continuously fail to review the  
12          evidence in detail. Is the -- let's see -- if  
13          the problem with the DOL agents was not such a  
14          dire circumstance, the whole affair would be  
15          laughable. How did it come to be that  
16          unqualified government agents are so lax in  
17          presenting a believable accountability?  
18          After careful review and re-review of my  
19          father's historical record, it is easy to  
20          detect relevant exposure and reta-- and rad--  
21          and retaliation information that caused his  
22          medical problems and emotional state. It is  
23          conclusive that exposure to radiation and other  
24          toxic elements at Hanford -- Hanford's  
25          workplace caused his deteriorating health.

1 For instance, certain Hanford exposure  
2 incidents caused the Hanford security to hunt  
3 him down when he left the site because he was  
4 contaminated. The guards would escort him back  
5 to the site to decon-- decontaminate him.  
6 Sorry. They burned his street clothes and  
7 would send him home in a company-furnished  
8 coveralls which were likely contaminated, also.  
9 I remember that my mother would be upset  
10 because the Hanford administration refused to  
11 reimburse the cost of the street clothes they  
12 had destroyed. And my mom washed the  
13 contaminated clothes that he wore and brought  
14 home to decontamin-- to -- brought home to  
15 contaminate us. I am aware of other witnesses  
16 who have already submitted sworn statements  
17 that verify the same.  
18 I am one of the SEC petitioners that is  
19 recorded on Gai Oglesbee's September 2002  
20 Hanford petitions. I have reason to believe  
21 that I am or should be included on the two --  
22 two sisters, Mary Ann Corsi-- si-- Corsico  
23 (sic) and three other petitions.  
24 The EEOIC has proven to be a bad and  
25 unenforceable law because too many mistakes and



1 poor judgment are involved. I don't know at  
2 this point in time if the EEOICPA stipulations  
3 would ever be reformed enough or in time to aid  
4 the thousands of workers whose claims have been  
5 denied. It seems to me that the whole thing is  
6 in limbo until such time in the future when the  
7 members of Congress decide to act in a non-  
8 partisan manner to reform the bad and  
9 unenforceable EEOIC law. It seems that too  
10 many of the members of Congress believe  
11 establishing a SEC status is the only option.  
12 The DOL and HHS need to be ousted from the  
13 process. This is similar to the reasons for  
14 the members of Congress to get rid of the DOE's  
15 interference in October 2004. Roberta  
16 Montgomery.

17 And she would like to say a few things on her  
18 own. Go ahead.

19 **MS. MONTGOMERY:** Well --

20 **MS. OGLESBEE:** You've been wanting to do this  
21 (unintelligible) --

22 **MS. MONTGOMERY:** Well, no, actually I -- I  
23 don't -- I'm not a good orator.

24 **MS. OGLESBEE:** Go on over there and talk.

25 **MS. MONTGOMERY:** No, I don't -- no, nothing

1 else.

2 **DR. ZIEMER:** Thank you very much, Roberta. You  
3 can add to that if you wish.

4 **MS. MONTGOMERY:** Okay. Well, I just feel that  
5 --

6 **DR. ZIEMER:** You actually have about two  
7 minutes left on your time.

8 **MS. MONTGOMERY:** Okay, well, I could say two  
9 minutes -- I just feel this -- that this whole  
10 thing that has started has -- has gone wrong  
11 and basically every -- the people that you are  
12 hiring to do the -- check these out, the  
13 adjudicators, they're -- they're -- they --  
14 they don't know what they're talking about and  
15 you -- you talk to them and they say they're  
16 going to do this, and they don't do it. And if  
17 they're doing that with me, I'm sure they're  
18 doing it with a lot of other people, also, and  
19 I think that that needs to be looked at because  
20 I -- it -- and I feel that the funding -- that  
21 it -- they're misappropriating money all over.  
22 They're putting it in the wrong places and we  
23 should be taken care of, the people in our  
24 country, and not sending money aboard (sic). I  
25 get real aggravated about that because they --

1           they worked here and they -- these men and  
2           women deserve to -- to be taken care of. And  
3           it just infuriates me that I -- the money  
4           that's supposed to be appropriated for them --  
5           they don't get it because it's -- the powers  
6           that be have other things for it, and I  
7           shouldn't get into that 'cause I get real  
8           aggravated about that. But like I said, I --  
9           my -- my dad -- and if you want to get into  
10          records and all, they -- they -- they lied  
11          about a lot of things in there. When I went  
12          through this it was like going through a puzzle  
13          and putting everything together, they -- oh,  
14          that's -- oh, now I know why this happened or  
15          that happened. You -- you can't trust any of  
16          those things that -- you -- it's -- I -- I just  
17          think it's frustrating for everybody and I feel  
18          bad for the whole -- all of them. And I think  
19          they need to get a Board that isn't -- isn't --  
20          the President hasn't picked out. I think it  
21          should be a non-- non-partisan that pick you  
22          out because -- anyway --

23          **DR. ZIEMER:** Okay.

24          **MS. MONTGOMERY:** -- that's enough. I get  
25          (unintelligible).

1           **DR. ZIEMER:** I don't think this Board is chosen  
2 based on our politics --

3           **MS. MONTGOMERY:** Oh, well --

4           **DR. ZIEMER:** -- by the way.

5           **MS. MONTGOMERY:** Well, that's good.

6           **DR. ZIEMER:** We hope that's not the case.

7 Okay, let's hear now from Pete Marsh.

8           **MR. MARSH:** Thank you very much for allowing me  
9 to talk tonight. My name is Pete Marsh. I  
10 represent the Central Washington Building  
11 Trades Council. I'm also the business manager  
12 of IBEW Local 112. We estimate that more than  
13 100 con-- 100,000 construction and  
14 subcontractors have worked at Hanford. That's  
15 a lot of workers.

16 These comments apply specifically to  
17 construction trades claimants only. We want to  
18 be on the record as saying the dose  
19 reconstruction process is flawed and it's not  
20 working for the thousands of subcontractor  
21 workers who worked at Hanford. We've told you  
22 this before.

23 I wish I could say that we have no stake or  
24 interest in this program because then we could  
25 wash our hands of it, but that's not true. A

1 large number of the claimants are either  
2 building trades members or their survivors, and  
3 they've not been treated fairly. For those  
4 construction worker claimants that NIOSH has  
5 completed dose reconstruction, from which I can  
6 tell are a small minority, it has done so  
7 without a valid scientific basis and these  
8 claimants can have no confidence in the  
9 findings. How do you expect workers or  
10 survivors to accept results when there aren't  
11 any records, or the workers simply were not  
12 even monitored?

13 We are happy to hear about the possibility for  
14 the Hanford SEC, but we're dismayed that the  
15 first SEC only covered 1944 to 1946. You need  
16 to act on the rest of the SEC and approve the  
17 covered times from 1942 all the way to 1990.  
18 We hear from our members regularly, or their  
19 survivors who are having a very difficult time  
20 getting through this complex system, that this  
21 SEC would help a lot of the eligible workers.  
22 It never ceases to amaze me when I hear about  
23 this program and how claimant favorable it is.  
24 Maybe we should have some of these workers or  
25 survivors call you directly.

1 Thousands of construction worker claims are  
2 being denied justice and the entitlement to  
3 timely resolution because of the dose  
4 reconstruction process. It had done so because  
5 it is hell-bent on pursuing a scientific model  
6 that is virtually impossible to apply to  
7 construction workers, and you know this is  
8 true.

9 We urge the Board to move forward on the  
10 Hanford SEC and to include all years. Enough  
11 is enough, and these workers and their  
12 survivors deserve better from our government  
13 because of what they gave to the government.  
14 They are ordinary people that were put in  
15 extraordinary circumstances.

16 NIOSH has had seven years to figure this out,  
17 and hasn't done it. Claimants not only  
18 deserve, but are entitled to better treatment  
19 than this. Thank you.

20 **DR. ZIEMER:** Thank you, Pete. Next we'll hear  
21 from Richard Barker.

22 **MR. BARKER:** I appealed to NIOSH to produce a  
23 dose reconstruction, which they did, and the  
24 information they gave me back -- they gave me a  
25 number for whole body exposure and I submitted

1 my claim based on those numbers. They came  
2 back and apparently they took a whole body  
3 exposure and smeared or averaged that over a  
4 35-year working career. It doesn't take a  
5 rocket scientist to understand if you take a  
6 number and divide it by infinity, the result is  
7 going to be small. But their analysis was  
8 badly flawed.

9 The whole body exposure that I received  
10 occurred over a two and a half year period when  
11 I worked at N reactor. I worked in a group  
12 called reactor core surveillance where we  
13 examined the tubes from a position at the front  
14 or rear elevators, examined the ball channels  
15 from the top of the unit, and examined the  
16 control rods from the rod rooms on the right  
17 and left side. The work was difficult, and it  
18 took a lot of exposure.

19 But the reactor cycle -- we ran on about a six-  
20 week cycle. There'd be five weeks of  
21 production for producing plutonium, and then  
22 there'd be a week left for maintenance and for  
23 surveillance. Maintenance would come first.  
24 There would be two or three days left to do the  
25 surveillance, so the whole body exposure that I

1           incurred is compressed and intensified-- and  
2           intensified over shorter and shorter periods of  
3           time.

4           The NIOSH analysis doesn't recognize that, so  
5           somehow NIOSH needs to be more astute in  
6           performing their analysis of -- of the  
7           biological effects. Thank you.

8           **DR. ZIEMER:** Thank you, Richard. Next on the  
9           list I have Randall Gossin -- Gosin?

10          **MR. GOSSEEN:** Gosseen.

11          **DR. ZIEMER:** Gosseen, thank you.

12          **MR. GOSSEEN:** Mr. Chairman, ladies and  
13          gentlemen of the Board, thank you for this  
14          opportunity. My name is Randall R. Gosseen.  
15          I'm a business (unintelligible) with Local 598  
16          for the plumbers and steam fitters here in  
17          Pasco. We cover 37,000 square miles of -- of  
18          jurisdiction, Hanford being almost right in the  
19          middle of it. We've been here since the '40s.  
20          I represent a proud local union which has a  
21          large number of its members employed -- or has  
22          had -- at many Hanford sites. I support the  
23          designated -- designation of Hanford as an SEC  
24          site for production workers from '44 to '46. I  
25          think that's great. However, I feel that it



1 falls far short of what's really needed here.  
2 First of all, construction workers at Hanford  
3 were exposed to the same hazards and at the  
4 same places and sites as the production workers  
5 were. I'd also like to include maintenance  
6 workers, as well.

7 The walls of our hall are covered with names of  
8 our deceased members. The lion's share of  
9 those people, since the mid-'40s, have done a  
10 lot of work out at Hanford. Still there's some  
11 that are -- that can tell you about the things  
12 that happened in the '40s. Five decades of  
13 workers made a living at Hanford and served  
14 their country while they did it. My father was  
15 one of those steam fitters and at one time was  
16 exposed to over 400 millirem in less than 15  
17 seconds, and we have not been able to get those  
18 records. They don't exist anymore.

19 Being affiliated with the construction workers,  
20 I've heard many more stories like this, and  
21 even worse than this. My point is that I'm  
22 recom-- that I hope that you would recommend,  
23 as soon as possible, that NIOSH be advised to  
24 include all Hanford workers who were employed  
25 there from 1942 to 1990 'cause I feel it's only

1 right and it's only fair. I'd like to thank  
2 you for your time.

3 **DR. ZIEMER:** Thank you very much, Randall. Now  
4 the next -- I'm having a little trouble, I'm  
5 not sure if it's Chris or Christy Janos -- it  
6 must be Chris, okay. Thank you. And I believe  
7 we heard you -- from you yesterday. Welcome  
8 back.

9 **MR. JANOS:** Right, I was -- I was here last  
10 night --

11 **DR. ZIEMER:** Right.

12 **MR. JANOS:** -- as authorized representative for  
13 my mom. I'm speaking for myself tonight.  
14 [Name Redacted] was a reactor operator, as you  
15 recall, and in 1948 he was diagnosed with  
16 thyroid cancer after coming here in '43, and it  
17 changed his life dramatically. If you know  
18 what happens when you get your thyroid removed,  
19 you know what happens to the person. They  
20 change. They're not the same, ever again.  
21 So the reason for my comment here -- it's  
22 anecdotal. It has to do with ambient radiation  
23 and I'd like the Board just to be mindful of  
24 the role ambient radiation, especially  
25 radioactive iodine, has on people when you

1           advise NIOSH because my impression is they're  
2           ignoring it.

3           And I'm taking -- this is out of context, but  
4           it's -- it's -- it's anecdotal and it's  
5           analogous. My -- my comment is the  
6           mismanagement of ambient radiation on the  
7           Colorado plateau, which includes Utah and New  
8           Mexico -- and you've probably been aware of  
9           this, AEC mis-steps.

10          The following excerpt comes from the book  
11          *Killing Our Own, the Disaster of America's*  
12          *Experience With Atomic Radiation*, by Harvey  
13          Wasserman and Norman Solomon. And the doctor  
14          may know these guys.

15          The excerpt says this -- it has to do with  
16          uranium tailings. Use of tailings as building  
17          material was widespread throughout the '50s and  
18          the '60s. Despite repeated warnings from the  
19          independent experts, the AEC didn't care, and -  
20          - that these tailings could cause harm to  
21          people.

22          This carelessness has a direct cost. In Grand  
23          Junction, Colorado more than 6,000 structures,  
24          including schools, had known tailing deposits  
25          in the building materials or the landfill under

1           the buildings. Streets and sidewalks across  
2           the town were built with tailings -- 270,000  
3           tons were used in Grand Junction, resulting in  
4           dangerous radiation levels all over the place.  
5           State and federal people tried to clean it up,  
6           but it was too late for many people.  
7           In 1978 the State of Colorado indicated the  
8           cancer rates in Mesa County, where Grand  
9           Junction is a major population center, showed  
10          acute leukemia -- leukemia rate, twice the state  
11          average. More women were suffering from the  
12          disease than men, which indicates radiation  
13          poisoning.  
14          Now what comes from the uranium tailings, and  
15          when you think about uranium dust and post-  
16          processing, radon and gamma rays. My sources -  
17          - the sources quoted in here come from [Name  
18          Redacted], who studies radiation exposure, and  
19          a Russian person, [Name Redacted], who  
20          discovers-- discusses radiation poisoning.  
21          Similar life-threatening conditions have been  
22          observed in Durango, Colorado, mostly due to  
23          radon poisoning, and in -- most especially bad  
24          cases of tailing poisoning in Monticello, Utah,  
25          not to mention the damages done to the Navajo

1 nation, on whose lands uranium tailings and  
2 waste ponds still exist.

3 My conclusion: Ambient radiation from nuclear  
4 fuel processing, uranium mining and milling,  
5 maims and kills American citizens and Native  
6 Americans. What more do the Department of  
7 Labor, Secretary of Health and the Congress of  
8 the United States need to know about the  
9 probability of damage and risks to do the right  
10 thing?

11 **DR. ZIEMER:** Thank you very much, Chris. I  
12 want to check to see if Terrie Barrie's on the  
13 phone -- Terrie's from the Denver area.  
14 Terrie, are you there?

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

16 **DR. ZIEMER:** Thank you. We'd be pleased to  
17 hear from you.

18 **MS. BARRIE:** Okay, thank you so much. Let me  
19 just turn this fan down.

20 Good evening again and thank you so much, you  
21 and Dr. Wade, for allowing me --

22 **DR. ZIEMER:** Terrie, can you speak a little  
23 louder?

24 (NOTE: Electronic feedback occurring  
25 throughout Ms. Barrie's presentation made

1 transcription difficult. A best effort  
2 follows.)

3 **MS. BARRIE:** Sure. I -- I want to thank you  
4 and Dr. Wade for allowing me to call in my  
5 public comments tonight. Can you hear me okay?

6 **DR. ZIEMER:** Yeah, there's a bit of an echo.  
7 You're not on a cell phone are you, by chance?

8 **MS. BARRIE:** No, I'm not.

9 **DR. ZIEMER:** Okay.

10 **MS. BARRIE:** Okay.

11 **DR. ZIEMER:** Okay, go ahead -- proceed.

12 **MS. BARRIE:** All right. My name is Terrie  
13 Barrie and I'm with the Alliance of Nuclear  
14 Worker Advocacy Group. Last week the CDC  
15 issued the final rule (unintelligible) SEC  
16 petition. I must admit, this issue slid under  
17 the radar for me. I know the wheels of  
18 government often move slowly, but three years  
19 (unintelligible) seems a bit excessive. I was  
20 happy to read (unintelligible) that the final  
21 rule accepted the fact that Congress intended  
22 NIOSH to issue the evaluation report within 180  
23 days of the receipt of the petition. I thought  
24 wow, we won one.

25 Then I read exceptions to the rule. Now mind

1           you, exceptions are fine. They give everyone a  
2           fair shake. But there is one exception that  
3           bothers me a bit. The rule states that if  
4           NIOSH denies a petition because  
5           (unintelligible) insufficient, the 180-day  
6           clock doesn't start ticking while the  
7           petitioner is revising the petition to remedy  
8           any NIOSH-identified deficiencies.

9           Now this may be great for petitioners who may  
10          not be well-versed in the documents that NIOSH  
11          requires. It would be fair for both NIOSH and  
12          the petitioners to start the legislative  
13          deadline clock after the petitioners have the  
14          opportunity to submit further documentation to  
15          support the SEC petition. But I worry about  
16          NIOSH abusing the rule in the similar  
17          (unintelligible) they abused the law in the  
18          Rocky Flats petition.

19          I read that NIOSH anticipates an additional 33  
20          SEC petitions may be filed within the next five  
21          years. Will NIOSH automatically deny petitions  
22          just so they will have more time to provide  
23          (unintelligible) evaluation report? The Rocky  
24          Flats petition is a good example of this  
25          possibility happening.

1 For those of you in the audience who don't know  
2 this, Rocky Flats' petition was submitted  
3 February in 2005 by the Steelworkers Local  
4 8031. It was (unintelligible). NIOSH,  
5 however, stated that they needed more  
6 information and the Local ends up submitting  
7 500 more pages of documents as evidence. NIOSH  
8 did not qualify the petition until the end of  
9 June 2005. I ask the Board to be vigilant with  
10 any new petition, that they are not just  
11 dismissed without justification.

12 At the May meeting in Denver many Board members  
13 stated that their hands were tied by the law  
14 when taking the position against Rocky Flats  
15 becoming a member of the SEC petition for  
16 (unintelligible) years of the petition. I and  
17 many others felt that this was untrue. I think  
18 what happened was that, after much legal  
19 finagling, the agency found only  
20 (unintelligible) that will allow a gross  
21 miscarriage of justice done to the sick workers  
22 of the Rocky Flats (unintelligible). And this  
23 same injustice could just as likely be  
24 perpetrated against Fernald and Hanford and any  
25 other place that has or will apply for SEC



1 status.

2 The Board laid the blame at Congress's doorstep  
3 for how the language of the law was written.

4 It's funny how the claimants and advocates of  
5 (unintelligible) understood what Congress  
6 wanted, but how is it that the federal agencies  
7 did not. In fact, former Colorado Congressman  
8 Bob DuPres appeared before this Board last  
9 month on behalf of the Rocky Flats workers. He  
10 stated I am here to tell you you are not  
11 following the intent of Congress, but you, the  
12 Board, ignored that.

13 (Unintelligible) important issue I want to  
14 raise is the (unintelligible) services report  
15 to Congress. This report was due June of 2006,  
16 a year ago, but was not submitted to Congress  
17 until July of this year. Congress had asked  
18 HHS to (broken transmission) should (broken  
19 transmission) added to the original legislative  
20 (broken transmission). HHS concludes that only  
21 one additional cancer could be added, basal  
22 cell carcinoma. I have serious concerns about  
23 (unintelligible) of this report and question  
24 that sound science (unintelligible) applied.  
25 Why? One reason is because (unintelligible)

1           medical effects of ionizing radiation was used  
2           as the source. Why does this bother me?  
3           Because Dr. Fred (unintelligible) was retained  
4           by (unintelligible) by the DOE processors to  
5           (unintelligible) in state worker compensation  
6           systems to deny nuclear weapons workers'  
7           claims. The conflict of interest here is just  
8           appalling. Use of this research is very  
9           questionable, in my mind. I also question why  
10          NIOSH's (unintelligible) 2005 research of the  
11          Pantex facility was not considered. This  
12          report showed, among other things, that there  
13          was a definite increased incidence of prostate  
14          cancer at Pantex. Why was that research not --  
15          and others ignored when considering additional  
16          cancers?  
17          Many people (broken transmission) expressed  
18          concerns, and even offered ideas of how to  
19          improve the program. Unfortunately, we (broken  
20          transmission) see no real change in status quo.  
21          ANWAG wishes the best to the Hanford  
22          petitioners. Thank you for your time.  
23          **DR. ZIEMER:** Thank you. Terrie, do you --  
24          could you provide us with a written copy,  
25          perhaps by e-mail, of your testimony. We got a

1 lot of distortion at this end and I think may  
2 have had some difficulty in transcribing it.

3 **MS. BARRIE:** Okay, I do have a (unintelligible)

4 --

5 **DR. ZIEMER:** Do you have a written version that  
6 you could e-mail either to me or to Dr. Wade?

7 **MS. BARRIE:** Sure, Doctor, I can do that,  
8 (unintelligible).

9 **DR. ZIEMER:** That will be good, and then I'll  
10 provide that to our court reporter so that we  
11 make sure that we have the transcription  
12 correct in the record --

13 **MS. BARRIE:** (Unintelligible)

14 **DR. ZIEMER:** -- 'cause we were getting a fair  
15 amount of distortion as you gave your  
16 testimony.

17 **MS. BARRIE:** And to the Board members, too, who  
18 may not have understood, too?

19 **DR. ZIEMER:** Well, if -- if you get it to our  
20 court reporter -- or get it to Lew Wade -- you  
21 have my e-mail and you have Lew's, I think --

22 **MS. BARRIE:** Yes, I do.

23 **DR. ZIEMER:** -- and if you get it to us, we'll  
24 make sure that the others get copies.

25 **MS. BARRIE:** I appreciate that.

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

2           (NOTE: A copy of Ms. Barrie's written  
3 statement is attached.)

4           **MS. BARRIE:** Thank you, Doctor.

5           **DR. ZIEMER:** Is there anyone else on the phone  
6 lines that wish to make testimony tonight?

7           **MR. DRIVER:** Charles Driver.

8           **DR. ZIEMER:** Yes, Charles. Give us your last  
9 name again.

10          **MR. DRIVER:** Driver --

11          **DR. ZIEMER:** Driver?

12          **MR. DRIVER:** -- D-r-i-v-e-r.

13          **DR. ZIEMER:** Okay, please proceed.

14          (NOTE: The distorted transmission continued  
15 through Mr. Driver's statement. A best-effort  
16 transcription follows.)

17          **MR. DRIVER:** I'm from Paducah, Kentucky. I  
18 worked at the Paducah Gaseous Diffusion Plant  
19 where we processed uranium. I was there for 14  
20 years. My concerns are kind of numerous but  
21 I'm going to try to be brief. I am nowhere  
22 near as well-educated in a lot of these things  
23 as some of my friends are -- such as Gai  
24 Oglesbee, Vina Colley and Terrie Barrie, who  
25 was just speaking -- but I do support these

1           folks. I've been in communication with them  
2           for most of seven years now and I know (broken  
3           transmission).

4           One problem that I have with NIOSH as an agent  
5           of the United States Department of Energy, it  
6           is not accountable and it ignores, as DOE does  
7           most often, it ignores any data that is not  
8           generated by itself. This is something that  
9           I've been hearing as I listened to this --  
10          these testimonies from other people. They  
11          worded it in several different ways, but the  
12          bottom line is if they didn't generate the  
13          information, and no matter how credible the  
14          other sources, they just ignore it and I don't  
15          think that that's correct. They should not be  
16          doing that.

17          If you go back to the original two-paragraph  
18          description of what NIOSH said it was going to  
19          do -- this was published at least five years  
20          ago -- in that small two-paragraph document you  
21          will find at least 14 generalities, statements  
22          that go along the line of well, we're going to  
23          estimate this, which we base probably on this,  
24          or it could be on that and it might be on this,  
25          and -- and it -- so-and-so is possibly doing

1           this. One generality based on another  
2           generality (broken transmission) other  
3           generality, which is totally absurd. I'm 58  
4           years old and I've never seen a business or any  
5           organization -- six years in the military, 14  
6           years at the Paducah Gaseous Diffusion Plant --  
7           that (unintelligible) adopt such a policy.  
8           It's absolutely ridiculous that they would have  
9           so many generalities in the way that they  
10          process and try to come up with dose  
11          reconstruction (broken transmission).  
12          (Unintelligible) see here. Dose reconstruction  
13          is impossible due to (unintelligible) exposure  
14          in that a worker victim could very easily have  
15          had a part of his or her (unintelligible)  
16          exposed while another part, maybe where the  
17          dosimeters that they were wearing did not get  
18          that dose reading. An example would be that in  
19          the first three and a half years that I was in  
20          the Paducah plant I was in the  
21          (unintelligible), and we were sitting in cloth  
22          chairs, fabric chairs, on guard posts. These  
23          chairs had been there for at least ten, maybe  
24          15 years before I ever came on the scene. That  
25          (broken transmission) through 1987 -- '87

1 (broken transmission) --

2 **UNIDENTIFIED:** Hello?

3 **MR. DRIVER:** And then in 1996 one of our health  
4 physics technicians was checking those chairs  
5 that we set in for years (broken transmission)  
6 found the highest reading of radioactive  
7 material that he'd found at the plant to date,  
8 and he has been all over this plant. And in  
9 sitting in those chairs --

10 **DR. ZIEMER:** Charles -- Charles --

11 **MR. DRIVER:** Yes.

12 **DR. ZIEMER:** I'm going to interrupt just a  
13 moment. We have someone else on the line that  
14 is causing a lot of background noise. Folks,  
15 if you're on the line and not speaking, please  
16 mute your phones. Thank you.

17 Proceed, Charles.

18 **MR. DRIVER:** Okay. Sitting in those chairs  
19 there were several security guards that  
20 developed various illnesses that could not be  
21 attributed to any source that we could find at  
22 that time. So my point is that there's many  
23 other different areas where -- that workers in  
24 the plant could have been partly exposed and it  
25 would have never (broken transmission) on a

1 dosimeter, and this is a big part of where that  
2 NIOSH (broken transmission) information.  
3 The other point that I want to make is that  
4 this focus -- and I know that NIOSH is strictly  
5 focusing on radioactive material, but in all of  
6 the Department of Energy and Department of  
7 Labor research it does not appear that they're  
8 giving their -- what's the term I should use --  
9 consideration to the fact that we were exposed  
10 to -- in all these many different plants all  
11 across the nation, we were exposed to numerous  
12 different types of various toxins and heavy  
13 metals that are just hardly mentioned. What  
14 DOE and DOL and NIOSH -- what they want to do  
15 is they focus on radiation, which they seem to  
16 have some control over the literature that  
17 they're producing, but they want to ignore  
18 other elements such as arsenic, lead, silver,  
19 nickel, (broken transmission) big long list of  
20 others.  
21 Now beryllium is a high-profile element; they  
22 have zeroed in on that. But they  
23 (unintelligible) and I think we have more  
24 people out there that may be suffering not only  
25 from radiation exposure but combination of



1 radiation exposure and the heavy metal poison.  
2 Also, the other thing that's ignored is the  
3 (unintelligible). (Unintelligible) saved my  
4 life seven years ago. Had it not been for the  
5 (unintelligible), I'm convinced that I would  
6 probably be dead by now. And the  
7 (unintelligible) is so simple, it's so  
8 inexpensive and it is extremely accurate. The  
9 reason it's accurate, the problem is that with  
10 blood tests quite often these elements that are  
11 lodged in the amino fatty acid tissues of the  
12 body, they are not exposed. They don't get  
13 back in the bloodstream unless someone takes a  
14 chelation-type medicine that would  
15 (unintelligible). So your blood test and  
16 urinalysis do not show (broken transmission)  
17 and (broken transmission) would. So I would  
18 encourage whoever might be listening that if  
19 there's some way that we could start to  
20 emphasize that it would help a lot to save  
21 lives, and that's the main reason (broken  
22 transmission).

23 I can only parrot a lot of things that have  
24 already been said. I've already mentioned Gai  
25 Oglesbee, Vina Colley and my friend Terrie

1           Barrie. These folks that I've communicated  
2           with for a long time, along with these others  
3           that have (broken transmission) 100 percent  
4           behind them. I give them my full support, and  
5           I thank you for allowing me to provide this  
6           (unintelligible).

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

8           **MR. DRIVER:** Thank you.

9           **DR. ZIEMER:** Now let me see if there's others.  
10          I don't have anyone else signed up, but are  
11          there others here that wish to make a  
12          statement? Anyone else? Yes, sir, please  
13          approach the mike.

14          **UNIDENTIFIED:** (Off microphone) I'd like to say  
15          that you should limit the telephone calls to  
16          the ten minutes that we (unintelligible).

17          **DR. ZIEMER:** Yeah, I -- I'm -- I'm timing them,  
18          as well. Thank you.

19          Go ahead.

20          **MR. VALDEZ:** Good evening. My name is George  
21          Valdez. I'm here on behalf of my father, who  
22          passed away in 1972. Dad worked at the Hanford  
23          site as a gandy dancer from 1944 until 1970,  
24          rarely missed a day of work, hardworking man,  
25          had quite a few mouths to feed at home,

1           retired, a year and a half he was dead from  
2           cancer.

3           We decided to go ahead and file this claim with  
4           NIOSH and probably all of you have a book  
5           that's similar to this. Mine is actually twice  
6           this size. They're going in for the third dose  
7           reconstruction for my father right now. The  
8           first one they did, I think he received 42  
9           percent probability. They found another year  
10          and a half of employment so that added about  
11          another two percent, to 44 -- 44.7. Now I  
12          understand they're going in for this super  
13          plutonium -- I'm not sure I understand all of  
14          that, but anyway, we've been basing our hopes  
15          on the SEC petition.

16          So I'd like to commend the people that are here  
17          that are speaking out on behalf of the SEC  
18          petition. I, too, firmly believe that the --  
19          the petition should be -- become, you know,  
20          part of the process to finally give  
21          compensation to survivors and for those that  
22          are still living.

23          My final statement here, I'd just like to thank  
24          the two sisters that -- if I hadn't read in the  
25          newspaper the interview by [Name Redacted] with

1 the two sisters, I was ready to throw in the  
2 towel. This has been an ongoing, long battle  
3 for probably four years for me, probably for  
4 much longer for many of the others. But  
5 fortunately for me, I worked on the Hanford  
6 site and I know an awful lot about radiation,  
7 the effects of radiation, so I've been able to  
8 do a lot of homework. It was kind of  
9 interesting at the oral hearing that I had, the  
10 adjudicator told me that he'd only seen one  
11 other person as well prepared, and that fella  
12 was a lawyer.

13 So in any case, the S. Cohen & Associates  
14 report I believe is a real key to answering a  
15 lot of questions. However, you know, when will  
16 Hanford answer those audit reports and  
17 findings. That's a real key I think to  
18 figuring out just how a dose reconstruction  
19 should be performed.

20 So I thank you again. My name's George Valdez.

21 **DR. ZIEMER:** Thank you, George. Are there  
22 others here that wish to make statements?

23 **UNIDENTIFIED:** (Off microphone)

24 (Unintelligible)

25 **DR. ZIEMER:** Sure, uh-huh.

1           **UNIDENTIFIED:** (Off microphone)

2           (Unintelligible)

3           **DR. ZIEMER:** Sure.

4           **MR. DENGATE:** I'm re-- my name is Richard  
5           Dengate and I'm a retired General Telephone  
6           employee. I should have brought my tools with  
7           me tonight; I'd have worked on that problem.  
8           But anyway, I worked in -- for 21 years out  
9           there and I was in every area, all the  
10          buildings and -- every place there was a phone,  
11          in the attics, underneath the buildings, and we  
12          rewired everything out there twice over the  
13          time that I worked out there. And I had many,  
14          many contaminations on my skin and on my shoes  
15          and on my shirt and -- and it -- it took -- it  
16          took a long time and a lot of work to prove  
17          that General Telephone was a contractor out  
18          there.

19          That -- it was -- it was amazing and -- but  
20          being a telephone employee, you're kind of just  
21          like you're -- you're all by yourself out  
22          there. Nobody really pays any attention to --  
23          you know, they want a phone here and they want  
24          it now and -- or they want it fixed and they  
25          want it fixed now and -- and we never had any

1           schooling from 1974 until 1984. The telephone  
2           company schooled us on their stuff, but Hanford  
3           never tr-- sent us to the training classes un--  
4           until I -- one day I was talking to a -- an  
5           instructor and I told him when are we going to  
6           get some training on this, and you could just  
7           see his eyes light up and -- and that --  
8           shortly after that we got some -- in the  
9           classes then. But that's all I really wanted  
10          to say. Thank you.

11         **DR. ZIEMER:** Okay. Thank you very much.  
12         Probably could have been a good help to us  
13         today, perhaps. Thanks.  
14         Yes, another comment here.

15         **UNIDENTIFIED:** I just have a brief comment. I  
16         won't take very much more time. There's not  
17         very much talk --

18         **DR. ZIEMER:** And for the record, give your name  
19         again.

20         **MS. OGLESBEE:** Oh, this is Gai Oglesbee again.  
21         There isn't very much talk about chemicals that  
22         I've heard. Chemicals are a big factor in  
23         producing the byproduct and eliminating it, so  
24         I wondered if I could bring up the fact that B  
25         Plant is I -- when I was ALARA site and

1 facility chair I saw to it that B Plant was --  
2 chemicals, everything, was listed. I gave you  
3 a copy of it yesterday. I don't know of other  
4 facilities that have it. I think tank farms is  
5 correlating a chemical -- a database and I  
6 don't have a copy of that right now, but that  
7 was a DOE goal that I set for our board and we  
8 completed it and it concludes (sic) strontium-  
9 90, cesium capsules, all that -- everything  
10 that was at B Plant 'cause it hadn't been done.  
11 So I'm wondering if there's very many  
12 facilities that have those chemicals lists  
13 because I don't think there is and I think the  
14 NIOSH has a handbook that covers chemicals, but  
15 it needs to be applied to the impairment rating  
16 because I was exposed to chronic doses of  
17 asbestos and they don't even want to talk about  
18 asbestos, and that was a big lawsuit issue  
19 since 1970, but I was chronically exposed to  
20 asbestos on many occasions. And I found out I  
21 was exposed to beryllium, so I don't hear NIOSH  
22 estimating that in my dose reconstruction,  
23 which was inaccurate. And I understand my Part  
24 B claim was dismissed and administratively --  
25 administratively dismissed because I didn't

1           want to sign a closure waiver on the advice of  
2           an attorney because that the dose  
3           reconstruction was horribly inaccurate. And so  
4           here I am fighting Christie Long and Peter  
5           Turcic (unintelligible) and Secretary Chao  
6           herself to tell my two Congressmen investigated  
7           this that I'm not a RECA claimant, I'm an EEOIC  
8           claimant. It has never been clarified and I  
9           talked to Christie last night to please write  
10          another letter to my Congresspeople to tell  
11          them I'm not a RECA claimant 'cause it's in the  
12          files. I'm an EEOIC claimant and always have  
13          been.

14          I want to say one more thing. I -- I -- my  
15          stack of evidence -- my stack of evidence is  
16          about that tall. I sent it in -- it cost me  
17          \$600 to file it with DOE and with the U.S. --  
18          you know, DOL. I've never been reimbursed for  
19          that. It's the biggest packet, I'm told, that  
20          has been sent in so far. In that packet of  
21          information and evidence I submitted a four-  
22          inch packet of expert witness data that says  
23          I'm irreparably damaged by radiation -- or  
24          ionizing radiation and components. That's in  
25          my packet. The D-- and NIOSH doesn't recognize



1           that because they don't -- they say they have  
2           their own methodology. That's not right. That  
3           packet of information cost \$24,000 and I went  
4           to a secret place to have the tests done.  
5           Also I've been -- twice now my damages have  
6           been 100 percent probability and explained why  
7           it is, twice, by caus-- you know, the  
8           causation, so I have -- these people have  
9           conflicts with me because I've been with them  
10          for a long time, especially NIOSH. So I have a  
11          feeling that they're retaliating, and I don't  
12          want to do that anymore because I went through  
13          this whole phase for years now, 20 -- 21-plus  
14          years. I don't want to fight with them anymore  
15          because they have conflicting (sic) and they're  
16          denying my claim. And I don't care whether  
17          they give me their pittance money. I really  
18          don't. I just want somebody in the government  
19          to understand that we have made an effort to  
20          come forward -- to come forward with our  
21          evidence and it costs a very -- a lot of money.  
22          So I have had lawyers, I will admit it, but I  
23          would like NIOSH to talk me on a level that's  
24          not an insult, because they can't just discount  
25          what I've already done for myself, and that's

1           what they're doing. Thank you.

2           **DR. ZIEMER:** Incidentally, Gail (sic), you  
3           should recognize -- at least in this part of  
4           the compensation program -- we're not permitted  
5           to look, in a sense, at the chemical exposures.  
6           Congress did not include them in the law, even  
7           though scientifically we recognize chemicals  
8           can contribute to health effects. But in this  
9           Part of the -- the dose reconstruction program  
10          only addresses the radiation. That's the only  
11          thing that we're able to look at from basically  
12          what you'd say would be the legal point of  
13          view. I understand -- your point is well-made,  
14          but the NIOSH part of the program only looks at  
15          the radiation part. Other -- Labor does, under  
16          the other Part, have the ability to look at  
17          some other things, and I know you've worked  
18          with Labor on that, too. But sometimes our  
19          laws are such that they cannot get a -- a  
20          handle on all the issues we would like them to.  
21          But be awa-- I think you are aware of that, but  
22          just wanted to emphasize that, that it's not  
23          that this Board is ignoring the chemicals, but  
24          we're only able under -- under the regulation  
25          that we work on, to deal with the radiation

1 part, so -- but thank you for making that  
2 point.

3 **MS. OGLESBEE:** (Off microphone)  
4 (Unintelligible) this advocate and some of the  
5 other advocates (unintelligible) --

6 **DR. ZIEMER:** Yeah.

7 **MS. OGLESBEE:** -- (unintelligible).

8 **UNIDENTIFIED:** (Unintelligible)

9 **DR. ZIEMER:** Thank you very much. Was there  
10 someone else on the phone line that wanted to  
11 speak?

12 **UNIDENTIFIED:** (Unintelligible)

13 **UNIDENTIFIED:** Yes, sir.

14 **DR. ZIEMER:** Okay.

15 **UNIDENTIFIED:** There's an echo here. Are you  
16 hearing an echo, too? My name -- can you --

17 **DR. ZIEMER:** Will you --

18 **UNIDENTIFIED:** -- hear me all right?

19 **DR. ZIEMER:** -- identify yourself, please?

20 **MS. FIERING:** Yes, it's Joanie Fiering. I  
21 called last night, and I woke up at 4:00  
22 o'clock this morning and couldn't go back to  
23 sleep thinking about more information that I  
24 thought you should have. I'll be brief, but  
25 I'm working with Vina Colley, effective

1           yesterday, with Portsmouth/Piketon Residents  
2           for Environmental (unintelligible) and  
3           Security. And my dad worked at the plant for  
4           four years -- or for ten years, and had four  
5           different cancers when he died, and my mother  
6           had a rare form of cancer. It was endometrial.  
7           Doctors in Michigan didn't know how to treat it  
8           and they actually named a treatment after her.  
9           The reason I'm calling again, and the  
10          testimonies tonight have been so moving and I  
11          just want people to know that -- that I am, you  
12          know, with them. I -- I understand what  
13          they're going through.  
14          But one of the doctors, because we didn't know  
15          what my father had done at the A Plant -- I  
16          didn't even know what the A Plant was until I  
17          moved back to Portsmouth in 2004. He died  
18          silent. He died the good soldier that he was.  
19          He was, you know, in the Air Force and then he  
20          worked during the Cold War effort at the atomic  
21          plant in Piketon, and he never told us so the  
22          doctors assumed that this was genetic. Now one  
23          of the doctors my mother had during her  
24          treatment -- five years of treatment was  
25          concerned for her daughters, who at that time

1           were all under the age of 37, and told us that  
2           we should have our ovaries removed because they  
3           assumed it was a genetic factor. They did not  
4           -- we did not know to tell them about this  
5           exposure because we did not know about it. But  
6           my mother had washed my father's clothes for  
7           ten years. And when my little sister, who I  
8           spoke to at Christmas time, told me that her --  
9           she and her husband don't have children because  
10          it just (unintelligible) must not be in the  
11          cards for them, I didn't want to tell her that  
12          it was probably because of my father's bringing  
13          home these toxins on his clothes and exposing  
14          my mother and -- and when she was having us  
15          girls.  
16          And I just want you all to know the impact that  
17          telling people it wasn't the toxins that made  
18          them sick could have, not only on them and  
19          their -- their spouses, but the children and  
20          the future generations. If we had listened to  
21          this doctor, you know, we all could have been  
22          completely devastated. So I -- I -- you know,  
23          I -- this is what kept me up for two hours last  
24          night, and it's very painful to come forward  
25          and talk about these things and to have to

1 remember and live -- relive the deaths of  
2 parents and spouses and children and loved  
3 ones. So -- and you know -- and if there's any  
4 way this committee can -- can facilitate the  
5 reimbursement or the -- the -- the  
6 compensation, rather, for these workers and  
7 their families, this is just a small amount of  
8 money compared to the suffering that families  
9 have been through and continue to go through  
10 due to these secondary -- primary and secondary  
11 exposures, and this is generations.

12 So this is why I called back tonight, and I  
13 just thank you for letting me speak.

14 **DR. ZIEMER:** Thank you for sharing that with  
15 us, Joanie.

16 Was there another gentleman on the line who  
17 also wanted to speak?

18 **UNIDENTIFIED:** I would -- I would like (broken  
19 transmission) briefly, sir.

20 **DR. ZIEMER:** Okay. Give us your name, please.

21 **UNIDENTIFIED:** Sure, my -- my name's John  
22 (broken transmission). I worked in the (broken  
23 transmission) building (broken transmission) to  
24 1966 operating (broken transmission) man  
25 (broken transmission) 20 (broken transmission)

1           --

2           **DR. ZIEMER:** John, let me interrupt you.  
3           You're -- you're breaking up on the phone. Are  
4           you on a cell phone? We're not able to  
5           understand what you're saying. Your phone --

6           **UNIDENTIFIED:** Can you hear me?

7           **DR. ZIEMER:** -- seems to be breaking up.

8           **UNIDENTIFIED:** Sir, can you hear (broken  
9           transmission) -- sir? Can you hear me now  
10          better?

11          **DR. ZIEMER:** Well, we can hear you, but we  
12          cannot understand what you're saying very well.  
13          I wonder if you could call back in on another -  
14          - just hang up and then call back in. Maybe we  
15          can get a better line.

16          **UNIDENTIFIED:** Can you -- can you hear me, sir,  
17          now?

18          **DR. ZIEMER:** No, really not understanding.

19          **UNIDENTIFIED:** Okay. Sir?

20          **DR. ZIEMER:** Okay. Well, go ahead and -- and  
21          try it again, see if we can understand what  
22          you're saying. Your line seems to be breaking  
23          up a lot.

24          **UNIDENTIFIED:** Sir, I operated -- I -- I can  
25          tell there is a very severe echo, sir. I might

1 as well not try to comment, as severe as the  
2 echo is. I'm not on a cell phone, I'm on a  
3 land line phone, but there is a very severe  
4 echo. Can you understand me?

5 **DR. ZIEMER:** We're really having a great deal  
6 of difficulty understanding what you're saying.  
7 Do you want to hang up and try calling in  
8 again?

9 **UNIDENTIFIED:** Can you understand me any  
10 better? Sir?

11 **DR. ZIEMER:** Really having trouble  
12 understanding what you're saying.

13 **UNIDENTIFIED:** Can you understand me any  
14 better, sir?

15 **DR. ZIEMER:** I -- I can understand that phra--  
16 what you're just asking me, but as you've -- as  
17 you proceed, your voice continues to break up.

18 **UNIDENTIFIED:** I'm sorry, then. I'll back off,  
19 sir. I'll -- I'll comment some other time.  
20 Thank you.

21 **DR. ZIEMER:** Oh, okay. Thank you very much.  
22 Any -- anyone else here this evening that  
23 wishes to make com-- yes, ma'am.

24 **MS. TRUDEAU:** Yes, my name is Julie Trudeau --  
25 do you need me to spell that? T-r-u-d-e-a-u.



1           And actually I've been processing claims on  
2           behalf of my sister's surviving family. It's  
3           gone from the radiation to the chemical and  
4           we'll reopen the radiation exposure. The thing  
5           that I've been finding are the DO-- the  
6           Department of Labor's supposed to be handling  
7           this because they were finding that the people  
8           were -- were being blocked from a lot of  
9           things; blocked from records, they seemed to be  
10          inhibited from just getting their due justice  
11          and that is getting their medical needs taken  
12          care of and just -- just being compensated for  
13          -- for torment, that's the only way I know how  
14          to put it.

15          Now my sister had been there for a period of  
16          time, '92 to '97, and she was a chem tech, and  
17          you get the same generic letter from Department  
18          of Labor, and that is denied -- denied, denied.  
19          I just got one, you know, four weeks ago. Now  
20          we're having a hearing coming up, so when I  
21          talked to the investigator or whatever the --  
22          the examiner and I asked her, I said where is  
23          these specific documents, and I said who read -  
24          - who read these medical claims? Who read the  
25          medical documentation that I submitted? Who

1 read that? And she had no answer for me, so  
2 here the examiner is passing off a denied --  
3 recommended denied. It was the same thing that  
4 I got through -- you know, through the NIOSH  
5 portion of it. It's -- it's just a generic  
6 form letter.

7 And my sister's deceased now, but there's a lot  
8 of suffering people out here. And during her  
9 employment when I met -- read the medical  
10 records, and I've had a little bit of training,  
11 what I could see was reproductive disorders  
12 from beginning to end. And her mission at that  
13 time -- and she started, you know, realizing  
14 there were other women in the lab having these  
15 same miscarriages, stillbirths and  
16 endometriosis, always reproductive disorders,  
17 and eventually she developed breast cancer --  
18 which we do not have a family history. The  
19 American Cancer Society states the difference  
20 between the general population and familial  
21 genetic can-- cancer is somewhere between two  
22 up to 50 percent if you have a family history.  
23 So there's a significant factor in between.  
24 And toxins, lifestyle, radiation, those do  
25 affect cancer genetic mutations, all of that.

1           So I believe that, you know, Kathy -- my sister  
2           -- had all these problems because she worked  
3           out there as a chem tech. And one thing I'm  
4           running into is getting just Department of  
5           Energy documentation -- thank you -- Dorothy  
6           really is the person responsible for Freedom of  
7           Information Act. She gave me an estimate,  
8           after what I thought was wasting two hours -- I  
9           gave her a very specific list. My sister had a  
10          very specific chemical inventory list from  
11          1998. It was a (unintelligible) [Name  
12          Redacted] document. It was very specific, four  
13          missing pages. They wasted the two hours that  
14          I was allotted and didn't come up with  
15          anything. She gave me an estimate to find  
16          pages, as well as incident reports in the  
17          laboratory at 222-S, which is a notorious lab;  
18          half the people are dead in that lab. And she  
19          gave me an estimate about 3850 -- \$3,850 --  
20          just to get documentation that I should not  
21          have to pay a dime for because my sister's  
22          dead, and she wouldn't have been had she not  
23          been working out there.  
24          And so these hurdles that people are running  
25          into, they should have this documentation

1 provided without harassment, without delay,  
2 without standard letter forms and just, you  
3 know, given what they need. My recommendation  
4 would be to just pay off all the claims, and  
5 any other claims from this point -- 'cause I'm  
6 assuming that things have improved, that now  
7 with new calculations, start from there. Pay  
8 off all these people that have been tormented  
9 for years and start afresh with new claims and  
10 new calculations and -- and go on, because it's  
11 been going on for way too long and it's  
12 ridiculous and -- and I'm glad you guys are  
13 here. I appreciate your time, and you're the  
14 people that can do something about this. So  
15 thank you very much for your time and if you  
16 have any pull with the Department of Labor and  
17 these people scheduling my hearing, they made  
18 it a deliberate, out-of-town distance where  
19 I've got to try to get witnesses there and I  
20 can't do it. And you know, then they insist  
21 that their policy states that I cannot have it  
22 in the city of Richland where everybody works,  
23 where Hanford is, so they're making it very  
24 difficult even with scheduling of hearings and  
25 so that is also another hurdle that I've got to

1 spend a lot of time. So if you have any pull  
2 at Department of Labor, I would -- everyone  
3 would appreciate it, to stop wasting time and  
4 get this stuff done. Thank you.

5 **DR. ZIEMER:** Thank you, Julie.

6 **UNIDENTIFIED:** Sir? Sir?

7 **DR. ZIEMER:** Anyone else?

8 **UNIDENTIFIED:** Sir?

9 **DR. ZIEMER:** Yes.

10 **UNIDENTIFIED:** May I (broken transmission),  
11 sir?

12 **DR. ZIEMER:** Has he called back -- is this the  
13 same gentleman?

14 **UNIDENTIFIED:** Yes.

15 **DR. ZIEMER:** Okay, let's give it another try.  
16 It sounds like it's breaking up again, but go  
17 ahead and let's try it.

18 **UNIDENTIFIED:** (Broken transmission)

19 **DR. ZIEMER:** I think we're still having the  
20 same problem. We hear just pieces of words and  
21 we can't really understand, so --

22 **UNIDENTIFIED:** I'm sorry.

23 **DR. ZIEMER:** I'm -- I'm going to suggest that  
24 if you -- if you do have some comments that you  
25 want us to include that you could -- could mail

1           them to NIOSH, but I think it's going to be  
2           very difficult for us, for some reason, to --  
3           to hear your oral testimony tonight.

4           **UNIDENTIFIED:** I understand. Thank you.

5           **DR. ZIEMER:** Thank you. Thank you all for  
6           being here tonight.

7           **UNIDENTIFIED:** Hey, I'd like to --

8           **DR. ZIEMER:** We appreciate the input --

9           **UNIDENTIFIED:** -- I would like to speak

10          **DR. ZIEMER:** -- that you've given us.

11          **UNIDENTIFIED:** Hello?

12          **DR. ZIEMER:** Oh, is there someone else on the  
13          phone line?

14          **UNIDENTIFIED:** Yes.

15          **DR. ZIEMER:** Oh, I'm sorry.

16          **UNIDENTIFIED:** (Unintelligible)

17          **DR. ZIEMER:** Please identify yourself.

18          **MS. COLLEY:** Hi, I'm Vina Colley and (distorted  
19          transmission). I spoke yesterday (distorted  
20          transmission) --

21          **DR. ZIEMER:** Ma'am, are you on a cell phone?

22          **MS. COLLEY:** No, sir.

23          **DR. ZIEMER:** Because we're getting a lot of  
24          echoes, you're very difficult to understand.  
25          Again, it may -- the trouble may be at this

1 end, but --

2 **MS. COLLEY:** Okay, well, let me go try another  
3 phone.

4 **DR. ZIEMER:** Okay. She may just be trying  
5 another phone in her house. Anyone else here  
6 in the meantime?

7 (No responses)

8 Okay.

9 **MS. COLLEY:** Hello? Is this (unintelligible)?

10 **DR. ZIEMER:** Are you back on the line, ma'am?

11 **MS. COLLEY:** Yes.

12 **DR. ZIEMER:** Okay, go ahead, let's see if we  
13 can understand.

14 **MS. COLLEY:** Okay, my name (broken  
15 transmission) Colley.

16 **DR. ZIEMER:** Wanda? Uh-huh.

17 **MS. COLLEY:** Vina -- Vina Colley.

18 **DR. ZIEMER:** Oh, Vina, oh -- okay.

19 **MS. COLLEY:** Okay? Portsmouth/Piketon  
20 Residents for Environmental Safety and Security  
21 and I co-chair national (distorted  
22 transmission) workers for (broken  
23 transmission). I did speak yesterday, but  
24 there's (distorted transmission). I (broken  
25 transmission) located in Piketon, Ohio.

1           According to (distorted transmission) report,  
2           Piketon is (distorted transmission) to be the  
3           worst site. I'm concerned over the dose  
4           reconstruction because (distorted transmission)  
5           testified in Congress that records were  
6           falsified, destroyed, and there's no way that  
7           you can actually (distorted transmission) how  
8           much dose those workers had. Piketon is  
9           considered (distorted transmission). Even as a  
10          special (distorted transmission) site, workers  
11          are (distorted transmission) denied (distorted  
12          transmission) Energy Employees Compensation  
13          Act. If we're a special cohort site, then  
14          workers (broken transmission) be denied. I  
15          (broken transmission) at other sites being  
16          compensated. They're putting us through the  
17          same bull crap that we have to go through. In  
18          (broken transmission) one accident at Piketon  
19          (distorted transmission) pounds of uranium  
20          (distorted transmission) to the atmosphere, to  
21          the land, to the workers and the community. To  
22          this day that incident was compared to Three  
23          Mile Island and there's never been a study  
24          done. I'm not sure that when they did the dose  
25          if that was added. We had 45,000 (broken



1 transmission) uranium (broken transmission)  
2 released (broken transmission). (Distorted  
3 transmission) areas, these workers' exposures  
4 were so high they had to (distorted  
5 transmission). I'm (distorted transmission)  
6 contamination (distorted transmission) to my  
7 family because we were at the site at one time  
8 (distorted transmission) and then (distorted  
9 transmission) to work in their street clothes  
10 worked in 705 building. It was so hot and they  
11 had their street clothes on and they wore them  
12 home. Today [Redacted] can't have a child, and  
13 I think because I brought contamination home  
14 and I have to live with that. Besides being  
15 sick and fighting this (distorted transmission)  
16 for 20-some years, I have to live with the  
17 thought of contaminating [Redacted]. In 1999 -  
18 -

19 **DR. ZIEMER:** Vina?

20 **MS. COLLEY:** Yes?

21 **DR. ZIEMER:** Could I interrupt, please?

22 **MS. COLLEY:** Sure.

23 **DR. ZIEMER:** I'm going to suggest, if you  
24 wouldn't mind, could you send us your testimony  
25 in writing? We're just getting sort of like

1 every other word and having a great deal of  
2 difficulty --

3 **MS. COLLEY:** I don't have --

4 **DR. ZIEMER:** -- I think the phone lines are  
5 bad. But if you wouldn't mind, we can  
6 certainly put this on the record and distribute  
7 it to the Board. But could you -- could you  
8 send us your -- your testimony in writing.

9 **MS. COLLEY:** Well, I don't have anything wrote  
10 down (broken transmission). It's just  
11 something that I've lived with all these years  
12 and I know that workers are being denied  
13 because of this -- this criminal act of the  
14 dose reconstruction.

15 **DR. ZIEMER:** Okay.

16 **MS. COLLEY:** I never wrote anything down  
17 tonight.

18 **DR. ZIEMER:** Right. We -- I -- I've been able  
19 to track -- are you -- are you at Portsmouth?

20 **MS. COLLEY:** Yes, I (distorted transmission) --

21 **DR. ZIEMER:** Yes, I thought that --

22 **MS. COLLEY:** -- plant.

23 **DR. ZIEMER:** I -- I think we've gotten the gist  
24 of it, but not all the details. But if you --  
25 if you do want to send us those details in --

1 in writing, that -- we'd be glad to enter it in  
2 the record. I think the court reporter here's  
3 had a very difficult time trying to put -- get  
4 the words for the public record, but I  
5 understand --

6 **MS. COLLEY:** (Distorted transmission) give us a  
7 call and we can (distorted transmission)?

8 **DR. ZIEMER:** Okay.

9 **MS. COLLEY:** Will that be okay?

10 **DR. ZIEMER:** Thank you very much. Thank you,  
11 folks, for your time this evening. I do want  
12 to let you know the Board will be convening  
13 tomorrow again at 8:30, and we have the Hanford  
14 petition on the agenda tomorrow. So I hope  
15 many of you will be able to be with us at that  
16 time.

17 (Whereupon, the meeting was concluded at 9:25  
18 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 18, 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.

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

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