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2           if there's a site without the site profile done  
3           yet, is there a way to deal -- you know, and  
4           this is our only way to deal with the ambient  
5           exposure -- the subtraction of ambient exposure  
6           from a measured dose on a badge, if they did  
7           that or not -- we may want to retain it. So  
8           that's why I'm saying I think that we would  
9           like to deal with it site by site, but I'd like  
10          to make sure what -- see what I -- what that  
11          does to us bef-- you know, before I just say  
12          well, we're going to cancel it and then find  
13          out that now we don't have a way to do  
14          environmental dose for, you know, a half-dozen  
15          sites where we would --

16          **MR. GRIFFON:** But that's --

17          **MR. HINNEFELD:** -- otherwise we can do dose  
18          reconstructions. So I guess my preference is  
19          to deal with it site by site, but if we need to  
20          retain it, we can get back with specific  
21          responses to the -- some of the issues here. I  
22          think --

23          **MR. GRIFFON:** I guess that's why I -- I didn't  
24          want to --

25          **MR. HINNEFELD:** Yeah.

1           **MR. GRIFFON:** -- you know, I just wanted to  
2           make sure we weren't going to lose these  
3           findings if in fact --

4           **MR. HINNEFELD:** Right.

5           **MR. GRIFFON:** -- you ended up using this for  
6           some sites where you don't have site profiles -  
7           -

8           **MR. HINNEFELD:** Right.

9           **MR. GRIFFON:** -- or whatever, yeah.

10          **MR. HINNEFELD:** Right, we'll --

11          **MR. GRIFFON:** That was my concern.

12          **MR. HINNEFELD:** Okay, we'll come back  
13          specifically with these then if -- if in fact  
14          we have to retain this, we'll come back with  
15          some specific responses and a status report in  
16          the future. Is that acceptable?

17          **MR. GRIFFON:** Okay, we can -- yeah.

18          **MS. MUNN:** Yeah.

19          **MR. GRIFFON:** We can follow through on a status  
20          report with it.

21          TIB 6 -- I'm almost out of time, huh?

22          **DR. ZIEMER:** We're doing good.

23          **MR. GRIFFON:** Okay. This was more of a -- a --  
24          the first one is kind of a stylistic thing, I  
25          think, and low priority.

1           **DR. ZIEMER:** Low priority, right.

2           **MR. GRIFFON:** And here I think -- I think  
3           qualifications were unnecessary. I think Stu  
4           agreed that some change in language for  
5           clarifying what the procedure was saying were -  
6           - were necessary, and then NIOSH will do this.  
7           I'm not sure of the priority on this. You have  
8           any sense...

9           **DR. BEHLING:** I -- I think maybe --

10          **DR. ZIEMER:** (Unintelligible) a wording issue  
11          again?

12          **DR. BEHLING:** Yeah, it's basically something  
13          that Stu and Jim had comment on. At this point  
14          most of the people have read it. They have  
15          waded through the up-front data. They know  
16          that the real stuff is in the back of the  
17          document. Whatever, you know, time has been  
18          spent in going through unnecessary data has  
19          already been invested and at this point people  
20          know that they have to go to Table 4- -- 4.1  
21          and -- and look up the numbers and --

22          **MR. GRIFFON:** So it's probably a low priority -  
23          -

24          **DR. BEHLING:** It's a low priority.

25          **MR. GRIFFON:** -- low priority, yeah.

1           **DR. ZIEMER:** Then you've got three  
2 cancellations coming.

3           **MR. GRIFFON:** Yeah, this is what confused me  
4 last time, too. This next one is OCAS TIB 6 as  
5 opposed to ORAU TIB 6, so it's OCAS TIB 6-001  
6 is the finding.

7           **DR. ROESSLER:** Did you skip one?

8           **MR. GRIFFON:** Did I?

9           **MS. MUNN:** No, the two --

10          **DR. ROESSLER:** What happened with --

11          **MS. MUNN:** The two were the same, number one  
12 and number two.

13          **DR. ROESSLER:** Number one and number two were  
14 both the same?

15          **MS. MUNN:** Well, I mean the action is --

16          **MR. GRIFFON:** The action is both low priority -  
17 -

18          **MS. MUNN:** Recommend --

19          **MR. GRIFFON:** -- make the changes, low  
20 priority.

21                 So OCAS TIB 6, finding TIB 6-1. This is a  
22 Savannah River-specific TIB. Is that correct?  
23 Yeah. And I think they're deferred to the site  
24 profile -- making the changes in the TBD.

25          **MS. MUNN:** Uh-huh.

1           **MR. GRIFFON:** I don't -- I don't -- anyone has  
2 any problems with that?

3           **DR. ZIEMER:** Stu --

4           **MS. MUNN:** No.

5           **DR. ZIEMER:** -- comment?

6           **MR. HINNEFELD:** Well, I think the findings are  
7 that there's -- the instructions aren't  
8 particularly clear in -- in the TIB. I mean  
9 exactly what am I supposed to do as a dose  
10 reconstructor? There's a lot of -- sort of up  
11 in the air, it's not clear. So we need to  
12 decide clearly what people should do, and then  
13 whether we cancel TIB 6 or put it in the site  
14 profile, which may be a better -- is better  
15 suited to be in the site profile. But  
16 certainly there's a clarification of this.  
17 It's information that needs to be provided,  
18 either in a revised TIB 6 or in the site  
19 profile.

20           **MR. GRIFFON:** And I guess the -- the same would  
21 apply for the last one you discussed, which was  
22 --

23           **MR. HINNEFELD:** Yeah.

24           **MR. GRIFFON:** -- give us a status report, you  
25 know, if -- if TIB 6 is going to remain, then

1 we need specific ways that it's going to be  
2 modified.

3 **MR. HINNEFELD:** Okay.

4 **DR. ZIEMER:** Is now our recommendation then  
5 clarify or cancel?

6 **MR. HINNEFELD:** Sure.

7 **MR. GRIFFON:** Clarify or cancel?

8 **MR. HINNEFELD:** Is that okay?

9 **MR. GRIFFON:** Okay.

10 **MR. HINNEFELD:** Yep.

11 **MR. GRIFFON:** And that carries through for all  
12 three items, I believe.

13 **DR. ZIEMER:** Uh-huh. Okay.

14 **MR. GRIFFON:** And the last but not least --

15 **MS. MUNN:** What priority?

16 **MR. GRIFFON:** Oh, what priority?

17 **MS. MUNN:** Well, if we're being concerned with  
18 SRS now, it seems to me it's fairly high.

19 **MR. GRIFFON:** Yeah, medium to high, I would say  
20 -- I think leaning toward high since we don't  
21 want things up in the air with the site profile  
22 and a TIB at the same time, so I would lean  
23 toward having this a high priority.

24 **DR. ZIEMER:** Okay.

25 **MR. GRIFFON:** And I think in the next -- TIB 7,

1 NIOSH has agreed to -- that they'll revise and  
2 clarify it. Again, this is Savannah River, so  
3 I think it probably should be a high priority.

4 **MS. MUNN:** Uh-huh.

5 **MR. GRIFFON:** Now Stu, on this one you're  
6 saying revise and clarify, but not roll into  
7 the site profile. Did I get that correct?

8 **MR. HINNEFELD:** Well, that's -- that's how we  
9 prepared it. I think, again, we would want to  
10 have the flexibility to decide that should --  
11 should it be in the site profile and it could  
12 be -- maybe it should be there so we can get  
13 all this instruction in one place rather than  
14 having it in others, but --

15 **DR. ZIEMER:** So (unintelligible) would revise  
16 it --

17 **MR. HINNEFELD:** There is some clarification  
18 that's required --

19 **DR. ZIEMER:** Yeah.

20 **MR. HINNEFELD:** -- in the instruction that's  
21 given.

22 **DR. ZIEMER:** Right.

23 **MR. GRIFFON:** So I'll make the find-- the Board  
24 action the same as the above ones there,  
25 recommend NIOSH clarify or cancel, and make

1 changes in site TBD as necessary, you know.

2 **MR. HINNEFELD:** Fine, that's -- that's good by  
3 me.

4 **MR. GRIFFON:** Okay. And that's -- that's it,  
5 'cause the remaining findings are the internal  
6 and I think the CATI interview procedures. The  
7 only thing I would ask is at some point we have  
8 to decide when we're going to address these,  
9 probably at a workgroup level, but --

10 **DR. WADE:** I think tomorrow on the agenda we  
11 have an hour to set scheduling issues. We'll  
12 have to set some schedules for the internal and  
13 CATI reviews.

14 **DR. ZIEMER:** Now if you would like at this  
15 point, we could entertain a motion to accept  
16 these actions, as we've gone through them  
17 individually. We can --

18 **MR. ESPINOSA:** So moved.

19 **DR. ZIEMER:** -- act on them as a group. Motion  
20 to do so. Second?

21 **MR. OWENS:** Second.

22 **DR. ZIEMER:** Second. Any discussion or further  
23 clarification needed?

24 **THE COURT REPORTER:** Who made the motion?

25 **DR. ZIEMER:** Yes -- yes, Roy?



1 DR. DEHART: I would --

2 DR. ZIEMER: I'm sorry --

3 DR. WADE: Richard.

4 DR. ZIEMER: -- Rich made the motion. I  
5 believe Leon seconded. Roy DeHart, comment?

6 DR. DEHART: Yes, I would like to suggest  
7 perhaps adding to the motion that this topic be  
8 an open item on the agenda, ongoing -- in the  
9 quarterly meetings specifically. That would  
10 mean that --

11 DR. ZIEMER: And to ask --

12 DR. DEHART: -- every three months we -- any  
13 changes, modifications, et cetera be addressed  
14 in that --

15 MR. GRIFFON: In a status report, yeah.

16 MS. MUNN: That's one way to do it.

17 DR. ZIEMER: So we would simply ask that NIOSH  
18 include in their regular reporting the status  
19 of any changes on the matrix --

20 DR. WADE: And I'll put it on --

21 DR. ZIEMER: -- as an update.

22 DR. DEHART: Yes.

23 DR. ZIEMER: Is that considered a friendly  
24 amendment?

25 MS. MUNN: Yes.

1           **DR. ZIEMER:** Leon -- okay. So the motion is to  
2           accept these Board changes as we've gone  
3           through them individually, and to request that  
4           NIOSH give us a regular update on the progress  
5           of the procedural changes as they occur.  
6           All in favor, say aye?

7                           (Affirmative responses)

8           Any opposed, say no?

9                           (No responses)

10          And any abstentions?

11                          (No responses)

12          The motion carries. Thank you very much.

**SC&A CONTRACT TASK IV UPDATED PROPOSAL**

13          **DR. LEW WADE, EXECUTIVE SECRETARY**

14                         We -- we are to have a phone call from David.  
15                         Right? Is --

16          **DR. WADE:** David, are you on?

17          **MR. STAUDT:** (By telephone) Yes, I am.

18          **DR. ZIEMER:** Oh, David, okay, you're on the  
19                         line, good.

20          **DR. WADE:** Welcome.

21          **DR. ZIEMER:** We're ready for the item on SC&A  
22                         contract Task IV, the updated proposal. Let me  
23                         make sure that everybody has the -- the right  
24                         paperwork.

25          **DR. WADE:** Yeah, I didn't -- I don't think it's

1 in the book.

2 **DR. ZIEMER:** No, it's not -- it's not in the  
3 book.

4 **DR. WADE:** It was e-mailed to you a week or so  
5 ago and it was on your place earlier today.

6 **DR. ZIEMER:** There's a -- there's a letter from  
7 SC&A dated September 16th. Is that the correct  
8 date? Yes.

9 **MS. MUNN:** Uh-huh.

10 **DR. WADE:** Yes.

11 **DR. ZIEMER:** Which has the proposed work, which  
12 includes basic reviews for 40 cases, advanced  
13 reviews for 20 cases, blind dose  
14 reconstructions for two cases; delivery --  
15 preparation and delivery of a report for each  
16 set of Board-assigned cases; participation in  
17 expanded review cycle; and final audit report  
18 reflects the findings of the resolution  
19 process, et cetera. Does everybody have that  
20 document?

21 **DR. WADE:** No, if I can talk about that --

22 **MR. GRIFFON:** Okay.

23 **DR. WADE:** -- by way of introduction?

24 **DR. ZIEMER:** Yeah, there is -- there is --  
25 there was sent to the Board a separate cost

1 sheet.

2 **MS. MUNN:** Yes.

3 **DR. WADE:** Let me explain --

4 **MR. GIBSON:** (Off microphone) It's in the back  
5 of this (unintelligible), too.

6 **DR. WADE:** But it's public information. That  
7 cost sheet is public information. It doesn't  
8 include the labor, and so let me sort of  
9 explain.

10 If you recall, at the last meeting SC&A brought  
11 proposals for the continuation into this  
12 current year of all tasks. You voted to  
13 approve and give the contracting officer the  
14 go-ahead on all of those tasks except for Task  
15 IV. There was some confusion as to SC&A not  
16 rigidly adhering to the basic and advanced  
17 reviews, and you asked SC&A to come back with a  
18 proposal that was more consistent with the way  
19 they carried out the task in previous years,  
20 and they have done that.

21 What I have done is I've talked to the  
22 contracting officer and, in order to keep these  
23 meetings opened, I asked if there was a way we  
24 could prepare these packages that would allow  
25 for open discussion. And he agreed to pursue

1           that and the package you have now can be  
2           involved in open discussion.

3           The business confidential information, which is  
4           really the labor rate information, you have in  
5           your possession. It was what SC&A used in  
6           their last proposals. It's just been expunged  
7           from this. So you see hours here. You'd have  
8           to --

9           **DR. ZIEMER:** But not the rate.

10          **DR. WADE:** -- do the multiplication with rates  
11          to get to the total cost, which is also shown  
12          here. I would ask your indulgence in this. I  
13          think it's best for us to conduct our business  
14          in the open, and I think if this is suitable we  
15          would pursue this, you know, in the future.  
16          You will have all of the information privately  
17          available to you, but what we give out and  
18          discuss in public I think would best be this  
19          kind of information.

20          I did this because in no discussion with the  
21          contractor did we ever discuss the business  
22          confidential information, and yet we made the  
23          nice public go outside. And I don't think that  
24          serves the transparency of what we're trying to  
25          do.

1           So you've got a full proposal. John Mauro is  
2           prepared to walk you through how he has  
3           followed your instructions to the T. What I  
4           would like is a vote at the end of this giving  
5           the contracting officer the go-ahead to make  
6           this real in terms of starting on their Task IV  
7           work this fiscal year.

8           **DR. ZIEMER:** And before John addresses us,  
9           David, do you have any preliminary comments or  
10          instructions for us, as well?

11          **MR. STAUDT:** No, I think Dr. Wade covered  
12          those.

13          **DR. ZIEMER:** Then we can proceed, and we'll ask  
14          John Mauro to come then and summarize the  
15          proposal and make any appropriate comments.  
16          John?

17          **DR. MAURO:** Well, this proposal of work is  
18          virtually identical to our original proposal of  
19          work for the first set of 62, except now it  
20          includes a little bit more descriptive material  
21          related to the case tracking and closeout  
22          process. That is, as you know, over the past  
23          year working closely with Mark we have come up  
24          with checklists, scorecard, closeout process,  
25          which has brought us to the point where now not

1           only do we deliver reports -- audit reports for  
2           each of these cases as you have been seeing  
3           them, these very thick reports that you've all  
4           been seeing, but they also contain in the front  
5           for each case a scorecard. And then it also  
6           includes a roll-up of those scorecards, so it  
7           becomes like a -- a continually-tracking  
8           system, all of which is very highly -- very  
9           rigorous. That is, every -- the numbering  
10          system used in each audit report tracks back to  
11          the checklist, which tracks back to the -- the  
12          tracking system, so it becomes something that's  
13          very, very traceable as to where the -- you  
14          know, where does each issue lie, what category  
15          it lies in, and also we're being -- we're in a  
16          position now to sort on -- in a very -- in any  
17          way you would like. That is, effectively,  
18          whether we run -- we could run all this in --  
19          through our access database, so the day will  
20          come when we will anticipate that the Board may  
21          -- may like us to prepare various reports that  
22          sort of summarize where we are and our  
23          findings, cutting across by cancer type,  
24          cutting across facility or any one of the other  
25          fields that are currently in the checklist. So

1           where -- all of that now is sort of behind us  
2           as a result of year number -- the first year of  
3           work.

4           So that's -- so now, in effect, we have a very  
5           mature process. And we basically have proposed  
6           to continue that process exactly the way we did  
7           it before, of course be-- but being a little  
8           bit -- in a better position to provide you with  
9           summary level information.

10          We have made the modification in here that, as  
11          the previous one, we're assuming that there  
12          will be advanced reviews, that the Board will  
13          identify those cases to us that you would have  
14          us do an advanced review -- so that's the  
15          difference between the previous version of this  
16          proposal that you had earlier and this version.  
17          We also have included -- another change beside  
18          including that, along with this budget, we also  
19          made certain assumptions regarding how much  
20          other direct costs we may encounter in doing an  
21          advanced review. We assumed some fraction of  
22          those 20 cases that would be advanced reviews  
23          would actually require a bit of travel,  
24          interviewing people, and we made certain  
25          assumptions, all of which are delineated in the



1 cost proposal.

2 So I guess it's -- it's -- it's just continuing

3 to do what we've done before. We will continue

4 to hold those special conference calls, as you

5 know, between -- we've been (unintelligible)

6 Kathy and Hans and individual members to go

7 over your cases. It's all part of the process.

8 So this whole write-up really memorializes the

9 -- the process we have been using and -- and

10 have grown into over the past year. And I

11 think that -- I was hoping to capture it to

12 everyone's satisfaction. I believe it does.

13 Certainly if there's anything I may have missed

14 or anything that requires clarification, I'd be

15 happy to make the necessary changes.

16 By the way of cost, in effect what we've done

17 is we have now the -- a lot of things have hap-

18 - transpired. The -- the original -- the costs

19 themselves of -- per case, so to speak, has --

20 there are things that have happened where we've

21 gained a lot of experience. We've done a lot

22 of -- for example, all of these checklists.

23 All that's -- we don't have to do that again,

24 so we're going to save some money there. Also

25 we're a lot better at doing it, so we're

1           probably a lot more efficient. But we -- so  
2           those are things that are going to help reduce  
3           the number of work hours per case.  
4           By the way, we act-- our actuals from last year  
5           turned out to be about 100 work hours per case.  
6           Okay? Now -- to do the full -- full-blown  
7           audit, right to the end audit, you know, after  
8           the whole cycle's over. We -- now -- but we --  
9           first reaction is well, that's going to come  
10          down. Okay? So there -- because of the  
11          efficiencies of having all this experience  
12          behind us, having these checklists in place.  
13          However, conversely, as you know, we are -- we  
14          are, in theory, going to move into realistic  
15          cases. Which means doing a lot more -- in  
16          other words, the min/max -- the amount of  
17          min/max that we're going to be doing, which can  
18          be done relatively quickly, we're going to be  
19          shifting into ex-- seeing cases that are going  
20          to be what we call more realistic cases where  
21          we actually have to go into the de-- do  
22          detailed IMBA runs to check the numbers, for  
23          example, as opposed to simply running  
24          calculations. So that part is going to result  
25          in some increase in cost. So what hap-- and --

1 and then of course there is this additional  
2 cost that we've included in here for doing  
3 advanced reviews, which would include perhaps  
4 some travel and some -- so the bottom line is  
5 that instead of 100 work hours per case,  
6 effectively we're coming down to about 88 work  
7 hours per case. And that's how this -- this  
8 story ends, so to speak. The cost -- the other  
9 direct costs associated with every-- everything  
10 that goes with putting these reports out.

11 **DR. ZIEMER:** Thank you very much, John, and you  
12 do indeed have -- you've memorialized in a way  
13 the six-step process, so it's -- it's here in  
14 black and white so everybody can see it, and  
15 it's a process that really developed over time  
16 as we got -- gained experience.

17 Now let's open the floor for questions or  
18 comments the Board members have on -- again,  
19 this is Task IV for the year ahead. Wanda  
20 Munn.

21 **MS. MUNN:** I just have a comment, no question.  
22 I want to thank John and his team for those  
23 enormous volumes that he sends me, even though  
24 I -- I cringe when I open them. They are --  
25 they are indeed presented in a very helpful

1           manner. And it's been much, much simpler to be  
2           able to identify, in my mind, what we've done  
3           and what the findings have been because they  
4           were so well presented. Thank you.

5           **DR. ZIEMER:** Thank you. Other comments?

6           **DR. WADE:** I might have two, if I might. I  
7           mean John mentioned that in his costing he  
8           built in the -- a likelihood that he'll be  
9           looking at more best-estimate dose  
10          reconstructions. That -- that's partially  
11          controlled by the Board as we go through and do  
12          our assignments, so I would ask that you keep  
13          that in mind. I think that's important.  
14          I also think at some point -- not at this  
15          meeting -- but I'd like to get it on the record  
16          that it would be worth also collectively  
17          looking and making an evaluation as to what  
18          good has come of the first year of individual  
19          dose reconstruction reviews. We've spent a lot  
20          of the taxpayers' money. I think it's  
21          incumbent upon us to say in retrospect, at some  
22          point, has it been worth the trip. And I would  
23          ask you to consider that as you -- as you do  
24          follow-up on -- on this task.

25          **DR. ZIEMER:** Indeed it might be a value to have

1 a summary report even to the Secretary to kind  
2 of summarize the experience after we finish a  
3 certain number of those.

4 **DR. WADE:** Right, we're not quite there yet,  
5 but we're getting --

6 **DR. ZIEMER:** John.

7 **DR. MAURO:** Yes, within the scope of this work  
8 is to prepare such reports, as requested by the  
9 Board, in any form that you would like. We're  
10 in a posi-- because we put the system into a  
11 database management form, that's relatively  
12 easy to do, and sort on any of the fields that  
13 you folks have created.

14 **DR. ZIEMER:** Right. Thank you. Other comments  
15 or questions?

16 **DR. ROESSLER:** I have a question.

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

18 **DR. ROESSLER:** Perhaps I'm not up to date, but  
19 very early on we talked about whether our  
20 contractor would be able to interact directly  
21 with claimants, and apparently that is a part  
22 of this advanced dose reconstruction review.  
23 And I notice it said in here if the claimant or  
24 representative is -- is willing -- so  
25 apparently we've gotten past that point and

1           this is now a part of what they are going to be  
2           able to do?

3           **DR. ZIEMER:** Well, the mechanics of doing that  
4           and the -- whatever legal issues are involved,  
5           I -- I think probably have to be addressed on  
6           an individual basis. But maybe -- I don't know  
7           if staff can help us on that or not -- or  
8           general counsel. This -- I think in -- in the  
9           -- the proposal they are allowing for time to  
10          do that. I don't think this guarantees that  
11          they actually can do that, unless so instructed  
12          and if certain -- whatever legal hurdles may be  
13          there, but I -- as I understand it, you're at  
14          least allowing for that possibility in terms of  
15          estimating time and cost to your staff. Is  
16          that not correct?

17          **DR. MAURO:** That's correct. The way we've  
18          worded it is we've -- we've included some  
19          budget, delineated how much budget, both out of  
20          pockets and work hours, in our cost -- report.  
21          How-- also we also point out that any travel,  
22          any meetings with --whether it's folks from  
23          DOE, whether it's claimants, whether it --  
24          whatever -- whatever -- wherever the thread  
25          takes us on an advanced review, all of that

1 would be coordinated through the Board and  
2 through NIOSH. So we will not be taking any  
3 unilateral action or any -- any type of  
4 reaching out, so to speak, without coordinating  
5 very closely with all of you.

6 **DR. ZIEMER:** And that probably -- and Liz, do  
7 you have some comments? Clearly there will be  
8 some issues on -- with claimants, as far as our  
9 contacting them.

10 **MS. HOMOKI-TITUS:** Right.

11 **DR. ZIEMER:** 'Cause these are --

12 **MS. HOMOKI-TITUS:** We'll --

13 **DR. ZIEMER:** -- these are closed cases,  
14 remember.

15 **MS. HOMOKI-TITUS:** Right, these are closed  
16 cases, so the rules haven't changed. They  
17 would not be able to contact claimants,  
18 although they're still able to contact site  
19 experts, I believe, that you all have been  
20 talking to, and go up and see workers, that  
21 kind of stuff.

22 **DR. ZIEMER:** Right. So these are not -- these  
23 are not the claimants themselves. These are --  
24 let's see how the wording is here.

25 **DR. ROESSLER:** It says claimant or claimant

1 representative.

2 **DR. ZIEMER:** I think we had a ruling early on  
3 on that that probably would not be able to  
4 contact claimants directly, but perhaps would  
5 be able to contact individuals -- and -- and  
6 this would not necessarily be individuals who  
7 would even necessarily know that claimant. You  
8 couldn't identify to the individual who the  
9 claimant was, I don't believe. Is that  
10 correct?

11 **UNIDENTIFIED:** (Off microphone) Yes.

12 **DR. ZIEMER:** But if you knew a claimant worked  
13 at Y-12, and there was some issue about the  
14 workplace and you knew someone who worked in  
15 that workplace that could shed light on some  
16 condition --

17 **DR. WADE:** Like with Bethlehem Steel and Ed --

18 **DR. ZIEMER:** Or wherever it may be.

19 **DR. WADE:** -- Ed Walker.

20 **DR. ZIEMER:** I do have a recollection that we  
21 had information from counsel early on that  
22 contacting of claimants whose cases are closed  
23 probably would not be permitted in any event.

24 **MR. GRIFFON:** I think we did reword our task to  
25 say site experts rather than --



1           **MS. MUNN:** Yeah.

2           **DR. ZIEMER:** Yeah, so if -- if claimant appear-  
3           - I'm looking for the words here. What page  
4           are we on?

5           **DR. ROESSLER:** Page five.

6           **DR. MAURO:** I don't want to say anything right  
7           now till I see the exact language I used.

8           **MR. GRIFFON:** Page five?

9           **DR. WADE:** Page five.

10          **DR. ZIEMER:** Page five, paragraph --

11          **DR. ROESSLER:** The first paragraph --

12          **DR. ZIEMER:** -- one.

13          **DR. ROESSLER:** -- sixth -- fifth line down.

14          **MR. GRIFFON:** Supplemental claimant interviews.

15          **DR. ROESSLER:** Well, that whole paragraph kind  
16          of talks about it.

17          **MS. HOMOKI-TITUS:** Right, they wouldn't be able  
18          to go back and interview -- do these  
19          supplemental claimant interviews, so I don't  
20          know if you want to say perhaps supplemental  
21          interviews or site expert interviews, however  
22          you made that correction in your last one.

23          **DR. ZIEMER:** Yeah, perhaps the terminology  
24          dealing with supplemental claimant interviews  
25          may have to be actually deleted as part of this

1 task. And I think if -- in taking action here,  
2 we would understand that within the legal  
3 boundaries of what would be permitted, but it's  
4 more likely that it would be meetings with site  
5 personnel or requests for additional  
6 information.

7 **MR. GRIFFON:** Right.

8 **DR. ZIEMER:** That would not require a  
9 claimant's approval itself, since it would  
10 simply be a site expert.

11 **DR. WADE:** So where it says --

12 **DR. ZIEMER:** And claimant's representatives  
13 probably would be off-bounds, too. This would  
14 --

15 **DR. WADE:** Right.

16 **DR. ZIEMER:** -- be --

17 **MR. GRIFFON:** Yeah.

18 **DR. ZIEMER:** -- survivors and others.

19 **DR. WADE:** So I would propose we change that  
20 sentence -- if authorized by the Advisory  
21 Board, advanced and blind dose reconstructions  
22 may require meetings with site personnel and  
23 requests for additional information, period.  
24 And then strike the rest of that sentence,  
25 including the parenthetical, and that's what

1 we'll have in front of us.

2 **MS. MUNN:** I would agree.

3 **DR. ZIEMER:** Well, I think site personnel  
4 implies perhaps site experts. That would be  
5 the intent, John, would it not?

6 **MR. GRIFFON:** (Unintelligible), I would guess.  
7 Right?

8 **DR. MAURO:** Yeah, we have been loosely using  
9 site repres-- you know, interviewing  
10 individuals that worked at a site would be --  
11 you could refer to them as a site expert or  
12 site personnel.

13 **DR. ZIEMER:** It's sort of a generic term.

14 **MR. GRIFFON:** It's generic.

15 **DR. ZIEMER:** Thank you. So it's understood  
16 that we're not -- when -- this Board is not  
17 approving contacting claimants by -- in this  
18 tasking. Yes.

19 **MS. HOMOKI-TITUS:** Just to further clarify that  
20 the next sentence, you may want to change it,  
21 too -- this level of estimate, et cetera, et  
22 cetera, associated with travel and meetings  
23 with claimants, claimant representatives -- to  
24 whatever you're calling them, site personnel or  
25 site experts.

1           **MR. GRIFFON:** Yeah, meetings with site  
2           personnel I think --

3           **DR. WADE:** Right, we would change it --

4           **DR. ZIEMER:** Instead of meetings with claimants  
5           and claimant representatives, it would be  
6           travel and meetings with site personnel. John,  
7           does that sound appropriate to you, as well?

8           **DR. MAURO:** Absolutely, I -- sure.

9           **DR. ZIEMER:** The -- the previous sentence  
10          dealing with coworkers, I think we need to  
11          understand that is coworkers in a fairly  
12          generic sense -- might be people who worked on  
13          the site in a similar job, but they wouldn't  
14          necessarily be people who even knew this  
15          person. And in any event, you could not reveal  
16          to them, you know, we're looking into John  
17          Doe's dose reconstruction. It would be someone  
18          you identify on the site. I just want to make  
19          sure we understand when we say coworkers that  
20          we're not trying to find people who knew this  
21          person and can -- or maybe that was your  
22          intent, but I think that --

23          **DR. MAURO:** No, I understand what you're  
24          saying. The language, though, right now is --  
25          is -- doesn't explicitly make that clear. In

1 other words, what we're really saying is job  
2 cat-- had -- perhaps had similar job categories  
3 or where we could get more information about  
4 people who worked on those types of jobs.  
5 You're right, the way it is right now, a  
6 coworker -- in (unintelligible) definition --  
7 could include someone that may have worked  
8 right next to him.

9 **DR. ZIEMER:** Well, it might indeed do that, but  
10 you could not reveal to that person who you are  
11 looking at. I mean if -- if you somehow  
12 learned that there was a person that did work  
13 by this --

14 **MR. GRIFFON:** I guess --

15 **DR. ZIEMER:** -- I'm not sure that would be  
16 excluded.

17 **MR. GRIFFON:** I guess part of the -- part of --

18 **DR. ZIEMER:** If you learned that John Doe  
19 worked next to Sam Doe or --

20 **MR. GRIFFON:** Part of -- part of where this  
21 comes up, I think, is that in the CATI  
22 interviews sometimes they -- they indicate  
23 people they've worked with, coworkers --

24 **DR. ZIEMER:** Yeah --

25 **MR. GRIFFON:** -- and --

1           **DR. ZIEMER:** -- yeah, we're talking generically  
2 coworkers which would be people of similar job  
3 types and --

4           **MR. GRIFFON:** No, no, no, but that -- that's  
5 talking specifically. That's what I'm saying.  
6 In the CATI interview, they --

7           **DR. ZIEMER:** Right, I understand.

8           **DR. BEHLING:** I think the genesis of this whole  
9 thing, and I think this is where we made the  
10 mistake that is now being corrected, we  
11 responded to -- in fact, in the third set of  
12 audits that you're about to review for us and  
13 we'll talk about next week when we contact you,  
14 we made certain points in our audits, and I  
15 think the issue of contacting the claimant were  
16 -- was -- was an issue that came out of our  
17 audits where we realized there were  
18 discrepancies between what was reported in the  
19 CATI interview and what the dose reconstructor  
20 chose to do. And of course the extension of  
21 that are issues that involve coworker data  
22 where we again identify coworkers in the CATI  
23 report and we were under the naive assumption  
24 that perhaps we would be in a position to  
25 contact them to verify certain statements made

1 by the claimant himself, or his heirs, et  
2 cetera. And now of course now Liz tells us  
3 that's obviously off the table and we have to  
4 amend our approach to doing --

5 **DR. ZIEMER:** Well, let me --

6 **DR. BEHLING:** -- those claimant interviews.

7 **DR. ZIEMER:** -- suggest something, though.

8 Suppose this individual says during a certain  
9 time period I worked in a certain building and  
10 this event occurred. It seems to me that if  
11 one could identify another person who worked in  
12 that building at that time period that could  
13 act to verify that, I'm -- I'm -- let me throw  
14 this on the floor and you can react to it --  
15 not necessarily a friend or even a person named  
16 by this individual, but that generically is a  
17 coworker that might be contacted to verify  
18 something. Is that legal? As long as there's  
19 not a linkage made to the claimant, a person  
20 who --

21 **MS. HOMOKI-TITUS:** That's the legal part of it  
22 is there can't be a linkage to the claimant and  
23 they have to protect the claimant's privacy.  
24 They have to --

25 **DR. ZIEMER:** Right.

1           **MS. HOMOKI-TITUS:** -- protect the coworker's  
2           privacy. I guess the other part of your  
3           question really goes to the program, as to what  
4           is the extent of SC&A's job.

5           **DR. ZIEMER:** Yeah. And -- and that -- that  
6           issue is -- is what -- on doing the blind dose  
7           reconstruction, do you actually go to the site  
8           to gather information.

9           **MR. GRIFFON:** Not only blind, advanced. I  
10          think we've been through this scope  
11          (unintelligible) --

12          **DR. ZIEMER:** (Unintelligible) advanced.

13          **MR. GRIFFON:** That's an old issue, I think.

14          **DR. MAURO:** One of the I guess defenses against  
15          moving in a direction that might be  
16          inappropriate is that we are not going to take  
17          any unilateral action by any means of -- of  
18          reaching out, whether it's a DOE  
19          representative, a -- a site expert or some --  
20          or a person that may have worked at a site at a  
21          certain period of time at a certain facility,  
22          without -- you know, that's made very clear in  
23          here -- speaking to you. I -- I believe that  
24          there is this -- there is this boundary, and we  
25          recognize this now as a result of this



1 conversation -- very clear to me that there's a  
2 very clear boundary that we cannot cross over.  
3 The degree to which we will need to work these  
4 lan-- this language into this is really -- I'm  
5 -- I'm not sure. I mean I understand the point  
6 that's being made here. I think we've  
7 certainly crossed out the offending language  
8 for sure. Right now we still --

9 **DR. ZIEMER:** We may have to have some  
10 definition on what -- what it means by coworker  
11 in this case, that there can't be a direct  
12 linkage to an individual claimant. You're  
13 talking about gathering information -- which  
14 might even be done by a phone call --

15 **DR. MAURO:** Uh-huh.

16 **DR. ZIEMER:** -- or something like that. I mean  
17 the question of do you have to go to the site  
18 to pursue this...

19 **DR. WADE:** I think we understand the intent of  
20 the Board's discussion. I'll work with program  
21 and counsel to see that the words here, that we  
22 ask you to include in your proposal, are the  
23 correct words.

24 **DR. ZIEMER:** Okay. Thank you, Gen, for raising  
25 that issue. It's very important in the --

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

2           **DR. ZIEMER:** Are there other items in here  
3 anyone wishes to address? Other questions or  
4 concerns in the scope?

5           Basically -- do we need to approve both the  
6 scope and the cost value? Are -- are they --

7           **DR. WADE:** Yes.

8           **DR. ZIEMER:** And we -- we might in fact do this  
9 in two separate actions, or it could be in the  
10 same action.

11          **DR. WADE:** I think it could be in the same  
12 action.

13          **DR. ZIEMER:** But I mean the Board could say we  
14 like the scope and we'd like you to do it for  
15 half this price, too, see. Okay, Wanda Munn.

16          **MS. MUNN:** I'd like to move that we accept the  
17 scope and cost as presented in the letter of  
18 September 16th to us.

19          **DR. ZIEMER:** With the modifications as  
20 identified on --

21          **MS. MUNN:** With the modifications that we have  
22 discussed to be provided by Dr. Wade.

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

24          **MR. GIBSON:** Second.

25          **DR. ZIEMER:** That includes the cost, Wanda?

1           **DR. WADE:** Yes.

2           **MS. MUNN:** Yes.

3           **DR. ZIEMER:** It includes both the scope and the  
4 cost.

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

6           **DR. ZIEMER:** And it's been seconded by Mike.  
7 Before we vote on this, David, if you're still  
8 with the discussion, do you have anything to  
9 add for us or comments to make?

10          **MR. STAUDT:** No, I think we're okay.

11          **DR. ZIEMER:** Okay. Are you ready then to vote?

12          **MS. MUNN:** Yes.

13          **DR. ZIEMER:** Okay. All in favor of the motion  
14 to approve the scope as modified, and the cost  
15 of this Task IV proposal, please say aye.

16                               (Affirmative responses)

17          And those opposed, no?

18                               (No responses)

19          And any abstentions?

20                               (No responses)

21          It is so ordered. It is now time for our next  
22 half-hour break. It will be 20 minutes long.

23          **DR. WADE:** Thank you, David.

24          **DR. ZIEMER:** Thank you very much, David.

25          (Whereupon, a recess was taken from 3:10 p.m.)

1 to 3:35 p.m.)

2 **DR. ZIEMER:** All right, Board members, if  
3 you'll return to your seats we'll get underway  
4 again.

5 I want to make a comment before we begin the  
6 next presentation. This comment deals with the  
7 action that we just took on the SC&A task and  
8 contract. It was pointed out that the SC&A  
9 task mentions that Dr. Mauro and Mr. Fitzgerald  
10 would be involved in interacting with the case  
11 managers and so on, but it also pointed out  
12 that there is no time assigned in the task for  
13 Mr. Fitzgerald. In fact, in the attachment it  
14 shows Salient, which is Mr. Fitzgerald, as zero  
15 hours. I have talked with John Mauro about  
16 this and he assured me that Joe's time isn't  
17 free -- well, he really didn't say that. What  
18 he did say is that the -- the total cost will  
19 go unchanged, and Joe's time would be either  
20 assigned to the management task, which is  
21 separate, or it would be covered by John's part  
22 of the task, or some appropriate person. The  
23 actual time that Joe would be involved with  
24 this part of their activity is actually very  
25 small, in any event. But they may, as they

1           revise this and working with Lew, make a very  
2           minor adjustment in those hours, if needed; but  
3           the total cost would remain the same. I want  
4           to make sure everybody understands that. So  
5           unless -- without objection, if necessary, a  
6           minor modification might be made in showing a  
7           few hours, whatever it is, for Salient for the  
8           management part, if necessary.

**PROGRAM UPDATES**

**NIOSH, MR. LARRY ELLIOTT**

9           Okay, with -- with that, we're -- we'll move to  
10          the program updates, and we haven't had an  
11          official update for a bit, so we're glad to  
12          have one, Larry. And we had part of an update  
13          earlier when we heard about where we were on  
14          Bethlehem, and actually many of our Board  
15          members were surprised -- pleasantly surprised  
16          by where we were on Bethlehem Steel dose  
17          reconstructions in terms of both the numbers  
18          completed and the percent that were, in a  
19          sense, successful from the claimants' point of  
20          view. But now we're pleased to have a more  
21          complete report on the overall program, so  
22          welcome back to the podium.

23          **MR. ELLIOTT:** Okay. Well, thank you, Dr.  
24          Ziemer, and good afternoon, ladies and  
25

1 gentlemen of the Board and members of the  
2 public.

3 Let me just start off with that Bethlehem Steel  
4 statistics that I commented on earlier. I want  
5 to correct what I said there. These numbers  
6 are a snapshot in time, and they change. And I  
7 think this morning I said 94 percent of the  
8 Bethlehem Steel cases have been completed.  
9 Actually I have learned this afternoon that as  
10 of today it's 88 percent. We had another  
11 influx of cases from DOL, so the number  
12 changed.

13 **DR. ZIEMER:** It's gone down --

14 **MR. ELLIOTT:** It's gone down.

15 **DR. ZIEMER:** -- but only because more cases  
16 have come in.

17 **MR. ELLIOTT:** People hear that we are -- that  
18 dose reconstruction is working and people are  
19 getting compensated, I guess, so they submit  
20 their claims. And I said this morning 45  
21 percent of those completed dose reconstructed  
22 cases were found to be compensable by DOL.  
23 Actually that number has dropped by one  
24 percentage point, as well. It's now 44 percent  
25 today. We'll have the complete numbers, Dr.

1 DeHart -- and I believe you have asked for a  
2 complete set of statistics -- in case you want  
3 to develop a response letter to the -- to the  
4 New York delegation who submitted letters to  
5 the Board, and so we'll have that information  
6 ready for you.

7 Let me go ahead with this presentation on the  
8 program, and I'm so pleased to be able to do  
9 this. We've changed the face of this report  
10 for you a little bit. We're going to start off  
11 with something we usually ended with in the  
12 past, which was our accomplishments, and catch  
13 you up now to date on what we have  
14 accomplished.

15 As was mentioned earlier in the meeting, we  
16 have finished over 10,000 dose reconstructions  
17 to date. All of the numbers that I'm going to  
18 present to you in this presentation are as of  
19 October 5th. And so here again, we're -- these  
20 are a snapshot in time and they would have been  
21 different had I put these numbers together  
22 today. 10,679 draft dose reconstruction  
23 reports have been sent to claimants, and a  
24 total of 10,121 final dose reconstruction  
25 reports have been sent to DOL. The difference

1           between these two numbers are those draft  
2           reports that are in the hands of the claimants  
3           and we're waiting for them to sign their OCAS-1  
4           form and send it back so that we can move it on  
5           to the Department of Labor.  
6           There have been 1,352 claims that have been  
7           affected by Special Exposure Cohort class  
8           additions, and those claims have been sent to  
9           the Department of Labor. As you see depicted  
10          in this slide, 116 cases -- claims have been  
11          sent to DOL regarding Mallinckrodt early years,  
12          506 cases for the Iowa Army Ammunition Plant,  
13          728 cases have been returned to DOL regarding  
14          the early years of work under Calutron  
15          operation at Y-12, and two cases on the Iowa  
16          Army Ammunition Plant radiographers' class.  
17          Department of Labor is busy evaluating each one  
18          of these claims for their eligibility to fit  
19          into the class and determine compensation, and  
20          then each of these classes -- there is special  
21          designation on what happens if the claim is  
22          presented without one of the 22 cancers, or  
23          enough time in the class. And in some  
24          instances they may be returned to us for dose  
25          reconstruction; in some instances they may not,



1 and there may not be any remedy at that point.  
2 There have been 3,877 final dose reconstruction  
3 reports sent back to DOL out of the first  
4 5,000. We're talking here about our attempt to  
5 finish off the oldest cases, the 5,000 one --  
6 we assign a tracking number, as you know, to  
7 each case, so case one, that was the first one  
8 sent to us, up to 5,000 we're monitoring very  
9 closely what it takes to finish those cases.  
10 As you see here, there are 60 -- and I would  
11 caution you that these numbers are not going to  
12 add up to the remainder of 5,000 minus 3,877,  
13 and that is because there have been some  
14 reworks, some going back and forth.  
15 But 69 claims below the number 5,000 have draft  
16 dose reconstruction reports in the hands of the  
17 claimant -- we're waiting on those to be  
18 returned to us with the OCAS-1.  
19 484 of the claims below 5,000 have been pulled  
20 by the Department of Labor -- this means that  
21 they have retrieved them from us for a specific  
22 reason. Again, that reason varies. It may be  
23 a claim that was inappropriately sent to us by  
24 DOL. It may be due to new information that  
25 they're developing on the claim that we need

1           before we pursue dose reconstruction. And  
2           unfortunately, in a small handful of cases it  
3           may mean that there -- the claimant is deceased  
4           and there are no other survivors, and I think  
5           that's the most unforgiving and embarrassing  
6           point, to me. I -- I want to make sure that we  
7           work these hard so that we don't have any more  
8           than, you know, the handful that we already  
9           have where we lose the opportunity to get a  
10          claimant a decision. But the majority of these  
11          pulled cases are due to other reasons than --  
12          than the claimant becoming deceased.  
13          Forty-three claims before 5,000 have been  
14          administratively closed. What that means is --  
15          and I'll show a slide later on how many total  
16          claims have been administratively closed. We -  
17          - we close a claim when we don't get the OCAS-1  
18          form back. Our rule says we have 60 days to  
19          await that decision by the claimant. We grant  
20          them some grace time. We take up to a total of  
21          74 days waiting, and if we don't hear from them  
22          then, then we administratively close the case.  
23          We can reopen it at any point in time that the  
24          claimant wants us to reopen it if they'll send  
25          us the OCAS-1 or they provide us new

1 information that should be used, in their mind,  
2 in the dose reconstruction.

3 Ninety-three claims have been pended. Pended  
4 means we've -- we put a status hold on the --  
5 on work on a case for some particular reason.  
6 There's either a technical reason that we can't  
7 proceed with the dose reconstruction, or  
8 there's information that Department of Labor is  
9 developing about the case that we need before  
10 we continue our dose reconstruction effort. So  
11 pended has a variety of meaning, as well, for -  
12 - for these 93 cases.

13 461 claims are active with no dose rec-- draft  
14 dose reconstruction to the claimant. So we are  
15 working on what it takes to finish up the  
16 remainder -- these 461, plus when we see the 93  
17 come to us when whatever issue revolves around  
18 those -- when we get that satisfied, we'll move  
19 those forward.

20 We are going -- in the next three or four weeks  
21 here we'll be working up a critical path plan,  
22 a plan that will identify a work structure, the  
23 activities and what is the critical path  
24 through those activities that needs to be  
25 understood and resolved in order to finish

1           these cases. And so that will be forthcoming  
2           very shortly.

3           We've had 13 requests to -- from individuals to  
4           add a class to the Special Exposure Cohort that  
5           -- these 13 have been qualified. Eight  
6           petition evaluation reports have been completed  
7           and sent to the Board for your evaluation.  
8           They cover a total of 11 petitions. Three  
9           petition evaluation reports are in the process  
10          of being completed. Those include, as you've  
11          talked about today and yesterday, Y-12 and  
12          Rocky Flats, also the Ames University -- Ames,  
13          Iowa University class.

14          We have six current requests to add a class to  
15          the SEC that are going through the  
16          qualification process. If you read our rule on  
17          Special Exposure Cohort, a petition has to  
18          qualify. It has to meet the basis for  
19          qualification that's spelled out in that  
20          regulation, and that's what these six are  
21          undergoing right now.

22          We've had 20 requests for addition to the  
23          Special Exposure Cohort that have been  
24          administratively closed because they -- they  
25          were -- they did not meet the qualification

1 basis, the petition -- the basis for a petition  
2 as specified by the rule.

3 As I've reported before, we are -- in OCAS and  
4 in NIOSH we are busily looking to identify  
5 cases where we cannot do dose reconstruction.  
6 This is accounted for under our dose  
7 reconstruction rule at Section 82.12, and once  
8 we identify a case like that we move it into  
9 and we handle it under our SEC rule under  
10 Section 83.14.

11 I've got to modify this slide a little bit.  
12 There are actually two cases we've identified  
13 to date, and they're both on your agenda for  
14 tomorrow. The National Bureau of Standards is  
15 one case where we worked really hard with the  
16 only claimant that we had, and determined that  
17 we did not have any data or information upon  
18 which to do dose reconstruction, so you have  
19 that on your agenda tomorrow. As well we have  
20 Linde, which is another site where in the early  
21 years we have no data and we have determined  
22 that we cannot do dose reconstruction for that  
23 time frame for Linde.

24 I hope that in the near future, as we work  
25 through the critical path plan and understand

1           the remaining cases that are still active in  
2           our hands, we will come forward with additional  
3           cases that we can't do dose reconstruction on  
4           and put them in front of you as a petition for  
5           a class.

6           We've made a change in our technical support  
7           contract structure. Last week we awarded a  
8           contract to work on 1,400 atomic weapons  
9           employer claims. These are claims that  
10          represent more than 250 sites, so you can  
11          imagine how -- across 1,400 claims, there's a  
12          lot of sites that only have one or two or three  
13          claims. We're -- we're struggling with  
14          developing a site profile for each of these  
15          kinds of sites and situations. And the intent  
16          here is to allow ORAU to focus their energies  
17          on the major sites, the bigger sites, the site  
18          profiles that had been put on a schedule for  
19          development. And we're asking Battelle to work  
20          on those 1,400 AWE claims, and we have in our  
21          scope of work with Battelle an approach that  
22          categorizes these sites by similar process and  
23          operation, and we'll treat them with a site  
24          profile that -- for that similarity.

25          This is a one-year contract, and we'll see what

1 happens at the end of the year. This will be  
2 another situation where I'm also calling for a  
3 critical path plan to finish up these 1,400 AWE  
4 cases.

5 We've been participating in the Department of  
6 Labor outreach -- town hall meetings. This is  
7 quite an intensive process. It requires a lot  
8 of effort and resources on -- from -- from  
9 NIOSH to participate in these meetings. As you  
10 can see here, we've been at 67 meetings at 33  
11 sites as of October 6th. Next week we'll have  
12 some more folks going out, so -- we think this  
13 has paid dividends, though. We get -- we've  
14 piggy-backed on DOL's town hall meetings where  
15 they're explaining their -- their new rule  
16 under Subtitle E, and we stand out in the  
17 hallway and answer any questions that come  
18 forward about dose reconstruction and Subtitle  
19 B cases. And I think the people that we've  
20 encountered have been appreciative of our  
21 presence there, and we'll continue to make sure  
22 that that happens.

23 We've also finished up, with our ORAU support  
24 contract, the completion of 23 Technical Basis  
25 Documents. They -- that's for this calendar

1 year. And we've also finished up and approved  
2 ten Technical Information Bulletins in the same  
3 time frame.

4 I'll quickly go through some of the typical  
5 graphs that you've seen in the past. This --  
6 this graphic portrays, in the blue line, those  
7 cases that have been received from the  
8 Department of Labor. The timeline here is by  
9 quarter, and you can see that there has been a  
10 decrease in the submittal of cases to us for  
11 dose reconstruction. And I think what's  
12 important, from my perspective, is that I  
13 expected to see this line go up as the  
14 Department of Labor had their town hall  
15 meetings on Subtitle E, but we haven't really  
16 seen that yet. Maybe that's out here somewhere  
17 to come.

18 The green line gives you an understanding of  
19 the number of draft dose reconstruction reports  
20 that we have provided to claimants, and then  
21 the red line shows the reports that we've  
22 received back from claimants and moved on to  
23 the Department of Labor. So we're tracking all  
24 three of those streams of information.

25 As far as our requests to the Department of



1 Energy for exposure information relative to the  
2 claims that we have, we have only 335  
3 outstanding requests. I think this is  
4 remarkable. Less than 21 percent of the  
5 outstanding requests are later than 60 days-  
6 plus over, and I can speak -- I'm sorry Dr.  
7 Melius is not here; I know he asks this  
8 question -- but they really reside at one or  
9 two sites, and we are working those case-  
10 specific issues with those sites.

11 As far as our telephone interview statistics,  
12 they're presented here. We've had at least one  
13 interview conducted for 17,910 cases. We have  
14 seen interview summary reports sent to over  
15 24,000 claimants. Let me just explain that.  
16 There's more claimants listed there than we  
17 have cases in our hands. That's because many  
18 of these claims have multiple survivor  
19 claimants and each one has an opportunity to  
20 evaluate the interview report and edit it. The  
21 number of interviews left to be conducted are  
22 around 200.

23 We have 6,601 cases in the bin of pre-dose  
24 reconstruction assignment development. This is  
25 where all of the review and screening and

1           understanding about a particular case goes on -  
2           - can it move into dose reconstruction, do we  
3           need additional information, where are we  
4           pursing that additional information from --  
5           that's what's happening in that bin.  
6           There are 1,029 cases that have been assigned  
7           for DR. This means that a dose  
8           reconstructionist has been named for a  
9           particular case and the conflict of interest  
10          letter has been sent to the -- and the claimant  
11          has an opportunity to take exception to that  
12          individual or not. Dose reconstructionists  
13          then know that these cases are in their queue.  
14          Draft dose reconstruction reports sent to  
15          claimants total 558. That's that number I  
16          spoke earlier about on the first slide. And  
17          again, 10,121 claims sent to DOL for  
18          adjudication with dose reconstruction reports.  
19          This graphic gives you, I hope, a better  
20          understanding of where we stand with -- by  
21          1,000 -- 1,000-case columns. We finished up  
22          809 cases in the first 1,000. It also shows  
23          you what's been done, in red, prior to January  
24          2005 and, in blue, since January 1, 2005. So  
25          you can see some of the progress that we have

1           made.

2           Yes, we do work our priority, and the directive

3           that I've given is that the oldest cases need

4           to be done first. That's where we want to pay

5           particular attention, and our focus is given to

6           those. But as we see cases in the later

7           submissions here in the 19, 18, 20,000 tracking

8           numbers, cases that can't be done and done

9           easily, this is the cherry-picking that goes

10          on. These are the efficiency processes that

11          are used. We do move those cases through.

12          This slide gives you a total of the

13          administrative closed cases by quarter, and as

14          you can see, I don't know that I have any

15          remarks to make about the blips here and here

16          or what happened there. I haven't had a chance

17          to analyze that yet, but I will look into it.

18          Total, 110 that we've administratively closed.

19          Here's a graphic on how many reworks. Reworks

20          are a case that's returned to us by the

21          Department of Labor for a variety of reasons.

22          These reworks may be sent to us for

23          deficiencies that they've identified where they

24          think we missed something. They may be sent --

25          returned to us as a rework in an instance where

1 the claimant has provided new information  
2 that's been developed by DOL and we need to  
3 factor that into dose reconstruction.  
4 The green line shows the ca-- the reworks that  
5 have been received by NIOSH for rework, and the  
6 blue columns indicate those that we have  
7 returned back to the Department of Labor.  
8 Returned, 666; and total received, 1,003.  
9 Our phone calls -- we still take a lot of phone  
10 calls. We do a lot of work not only in the  
11 field at the town hall meetings, but when we  
12 come back we still get a lot of phone calls.  
13 As you can see, over -- almost 42,000 calls to  
14 date. ORAU takes a lot of phone calls, and  
15 they're quite busy over there. That number  
16 includes the interviews, as well as the  
17 closeout interviews, an interview done at the  
18 end of the draft dose reconstruction report  
19 cycle where it -- the draft report is explained  
20 to the claimant and the claimant's encouraged  
21 to file the OCAS-1 form.  
22 We get a lot of e-mail traffic, as you can see,  
23 and our policy still is to attempt to provide a  
24 response, if at all possible, within 24 hours  
25 of receiving that e-mail -- if it's not on a

1 weekend, I guess.

2 I think that's it, and I'll be happy to respond  
3 to any questions you might have.

4 **DR. ZIEMER:** Thank you very much, Larry. Let's  
5 see who has questions here now. Yes, Leon.

6 **MR. OWENS:** Larry, thank you for that update.  
7 I had a question in regard to the 461 claims --  
8 active claims with no draft dose  
9 reconstructions. Are those claims particular  
10 to a certain site, or have you had a chance to  
11 -- to evaluate that?

12 **MR. ELLIOTT:** That's in -- I believe you're  
13 talking about the slide that shows the first  
14 5,000 cases. Right? That's where the --

15 **MR. OWENS:** Yes.

16 **MR. ELLIOTT:** -- 461 --

17 **MR. OWENS:** Yes.

18 **MR. ELLIOTT:** -- cases have not been assigned  
19 yet. No, they're not particular to one site,  
20 but they are -- we have acknowledged certain  
21 obstacles that we're working on, like glovebox  
22 issue where we're working on -- on -- you know,  
23 we have a TIB for glovebox. We're working on  
24 that. We have some -- there's some sites in  
25 there that deal with -- or some cases in there

1           that deal with trades workers in the early  
2           years, and so we're working with Center for  
3           Protection of Worker Rights to come up with a  
4           document and a way -- a Technical Basis  
5           Document and a way of treating dose  
6           reconstruction for th-- for the early trades  
7           workers. I think Jim alluded to that earlier;  
8           Savannah River's the first site we'll be seeing  
9           that used at.

10          And then there's other obstacles and -- but  
11          it's not one site and not two sites. There's  
12          probably, you know, 20 sites involved there.

13          **MR. OWENS:** Do you think it'll be possible by  
14          the next meeting just to have a general update  
15          on some of those issues --

16          **MR. ELLIOTT:** I hope by the --

17          **MR. OWENS:** -- (unintelligible) the Board?

18          **MR. ELLIOTT:** I would hope that at the next  
19          meeting, your meeting in January, I'll be able  
20          to show you the critical path. If this is --  
21          the 461 aren't done, I'll show you what the  
22          critical path is to get them done.

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

24          **MR. ESPINOSA:** Just out of curiosity, with the  
25          other SEC from Mallinckrodt, about how many --

1           how many are going to be sent to the SEC -- how  
2           many claims that are going to be affected by  
3           the SEC on that?

4           **MR. ELLIOTT:** On the later years of  
5           Mallinckrodt?

6           **MR. ESPINOSA:** (Off microphone)  
7           (Unintelligible) years of Mallinckrodt.

8           **MR. ELLIOTT:** I don't have that number with me  
9           right now, but I could get it and -- get it for  
10          the Board. I just don't have it off the top of  
11          my head.

12          **MR. ESPINOSA:** And also on the 21 percent of  
13          the outstanding requests or ones that are 60-  
14          plus days or older, are you seeing a pattern of  
15          -- what -- what specific sites are kind of  
16          causing the -- and is there a pattern of these  
17          sites?

18          **MR. ELLIOTT:** There is no pattern. This --  
19          these situations are individually specific.  
20          (Whereupon, Dr. Melius arrives.)

21          **MR. ELLIOTT:** There are issues associated --  
22          like where we can't find the data for this  
23          particular person. We can't verify that they  
24          were even here that time frame. In -- in one  
25          block of cases we're talking about ETEC in

1 California where we've actually -- they've held  
2 cases and we're working with DOL on trying to  
3 make sure that these folks are eligible. So  
4 we're working through those issues. There's  
5 not any -- I don't see any trend here. If I  
6 saw a trend like we saw in the early days with  
7 -- we had a trend going on at Idaho where we  
8 really had trouble retrieving information, then  
9 we put our folks out there to help them get  
10 that information in -- into a format where it  
11 was easily retrievable. If I saw a trend like  
12 that, we'd take some action. Right now we're  
13 working on individual situations for those --  
14 those cases.

15 **DR. ZIEMER:** Gen Roessler.

16 **DR. ROESSLER:** In your statistics on the SEC  
17 petitions, you show 20 requests that have been  
18 closed because they were found not to meet the  
19 basis for petition. That sounds like a really  
20 high number to me in the realm of the SEC right  
21 now, and I'm wondering, is that -- it seems  
22 like that's a lot of work to put one through.  
23 Is there misinformation or misunderstanding or  
24 what were the reasons that they were turned  
25 down?



1           **MR. ELLIOTT:** Again a variety of reasons, some  
2           of those include a person who had a dose  
3           reconstruction and had their claim already  
4           adjudicated and they didn't like the outcome,  
5           and so they just filed a petition with no  
6           basis. We worked -- we worked with them, and  
7           there was no basis for a class. In -- in one  
8           or two instances we had a petition filed that  
9           covered multiple sites, and the rule says you  
10          have to focus on one site. We had one petition  
11          that covered workers across sites; can't have  
12          that. Working with the petitioners then, they  
13          withdrew their petitions in those three  
14          examples that I've given. So that's -- that's  
15          mainly it. There's no -- I would say that  
16          there's no -- there's -- there's no one single  
17          reason that they haven't met. There's a  
18          variety of reasons they haven't met the basis.

19          **DR. ZIEMER:** Okay. Rich?

20          **MR. ESPINOSA:** Larry, isn't the rule one site  
21          or (unintelligible) workers?

22          **MR. ELLIOTT:** Pardon me?

23          **MR. ESPINOSA:** Isn't the rule on the SEC one  
24          site or a class of workers?

25          **MR. ELLIOTT:** It is a class of workers at a

1 site. At a site. The class of workers cannot  
2 go across sites.

3 **DR. ZIEMER:** Okay, further questions? Did you  
4 have an additional, Gen -- no. Dr. Melius has  
5 joined us. Welcome.

6 **DR. MELIUS:** Wanda's given me a very nice brief  
7 briefing.

8 **DR. ZIEMER:** Okay. Mark Griffon.

9 **MR. GRIFFON:** Just -- just a question, Larry,  
10 on the worker outreach meetings. I didn't see  
11 any slide on your worker outreach meetings that  
12 -- that been going on, that -- I just wondered  
13 if you can give us an update on those or how  
14 many have been done and how many are scheduled?  
15 What -- what sort of is the outcome of these, I  
16 guess?

17 **DR. ZIEMER:** Well, there was one slide. Right?

18 **MR. ELLIOTT:** That was town hall. You're right  
19 --

20 **DR. ZIEMER:** Town hall.

21 **MR. GRIFFON:** -- Mark, you're right. I don't  
22 have that information at my -- right off the  
23 top of my head. I appreciate your comment,  
24 though, Mark. We'll add that to the program  
25 report. That's something we should -- should

1           get in front of you. We do have a program  
2           where we have -- where ORAU, and at times OCAS  
3           staff, go out into the field and interact with  
4           workers on a site profile, collect worker input  
5           about site profiles or Technical Basis  
6           Documents. We've done a number of those, but I  
7           don't have those off the top of my -- I'll make  
8           sure that we add that to our presentation for  
9           you.

10          **DR. ZIEMER:** Okay, other questions?

11          **MR. GRIFFON:** I guess -- I guess one -- just  
12          one follow-up, a comment on the worker outreach  
13          meeting. I mean I've read some of the minutes  
14          and there -- there are some very specific  
15          questions in some of the meetings, and -- and  
16          sometimes the response -- I think there was  
17          sort of a response that said we'll follow up on  
18          that, and I wonder to what -- what's the  
19          mechanism for following up with these groups or  
20          getting back to them on -- you know, or  
21          answering the questions that are laid out in  
22          these minutes? I hate to just have the people  
23          involved in these meetings think that it's a  
24          one-shot deal and (unintelligible) --

25          **DR. ZIEMER:** Or basically are they tracking --

1           **MR. GRIFFON:** Right.

2           **MR. ELLIOTT:** Sure. Sure. No, they are  
3 tracking the comments. They are in a document  
4 control process. I'm not at a -- at a position  
5 where I can speak about, you know, how many  
6 they have responded to and how many affected  
7 changes have been witnessed in a Technical  
8 Basis Document. I would say that Bethlehem  
9 Steel, though, we -- we know that what we  
10 heard, we addressed in -- inhalation and  
11 ingestion was addressed in Rev. 2. We still  
12 accept and hear input on that and we're  
13 considering what we hear. But yes, there is a  
14 formal mechanism. We need to make that more  
15 apparent and obvious to you as to how it works,  
16 and we'll do that.

17           **DR. ZIEMER:** Thank you.

18           **MR. GRIFFON:** Thank you.

19           **DR. ZIEMER:** Okay. Thank you very much, Larry.

**PROGRAM UPDATES**

20           **DOL, MR. JEFFREY KOTSCH**

21           We also have a status report from the  
22 Department of Labor, and Jeff Kotsch is here  
23 again today. Jeff, welcome back to the podium.

24           **MR. KOTSCH:** Department of -- the Department of  
25 Labor thanks -- thanks the Board for the

1 opportunity to give an update. I don't know --  
2 I don't know when the last time we probably  
3 gave one was. At least for me it's been a  
4 while.

5 The number of -- well, let's start with the  
6 number and types of claims received under Part  
7 B. Total number of claims received is 69,016.  
8 This is -- most of this data is as of October  
9 6th of this year, and you see on the display  
10 the primary categories of claims that we see,  
11 which are the categories under Part B --  
12 cancers, beryllium sensitivity or chronic  
13 beryllium disease, silicosis for the workers  
14 engaged in activities at the Nevada Test Site  
15 or Amchitka, the RECA claims for the Radiation  
16 Employees Compensation Act, then -- and under  
17 Part B, the conditions that are covered, which  
18 I won't see later under Part E, they will now  
19 have coverage, or potential coverage.

20 The case status -- again, like Larry said,  
21 there's a difference between the numbers  
22 between cases and claimants because cases can  
23 have more than one claimant. Total cases  
24 received by DOL are 49,650. The district  
25 offices which render the recommended decisions

1 have rendered 36,638, and we've sent 20,312 to  
2 NIOSH. Now our numbers never seem to quite  
3 synchronize with NIOSH's number, partially  
4 because of our databases and partially just  
5 depending on what -- what -- almost what day we  
6 take the snapshot. And then the pending  
7 recommended decisions of about 3,100 are just  
8 our cases that are inside the pipeline within  
9 DOL at the district offices.

10 The Final Adjudication Branch, which determines  
11 and renders the final decisions based on the  
12 recommended decisions, have issued 33,924, and  
13 within their pipeline they've got about 2,700  
14 cases.

15 Now the final decisions as far as claims goes,  
16 they've -- they've approved -- we have approved  
17 17,501 and denied 26,166. Again, the primary  
18 categories for denied claims are listed there.  
19 Again, predominantly non-covered conditions or,  
20 further down, cancers not related or POCs less  
21 than the 50 percent required under the Act.

22 The other ones are employees not covered,  
23 survivors not eligible, insufficient medical  
24 evidence to support the claim.

25 As far as the NIOSH referrals, we have 99 --

1 we're showing 900 -- 9,900 cases at NIOSH, and  
2 we've had completed dose reconstructions on  
3 9,605 and dose reconstructions not required for  
4 777. Those are a variety of cases. Some of  
5 those are -- I think include chronic  
6 lymphocytic leukemia, some of the other ones  
7 that we either sent or -- basically there's not  
8 a dose reconstruction that was required.  
9 We've accepted, for the cases with recommended  
10 decisions, 2,136, and cases with final  
11 decisions, we've accepted 1,829; denied 500 --  
12 or I'm sorry, 5,434.  
13 These statistics do not include 848 cases that  
14 have pending recommended decisions and 66 cases  
15 that have -- that are currently pending  
16 payment.  
17 The three facilities -- at least locally, I  
18 think -- obviously that are interest and we'll  
19 just provide quick statistics on are Oak Ridge  
20 National Lab or X-10, and we've referred 1,062  
21 cases to NIOSH. We've had 460 returned; 100  
22 of those were approved at the recommended  
23 decision level, 86 at the final decision level  
24 were approved, and DOL has paid out \$12.6  
25 million on 84 claims. There are two cases that

1 are pending payment.

2 K-25 we've referred to NIOSH 1,310 cases and  
3 we've had 540 returned as completed.

4 Recommended decision approvals for 75 cases,  
5 with final decisions that were approved for 54;  
6 compensation paid for seven -- about \$7.9  
7 million for 53 cases; there's one case still  
8 pending.

9 Total compensation paid, including SEC cases --  
10 obviously K-25 is one of the statutory SEC  
11 sites -- we've paid out -- or Department of  
12 Labor has paid out \$261 million -- almost \$262  
13 million for 1,749 cases.

14 The Y-12 plant is the largest claimant base --  
15 for this area, anyway -- and we've referred  
16 2,375 cases to NIOSH and have had 1,067 cases  
17 returned. At the recommended decision level  
18 we've had approvals for 318; at the final  
19 decision level 286, and a paid-out compensation  
20 of \$41,325,000 on 276 cases. We have ten cases  
21 still pending payment.

22 So for Part B now as of October 10th, the  
23 compensation benefits issued, the total  
24 compensation that -- we've made payments for  
25 15,972 to the -- at that -- I'm sorry -- with



1 compensation of \$1,247,000,000, with an  
2 additional medical benefit payment of  
3 \$75,437,000. For the NIOSH cases -- that was a  
4 total number. For the NIOSH cases we've made  
5 1,763 payment -- payments, I'm sorry, and the  
6 compensation amount has been almost \$264  
7 million.

8 Now just a briefing -- last October the  
9 Congress amended the Act to add Part E to the  
10 mix for Department of Labor, really essentially  
11 taking the Part D program from DOE and  
12 transferring it, with some additional actions,  
13 to the Department of Labor. Part of that was a  
14 requirement to issue an interim final rule,  
15 which was issued on May 26th, which met the  
16 deadline that was mandated by Congress.  
17 Obviously in support of this additional  
18 activity, the Department of Labor had to add  
19 staff, which it has done and is doing at the  
20 district offices, the FAB offices -- which are  
21 attached to those offices -- as well as the  
22 national office. And also additional resources  
23 for the Resource Centers which were initially  
24 run by DOE and DOL, now are currently run just  
25 by DOL.

1           Also in support of that, obviously DOL has had  
2           to perform internal training. We've done that  
3           in two cycles. The first phase we completed in  
4           May of 2005. We are currently in a cycle now  
5           this month of training our field staff and our  
6           national office staff on Part E. Obviously  
7           that went hand-in-hand with the -- the issuance  
8           of the interim rules as we determined what was  
9           going to be involved in the -- in the process.  
10          We had a goal internally within the Department  
11          of Labor to issue 1,200 payments by the end of  
12          Fiscal Year 2005. We exceeded that goal and  
13          issued 1,535 payments.

14          Public outreach, there have been a number of  
15          town hall meetings at 35 sites, as -- as Larry  
16          alluded to, and NIOSH has been out there with  
17          us at most of the sites, discussing Part E and  
18          residual contamination. There's meetings in  
19          fact going on today and tomorrow at ETEC in  
20          California, and within the next two weeks  
21          Shiprock and Grants, New Mexico; Rocky Flats  
22          and Grand Junction, Colorado. And with the DOE  
23          goal -- or I'm sorry, the DOL goal of initially  
24          processing the large majority of 25,000 Part D  
25          cases that we received from the Department of

1 Energy, shooting for a target to try to get a  
2 lot of -- the majority of those done by the end  
3 of Fiscal Year 2006.

4 Final slide is the Part E claims we recorded as  
5 -- again, as of October 10th, three -- 35,091  
6 claims. We've rendered recommended decisions  
7 to approve for 2,508; final decisions to  
8 approve for 2,106; and paid compensation of  
9 \$205,243 on 6,810 cases.

10 And that's it, briefly. Are there any  
11 questions?

12 **DR. ZIEMER:** Very good. Thank you, Jeff.

13 Let's start out -- Dr. Melius.

14 **DR. MELIUS:** Yeah, you entered -- published an  
15 interim final rule and accepted public comments  
16 on the Part E program. Where are you in terms  
17 of a final rule on that? Can you give me a  
18 general sense? I --

19 **MR. KOTSCH:** Yeah, I can give you a general  
20 sense, because I'm not intimately involved with  
21 that. I know the public comment period for  
22 Part -- for the rule ended -- I forget now,  
23 probably a month or two ago --

24 **DR. MELIUS:** Yeah.

25 **MR. KOTSCH:** -- and talking to our lawyers,

1 'cause I knew this question might be asked,  
2 they weren't going to commit to any time when  
3 they were going to -- when they were going to  
4 complete the rule, but it -- it's not -- let's  
5 just say it's -- it's more than a few months  
6 away, probably, 'cause they have a number of  
7 comments they have to resolve and other issues  
8 they have to address.

9 **DR. ZIEMER:** Rich.

10 **MR. ESPINOSA:** Yeah, the Subpart B that was  
11 10,600 claims that were under non-covered  
12 conditions, would you happen to have a  
13 percentage or a hard number of how many of  
14 those cases did qualify for the -- E?

15 **MR. KOTSCH:** No, I don't have that with -- we  
16 can provide that in the future, but for Part B  
17 a lot of the non-covered conditions are things  
18 that are covered under Part E due to toxic  
19 exposures. You know, a lot of the respiratory  
20 diseases, coronary problems, the renal  
21 diseases, things like that, which I think --  
22 other than -- the only ones that really don't  
23 ever -- will never be covered are some of the  
24 ergonomic type of things or back problems or  
25 some hearing loss. I mean there is some

1 hearing loss associated with certain exposures  
2 -- toxic chemicals. Some of those things will  
3 never be covered under either program, but I  
4 think the large majority of them should somehow  
5 be addressed under Part E now.

6 **DR. ZIEMER:** And you automatically switch those  
7 over --

8 **MR. KOTSCH:** Yeah, any claim -- well, any old  
9 claim, any B claim that came in that was  
10 automatically set up also as an E claim, once  
11 we got E. All new claims that come in are  
12 submitted to both sides of the program, and  
13 actually we're no longer dividing internally  
14 our -- our claims. They're not treated as B or  
15 E anymore. They're treated as a total claim  
16 and will go through both -- our -- that's why  
17 we're training our CEs that -- who work the  
18 claims from both sides, basically. Whichever  
19 side can go faster, we -- if we can compens--  
20 compensate a person, we'll -- we'll do a Part E  
21 compensation, and then if a Part B compensation  
22 follows through NIOSH, we'll -- you know,  
23 that'll come later.

24 **DR. ZIEMER:** So it shows up in your statistics  
25 in both -- both columns, so does it look like

1           there's more claims being processed than there  
2           really are?

3           **MR. KOTSCH:** Not in -- not in these statistics.

4           **DR. ZIEMER:** Oh. Thank you.

5           **MR. KOTSCH:** I mean at the front end of the --  
6           all -- the front end of those statistics are  
7           all Part B.

8           **DR. ZIEMER:** Okay. Roy.

9           **DR. DEHART:** Can't the radiation criteria -- do  
10          you have any data on appeals and success of  
11          appeals?

12          **MR. KOTSCH:** For the Part B program?

13          **DR. DEHART:** Yes.

14          **MR. KOTSCH:** No, and I think -- I'm trying to  
15          remember if that question was asked previously,  
16          and I -- I probably committed to supplying some  
17          data on that. I don't know if we did or not.  
18          I don't -- I don't know. Pete did it the last  
19          time. But we can do that. I happen to be one  
20          of the two people that have to review at least  
21          all the technical objections that are presented  
22          to the FAB, you know, as we -- as people raise  
23          technical objections and at the -- they -- they  
24          have to come to either myself or my junior  
25          person for -- for review.

1           **DR. DEHART:** (Off microphone) One of the  
2 reasons for the question, I think --

3           **DR. ZIEMER:** Is the mike on?

4           **DR. DEHART:** One of the reasons for the  
5 question, and I think the Board would be  
6 interested because it, in a sense, provides  
7 some kind of quality control for deliberations  
8 and actions.

9           **MR. KOTSCH:** There -- and I don't want to give  
10 you a percentage because I probably can't  
11 figure it out exactly. There are some portion  
12 of the rework requests that go back to NIOSH  
13 that are a result of technical objections that  
14 are raised by claimants to their -- at the  
15 stage of the recommended decision. That's the  
16 opportunity they have to -- or their first  
17 opportunity with the Department of Labor to  
18 raise an objection -- or even at the final  
19 decision they can obviously either ask for a  
20 reconsideration or a -- if it's after 30 days -  
21 - of a reopening of their case. And we do --  
22 it's less frequent, but there are -- they do  
23 have an opportunity and they may bring  
24 technical objections up at that point, too.  
25 We've had some people that will object at the

1 recommended decision, they will object at the  
2 final decision, and then they will continue to  
3 submit reopening requests. But generally it's  
4 not -- they have not submitted additional  
5 evidence that really provides us a means to go  
6 -- you know, to go -- to say we have -- need to  
7 rework the -- the dose reconstruction, but we  
8 do receive -- like I said, at the recommended  
9 decision we have seen some, we can get numbers  
10 on that, that result in reworks because of  
11 technical information that we've received that  
12 -- or questions that we received that would  
13 result in a rework of the dose reconstruction.

14 **DR. ZIEMER:** Does that answer your question,  
15 Roy? Would you --

16 **DR. DEHART:** It answers the question --

17 **DR. ZIEMER:** -- like to see some of those  
18 numbers?

19 **DR. DEHART:** -- in the fact that he has no  
20 data. What would be helpful, if we could see  
21 the data --

22 **MR. KOTSCH:** Sure.

23 **DR. DEHART:** -- on present-- future  
24 presentations.

25 **MR. KOTSCH:** Sure, we can do that.



1           **DR. ZIEMER:** Thank you. Jim.

2           **DR. MELIUS:** I have a -- two -- or separate  
3 questions. One -- Larry may have addressed  
4 this 'cause I was obviously late, was I noticed  
5 in the statistics Larry presented that we're  
6 seeing a little bit of an increase in the  
7 number of requests coming in. Is there any  
8 sense to what extent that's being generated by  
9 these town meetings and outreach efforts that  
10 are underway, and any sense of -- are you  
11 seeing in those meetings claimants already in  
12 the -- now in the Subtitle E program, or are  
13 you also seeing new -- new potential claimants,  
14 I guess?

15          **MR. KOTSCH:** I don't know, and Larry I don't  
16 think was able to make that leap, either.

17          **DR. ZIEMER:** I think Larry indicated he  
18 expected more than they actually got. Was that  
19 not the case?

20          **MR. ELLIOTT:** We really haven't seen any  
21 dramatic increase in new claims being submitted  
22 as a result of all the town hall activity.

23          **DR. MELIUS:** Okay.

24          **MR. ELLIOTT:** Not to us; I don't know about  
25 DOL.

1           **MR. KOTSCH:** I don't know that it's that  
2           apparent to us at Labor, either, but I don't --  
3           again, I'm not the one who crunches that  
4           particular data to see -- I know they do get  
5           inquiries at the town hall meetings and they do  
6           get people that -- 'cause there are resource --  
7           the Resource Centers pick up information --  
8           maybe the next time we can look through our  
9           resource information data --

10          **DR. ZIEMER:** Certainly the NIOSH curves look  
11          pretty flat for the last number of months and -  
12          -

13          **DR. MELIUS:** Yeah, it started to go up a little  
14          bit I thought --

15          **DR. ZIEMER:** Well --

16          **DR. MELIUS:** -- but I looked at it quickly.

17          **DR. ZIEMER:** -- it looks like --

18          **DR. MELIUS:** Yeah, it --

19          **DR. ZIEMER:** -- some wiggles.

20          **DR. MELIUS:** -- could be (unintelligible) --

21          **MR. KOTSCH:** We might be able to make some  
22          correlations, Jim, with the Resource Center  
23          that's, you know, local for the, you know --  
24          and see whether there was any kind of increase  
25          in activity following a town hall meeting.

1           **DR. MELIUS:** Yeah. I mean there's -- it's hard  
2           to tell 'cause, again, you know -- you know,  
3           the only -- we know that some people are  
4           frustrated with how long the process is taking  
5           so far, so there -- certainly it's not  
6           encouraging for people newly filing, and it may  
7           take a while until it's -- both the NIOSH  
8           program catches up and as this -- people start  
9           to see actually claims being compensated under  
10          the Subtitle E, or it may be that we've sort of  
11          run through who's -- you know, a large part of  
12          the eligibles because they're -- they're from  
13          the past, and I'm just thinking more, you know,  
14          how do you project out, you know, what's  
15          happening with this program in the future and -  
16          - and I think that has something to do with the  
17          strategy that, you know, Larry and -- you know,  
18          NIOSH uses to address these claims and so  
19          forth.

20          **MR. ELLIOTT:** I would just point out that since  
21          January the average submittal rate, NIOSH from  
22          DOL, has been around 220. It dips below 200,  
23          it comes back up above 250, but it's on average  
24          220. And the town hall meetings really started  
25          last -- help me out here, Jeff -- I think late

1 last fall?

2 **MR. KOTSCH:** Right.

3 **MR. ELLIOTT:** So we really -- you know, it  
4 hasn't happened as to what I expected would  
5 happen here, but --

6 **DR. MELIUS:** Yeah, that's -- that's fair. My -  
7 - my second question is -- I believe Larry or I  
8 believe NIOSH shared -- shared with us a letter  
9 from DOL concerning some DOL deci-- decision --  
10 policy decisions regarding some of the SEC  
11 sites, and I'm -- I'm trying to understand what  
12 the letter meant.

13 **MR. KOTSCH:** Larry, are you familiar with that  
14 letter?

15 **DR. MELIUS:** It's from -- you shared it with us  
16 a week or two ago. Was that -- a couple of  
17 weeks ago, a letter regarding some of the SEC  
18 sites and how you're going to parse and handle  
19 some of those claims -- or how DOL was, I  
20 believe.

21 **MR. ELLIOTT:** I don't believe I was the one --

22 **DR. MELIUS:** Okay, maybe it --

23 **MR. ELLIOTT:** -- that sent that out.

24 **DR. MELIUS:** -- came from DOL then.

25 **MR. ELLIOTT:** I will -- I will say this, that

1           each Special Exposure Cohort class designation  
2           that comes out of the Secretary of HHS is sent  
3           over to DOL --

4           **DR. MELIUS:** Uh-huh.

5           **MR. ELLIOTT:** -- and DOL has reacted to each  
6           one of those by reviewing the language and  
7           sending us a letter on how they're going to  
8           handle the cases within that class and whether  
9           or not there is any opportunity for dose  
10          reconstruction on a non-presumptive case.

11          **DR. MELIUS:** Uh-huh.

12          **MR. ELLIOTT:** And those have read differently,  
13          depending upon which class you talk about, but  
14          it didn't come from me.

15          **MR. KOTSCH:** Well, I mean I write those letter-  
16          - or at least I've written those letters so far  
17          interpreting how the HHS Secretary has defined  
18          a class, and then how we would approach the --  
19          you know, basically defining the employee cases  
20          for that -- for that class and as well as  
21          whether we can determine dose reconstructions  
22          for the non-specified cases.

23          **DR. MELIUS:** So -- yeah, this may have been  
24          just a routine letter that either I noticed the  
25          first time or I received this type of letter

1 for the (unintelligible) --

2 **MR. KOTSCH:** Yeah, I'm sorry, I'm not familiar  
3 with what --

4 **MR. ELLIOTT:** Are you looking on the web site,  
5 'cause we do post these --

6 **DR. MELIUS:** No, no, this --

7 **MR. ELLIOTT:** -- these letters on the web site.

8 **DR. MELIUS:** This was an e-mail.

9 **MR. ELLIOTT:** Okay, sorry.

10 **DR. MELIUS:** I believe, from some -- somebody.  
11 I'll look it up on my computer later, but -- if  
12 it wasn't special, that's good then, I'll...

13 **DR. ZIEMER:** Okay. Michael.

14 **MR. GIBSON:** This question's for either DOL or  
15 NIOSH. When you ask for additional technical  
16 or medical information from these claimants or  
17 their survivors, and you know, a lot of times -  
18 - sometimes the claimants are terminal at that  
19 point and aren't of the -- you know, sound  
20 mind, perhaps, do you have any ideas on how  
21 they're supposed to get this kind of technical  
22 or medical information when you guys have  
23 trouble getting the information from these DOE  
24 sites and getting -- getting dose  
25 reconstructions done and everything else? How

1           are these claimants and their survivors  
2           supposed to go out and get a doctor to write a  
3           letter and say yes, this place caused it or --  
4           or -- or walk up to this big government entity  
5           called DOE and try to get information out of  
6           them?

7           **MR. KOTSCH:** Well, that's not -- I'll speak for  
8           DOL. It's -- obviously it's not an easy  
9           process for that claimant, especially if they  
10          are older, or even if they are -- sometimes  
11          even if they are survivors it's even tougher,  
12          especially if the employee's passed away quite  
13          a while ago. We have a lot of problems -- or  
14          the claimants have identified a number of  
15          problems where medical records are destroyed --  
16          I don't know, it varies by state, but certain  
17          states will des-- you know, will allow their  
18          destruction 20 or 25 years ago. So sometimes  
19          people that -- if the claimant had a -- if the  
20          employee had a cancer like 40 years ago, they  
21          may not be able to -- if they -- if they didn't  
22          keep their own records to be able to retrieve  
23          those records, or their family physician may  
24          have passed away and passed his practice on to  
25          somebody else and either they didn't keep the

1 records or something else happened, but we have  
2 a lot of problems with claimants, and we try to  
3 help where we can to develop that medical  
4 information -- or to assist with information  
5 from the Department of Energy. But yeah, it's  
6 a -- it's -- it's a real problem and  
7 unfortunately it's not an easy one to address  
8 always.

9 **DR. ZIEMER:** Anything to add for NIOSH -- yeah.

10 **DR. NETON:** From the dose reconstruction side,  
11 the burden of providing the information for a  
12 dose reconstruction is really not on the  
13 claimant. It's on NIOSH to go to the  
14 Department of Energy and obtain the  
15 information. We do of course ask the claimant  
16 for any information they may have that they  
17 believe is relevant to a dose reconstruction,  
18 and in fact at times when a claimant does  
19 object to a dose reconstruction because we  
20 haven't done a sufficient job in a certain  
21 area, we'll -- we'll go back and -- if it makes  
22 sense, to go back to the DOE and obtain that  
23 information such as, you know, assertions that  
24 they worked with certain sources that weren't  
25 covered. We'll go back and try to see if those



1 sources were there in what rooms and that sort  
2 of thing. So the burden of providing the  
3 documentation for the dose reconstruction is  
4 really on -- on us and the Department of  
5 Energy.

6 **MR. GIBSON:** But --

7 **DR. ZIEMER:** But you were referring  
8 specifically to medical records, Mike, were you  
9 -- or other -- other records?

10 **MR. GIBSON:** Well, some-- sometimes other  
11 technical information's requested, but -- and  
12 maybe I didn't make myself clear. I understand  
13 that you guys are responsible for getting that  
14 -- the information for dose reconstruction, but  
15 we've seen the trouble that you have, the  
16 trouble SCA has in getting this information, so  
17 you can imagine how it compounds on the  
18 claimants and the survivors and, you know, it  
19 just seems to me that the -- the scuttlebutt  
20 I've heard from claimants, they -- they just --  
21 they get frustrated and get ready to give up,  
22 and -- when it, on the surface, would appear  
23 they have a good claim. And so I -- I would  
24 just encourage both NIOSH and DOL to really  
25 look into some way to -- to try to help these

1 people get the in-- show them the path to try  
2 to get this information so that they don't --  
3 they don't give up on their claim and -- and if  
4 the -- so justified, they're compensated.

5 **DR. NETON:** Well, I guess I'm a little  
6 confused. I mean we don't ask them to go get  
7 the information. We get it. If they -- if  
8 they inform us that there's information that  
9 the DOE should have on them, we will go back to  
10 the DOE and file supplemental requests on  
11 behalf of the claimants. There's -- there's  
12 really no requirement for the claimant to go  
13 work with the Department of Energy to get the  
14 data that we need for dose reconstruction.

15 **DR. ZIEMER:** What about on the medical side  
16 with Labor, do -- is the claimant expected to  
17 come up with --

18 **MR. KOTSCH:** Pretty much, the --

19 **DR. ZIEMER:** That may be the issue.

20 **MR. KOTSCH:** Yeah, the two pieces obviously to  
21 start the claim are the evidence of employment  
22 and evidence of the medical condition. And the  
23 onus is basically on the -- the employee -- or  
24 the employee or their survivors to supply that  
25 information. Now for the employment, our

1           claims examiners will assist, you know, through  
2           -- if they can't get it directly, they'll  
3           assist through the Social Security  
4           Administration trying to get some records from  
5           them. They'll at least provide some evidence  
6           of employment at a particular site -- again,  
7           because sometimes these dates of employment  
8           could be 60 years ago. For the medical it's a  
9           little more onerous, almost. I know Department  
10          of Labor attempts to intervene sometimes, but  
11          we're not always able to collect that  
12          information, either.

13          **MR. GIBSON:** I just -- I have been told of a  
14          claimant -- I have not seen the letter and I  
15          don't know if it came from DOL or NIOSH -- that  
16          requested information of the stuff the person  
17          was exposed to during their employment at the  
18          facility.

19          **DR. ZIEMER:** I think probably -- we do know  
20          that claimants are given the opportunity to  
21          provide such information if they know what it  
22          is, and I think we've also heard that that's  
23          often misunderstood, that they feel like the  
24          burden is on them to show what they were  
25          exposed to. And that's part of I think

1 preparation for the interview even. Is that  
2 not correct?

3 **MR. ELLIOTT:** That may be, but I think we need  
4 to be very careful here and clear in --

5 **DR. ZIEMER:** (Unintelligible)

6 **MR. ELLIOTT:** -- what aspect of the claim  
7 filing process we're talking about. This could  
8 be a Subtitle E case where they are asked --  
9 the burden on the -- is -- is put on the  
10 claimant to provide that level of detailed  
11 information about what they worked with, what  
12 they were exposed to. That all goes to DOL's  
13 responsibility in determining eligibility of a  
14 claim. At NIOSH we don't -- our goal is not to  
15 put burden on the claimant. We're -- we're  
16 trying to work with the claimants and it's our  
17 burden to go find the information necessary to  
18 do dose reconstruction.

19 **MR. KOTSCH:** You're right, I wasn't -- I wasn't  
20 thinking Part E when I was responding. I was  
21 responding in Part B space, not  
22 (unintelligible) --

23 **DR. ZIEMER:** (Unintelligible) cases where  
24 they're asked for dose information  
25 (unintelligible) --

1           **MR. KOTSCH:** I -- I think they probably are.  
2           It's fairly new to me, as far as the process  
3           goes. I know we are developing information on  
4           the different sites, as well as the toxic  
5           materials that were at those sites. So if we -  
6           - if we knew the person's employment category,  
7           we could probably still make that link to  
8           exposure to different toxic materials at the  
9           site. But I -- I have to admit some ignorance  
10          as far as not knowing all the ramifications of  
11          Part E because I have not -- I get my training  
12          in a couple of weeks on all (unintelligible) --

13          **DR. ZIEMER:** Right, if it is a Part E and it's  
14          the -- it's the dose information, would the  
15          Department of Labor go back and try to obtain  
16          that on behalf of the client, or do they still  
17          put the burden on the client?

18          **MR. KOTSCH:** For dose dat-- information?

19          **DR. ZIEMER:** Aside from the medical, the -- the  
20          radiation.

21          **MR. KOTSCH:** Oh, the radiation dose --

22          **DR. ZIEMER:** On the Part E.

23          **MR. KOTSCH:** Yeah, that -- well, the Part E  
24          basically transfers over from the Part B  
25          program --

1           **DR. ZIEMER:** Be transferred over, so --

2           **MR. KOTSCH:** It's -- it's -- there's not --

3           it's not intended to double the --

4           **DR. ZIEMER:** Okay.

5           **MR. KOTSCH:** -- workload.

6           **MR. GIBSON:** This -- this information came to  
7           me second-hand. If -- would there be a -- a  
8           legal issue or anything else if -- if whoever  
9           this person is, if I can get a redacted copy of  
10          that letter from -- through this friend and  
11          bring it to a meeting -- the next meeting,  
12          would there be a problem with that so we could  
13          determine whoever generated and show exactly  
14          what the person was asked for?

15          **MS. HOMOKI-TITUS:** My only request would be  
16          that if -- if you're going to make it public  
17          here that you just run it by us to make sure  
18          that everything that needs to be taken out of  
19          it is taken out.

20          **MR. GIBSON:** Okay.

21          **DR. ZIEMER:** Thank you. Rich, did you have a  
22          comment?

23          **MR. ESPINOSA:** No, I -- yeah, on the silicosis  
24          cases, there's only specific sites that are  
25          covered under the B on this.

1           **MR. KOTSCH:** Yeah, silicosis really just  
2 applies to mining activities at the Nevada Test  
3 Site and up at Amchitka, you know, where they  
4 drilled the tunnels.

5           **MR. ESPINOSA:** Yeah. Well, my question is is  
6 if somebody applies -- if somebody didn't work  
7 at one of these specific sites but applies  
8 under a silicosis case, are they being referred  
9 to the E?

10          **MR. KOTSCH:** Part E will cover it -- or will at  
11 least address that -- that issue.

12          **DR. WADE:** I have a very general question, if I  
13 might.

14          **DR. ZIEMER:** Yeah, Lew.

15          **DR. WADE:** I mean there's enough that's  
16 transparent in the program now that we have  
17 some substantial numbers. When I look at cases  
18 that were referred to NIOSH and then that have  
19 been returned from NIOSH with recommended  
20 decisions, my calculator says about 24.3  
21 percent of the cases have been accepted for  
22 compensation. I wonder what your reaction is  
23 to that number. I'm sure there were  
24 projections done early on as to estimating the  
25 cost to the program. What's -- what's the

1 reaction in DOL to that number?

2 **MR. KOTSCH:** I have to admit I don't know what  
3 the early numbers were -- were. I know DOE was  
4 -- and Larry might know better. DOE was I  
5 think initially projecting quite a bit lower  
6 than that, probably lower than ten percent,  
7 maybe, you know, into the single digits --  
8 lower single digits. I think when we did our  
9 initial estimates, and I wasn't -- I have to  
10 admit, I was not at DOL at the time that those  
11 estimates were done -- when the Act was  
12 initially passed and OMB probably asked for an  
13 estimate -- I'll just say personally, I'm not  
14 speaking for the program at this point; I don't  
15 know exactly -- I think we're probably at a  
16 higher rate than maybe they initially  
17 projected. And I don't know whether -- I mean  
18 that's just my personal opinion, but Larry may  
19 have more programmatic --

20 **MR. ELLIOTT:** I'll only speak because I was  
21 here at that time, and DOE and DOL were talking  
22 about this and the numbers that they were  
23 talking were between ten and 15 percent  
24 compensability rate for dose reconstructed  
25 cases. And obviously we're -- we're seeing



1 much higher, and I think that's due to -- to  
2 claimant-favorable assumptions that we're  
3 making in our approaches that we use.

4 **DR. WADE:** I just wanted to get that on the  
5 record. Thank you.

6 **DR. MELIUS:** I would --

7 **DR. ZIEMER:** Jim?

8 **DR. MELIUS:** I would disagree with that, to a  
9 certain extent -- in fact, to a great extent.  
10 I think one of the problems with the early  
11 estimates, and I was around for those also, was  
12 that they -- DOE has always grossly  
13 underestimated to the -- the extent to which  
14 their workforce was exposed to radiation, and I  
15 think we're seeing repeated examples of that.  
16 And I think if you look at the history on -- on  
17 some of these sites in particular, you'll --  
18 you'll find just -- just based on some of the  
19 external monitoring data, that they are -- DOE,  
20 you know, repeatedly claimed that there were  
21 very few people with significant exposures, you  
22 know, whatever level you want to call it. And  
23 I think we're finding that there were -- there  
24 were many more.

25 Secondly, those projections also based on how -

1           - out of the total workforce, and we're seeing  
2           only people that -- filing claims. And you  
3           know, claims -- people filing claims, it's a  
4           very complicated picture and we've just talked  
5           about it now with these latest outreach efforts  
6           and so forth, and people file claims -- it's  
7           not like the whole universe is filing a claim.  
8           You know, they have some -- some extent what  
9           they know about their exposure or believe about  
10          their exposure, you know, to some extent it --  
11          it -- it's driven by success at some sites,  
12          which may be we're selecting out what are sites  
13          that have a -- a much higher exposure and  
14          therefore higher -- higher -- you know,  
15          favorable -- you know, claims rate or whatever  
16          you want to call that.  
17          So I'd just be cautious in trying to draw too  
18          much from what we expected, you know, 'cause it  
19          was based on relatively little data, and I  
20          think on some data that was, you know,  
21          perceived differently by different groups  
22          involved.

23          **DR. ZIEMER:** Jim?

24          **DR. NETON:** I just have a slightly different  
25          take on that. I think what's driving these











1           That is the job of the federal agencies  
2           involved. Many of you here tonight have  
3           specific cases, and may have concerns about  
4           your case. The Board probably will not be in a  
5           position to answer your specific questions,  
6           although we would be in a position to help you  
7           find where you can get answers if that is an  
8           issue with you.

9           What we do try to learn as we hear -- and we  
10          hear a lot of people's stories. Many of you  
11          are here to tell us your story, and those are  
12          very important because from them we learn  
13          what's happening in the program, how is it  
14          going, how long have people had to wait for  
15          actions. Where are the glitches. And from  
16          that we can, in a sense, be of help to you,  
17          even though it's the federal folks who will  
18          deal with your case. So if you have an issue  
19          and say well, I didn't get this filled out  
20          correctly, or they didn't understand this or  
21          that, we will try to help you get to the right  
22          person.

23          But we are not the ones who review or -- or  
24          actually do the dose reconstructions. We are  
25          not -- we are not a review board in the sense



1           that we hear cases where people say well, I  
2           didn't get treated right; I want my case to be  
3           reviewed. We are not an appeals group. That  
4           is -- under law that is -- we're not permitted  
5           to do that.

6           Our function is to advise on the program in  
7           terms of whether the dose reconstructions are  
8           being done properly. And in the case of the  
9           special cohort petitions -- and there's one  
10          from Y-12 in process -- this Board also makes  
11          recommendations to the Secretary of Health and  
12          Human Services on that kind of thing. So I  
13          give you that as sort of background so you  
14          understand there are certain limitations in  
15          terms of what we're able to do in terms of your  
16          personal case, yet we still want to hear what  
17          your issues are and make sure that somebody is  
18          available to assist you in whatever way is  
19          appropriate.

20          So in some cases you may have questions -- why  
21          did this happen or why did that happen -- this  
22          Board may not be able to answer that for you  
23          specifically. But we will try to make sure  
24          that we get the right person to help you as the  
25          need arises.

1 I might also add -- I told you that we have a  
2 vast variety of -- of people on the Board in  
3 terms of technical and work backgrounds and so  
4 on. We come from different parts of the  
5 country. Some of the folks here have  
6 experience in facilities such as yours. I  
7 myself began my career at X-10 and worked some  
8 at Y-12. So this is kind of home for me. I  
9 get a little emotional about Oak Ridge. Okay.  
10 Yeah, look at my wife -- see, even -- she gets  
11 more emotional than I do. How about that?  
12 Okay. So I have a list of people who have  
13 asked to speak and I'm going to go just in the  
14 order given here, and the first one is Thomas  
15 Duncan. Thomas Duncan here?

16 **UNIDENTIFIED:** (Off microphone)

17 (Unintelligible)

18 **DR. ZIEMER:** Okay, we'll -- we'll skip ahead  
19 and then come back. How's that?

20 Chris Elliott? There you go, Chris. Just  
21 approach the mike here.

22 **MR. C. ELLIOTT:** Well, I'll give this my best  
23 shot. Is that --

24 **DR. ZIEMER:** Yeah.

25 **MR. C. ELLIOTT:** My name is Chris Elliott. I'm

1 an affected employee or some people like to  
2 call us victims or whatever. My history is 21  
3 years at K-25 in the fire service,  
4 approximately nine months at Y-12 early in the  
5 '60s for about four months in the biology  
6 division -- which I was working for X-10, but  
7 at the Y-12 site. And in the late -- '97 --  
8 '96, early '97, as the (unintelligible)  
9 coordinator for fixed fire protection for Y-12  
10 fire protection systems.  
11 During all this time, especially at K-25, I sit  
12 here -- and bear with me, because my problems  
13 are all really in my head. I have been  
14 diagnosed with cognitive deficit, early  
15 dementia, frontal and right lobe brain damage  
16 from toxins and heavy metals, and major severe  
17 recurrent depression since -- I've been on  
18 disability from Y-12 from -- since 1997,  
19 February.  
20 I've set (sic) here for two days and listened  
21 to the NA-- whatever that group is that -- the  
22 contractor group that's kindly (sic) bouncing  
23 off NIOSH's findings, and I wonder, since K-25  
24 is a special cohort site, that -- is anybody --  
25 not monitoring, but looking at the way NIOSH is

1           doing the dose reconstructions for the non-  
2           covered illnesses such as skin cancers from the  
3           people at K-25, which I have a case on that,  
4           and my wife also entered a case which was  
5           denied. But I wonder if the same methodology  
6           that's being kindly (sic) challenged to a point  
7           at Rocky Flats and Savannah River is being used  
8           at K-25, and is there any challenges or things  
9           going on there at that site to say yes, you're  
10          doing this right and no, we think you're doing  
11          this wrong?

12          My wife worked there for six years as clerical,  
13          and I know you can't do anything about this,  
14          but I want you to hear it. And her dose to her  
15          skin came up as 11.217 rem or a 42.17 percent  
16          of probability, which it has to reach 50  
17          percent probability to get compensation. That  
18          was a little less than six years employment in  
19          the clerical environment. I spent 21 years in  
20          the fire service environment, as I told Mr.  
21          Zimmer (sic) there -- Ziemer. When everybody  
22          was running away from it, we were running  
23          toward it. Yet I had a basal cell carcinoma on  
24          my forehead and my whole body -- I mean the  
25          skin dose came up as 14.8 rem. That, to me,

1           in one way of looking at it, in 15 more years I  
2           only got three more rem exposure. To me,  
3           that's -- that doesn't quite balance out, you  
4           know. So that's one of the things that I --  
5           I'm concerned about is the way they do the  
6           business of checking.

7           Well, I've heard high-risk jobs, bioassay, you  
8           know, in high-risk professions inside the  
9           plants themselves. We were in the fire  
10          service. In 21 years I never remember a  
11          bioassay being done on myself. The records say  
12          I had one, and I don't remember it -- which is  
13          not unusual, considering my mental capabilities  
14          right now -- but to me, I don't know why we  
15          weren't in a bioassay program because we were  
16          exposed to numerous releases, fires of  
17          materials and we had to go in and pull people  
18          out of releases and excursions and whatever.  
19          Y-12 is comparatively safe, as far as I know.  
20          I didn't get into much over there with the rats  
21          and the mice, that I know of. But we had a lot  
22          of toxins and the heavy metals and a lot of  
23          chemicals and stuff at K-25, which were very  
24          injurious (sic) to the people down there.  
25          I worked my way up from a fire driver to the

1 chief of the department at K-25. But at the  
2 time I made chief, I was in the throes of this  
3 illness that I have right now, and I just could  
4 not keep it. It was something I had worked for  
5 all my life down there, and I had to give it  
6 up. And then a few months later, in October of  
7 '96, they decided my services were no longer  
8 necessary and laid me off and I found a job at  
9 Y-12. But I only lasted till February of the  
10 next year and had to go on disability. Tried  
11 to come back after six months. Y-12's own  
12 medical department would not allow me to come  
13 back, and I have been on permanent and total  
14 disability since '97. It's a hard thing to  
15 take, for somebody who's worked all their life,  
16 to go home and not be able to work and not get  
17 a paycheck, as such. You get a disability  
18 check -- but anyway, that's not really probably  
19 germane to all of this.

20 I was -- I will -- one thing I am proud of, I  
21 was a member of the original group at K-25 that  
22 started all this. Where you're at today  
23 started at K-25 with a group of about 50  
24 employees who started showing up with cyanide,  
25 biocyanate in their urine, and we started

1           trying to get something done, get somebody to  
2           listen to us that there was something wrong.  
3           And that's when the study from Dr. Locke and  
4           Dr. Byrd\* ensued. For about two years we went  
5           through ever (sic) kind of test I guess  
6           imaginable, and that's where a lot of my  
7           diagnoses came from was out of those testing.  
8           But I think this movement that's going still  
9           today started at K-25 in the '90s. So I'm  
10          proud of that. I'm proud of -- we stood up,  
11          and then other people started standing up and  
12          trying to get to right some wrongs.  
13          I will say one thing -- and don't take this  
14          wrong -- there's some things that happened in  
15          this country that's horrific. 9/11 was  
16          horrific. I feel very deeply that the people  
17          suffered tremendous loss. This country did,  
18          too. But the government ran over theirselves  
19          (sic) to compensate the families of those  
20          people who were in the wrong place at the wrong  
21          time. We worked at a place that's been proven  
22          that people higher up knew what it was doing to  
23          us and were not informed. Places I ate in,  
24          smoked in, chewed gum in in my street clothes,  
25          in my coveralls, in my fireman's uniform, when

1 I left down there you couldn't go in there  
2 without double-C protection, double boots,  
3 double gloves, respirators. You couldn't even  
4 go in the building, and I went through those  
5 buildings numerous times with just street  
6 clothes on. You breathe a lot of dust and  
7 stuff like that and, like I say, I hate what  
8 happened at 9/11. But the people who worked at  
9 the plants in this country are just as much  
10 victims and are just as deserving of  
11 compensation than those people.  
12 And I hate it, but that's the way I feel about  
13 it. We gave a lot to help win the Cold War,  
14 and some more than others. A lot of people who  
15 worked with me are no longer here. The process  
16 has outlived them.  
17 And I just -- that's about all I've got to say,  
18 and I appreciate you and I appreciate what all  
19 you're doing, but there's a lot of people  
20 hurting out there and they need help. They  
21 don't need a lot of technical talk, a lot of --  
22 I've got a lot of charts in here that I can't  
23 understand. I don't know what they mean. We  
24 need results, not technicalities. Thank you  
25 very much.



1           **DR. ZIEMER:** Thank you, Chris, for your  
2           comments.

3           Next -- it looks like Herman, Herman Potter?  
4           Yes.

5           **MR. POTTER:** Hello. My name's Herman Potter.  
6           I work for the United Steel Workers. I've been  
7           asked to come here to inquire about a letter  
8           that was sent to each Board member by  
9           (unintelligible), United Steel Workers Safety  
10          and Environment Director. He was -- he was  
11          wanting to know what actions, if any, it was  
12          taken on this letter that was sent, and I would  
13          like to read the letter, with your permission.  
14          It's (reading) Dear Chairman Ziemer and  
15          Advisory Board Members, Unions and workers --  
16          worker groups have organized meetings with  
17          NIOSH and its contractor support staff to  
18          provide input into the site profiles being  
19          prepared for use by radiation dose  
20          reconstructors in the compensation program.  
21          This NIOSH initiative was triggered by a formal  
22          request from the Advisory Board. With the  
23          exception of several locations, we're growing  
24          increasingly concerned that this input is not  
25          being fairly considered by NIOSH or ORAU. We

1 believe that it may be appropriate for the  
2 Board and/or its audit contractor to evaluate  
3 the degree and extent to which the workers'  
4 comments were evaluated and were relevant --  
5 and, where relevant, incorporated into the site  
6 profiles. This letter requests that the  
7 Advisory Board and, where appropriate, its  
8 audit contractor review the comments provided  
9 on NIOSH site profiles that were submitted by  
10 the local unions or worker groups, including at  
11 Hanford, INL, K-25, Portsmouth, Paducah, Rocky  
12 Flats, Fernald and Chapman Valve. These  
13 comments are contained in the TopHat database,  
14 but to date we are not even aware whether these  
15 have been reviewed by the audit contractor.  
16 For example, in the recent Hanford site profile  
17 review.

18 And it says (reading) Thank you for your  
19 consideration and -- and please contact Herman  
20 Potter if you have any questions.

21 And I might add that very recently, even --  
22 basically a non-typical DOE site, NFS out of  
23 Erwin, Tennessee, we had U.S. -- United Steel  
24 Workers received requests and -- in assistance  
25 in their site profile. And we had actually --

1 we had actually provi-- started providing that  
2 assistance. And in that -- in that specific  
3 case, NIOSH and the -- and the contractor has  
4 been working with us to find out what  
5 information was provided to them by that  
6 contractor. But there is a problem that that  
7 contractor, on its initial -- on the initial  
8 request for documentation to review in order to  
9 prepare for that site profile, had refused to  
10 provide that information.

11 Now this -- this is not -- this is just very  
12 basic technical information. It's just  
13 procedures, bioassay procedures, things that  
14 should be in a Technical Basis Document. But  
15 that type of relationship or that type of  
16 action by the contractor does not lend -- does  
17 not lend credibility to this program.

18 But back to the letter, Michael Wright had  
19 asked me to actually approach you all with this  
20 and find out what actions have been taken, or  
21 if any are going to be taken.

22 **DR. ZIEMER:** Let me give you a preliminary  
23 response. I believe I got a copy of the  
24 letter, and I'm -- were the Board members  
25 copied? I just saw it earlier this week,

1           actually, but -- and -- and have not replied to  
2           that letter. But let me tell you generally, we  
3           are making concerted effort, and particularly  
4           with the help of our contractor, to garner the  
5           comments of workers in the work site. I know  
6           that NIOSH is also now doing the same. Whether  
7           the specific comments that you're referring to  
8           have been addressed, I don't know the answer to  
9           that. But we certainly will have that and I  
10          want to make sure that we follow up on this and  
11          -- as we proceed in reviewing those various  
12          site profiles. And certainly -- I'm -- I'm  
13          looking to see if any of our -- John, did your  
14          folks get a copy of that letter, as well? If  
15          not, we will provide it to our contractor.

16         **DR. MAURO:** (Off microphone) Yes, we are of  
17          that -- aware of the letter.

18         **DR. ZIEMER:** Okay.

19         **DR. MAURO:** (Off microphone) We have been in  
20          communication with NIOSH and their contractor  
21          (unintelligible) that information  
22          (unintelligible) TopHat database.

23         **DR. ZIEMER:** Right. The TopHat database is the  
24          -- the key. We will certainly follow up on it.  
25          If you're asking whether it's all been

1           addressed, I don't think we know that right  
2           now, and the answer is probably somewhere in  
3           between. My guess is some of that probably  
4           already has been looked at by NIOSH, but we  
5           will -- we will make every effort to make sure  
6           that -- that that does occur. We thank you for  
7           that input.

8           **MR. POTTER:** Thank you.

9           **DR. MELIUS:** Dr. Ziemer, the letter is actually  
10          -- what's the date on the letter? Can you  
11          clarify that first, Herman?

12          **MR. POTTER:** The letter's dated June 27th,  
13          2005.

14          **DR. MELIUS:** Yeah, this is -- goes back quite a  
15          bit of time, and I think it came in just before  
16          one of our scheduled meetings. It -- actually  
17          I'd inquired about it at that meeting, said it  
18          would be on the agenda for the next meeting,  
19          and then we had sort of a -- I don't know what  
20          you call it, emergency meeting, but the off-  
21          schedule meeting, last one in St. Louis, and I  
22          would actually like to see it -- if we can't  
23          have time to discuss it at the meeting now,  
24          that we put it on the agenda for the next  
25          meeting and have a formal presentation from

1 NIOSH, who, you know, claims they're being more  
2 responsive and trying to incorporate these  
3 comments. We have a lot of concern about that  
4 and I think we should formally discuss it.

5 **DR. ZIEMER:** Thank you. So -- yes, and so  
6 please assure your colleagues that we will  
7 address these issues.

8 Randy Layman?

9 **MR. LAYMAN:** Yes, sir. Thank you all for  
10 having me back. We spoke briefly yesterday and  
11 I made (off microphone) (unintelligible). My  
12 father worked at the Y-12 site that has been  
13 referred to at this meeting. (On microphone)  
14 My father went to work at Y-12 in 1958 and I  
15 was conceived as a child in 1962. I grew up  
16 being known as what was called a carbide brat.  
17 That plant used to be Union Carbide, and it  
18 went to Lockheed Martin and Martin Marietta.  
19 Now it's BWXT. Tomorrow it might be -- you  
20 don't know and you don't want to know, and  
21 that's...

22 Well, anyway, I have a picture -- my father was  
23 a assembly -- production machinist, and you all  
24 are calling Y-12 the site, but as I was growing  
25 up, the sign out in front of Y-12 complex said

1 Y-12 Nuclear Weapons Plant. Okay? So in my  
2 mind and in laymen's terms, that to me don't  
3 mean conventional weapons. Okay? And I  
4 understand that back in the -- the late '50s  
5 and early '60s that Y-12 especially had huge  
6 Navy contracts. They built weapons for the  
7 Navy. In other words, some of these things  
8 that you see on TV, a warhead that would come  
9 from 4,000 feet deep in the ocean, break the  
10 surface and then hit a target 8,600 miles away,  
11 Cold War (unintelligible). It took a lot of  
12 technology, guys like yourselves. You  
13 metallurgists and you physicists and engineers  
14 used to get together and draw these things up.  
15 Well, my father was the man that built these  
16 things.  
17 Okay, the site that you call it that you go out  
18 there and look at now has 100 machinists.  
19 Okay? In 1975 Y-12 employed 28,000 people,  
20 12,800 were machinists. My father was fourth  
21 from the top in seniority, and that was a very  
22 good job. He took good care of us. We -- we  
23 had a fine brick home with a basement. But I  
24 was a freshman in college when my father died.  
25 Okay? And that was -- he -- he had me on -- I

1           wasn't on scholarship. He was paying for that  
2           and it was out of school for me and I had to  
3           learn to be a man. And myself and my sister  
4           and my brother, we're successful business  
5           people here in Knoxville, and -- and we're not  
6           up here begging for the money. We're okay.  
7           But here -- there -- there's one statement I  
8           want to make and there's a question, because I  
9           realized where my father worked when -- when  
10          you get down into the bowels and the guts of Y-  
11          12 weapons plant, I believe that you all meet  
12          fierce resistance. Meaning this: I believe,  
13          sir, that there's places in Y-12 that you can't  
14          go. Because now that they've changed the plant  
15          to the large production facility, they're even  
16          taking some of the most dangerous -- most  
17          dangerous waste from the Soviet Union and  
18          storing it -- guess where? Thirty-five miles  
19          from where you're sitting. You guys are up  
20          here and you have this meeting in this nice  
21          hotel, but I don't even know in this room who  
22          has the clearance to go into the bowels of Y-  
23          12. And it -- to me, it's like chasing a  
24          ghost. But some of those buildings are not  
25          there. The production has changed.



1 But I have a picture right here, and I want to  
2 pass it around and I want you to look at it.  
3 This is a picture of my father at 43 years old,  
4 and he died at 53. He went to work at Y-12 in  
5 1958. My mother said in five years his hair  
6 was solid white. In ten years he was bald.  
7 I'm 43 years old and this picture I'm about to  
8 show you is my father working in a dry box at  
9 Y-12. He's 43 years old. I want you to look  
10 at him and look at me. Now I told you  
11 yesterday he went from 235 pounds and six foot  
12 two -- he played end at the University, but  
13 because of a knee injury his football career  
14 was over. But he fought in Korea. When he  
15 came back from Korea he went to work at the  
16 plant, was the kind of man he was. But can any  
17 of you go to a place in -- I'm sorry -- (off  
18 microphone) in Y-12 that has a machine that  
19 looks like this? Now when you look at this  
20 picture, look at my father, but ask yourself  
21 what is inside this dry box that he's making,  
22 and what component is in it and what's -- when  
23 it comes out here it has to go on a lathe and  
24 turn (unintelligible) high speed  
25 (unintelligible) and this thing right here is -

1           - is what I want to talk to you about about  
2           these shavings flying (unintelligible) and how  
3           safe is this. Sir, you're a physicist. You  
4           figure this out. But this is the only picture  
5           I can bring you as evidence (unintelligible)  
6           where my father's -- he died in January, but in  
7           -- in October of that year, before he died, he  
8           went from 235 but his death weight was 173. I  
9           want y'all to see that just for a minute.

10          (On microphone) And out of these 28,000 people  
11          that worked at Y-12, I'm proud to say that my  
12          father wasn't a wandering generality. He was a  
13          meaningful specific. He was fourth from the  
14          top out of 12,800 machinists. He knew what he  
15          was doing. When there was a precision project  
16          to be made, they called on Bill Layman, and I  
17          believe it cost him his life because -- I mean  
18          I believe they tried at Oak Ridge to have  
19          safety. But if you'll look at this dry box  
20          right here, if I were doing a dose  
21          reconstruction I would take that picture, if I  
22          could go to the bowels of Y-12, and I would  
23          find somebody who knows about a dry box like  
24          that and I would say sir, isn't -- 2005, if we  
25          had a dry box like this in here and somebody

1           was turning metal of it, how long do you think  
2           they would live?

3           Let me ask you all this right here. I can't  
4           think of one machinist that worked at Y-12 for  
5           25 years in my father's era that lived to tell  
6           about it. They're all dead of cancer. Look  
7           and see.

8           I got one more thing I want to show you. (Off  
9           microphone) When I said that my father was a  
10          meaningful specific, my father was (on  
11          microphone) declared Mr. Safety -- (off  
12          microphone) now I (unintelligible) Mr. Safety  
13          on his job in 1971. That means -- (on  
14          microphone) Y-12 has a safety program, and  
15          they're big on safety out there. But when you  
16          have an employee that goes above what he's  
17          supposed to do and offers suggestions to the  
18          plant he works in and those safety values are  
19          taken and making policy because he -- he -- he  
20          did things that was -- made safe on the job, so  
21          he wasn't out there trying to -- to -- to do  
22          something foolish with this -- (off microphone)  
23          in east Tennessee we call it hot stuff -- and  
24          he -- he told me (on microphone), he said I --  
25          I just got into too much hot stuff.

1           So I just wonder, when you guys go down there  
2           to do the -- the dose reconstruction -- okay,  
3           the number one thing, if any of you know about  
4           Bear Creek Road -- okay, when I was a kid we  
5           could go down Bear Creek Road 35 miles west of  
6           here and you could drive straight by Y-12, K-  
7           25, X-10, the Lab and the whole nine yards.  
8           Now if you get in your car and you drive down  
9           there, the first thing you're going to  
10          encounter -- okay, just say if you send a lady  
11          out of your office working from NIOSH. She  
12          gets in her car in Ohio and she drives to Oak  
13          Ridge, Tennessee. The first thing she  
14          encounters in the street on Bear Creek Road is  
15          the military, sir. If she don't have the  
16          credentials to get in, she's going to be met,  
17          or he, with stiff resistance. Okay?  
18          Then what -- let's say she gets inside that  
19          gate. Do you believe -- you want me to believe  
20          that she can go in the bowels of Y-12 and dig  
21          in their archives of the people that's died out  
22          there? That, to me, sir, in a dose  
23          reconstruction set up that way would be like  
24          trying to -- if building an automobile was  
25          settling these cases, a dose reconstruction and

1 a coloring book -- I mean a workbook is like  
2 carving a ancient stone out of a wall. It's  
3 backing up. It's wasting money. And no  
4 disrespect for you all, but folks, the people  
5 that's died at Oak Ridge, the money it costs to  
6 have this meeting -- this is the finest hotel  
7 in our city. We could have done this at the  
8 Holiday Inn, and the money saved from this  
9 could have bought some shoes for some kid  
10 that's daddy died turning metal out there  
11 making weapons to protect all of you, and me.  
12 Think about it. I mean if you think a dose  
13 reconstruction going on for four years and you  
14 don't have any more answers respectively than  
15 you've got right now, and you're going to do it  
16 another -- another four years, all I'm -- I  
17 expect to get letters from you, four more years  
18 just like the past four years. We're about to  
19 get it to dose reconstruction. Once it does  
20 this, it does that. But it's -- it's -- it's  
21 really not going nowhere. In east Tennessee --  
22 y'all might see me as a redneck hillbilly, but  
23 I'm telling you there's -- there's time to spin  
24 your wheels, and they've spun enough. It's up  
25 to you. And if you said President Bush ordered

1           you all to handle this, then why aren't you  
2           doing it? Why are you letting NIOSH tell you  
3           all that they're going to Oak Ridge and getting  
4           all these samples? They can't even get in,  
5           sir. That -- national security is threatened  
6           if your people go digging in the bowels of Y-  
7           12. Russia's most dangerous stuff that they  
8           can't handle is sent 35 miles west of here and  
9           kept in our safes at Y-12, and you all want to  
10          do a dose reconstruction? If you walk into  
11          those places and breathe it, you'll die. You  
12          can't go in the bowels of Y-12, sir. If you  
13          can, at least convince me of that. I'm talking  
14          -- my NIOSH numbers is 5502. My name's Randy  
15          Layman. You can look at my father's employment  
16          record. But if you'd seen him when he died, a  
17          big thick tongue and just -- just purple. He  
18          just went down to nothing. He not only had  
19          myelomytic (sic) leukemia, but they said --  
20          they said his leukemia was in the bone marrow.  
21          It was in his blood. It was in the lymphs. It  
22          was -- he was consumed by it. And he worked  
23          even Friday -- my dad carried a lunchbox to  
24          work, sir, and his lunchbox didn't just have a  
25          -- a meal in it. They had a joke. At the

1 guard shack every day when they checked my  
2 dad's lunchbox -- Mr. Layman, we see you  
3 brought your medicine cabinet with you today --  
4 because of the stress. And my daddy would joke  
5 about that, but when you're talking about  
6 ulcers on top of ulcers, your hair falling out,  
7 losing weight, getting weak, not knowing what's  
8 going on, but go to work on Friday -- and my  
9 dad hated the doctor, but my sister right here,  
10 he asked her to take her -- him to the hospital  
11 on a Sunday night, that he felt weak. Tuesday  
12 they diagnosed leukemia. Thursday they gave  
13 him a shot of chemotherapy -- and one more time  
14 I'm going to tell you, at this hospital right  
15 across the river, my daddy died on Friday  
16 holding my hand and telling me that he got this  
17 stuff from Oak Ridge. You can believe it or  
18 not, and your check is not going to make or  
19 break me. I'm standing on my own and I can  
20 make it. But you might tell some widow woman  
21 that because of this alphabet (unintelligible)  
22 the bowels of Y-12, and I was close to him, and  
23 right there's strict proof. And I feel like if  
24 you want a dose reconstruction, go down there  
25 and say I've got somebody that's Mr. Safety.

1           Look at this dry box.  Would this fly at Y-12  
2           right now?  And the people will tell you no, we  
3           had to get rid of them a long time ago.  Well,  
4           why was that?  Because they leaked.  Well, what  
5           was in them that could leak?  Weapons grade  
6           uranium, and once this stuff's enriched, it  
7           won't go away.  
8           There's things out there that I believe will  
9           never go away.  You can't get rid of it.  
10          There's nothing you can do with it.  There's  
11          vats of fuel.  There's -- there's -- it's --  
12          it's almost like we're at a stalemate, and to  
13          call it a dose reconstruction and keep going,  
14          to me, and with all due respect to you, I  
15          believe it's a waste of time.  Sometimes it's  
16          time to cut your losses, pay the people that  
17          deserve it.  If I deserve it, pay me; if I  
18          don't, don't.  But stop the letters.  Stop the  
19          high-priced meetings, and -- and -- and buy  
20          some kid some shoes that's daddy died out there  
21          trying to defend the United States and Israel.  
22          Do something right that you can feel good  
23          about.  Don't listen to all this hogwash.  But  
24          if you can't go to the bowels of Y-12, how can  
25          you do a dose reconstruction?  I'll guarantee



1           you they won't let you in. How many Q  
2           clearances do you all have? And on top of  
3           that, how many of you -- and with this (off  
4           microphone) knowledge -- and with all due  
5           respect, how many of you can handle top secret  
6           material? You can't even get there. The  
7           Army's in the street. They'll stop you in your  
8           car if you don't have (unintelligible) -- bye-  
9           bye (on microphone) and that's how it works.  
10          Convince me different and I'll shut up. I'm  
11          only here for a few minutes to see you all.  
12          Life goes on for you and life goes on for me,  
13          but the fact stands, the man that you see  
14          working in the dry box, you can have it, but  
15          somebody take the -- if -- if I could go, I got  
16          the guts to ask them (off microphone) why did  
17          you do away with these machines, because --  
18          I'll -- I'll tell you one more thing. (On  
19          microphone) N.C. State had a group of seniors  
20          that developed a new type of Geiger counter,  
21          and a man here mentioned K-25. I talked to a  
22          man last night that works at K-25. They  
23          thought they had the best hot-stuff readers in  
24          the world. Inci-- these seniors from U.T. -- I  
25          mean N.C. State brought their Geiger counters

1 or equal-to Geiger counters, and they started  
2 going off through the door. There was hot  
3 stuff all over that place. They found a fake  
4 floor with waste just dumped and built over it.  
5 That place is hot, real hot. Sir, can you go  
6 to the bowels of Y-12? Can you?

7 **DR. ZIEMER:** I cannot go to the bowels of Y-12.

8 **MR. LAYMAN:** Who can?

9 **DR. ZIEMER:** We have some on the Board that  
10 can.

11 **MR. LAYMAN:** Well, let's see what he can find.  
12 And would you get back to me, please?

13 **DR. ZIEMER:** And let me comment -- thank you.

14 **MR. LAYMAN:** Yes, sir. And I don't -- I'm not  
15 being hostile to you, but --

16 **DR. ZIEMER:** No --

17 **MR. LAYMAN:** -- you do -- I'm an enlightened  
18 person.

19 **DR. ZIEMER:** Yeah. Let me tell you that the --  
20 the task of garnering the dose information on  
21 the workers is a NIOSH task. They have people  
22 that are able to garner that information. We  
23 also have folks on our contractor's side that  
24 have the appropriate clearances to go into the  
25 various facilities. Now I don't know if you

1 realize that actually if we're not able to get  
2 the dose information on a person, then we have  
3 a process -- and it may be that you're not  
4 familiar with that, but there is a process  
5 which essentially assigns worst-case dose to  
6 the individuals in the absence of information.  
7 And -- and it's a process that we're required  
8 by law to follow. We cannot ignore -- I  
9 understand your sentiments. You must  
10 understand that this Board and NIOSH are  
11 charged by law to follow certain procedures.  
12 It's a bureaucratic thing, admitted.

13 **MR. LAYMAN:** Sure.

14 **DR. ZIEMER:** But we cannot simply say well,  
15 we're not going to do this. We will, you know,  
16 ignore what the law says. There will be some  
17 frustrations in the process. We -- this Board,  
18 NIOSH, our contractors -- will do our best --

19 **MR. LAYMAN:** I appreciate that.

20 **DR. ZIEMER:** -- to -- to --

21 **MR. LAYMAN:** (Unintelligible)

22 **DR. ZIEMER:** -- try to determine, whether it's  
23 your own case or others, if we can reconstruct  
24 the dose in a manner which we believe is  
25 reasonable, it will be done. If we cannot do

1           that, NIOSH will say so. They already have  
2           cases now where they have said we cannot  
3           reconstruct this person's dose and therefore  
4           recommend they move into the Special Exposure  
5           Cohort.

6           **MR. LAYMAN:** When national security is at  
7           stake, there's -- there could become --

8           **DR. ZIEMER:** That could --

9           **MR. LAYMAN:** -- stalemates on that ---

10          **DR. ZIEMER:** -- happen. That could happen.

11          **MR. LAYMAN:** -- and I realize that.

12          **DR. ZIEMER:** If we cannot get the information,  
13          then we have some alternatives. We will do our  
14          best to do it in a fair way --

15          **MR. LAYMAN:** I appreciate you very much.

16          **DR. ZIEMER:** -- and you understand that we have  
17          some limitations on what we are legally able to  
18          do, but we will do our best to be fair, not  
19          only to -- to your father, but all other folks.  
20          We appreciate, you know, what -- the impact it  
21          has on individual families. You -- we know  
22          that people are not just numbers.

23          **MR. LAYMAN:** Yes, sir.

24          **DR. ZIEMER:** And we want to be cognizant of  
25          that as we proceed. We know -- you know, the

1 cases have numbers, yes, your numbers, but each  
2 case is unique. We're honestly trying to do  
3 our best to -- to be fair to all of those  
4 concerned.

5 **MR. LAYMAN:** Yes, sir.

6 **DR. ZIEMER:** And we -- we recognize that in  
7 many cases it's not an issue of just the money.  
8 It's an issue of fairness --

9 **MR. LAYMAN:** Sure it is.

10 **DR. ZIEMER:** -- and it's an issue of, you know,  
11 not -- not only fair treatment, but -- for  
12 example, what's -- were folks deceived, in a  
13 sense, by their own government --

14 **MR. LAYMAN:** Sure.

15 **DR. ZIEMER:** -- which is, you know, an issue we  
16 hear many times. So we're cognizant of that.  
17 We -- we will honestly do our best to address  
18 those.

19 **MR. LAYMAN:** Thank you so much. I appreciate  
20 that.

21 **DR. ZIEMER:** Yeah.

22 **MR. LAYMAN:** Thank you, sir.

23 **DR. ZIEMER:** Howard Lawson.

24 **MR. LAWSON:** Lawson, L-a-w-s-o-n.

25 **DR. ZIEMER:** L-a-w -- okay. Oh, law, yes, not

1           -- okay, yes, Lawson.

2           **MR. LAWSON:** Good evening, and my name is  
3           Howard Lawson. I work at BWXT, Y-12. I'm  
4           electrician by trade, and I'm also one of two  
5           full-time union health and safety  
6           representatives. And on behalf of the ATLC and  
7           the ATLC president and vice-presidents, let me  
8           tell you that we appreciate the work that the  
9           Board does. I know a little bit about your  
10          travel schedule, and it has to be sometimes  
11          inconvenient for you, at the best. And if  
12          there's any way that the ATLC can assist the  
13          Board in getting information to help workers  
14          and former workers at Y-12, we'll be happy to  
15          do it.

16          I don't have many complaints. I've got some --  
17          some comments and suggestion, and one important  
18          question -- well, that's important to me --  
19          that I wish you could answer, and I'll get to  
20          it last. But the first two things here are  
21          kind of superficial. The first is the meeting  
22          location. You're in Knoxville for an Oak Ridge  
23          meeting. It might better serve the claimants  
24          if -- if you could meet at -- in Oak Ridge. I  
25          know the old Doubletree, it's probably not as

1           adequate as this, but it'll make do.

2           **DR. ZIEMER:** And let me insert here. We --

3           that would have been our preference. We

4           actually had trouble getting it scheduled for

5           this meeting. This -- this was not our first

6           choice, honestly, and we're hopeful that we can

7           meet in Oak Ridge in a future time.

8           **MR. LAWSON:** (Unintelligible) I guess it's

9           Doubletree now that --

10          **UNIDENTIFIED:** (Off microphone)

11          (Unintelligible) before.

12          **DR. ZIEMER:** As we did before.

13          **MR. LAWSON:** Right, right. The other one is

14          that -- the advertisement, getting the word out

15          on -- on this particular meeting. I didn't see

16          it because I had access to e-mails through the

17          union, but one of the ladies was telling me

18          that it was a -- a small ad in the paper in the

19          classifieds, and particularly hard -- hard to

20          find. If -- next time, if you could see it --

21          if you had, you know, a bigger advertisement,

22          you might get a better turnout and a better

23          participation.

24          Next, the phone interviews that the -- I guess

25          it's one of the first steps that is -- is in

1           the dose reconstruction process, it -- if you  
2           could change the questions to -- to be more  
3           oriented towards the -- the buildings in Y-12  
4           and the processes or the components that were  
5           used, the workers would -- would have better --  
6           could give a better indication of where they  
7           worked and what they worked with, rather than --  
8           - I believe I remember one of the questions  
9           saying something about a specific radionuclide  
10          (sic). You know, most workers out there don't  
11          know what nucleide (sic) -- one from a -- one  
12          from another. And also it would be helpful if  
13          the interviewer could have some semblance of a  
14          working knowledge about the Y-12 site and they  
15          could get an idea of the exposures that the  
16          workers were exposed to, and the hazards -- in  
17          building say 9212 or 9206, as opposed to 9720-  
18          6. In other words, the difference in the  
19          hazards in the east end and the west end.  
20          This -- I heard -- I believe it was yesterday,  
21          about the HP, how -- how they are plentiful  
22          now, and I can attest to it that they -- they  
23          are, they're plentiful now. But in talking  
24          with some of the old-timers, the time frame  
25          through the late '60s, '70s and even into the



1 '80s, HPs weren't all that plentiful and  
2 available to the workers and -- and their job  
3 sites. Now whether they were adequate or not,  
4 I'm not -- I can't say, but they weren't all  
5 that plentiful then as they are now. And some  
6 of them back in those days were even paid for  
7 with X-10 money. Therefore they stayed mainly  
8 in the X-10 building. They were -- they didn't  
9 smell as good as the Y-12 building, but they  
10 weren't as contaminated as the Y-12 buildings,  
11 too. You know the -- the rat building and some  
12 more of them.

13 Okay, my -- my question that I mentioned, too,  
14 that I'd like to -- the Board to satisfy, deals  
15 with the use of -- of coworkers for dose  
16 reconstruction data. I don't -- I've got a  
17 little bit of a problem with that in that how -  
18 - how you would use the -- which coworker would  
19 be selected. They -- they give you some  
20 scenarios -- we're using electrician, since  
21 that's what I am, I know a little bit about.  
22 Today I might be relamping in a building -- a  
23 clean building like this and with say Joe. And  
24 then -- but the next day I'd be working with a  
25 different coworker in the 9212 head house

1 basement, and most likely I'm going to be in a  
2 full dress-out, anti-Cs, and a respirator. So  
3 for the purpose of the coworker dose  
4 reconstruction data, which coworker are you  
5 going to use? Would you be -- use the one  
6 where I worked with the -- changing the light  
7 bulbs in a clean area or would I be -- would  
8 you -- will it be -- use the one when I went to  
9 the head house basement? How -- how -- what's  
10 the process for determining which coworker is  
11 used for that re-- reconstruction data?

12 **DR. ZIEMER:** And perhaps we could ask Jim Neton  
13 or one of his folks to answer that. I can tell  
14 you in general what they would tend to do would  
15 be to find the one that had the highest dose of  
16 -- of the group and -- and use that as the  
17 assignment, but Jim, clarify for us.

18 **DR. NETON:** Yeah, you -- you raise a good  
19 question about this coworker data.

20 **DR. ZIEMER:** This is Jim Neton, who --

21 **DR. NETON:** I'm sorry --

22 **DR. ZIEMER:** -- is with NIOSH.

23 **DR. NETON:** -- with NIOSH. There's been some  
24 confusion about how we're doing this, and we're  
25 not doing -- using exact side-by-side workers

1           for the very reasons you mention.  It's very  
2           difficult to demonstrate that these workers had  
3           identical exposures.  So what we do is take the  
4           -- the samples for all workers who were  
5           monitored, and if we have no idea where the  
6           person worked or -- or what their exposure was  
7           and they should have been monitored, we will  
8           pick the high end of the monitoring data and  
9           use that to do the dose reconstruction.  If we  
10          believe that the person was not in a position  
11          that they needed to be monitored, we will take  
12          the average value of all the monitored workers  
13          and assign that.  So it's a lot more rough than  
14          -- than you'd think.  It doesn't get down to  
15          specific job.  It's all monitored workers, and  
16          we err on the side of conservatism and  
17          claimant-favorableness to give the higher  
18          exposure.  I don't know if that answers your  
19          question.

20          **MR. LAWSON:**  (Off microphone) It answered a  
21          little bit (unintelligible) confusion.  Say --  
22          say we have -- we -- we have secretaries that  
23          are on the east end, and they're monitored.  
24          Even up until just a few months ago, they --  
25          they were in the urinalysis program.  They are

1 obviously on the low end of the scale. They're  
2 going to get virtually nothing. And the  
3 carpenter that's working in one of the process  
4 buildings, he's -- he's going to get the max.  
5 Now -- but to reconstruct it, where do you go  
6 from there?

7 **DR. NETON:** Well, it depends on the individual  
8 case, but in general I could say that if a  
9 secretary who -- they were monitored? If  
10 there's monitoring information, we'll use the  
11 actual monitoring information to reconstruct  
12 the dose. But if a secretary were not  
13 monitored and -- and our investigation reveals  
14 that they should have been -- in other words,  
15 they had potential exposure -- then we would  
16 more than likely use the average value of all  
17 the monitored workers at the plant. This is  
18 not 100 percent the way we do it, but that's  
19 what we would do if we couldn't determine and  
20 we believe that the secretary had potential.  
21 If a carpenter were not monitored and he should  
22 have been monitored, and we believe that there  
23 was a large potential for exposure, we would  
24 pick the highest exposure of all the monitored  
25 workers -- not the highest, but the -- towards

1 the high end, what we call the 95th percentile  
2 of the extreme end, and say we don't know;  
3 we're going to use a highest value because,  
4 again, we don't know and we'll be conservative  
5 and select that.

6 **DR. ZIEMER:** Okay. Thank you. Ken Silver.

7 **MR. SILVER:** Good evening. I'm Ken Silver,  
8 Department of Environmental Health, East  
9 Tennessee State University. My comments are  
10 about the draft Los Alamos site profile. I  
11 have two requests -- I'll be very brief; you  
12 have other working people waiting to talk.

13 **DR. ZIEMER:** Yes, but that's -- that's fine.  
14 Go ahead and proceed.

15 **MR. SILVER:** Very briefly, two requests.  
16 Please go back to New Mexico soon for a Board  
17 meeting and put the draft LANL site profile on  
18 the agenda. And two, before the meeting in New  
19 Mexico -- within the next year, please -- see  
20 to it that ORAU provides a detailed response or  
21 rebuttal to my written comments on the draft  
22 LANL site profile, which OCAS was kind enough  
23 to post on the web site.

24 My comments don't come from the ivory tower.

25 In October 2002 you had a Board meeting in

1 Santa Fe at the Inn of Loretto and I'm proud to  
2 have been part of the social movement that  
3 helped liven up that meeting. I didn't write  
4 my comments until NIOSH and ATL held a meeting  
5 in Espanol in New Mexico June 18th of this year  
6 in response to a request from UPTE\* Local 1663,  
7 and I spent the better part of the late '90s  
8 from the Openness Initiative until 2001 going  
9 through public source documents on Los Alamos  
10 historical processes, emissions and exposures.  
11 There are very, very serious problems with the  
12 LANL draft site profile in terms of using  
13 readily available public information that  
14 someone with a large contract ought to be able  
15 to get. If I could get it a few years ago from  
16 public sources, hey, what's the problem here?  
17 Secondly, LANL has not made available a very  
18 important source of information, the occurrence  
19 reports collection that is in technical area  
20 35. It's the mother lode of nose swipes,  
21 bioassay data, spills, accidents, contamination  
22 incidents from 1944 into 1991. I had access to  
23 it, no security clearance, from 1996 to 1998.  
24 In my comments I developed an estimate of the  
25 number of occurrences that the site profile

1 missed, somewhere on the order of 250  
2 occurrences, that could be documented if NIOSH  
3 and ORAU got into that collection.  
4 And because you're a federal advisory  
5 committee, you're probably aware that public  
6 interest science, which is responsible for many  
7 of the health and environmental protections we  
8 today took for -- take for granted, grew up  
9 right here in front of federal advisory  
10 committees in the 1970s. So I thought well,  
11 can we take a public interest science approach  
12 to this draft site profile? What does a public  
13 interest scientist do? You look at the docket,  
14 the cited sources, and independently evaluate  
15 how they were interpreted. I couldn't even get  
16 to first base. There are 254 cited sources in  
17 the LANL site profile; 41 percent of them are  
18 not available to the public, period. I sat  
19 down at the computer terminal at Los Alamos's  
20 main library. They're not on the library  
21 shelves, they're not on the open net health-  
22 related database of DOE, they're not on the  
23 Energy citations database, they're not in the  
24 Los Alamos Historical Documents Recovery  
25 Project, the Zimmermann Library at UNM.

1           Roughly a third is simply not available.  
2           Another 17 percent have copying or page  
3           charges. Another six percent from NTIS, and  
4           you know how much they charge. So more than  
5           half of the basis of the site profile cannot be  
6           subjected to a public interest science  
7           approach.

8           So the working people have a lot of really  
9           interesting things to say about what's in the  
10          document from the standpoint of how doses are  
11          being assessed, as we speak, and the injustices  
12          that are occurring. So please get back out  
13          there soon.

14         **DR. ZIEMER:** Okay. Thank you for that input,  
15         Ken.

16         Next we'll hear from Thomas Smith, Y-12 -- Y-12  
17         and K-25, I guess.

18         **MR. SMITH:** And X-10.

19         **DR. ZIEMER:** And X-10, okay.

20         **MR. SMITH:** I don't know where to start,  
21         really. I used to have a friend who worked for  
22         the Oak Ridge Associated University -- in fact  
23         I dated her, so she better be a friend -- and  
24         she used to tell me -- now this is a few years  
25         back, but she used to tell me you don't want to



1 work in that building; too many people are  
2 dying and too many people have cancer, and this  
3 is what my statistics show. Well, of course  
4 she's no longer with ORAU, but I'll be honest  
5 with you, this will not get it. That's a TLD,  
6 a dosimeter. That won't get it. I guarantee I  
7 could -- I can prove it won't work. It didn't  
8 work with me. I had cancer, and I thank God I  
9 don't have cancer any more, they cut it out.  
10 But if you get alpha beta particles in an open  
11 wound, you're going to get cancer. And I'm not  
12 a doctor, but I know for a fact that happened  
13 to me.  
14 If I could just read a little bit of this.  
15 This is a letter of denial, of course, and this  
16 is -- I appealed the case and this is my denial  
17 letter, and the interviewer was real nice.  
18 I've got nothing bad to say. I've been treated  
19 very, very nice. This says (reading) After a  
20 review of the above evidence, it is sufficient  
21 to establish that Mr. Thomas M. Smith has skin  
22 cancer and the onset of this disease occurred  
23 after his initial exposure to radiation in  
24 covered employment.  
25 Okay, findings and facts. This is the same

1 page. (Reading) Medical evidence establishes  
2 that Mr. Thomas M. Smith developed skin cancer  
3 after he began employment at K-25/Y-12 plant,  
4 and after his initial exposures of radiation to  
5 that employment.

6 And this is the dose reconstruction estimate,  
7 which was too low. That's the reason they  
8 denied it. There's no way a TLD could indicate  
9 cancer in me. It says (reading) Mr. Thomas  
10 Smith does not meet the criteria of an  
11 individual with cancers to have sustained a  
12 cancer in the performance of duty.

13 Okay, I'll get away from that and I'll tell you  
14 how I got the cancer. I was -- I was a  
15 lineman, and we had stripped some hardware off  
16 of some poles west of the 9212 building. In  
17 fact it was real -- you know, relatively close  
18 to the building. And as a lineman, you put --  
19 you put your gloves -- get this thing adjusted.  
20 You put your glove -- you've got to work with  
21 gloves. You put your gloves in your hardhat,  
22 that's how you take care of them. That's how  
23 you find them when you want them. I cut my  
24 head. Granted, I didn't turn it in. It was  
25 just a small gash and I -- I cut it when I got

1           into the truck. I hit my head. I didn't have  
2           a hardhat on. So months went by. Well, the  
3           cut would never heal. Then my hair started to  
4           fall out and I got a little concerned. People  
5           started to notice, so I went by and talked to  
6           Dr. Zimmerly\* in medical, and he recognized it  
7           as probable cancer. So he set up a -- an  
8           appointment for me. They did a biopsy and it  
9           was basal cell carcinoma.

10          Okay. Of course I was angry, mad at myself,  
11          too. But they then -- then I got to thinking  
12          about well (unintelligible) get cancer? I'm  
13          still wearing the same gloves, still using the  
14          same hardhat. So I go to health physics -- or  
15          radcon, rather. They checked my gloves -- and  
16          I've got witnesses, people that were in my crew  
17          were standing right there -- and radcon said  
18          these gloves are hot. I said well, check my  
19          hardhat, and the hardhat was hot, but not as  
20          hot. So naturally I changed gloves and I  
21          changed hardhats. That's where the cancer came  
22          from. A particle got in an open wound and  
23          caused cancer, it's as simple as that.  
24          And every time I've talked to anybody I've told  
25          them the same tale. The cancer could not be

1           traced back to a dosimeter. It could not be --  
2           it could not, in a condition like that, say you  
3           know, that I -- you know, I always wore my TLD.  
4           I've been going in and out of that plant for  
5           well over 30, 35 years and my -- my numbers  
6           just didn't show up high enough, so they said  
7           we're sorry, we can't do anything about it.  
8           And I'm not complaining about the money, like  
9           this gentleman here. You know, my God -- my  
10          God'll take care of me. I'm not worried. But  
11          you know, if they'd just admit hey, okay, we're  
12          sorry. That's all I want to hear. You know,  
13          keep the money. Give -- give it to widows and  
14          -- and small children, the people that need it.  
15          I don't need it. But that's my issue and  
16          that's my story. Thank y'all.

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

18          **MR. LAYMAN:** (Off microphone) Sir, can I say  
19          one more thing?

20          **DR. ZIEMER:** You bet.

21          **MR. LAYMAN:** (Off microphone) (Unintelligible)  
22          this badge?

23          **DR. ZIEMER:** Of course.

24          **MR. SMITH:** I don't know if I'll show it to him  
25          or not.

1           **MR. LAYMAN:** (Off microphone) Is it hot?

2                           (Unintelligible) --

3           **MR. SMITH:** It might be, I was in the bowels of  
4                           Y-12 today.

5           **MR. LAYMAN:** (Off microphone) I glow in the  
6                           dark anyway. This right here is a modern  
7                           dosimety (sic) badge compared to what my father  
8                           had. My father had one of the oldest ones, and  
9                           if this thing is bad, then my badge was  
10                          ancient. If you -- if you took one of those  
11                          old ones in there now, I mean it -- it'd be off  
12                          the page.

13           **MR. SMITH:** Actually -- actually I don't think  
14                          this is -- this is probably okay. This will do  
15                          its job as far as detecting, you know, alpha,  
16                          beta, gamma, but --

17           **MR. LAYMAN:** (Off microphone) What about  
18                          (unintelligible)?

19           **MR. SMITH:** No, no.

20           **MR. LAYMAN:** (Off microphone) (Unintelligible)

21           **MR. SMITH:** No.

22           **DR. ZIEMER:** No, these are not for -- these are  
23                          not chemical detectors.

24           **MR. LAYMAN:** (Off microphone) Those are still  
25                          dangerous.

1           **DR. ZIEMER:** Oh, yes, of course.

2           **MR. SMITH:** Strictly radiation. Thank you a  
3 lot.

4           **DR. ZIEMER:** Thank you very much. Next, Edith  
5 Livingston. Edith? Is Edith here?

6           **UNIDENTIFIED:** (Off microphone)  
7 (Unintelligible)

8           **DR. ZIEMER:** Oh, okay.

9           **UNIDENTIFIED:** (Off microphone) She had her  
10 question (unintelligible).

11          **DR. ZIEMER:** Oh, she did? Okay. Okay, very  
12 good.

13          Ida Humphries? Is Ida here? Occasionally  
14 people sign this thinking they're signing the  
15 registration sheet rather than the sign-up  
16 sheet, so that happens on occasion.

17          Kitty McNamara? Kitty.

18          **MS. MCNAMARA:** Thank you for the opportunity to  
19 speak. I'm the child of a Y-12 worker, the  
20 grandchild of two Y-12 workers and -- my  
21 grandparents got there when it was still  
22 Tennessee Eastman, that's how long ago it was.  
23 They came here -- moved here from Massachusetts  
24 for what they thought was going to be a golden  
25 opportunity to provide for their children after

1 the depression.

2 I don't want to go into a long story, but I do  
3 have some concerns. My grandmother worked K-25  
4 and Y-12 as a secretary, typist --  
5 clerk/typist, those were her titles. However,  
6 on several occasions she shared with my parents  
7 that she actually went down into the plant with  
8 her boss. That wasn't her assigned place, but  
9 it was several times a week. Unfortunately,  
10 she died in 1956, about 18 days -- 17 days  
11 after her first grandchild was born.

12 My concern is, you know, we talked about doing  
13 the averages and everything, but this was a  
14 lady who developed colon cancer in her fifties  
15 and died from it. Parents lived long lives,  
16 whole family history. If these dosimeters  
17 don't, you know, reach the same -- you know,  
18 the level that they assume, you know, how's  
19 that going to affect us?

20 Also I had a concern and I stressed it earlier  
21 today to the young lady who was doing the  
22 interviews out here that when my father worked  
23 there he -- he was put on a medical retirement  
24 in 1974. He was a machinist and then an  
25 inspector. For years he never talked about

1 anything that went on there. I mean they were  
2 held to confidentiality. But the last couple  
3 of years before he died, he finally started  
4 kind of opening up and he shared with us  
5 stories of literally waiting in water an inch  
6 to two inches deep at their boots, that you  
7 could see the radioactive materials and  
8 particles floating around in. Talked about  
9 going up and they would check him, and they  
10 would just say well, go take a shower and get  
11 back on the line, or take your badge off and go  
12 back to work, or just go sit down for 30  
13 minutes and go back to work.

14 So my concern is a lot of these dosimeter  
15 readings may have been skewed just by the fact  
16 that they wrote them down wrong. My dad  
17 voluntarily participated in the mercury studies  
18 that were done by Emory and by Michigan -- I  
19 believe it was University of Michigan. He went  
20 in there and they were pricking his fingers,  
21 and he kept telling them he didn't feel  
22 anything. He didn't feel anything in his toes  
23 and his feet. His toes would turn black -- I  
24 mean like he'd walked in coal dust -- and they  
25 would say you're lying to us; you have to be



1 feeling something. Now this was a -- my daddy,  
2 if he got a cough, he started this -- I got the  
3 flu, you know, I mean total no tolerance to  
4 pain. But he could sit there and take this and  
5 never -- I mean wouldn't feel a thing, could  
6 not pick a coin up, could barely hold a coffee  
7 cup because of the fingertip -- no feeling.  
8 But yet his studies from the mercury all came  
9 back no sign of mercury poisoning, no sign of  
10 mercury poisoning. This is -- and this was  
11 even in the '80s and early part of the '90s, so  
12 these are things -- you know, I understand the  
13 frustrations of people here because this is  
14 what we dealt with.

15 My dad was burned in a beryllium fire. He was  
16 the first person to ever cut it, and it burnt -  
17 - it caught on fire, burned him. He, for the  
18 rest of his life, from where his glove start to  
19 where his coveralls started, in his neckline  
20 where his coveralls were, and on his face  
21 around his mouth and chin area burned. He had  
22 -- looked literally like cancerous lesions. I  
23 called it like leprosy. For the rest of his  
24 life.

25 They had let-- we had letters that said --

1           where they sent stuff off and said well, this  
2           is not consistent with someone being exposed to  
3           beryllium, yet he was the first one to ever  
4           really work with it. He was called a  
5           malingerer. It's in writing. He was called a  
6           hypochondriac. They kept telling him he had  
7           chronic dermatitis. This man had chronic  
8           dermatitis, as they call it, from 1959 until  
9           the date of his death on March 3rd of 1998.  
10          Never would go away. Couldn't -- nothing they  
11          could do.  
12          He's been turned down -- or my mother has been  
13          turned down on appeal. And actually in my  
14          letter -- my -- and when I testified at the  
15          appeal, I said the same thing you did. My dad  
16          was on the line giving his life for this  
17          country. They were more than welcome to give  
18          millions of dollars to people who just happened  
19          to be in the Towers, but they told my mom your  
20          husband's life is not worth \$150,000. We're  
21          fighting for my grandparents now, just hoping  
22          maybe we can get something for my mom. My dad  
23          retired at 47 on medical. They took his life -  
24          - or his medical insurance out of his life  
25          insurance to keep those premiums paid. When my

1 father died my mother got a grand whopping  
2 total of \$9,000, and she was at retirement age.  
3 So these are things we've had to deal with. I  
4 do have concerns, and maybe you all can answer  
5 this, about -- what about the mercury exposure  
6 combined with the others? Are they going to  
7 open up things on beryllium besides just  
8 chronic beryllium disease? What's going to  
9 happen if we can't find medical records?  
10 That's what we're running into. This happened  
11 in 1959. You know, we can't find -- my dad's  
12 doctors were dead and gone by the time the  
13 federal government finally decided to pay  
14 attention to this.  
15 And I also wanted to ask about the hazards and  
16 the concerns for family members. You know, I  
17 can't help but think if my dad got all this  
18 exposure what he may have brought home. He was  
19 burned in November of 1959. My sister, who was  
20 conceived and was born a year later in November  
21 of 1960, has had chronic problems with her  
22 skin, same thing. Certain chemicals that she  
23 gets around, she -- she was a hair dresser.  
24 She went to school and couldn't do it because  
25 her skin broke out in these big blotches.

1 She's had chronic blood dyscrasia problems,  
2 can't put a finger on what's causing it. My  
3 dad was actually diagnosed with ITP at one  
4 time, but you know, never anything really came  
5 of that and we, there again, can't find  
6 records.

7 My sister that was born a year after that has  
8 had a form of lupus as a child, has had chronic  
9 problems. She's right now going to probably  
10 about six different doctors on a weekly,  
11 monthly basis. They can't figure out what's  
12 going on with her.

13 My mom, a year after this sister was born, so  
14 three years after my dad was born -- or after  
15 my dad was burned, had to have a hysterectomy  
16 for a pre-cancerous cervix. So I just --  
17 that's a question I -- you know, I guess that's  
18 my question. Where's this going to leave us as  
19 far as, you know, the dosimeter  
20 reconstructions, you know, when you've got all  
21 this proof but nobody'll actually say yeah,  
22 more -- more likely than not, you know.

23 And another thing is, I was listening to some  
24 of these people were talking, like your wife  
25 with the 42 percent. You also have to look at

1           the but for. Yeah, you're going to have some  
2           other exposures in life, you know, that you may  
3           know -- I mean ever -- ever (sic) day we open  
4           up the newspaper and read where Sweet 'n' Low  
5           or red dye or something's going to cause cancer  
6           because it did in rats. But people may get  
7           through that, but for the fact that they worked  
8           at Y-12, or K-25 or somewhere else. They would  
9           have never gotten cancer with these other  
10          minimal exposures, but that on top of -- so I  
11          have a hard time with this setting a -- you  
12          know, okay, if it's not 50 percent, then it  
13          didn't happen. Thank you.

14         **DR. ZIEMER:** Thank you. And perhaps -- just  
15         some general comments. You must understand the  
16         way this law is structured, it doesn't take --  
17         it doesn't take into account the possibilities  
18         that you raise, which are recognized by many  
19         scientists as important questions. Multiple  
20         exposures to things like radiation plus  
21         mercury, for example, or any -- any combination  
22         that you wish to talk about. Not only is the  
23         science on -- we're pushing the science on the  
24         radiation alone. When you add some things like  
25         other contaminants, let us say, first of all,

1           the science there is very sparse. And  
2           secondly, the law as it's structured does not  
3           even allow us to really do that, although  
4           there's, you know, been an indication in the  
5           past that conceptually that's what one would  
6           like to be able to do. We -- we can't actually  
7           do that. So in fact we do not, in a sense,  
8           take that into consideration.  
9           Actually I think the only other time something  
10          is taken into consideration is smoking does  
11          come into the picture in the cases of lung  
12          cancers that we address because smoking is such  
13          an overpowering issue when you have lung cancer  
14          that if -- if a smoker gets lung cancer and is  
15          exposed to radiation, that sort of hurts their  
16          case because smoking is -- part of that is  
17          attributed to -- I think that's probably -- and  
18          Jim Neton can help me out. I think that's the  
19          only case where we consider any kind of a  
20          mixture. Isn't that correct? Yeah.  
21          So yeah, but what -- what you say, we recognize  
22          is probably very important. And it's -- in a  
23          sense, we and our laws are at a loss as to how  
24          to address that at this time. That doesn't  
25          give much comfort to those who feel like that's

1 an issue for them, but that's in fact where we  
2 are on that. So we're not, in a sense, allowed  
3 to take that into consideration when we do our  
4 determinations, so...

5 And -- oh, the other thing you --

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

7 (Unintelligible)

8 **DR. ZIEMER:** And likewise the law does not  
9 extend to -- you mentioned the possibility of  
10 family members getting secondary exposure, as  
11 it were. That's not -- also is not covered in  
12 the law, though one would recognize there could  
13 very well be cases where that might be an  
14 issue.

15 **MS. MCNAMARA:** Do you know if there's any  
16 indication that that might be looked at? I  
17 mean I worked in an oncology office for a few  
18 years --

19 **DR. ZIEMER:** I'm not aware of --

20 **MS. MCNAMARA:** -- and he had a bathroom  
21 strictly for our patients --

22 **DR. ZIEMER:** Oh, yes.

23 **MS. MCNAMARA:** -- and employees and visitors  
24 were not allowed to use it --

25 **DR. ZIEMER:** Sure, sure.

1           **MS. MCNAMARA:** -- because of the potential, you  
2 know, exposure. So --

3           **DR. ZIEMER:** Right.

4           **MS. MCNAMARA:** -- you know, and I'm not saying  
5 necessarily for huge --

6           **DR. ZIEMER:** No.

7           **MS. MCNAMARA:** -- monetary pay-offs like  
8 they're paying the workers, but you know, it  
9 would be nice to at least be recognized as a  
10 possibility that, you know, we --

11          **DR. ZIEMER:** I'm not aware of any legislative  
12 efforts to address that. And ironically --  
13 this is a little bit off-subject, I suppose,  
14 but ironically patients who go to their doctors  
15 and get radiopharmaceuticals, either for  
16 various scans like PET scans or for therapy  
17 using radioisotopes such as radioiodine, are in  
18 fact allowed to carry very large amounts of  
19 radioactivity back home under those conditions  
20 -- legally.

21          **MS. MCNAMARA:** Uh-huh, I know.

22          **DR. ZIEMER:** Probably much higher levels than  
23 one would expect to come out of any industrial  
24 process. That seems rather ironic, but that is  
25 the case.



1                   Now, Tom Duncan -- Thomas Duncan. We finally  
2                   get back to you on the list.

3                   **MR. DUNCAN:** (Off microphone) (Unintelligible)  
4                   or not.

5                   (On microphone) I'm a Y-12 worker, machinist --  
6                   in the bowels (unintelligible) machinist. I  
7                   spent two years working dry boxes. I had the  
8                   record for having the most jobs at Y-12. I've  
9                   been a machinist, MBS equipment operator,  
10                  (unintelligible) operator, janitor, machine  
11                  cleaner -- I've been laid off five times and  
12                  never left the plant. Kind of like a mule, you  
13                  know, you don't get rid of a mule. Don't care  
14                  what you pay them, just -- you know.  
15                  I've sit (sic) in on y'all's meetings so I  
16                  don't want to get way off into left field on  
17                  some of this stuff, but y'all talked about  
18                  (unintelligible) some of this stuff about  
19                  breathing today, whether you do it through your  
20                  mouth or your nose.

21                  **DR. ZIEMER:** Yeah.

22                  **MR. DUNCAN:** If you ever -- I have to be real  
23                  careful what I say. I still carry a clearance.  
24                  You know my boss, Ruddy\*, he got in trouble for  
25                  something similar to this, I guess. But it has

1           its own odor, you know. People don't realize  
2           that part of it. When it catches on -- on  
3           fire, whatever, you know, it -- I don't know if  
4           you've got little kids. When a kid runs up,  
5           you know, you're filling a gas tank up and they  
6           stick their nose -- boy, that gas smells good,  
7           you know. But you know -- you know it's bad  
8           for them, get away from there, you know. And  
9           you know, the closer you get to it -- it's like  
10          a skunk. If you're far away from it, it's got  
11          a distinct smell. The closer you get to it --  
12          if you get sprayed by a skunk, you'll throw up.  
13          And if you go by the Golden Corral, you smell  
14          the odor of the charcoal. It's got its own  
15          smell. So you have to put that in the category  
16          of uranium's got its own smell. And so I --  
17          I've been out there for 27 years. I'm not 50  
18          years old yet, so far. I can't draw no  
19          retirement, have no benefits. I'm on vacation  
20          today, been on vacation this week. I got a  
21          letter from some lady -- Miller is her last  
22          name -- invited me to this meeting 'cause I --  
23          you know, I hadn't heard too much about y'all  
24          people. The way I heard about this  
25          compensation program, a surgeon that removed

1           body parts -- had some cancer from my head to  
2           my chest -- he referred me to -- I was in the  
3           same building as this Workman Compensation  
4           outfit was, you know. He told -- he told me  
5           the cancer I had was -- I asked him about it  
6           and he said, you know, maybe what kind it was  
7           or whatever, you know. He said well, Mr.  
8           Duncan, you don't really act like you're right  
9           stupid. Ain't you ever heard of radiation  
10          before? I said well, yeah, you know, a few  
11          films at work and stuff. And he said I had a  
12          cyst and some other stuff on some body parts,  
13          they -- they took it out and he -- it was  
14          around Thanksgiving. He said don't -- don't  
15          plan on having a big Christmas. He didn't know  
16          where it's at. And that -- you know, of course  
17          I got lucky, and -- you don't get rid of  
18          cancer. I still got it. It's not like a cold,  
19          takes a long time -- I had some radiation  
20          treatments. I smoke. I've had a full body  
21          count. My lungs are real clear. A guard  
22          stopped me one day, said Duncan, you ought to  
23          quit smoking. I said well, I'm leaving right  
24          here and going down to the Butler building. I  
25          don't know if you know what that building is,

1 but it's where they -- beryllium. I said, you  
2 know, (unintelligible) beryllium. And I better  
3 get -- I'm getting way off-track here.  
4 Some of the other things I wanted to talk to  
5 you about was -- you was talking about office  
6 workers, you know, we -- back when I first  
7 started there, you know, department heads, my  
8 foreman, people you trusted to keep you safe,  
9 that's their jobs, they get paid for it. You  
10 know, you can eat this stuff; it won't hurt  
11 you. You know, drink plenty of coffee, you  
12 piss it right out. I -- I -- you have a  
13 physical every couple of years. I don't --  
14 they give you a sample box that's -- you check  
15 your stool with. I'm trying to be real --  
16 anyway, it's all voluntary. So they give me  
17 one. I read the instructions several times,  
18 just couldn't make it through it, so I never  
19 give a stool sample. Urine samples, you know,  
20 they're pretty well mandatory. You know, if  
21 you skip one, you know, they'll get on you  
22 every once in a while, you know. And if, you  
23 know, if you happen to forget to take it home  
24 and do it on the weekends, you know, if you run  
25 up there and you'll drink a lot of water, you

1           can just -- you can get rid of your -- you can  
2           get your two bottles and you're out of the  
3           woods, you know. You're not subject to  
4           termination, not unless you do your urine  
5           samples.

6           Our monitors -- worked in a area -- the counts  
7           are getting too high, boys. When you load  
8           these parts, I don't care if they're black, put  
9           your (unintelligible) monitor off -- you know,  
10          your personal (unintelligible) monitor off.  
11          You've got regular (unintelligible) monitors  
12          hanging over the machines all the time. I  
13          fired up one job and they wanted me to run the  
14          job and it had a tag on there, you know, it'd  
15          been out of service for two years. I said hey,  
16          wait a minute, you know, you got to get this  
17          thing going before I want to start firing this  
18          thing up and that. And I got whipped, whatever  
19          you want to, for -- you know, matter of fact,  
20          I've been -- I got -- I got a badge. I used to  
21          have a TLD badge, you know, the blue badge on  
22          there. I had to go see the shrink because I  
23          was too safety conscious. That was the  
24          shrink's analysis, I guess. He said I'm going  
25          to move you out of the real hot area and put

1           you down in the whipping post, what they call  
2           it. And -- they don't -- he done -- and he  
3           said -- he said he done me a favor, and he  
4           probably did, and I have no regrets about that  
5           whatsoever. I still work in the security area  
6           and I still manufacture weapon components, not  
7           the hot stuff, but they -- they's several  
8           things that -- that goes along with it. Yeah,  
9           I'm getting way off-track.

10          The office workers, I was going to tell you, we  
11          had a secretary in that shop, you know, where -  
12          - back in the late '70s, you know, fires were  
13          everyday occurrences, you know, the smoke.  
14          They called the fire department. Fire  
15          department hooked -- you know, when the --  
16          ceiling's a lot higher than this. When they  
17          get down about head level with the smoke,  
18          they'd make us all evacuate. That includes the  
19          secretaries. You know, we -- they had a  
20          secretary there in the office and we had  
21          department heads. We had all these engineers  
22          (unintelligible) the hall. You know, they had  
23          to go up there and we had to all go outside and  
24          stand at the little red signs. And you know,  
25          all the engineers, you know, same thing. Here

1 comes all these fire department guys running up  
2 there, you know, in their little suits and you  
3 had a big drum, you know, melting into the  
4 ground and, you know, they take care of that,  
5 you know. So I just wanted to mention to  
6 y'all, you know, y'all are wondering whether  
7 people that don't work with the material ever  
8 (sic) day, they -- they got their -- they got  
9 their little dose, you know. And the fire  
10 department, I -- I got offered the fire  
11 department truck driver's job once and I said  
12 y'all wait a minute, you know. I don't want to  
13 be going toward them fires, I want to be going  
14 away from them. You know, I don't want to be  
15 driving no truck, so you ought to really  
16 consider -- like machine cleaners, I was a  
17 machine cleaner for a while. You got coolant,  
18 and some of them parts that goes from the  
19 foundry, they have to go through a process of  
20 cleaning. Well, sometimes that cleaning  
21 process gets broke down far more than what  
22 you'd think and so you bring black parts up  
23 there. And all that oxide gets in the coolant  
24 and the machine cleaners, they have to -- they  
25 have to take care of that coolant coming in and

1 out, and that stuff was -- you know, I seen it  
2 was a lot hotter than just the actual -- but --  
3 stuff I was working with. And I -- I -- you  
4 know, when they didn't clean the parts real  
5 good, they was sitting up there black, then --  
6 them little gals come along with them little  
7 meters, come along and hit me once when I was  
8 working with it and I had to go to the shower  
9 three times. She says you come back again, I  
10 said, you know, we're going to have to get you  
11 out of here, you know, 'cause, you know, my  
12 hands are clean but -- we were just talking  
13 about some kind of rolling mill someplace else,  
14 some other part of the country, you know, and  
15 they was taking torches to the thing. It's  
16 possible, you know. That's -- that'd be the  
17 quickest and easiest way to separate that  
18 material. And now you can't do it to -- I'm  
19 going to stop there, but cost-wise, you know,  
20 it's possible. You know, somebody's got enough  
21 sense -- you know, they got -- to do it that  
22 way, yeah, that'd be one way of doing it.  
23 This time I -- I got one other little  
24 complaint. It's going to be a year before they  
25 even think about looking at the most -- looking



1 at my case. And I don't know if I got a year.  
2 And I got a 23-year-old boy in college. She's  
3 got a 22-year-old boy that's in vocational  
4 school. And I got a ten-year-old little girl  
5 right back there right now. But what -- tough  
6 sometimes, you know.

7 I work for the government, and if I get a job,  
8 you know, it don't matter -- sometimes -- I  
9 just wonder if this (unintelligible) people are  
10 planning on retiring the day they get the last  
11 one done. That's what wonder. You know, some  
12 of them -- I talked to a gal and she said well,  
13 we're mandated to get so many out. When I  
14 first started, they said we've got 5,000 cases  
15 we've got to review, and when I come back  
16 several months later, they still had 5,000  
17 cases they had to review. Now it wasn't -- you  
18 know, it ain't according to who I talk to.  
19 They hadn't done one case. But I got some  
20 information from NIOSH the other day and they  
21 had done quite a few, you know, but they --  
22 NIOSH has got a big stack full, you know, and I  
23 was wondering if they could -- my categor--  
24 categorize instead of just going by numbers,  
25 categorize them, you know, for the people that

1           -- living that might need help right now than  
2 survivors ten years down the road, you know.  
3 That might be something they want to look at.  
4 My -- my medical bills has quadrupled in the  
5 last year, and actually I got a letter the  
6 other day when they removed some cancer from  
7 the side of my head, and it's something I have  
8 to update on my little report, you know, out  
9 here where -- respirator man here, and I don't  
10 mind that so bad. That's the outside part.  
11 When they remove body parts, that's -- that's  
12 when I really worry. You know, you only got so  
13 many body parts. And I talked to several  
14 coworkers that been there -- at -- one of them  
15 got colon cancer and one of them's got cancer  
16 on his kidneys and their application was  
17 denied. And they say that -- you know, I'm  
18 missing a thyroid now and some other little  
19 body parts. They say oh, you don't have to  
20 worry about it, Mr. Duncan, you're -- you're on  
21 that list of where the cancer is. And Linda  
22 Hamby, she passed away last year. Her -- her  
23 cancer was on the list. It was on the brain  
24 where they can't remove the brain, so -- and  
25 same thing, she left three kids, said it was on

1           the brain. And (unintelligible) -- I'm  
2           carrying my cancer for five years. That's what  
3           the doctor estimates. He said if you'd carried  
4           it another year, you'd have had to lose your  
5           brain, too. So I was just lucky.  
6           And by the way, there's a Indian doctor down at  
7           the Y-12 medical -- when I come back off the  
8           life-threatening injury -- or life-threatening  
9           disease, he found a cancer in my throat. I  
10          give him all the credit for that. So I'm --  
11          I'm going to let y'all go home, hear.

12          **DR. ZIEMER:** Thank you, Tom, for your comments.  
13          Incidentally, you referred to the backlog of  
14          cases, and I -- I don't know if you were here  
15          earlier, but NIOSH is making a very concerted  
16          effort to take tho-- get that backlog down, and  
17          they're actually making good progress.  
18          Interestingly enough, new cases come in nearly  
19          as fast as they get old cases out of the way,  
20          so sometimes what looks like a steady number of  
21          cases doesn't mean they haven't done work, and  
22          there are -- I think NIOSH earlier this year  
23          completed dose reconstruction on their 10,000th  
24          case. So they are moving them through actually  
25          quite -- quite well, but there is a backlog and

1 they're trying very hard to address that, as  
2 well. And so we appreciate your -- your  
3 comments on that.

4 That completes the public comment period for  
5 this evening. We -- additional comment?  
6 Sure.

7 **MR. LAYMAN:** (Off microphone) (Unintelligible)  
8 just one more?

9 **DR. ZIEMER:** Sure, yeah.

10 **MR. LAYMAN:** (Off microphone) I don't want to  
11 anybody (unintelligible) --

12 **DR. ZIEMER:** No, that's fine.

13 **MR. LAYMAN:** I know it's been a huge couple of  
14 days. I'm going to be here with you guys again  
15 tomorrow. It's --

16 **DR. ZIEMER:** Good.

17 **MR. LAYMAN:** I know this is -- you know, it's -  
18 - it's grueling at times and you guys have done  
19 a super job with your concentration and the  
20 effort you put into this. But I want to say  
21 one more thing.

22 When I was a child, on Sundays we could go out  
23 to what we called Carbide Park, and there was a  
24 big lake. The Clinch River about 35 miles west  
25 of here, and it was beautiful. And where you

1           have a nuclear facility, you need water for  
2           cooling and various things.

3           Well, when I become 15 years old, they put a  
4           sign up on that lake that said no fishing, and  
5           that was a lake that we -- we swam in when we  
6           were children. Okay?

7           About five years after that, and you can go  
8           down there tonight, and all over that lake  
9           there's huge signs that not only say no fishing  
10          anymore, but no body contact, because they  
11          dredged, and when they dredged and dug in the  
12          bottom of the Clinch River, which is -- runs  
13          right by Y-12 five miles downstream, within the  
14          silt they found mercury.

15          **DR. ZIEMER:** Yes.

16          **MR. LAYMAN:** It's full of mercury.

17          **DR. ZIEMER:** Right.

18          **MR. LAYMAN:** You -- you can't even go down  
19          there and stick your toe in it -- you know what  
20          I'm saying?

21          **DR. ZIEMER:** Yeah.

22          **MR. LAYMAN:** So -- I mean wherever you guys  
23          live it might be safe. I pray to God it is.  
24          But 35 miles west of here, maybe what you go  
25          out there and see now is one thing, but in the

1 mid-'70s, this place out here rocked, and they  
2 did a lot of things for the Navy, but there was  
3 a lot of people, a lot of Cold War casualties.  
4 And I look at them as heroes. These men here  
5 that are live are heroes. My father and the  
6 dead ones, too, we'll never forget them.

7 **DR. ZIEMER:** Yes.

8 **MR. LAYMAN:** They just -- they ran 28,000  
9 people out there 24 hours a day. It was  
10 productions. The Soviets were building their  
11 bombs, we were building ours. It was -- it was  
12 a counter thing to keep peace, and a lot of men  
13 felt like that -- that it was needed, and some  
14 of them -- like you said, some -- some gave it  
15 all. And they offered me and my brother jobs  
16 at Y-12 after my dad died. Some guys came out  
17 from the plant and we kind of looked at each  
18 other and -- I could work at Y-12 right now  
19 myself, but I'm a salesman here in town and I  
20 like what I do. I have a flexible schedule,  
21 because a lot of people that go to work at Y-12  
22 it's like going into prison.

23 **DR. ZIEMER:** Right.

24 **MR. LAYMAN:** There's no windows, and they have  
25 certain things to do and there's a lot of

1 safety and guidelines and a lot of do's and  
2 don'ts. There's some things you can't touch  
3 and some things you better not touch. There's  
4 consequences.

5 But somebody needs to be held accountable on  
6 the money that has been spent. Think about it.  
7 Do an analysis on how much these dose  
8 reconstructions has cost to this point, then  
9 you add your workbook program. How much is a  
10 workbook going to cost to complete? And if you  
11 take a workbook down there to Y-12 and you  
12 start saying guys, we're doing a workbook --  
13 well, their -- their job is national security.  
14 They're not going to open up their bellies and  
15 let you fill out your workbook. And -- and if  
16 you did have a workbook, what good is it going  
17 to do? I don't understand that. I'm going to  
18 have to sleep on that one. But I'll see y'all  
19 tomorrow and I hope we talk again.

20 **DR. ZIEMER:** Okay.

21 **MR. LAYMAN:** Good night, everybody and  
22 (unintelligible) --

23 **DR. ZIEMER:** Thank you very much for your  
24 comments.

25 **MR. LAYMAN:** Thank you.

1           **DR. ZIEMER:** Again, we thank all of you who've  
2 participated tonight, and others who've been  
3 here just observing. The Board will reconvene  
4 tomorrow morning -- 8:30. And we have a fairly  
5 full session. We actually have completed I  
6 think for this meeting our Oak Ridge stuff, but  
7 you're all welcome nonetheless to come back  
8 'cause there are many other related facilities  
9 that are being addressed. So good night,  
10 everyone, and we'll see many of you tomorrow.

11           **MR. LAYMAN:** Is there a special cohort meeting  
12 tomorrow?

13           **DR. ZIEMER:** Yes, it's not on Y-12, though.  
14 The special cohorts on the agenda include  
15 National Bureau of Standards and Linde  
16 Ceramics.

17           **MR. LAYMAN:** Thank you so much.

18           (Whereupon, the meeting was adjourned at 8:40 p.m.)

19



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**C E R T I F I C A T E   O F   C O U R T   R E P O R T E R****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 October 18, 2005; 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 4th day of December, 2005.

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