

1 Of that, \$543 million have been paid on dose
2 reconstructed cases and another \$93 million so
3 far on cases that have been, you know,
4 withdrawn and processed under an added SEC.
5 These numbers don't include, you know, the five
6 -- or the four statutory SECs. That's just the
7 -- the new added SECs.
8 And I've been asked about these reworks. From
9 the inception of the program there's only been
10 1,891 cases that have been returned to NIOSH
11 for a rework. Now looking at what constitutes
12 those -- you know, what was the reason for
13 those reworks, well, 1,159 were changes in
14 medical condition. Either the case -- a -- an
15 additional cancer is identified or, you know,
16 sometimes we'll -- you'll have a case where
17 it's a unknown primary; we send it to NIOSH for
18 a dose reconstruction with an unknown primary.
19 Further medical evidence comes in and now we
20 know what the primary is, so there's a -- a
21 number of reasons. But as you can see, the
22 vast, vast majority of cases that are sent back
23 for a rework are cases -- the reason for the
24 rework is a change in the medical status. And
25 of those, only 150 -- 150 of them had come back

1 from NIOSH, would have been an approval, and
2 then was sent back for some change in medical
3 condition. And the vast majority there, you
4 know, over 1,000 of them, were denials that
5 were being sent back for a rework to see if --
6 if the -- you know, that then changed the
7 outcome. And the outcome -- it's been running
8 about 25 percent. When we -- when we send a
9 case -- when we send cases back to NIOSH for a
10 rework, overall -- the overall statistics, and
11 it's been holding right at about 25 percent of
12 them will -- you know, they'll be returned to
13 NIOSH -- it would have been a denial, returned
14 to NIOSH, comes back and it flips from a non-
15 compensable to compensable in about -- about a
16 quarter of the time. Another 607 are
17 employment-related issues. We either find
18 additional employment, usually. You know, in
19 543 cases we found additional employment and so
20 the case had to go back for a -- a rework.
21 Thirty-four of them were administrative.
22 Could be that the -- several things there would
23 be -- you know, if we found a new -- an
24 additional survivor, for example. We have to
25 send it back because to give the additional

1 survivor that was just -- you know, just came
2 forward the opportunity to do the -- for NIOSH
3 to do the interview and so forth. And so --
4 and again, there's only been 34 cases. And
5 only 91 have involved technical issues. So
6 from -- from the program inception to date,
7 there's only been 91 cases that involved a
8 technical issue that was sent back for a
9 rework.

10 Now one thing on there that I do see and we do
11 see and have a concern that is really looming
12 in the future, and I mean we're starting to get
13 -- and as you know, our process -- NIOSH gives
14 us a dose reconstruction, we issue a
15 recommended decision, that goes to the
16 claimant. The claimant has the opportunity at
17 that point -- in fact, the only point that the
18 claimant has the oppor-- that's the first point
19 that the oppor-- claimant has an opportunity to
20 file an objection on, you know, anything in the
21 case, including the dose reconstruction. And
22 we're getting an awful lot of -- we're starting
23 to get a lot of objections filed based on
24 issues that are before the Board. And what's
25 looming is they're not being resolved.

1 In our regulation, in -- in a year, a -- if we
2 do not issue a final decision within one year,
3 then the recommended decision becomes affirmed.
4 Well, if we can't address, you know, the
5 objection because the issue is still
6 unresolved, you know, with the Board and NIOSH,
7 then we have no choice but to send that -- that
8 case back. And there are, you know,
9 ramifications, you know, to that. So we do
10 see that looming. That is a ever-growing
11 prospect, and I would just, you know, urge the
12 Board to, you know, come to resolution because
13 -- on issues because, you know, there are
14 consequences to, you know, not having
15 resolutions. I mean these -- there are real
16 cases out there that are really dependent upon
17 resolution of those issues.
18 And with that, I'd be happy to take any
19 questions.

20 **DR. ZIEMER:** Thank you, Pete. Pete, on your
21 fourth slide where you showed the number of
22 NIOSH case payees, these are Part B payees,
23 would -- would that number -- it was 5,035,
24 does that include the SEC --

25 **MR. TURCIC:** No.

1 **DR. ZIEMER:** -- payees, or is that just the DR
2 -- dose reconstruction?

3 **MR. TURCIC:** That would be the DR.

4 **DR. ZIEMER:** Okay. Thank you. Jim Melius.

5 **DR. MELIUS:** Yeah. I like your new color
6 scheme for your slides. Maybe NIOSH needs --
7 you know, we've had this yellow and blue and
8 white for a long time. We need a -- maybe a
9 change here.

10 I -- I have a question on the -- as you just
11 brought up on the rework -- actually a number
12 of questions, but could you give an example of
13 an issue that's waiting for the Board to
14 resolve, 'cause this is the first I believe
15 I've -- we've heard of it, so --

16 **MR. TURCIC:** Okay. We'll --

17 **DR. MELIUS:** -- this is an issue, so I mean I'd
18 like to have more detail so we can try to
19 address it and figure out how we -- also
20 communicate so we know that -- you know, what -
21 - what is being held up and -- and so forth.

22 **MR. TURCIC:** Well, one -- one example is, you
23 know, someone can file a -- you know, there are
24 issues related to like Rocky Flats.

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

1 **MR. TURCIC:** Okay. So we have cases that are
2 hanging there, and the objection is that NIOSH
3 did the dose reconstruction in one way and
4 there were issues that are involved --

5 **DR. MELIUS:** With the -- yeah.

6 **MR. TURCIC:** -- that are unresolved, so we're
7 going to have no choice -- and those are really
8 approaching a year, and they also involve new
9 cases coming in. You know, for consistency, we
10 can't let those -- so -- so that's why I'm
11 saying it's --

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

13 **MR. TURCIC:** -- it's really the water building
14 behind the dam.

15 **DR. MELIUS:** But -- but -- but are they all SEC
16 issues? I guess I'm --

17 **MR. TURCIC:** No.

18 **DR. MELIUS:** -- trying to identify 'cause --

19 **MR. TURCIC:** No, a lot of them are --

20 **DR. ZIEMER:** Sounds like they're DR issues, but
21 --

22 **MR. TURCIC:** Most of them are site profile
23 issues.

24 **DR. ZIEMER:** Yeah, but they involve individual
25 dose reconstructions or SEC cases?

1 **MR. TURCIC:** They involve --

2 **DR. ZIEMER:** Or both?

3 **MR. TURCIC:** You see, what happens, Paul, is
4 the individual will get a dose reconstruction
5 based on --

6 **DR. ZIEMER:** So it is a --

7 **MR. TURCIC:** -- a site profile --

8 **DR. ZIEMER:** -- DR case.

9 **DR. MELIUS:** Yeah.

10 **DR. ZIEMER:** Okay.

11 **MR. TURCIC:** -- and then they file an objection
12 at the FAB based on the issues that are, you
13 know, being --

14 **DR. MELIUS:** Oh, okay.

15 **DR. ZIEMER:** I guess there's --

16 **MR. TURCIC:** -- identified for --

17 **DR. ZIEMER:** -- cases out there that -- where
18 there's kind of a time clock running, and I --
19 this is the first I've heard of it.

20 **DR. MELIUS:** Yeah.

21 **DR. ZIEMER:** I'm wondering -- and do you make
22 NIOSH aware of those cases, like, you know,
23 case number such-and-such is going to be closed
24 on a certain date if we don't have this
25 decision and --

1 **MR. TURCIC:** The -- the way we do that now is
2 we've been trying to hold onto them until, you
3 know, there is resolution. So there's a lot of
4 back and forth between us and NIOSH on is there
5 resolution on this particular issue. You know,
6 if -- if a case comes through that -- that the
7 -- that issue is not going to address, we move
8 it forward. But if -- if there's an issue
9 that's being worked on, and in discussions
10 between the staff -- you know, DOL staff and
11 NIOSH staff -- if there is no resolution --
12 yeah, and then we -- we do say well, you know,
13 this is approaching a year and we're going to
14 have to send it back. And this is -- this is a
15 growing thing that --

16 **DR. ZIEMER:** Yeah, I'm just wondering as we
17 look forward do -- do we need to be made
18 cognizant of what issues these are and the
19 numbers of cases being affected and -- so that
20 --

21 **MR. TURCIC:** Sure.

22 **DR. MELIUS:** Could --

23 **DR. ZIEMER:** -- I mean we're operating I guess
24 in sort of -- oblivious of this --

25 **DR. MELIUS:** Yeah --

1 **DR. ZIEMER:** -- occurrence.

2 **DR. MELIUS:** -- what might be a way of
3 addressing this is if we could at least, for
4 our next meeting, have a snapshot of --

5 **MR. TURCIC:** I'll be glad to (unintelligible) -
6 -

7 **DR. MELIUS:** -- yeah, yeah, of those that --
8 that would categorize them in broad categ--
9 'cause at this --

10 **DR. ZIEMER:** Just an idea of the kind of issues
11 --

12 **DR. MELIUS:** Yeah.

13 **MR. TURCIC:** That can --

14 **DR. ZIEMER:** -- and numbers of cases involved
15 and --

16 **DR. MELIUS:** Yeah, 'cause --

17 **DR. ZIEMER:** -- if there's actions that we can
18 take, either on an interim basis or permanently
19 -- and I don't know, Larry, if you have any
20 guidance for us on that, but we certainly want
21 to help -- if -- if we -- if we're -- if we
22 need to do something to assist NIOSH on that
23 issue, we need to be aware of it.

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

25 **MR. ELLIOTT:** Well, this is an emerging issue

1 that we've been made aware of just recently, as
2 Pete says. When we talk -- when we talk about
3 this interaction between NIOSH and DOL, what we
4 -- what we're trying to communicate in that --
5 those interactions are have we at NIOSH taken
6 up something we've heard in the Board's
7 deliberation and made an adjustment. And if we
8 have made an adjustment, we let them know that
9 so that they can move that -- that piece
10 forward. If we haven't made an adjustment
11 because it's still unresolved in our minds,
12 then we tell them that. And what I'm hearing
13 Pete tell me in these -- in the latest
14 interactions on this is that we're going to see
15 a lot of claims come back to us that we're
16 going to have to start, you know, attending to
17 and -- and answering questions about and -- and
18 unfortunately for the claimants, not see any
19 progress on until we have a resolution of the
20 issue.

21 **DR. ZIEMER:** So it sounds like you're trying to
22 hold off as long as you can, but at some point
23 you've got to do something.

24 **MR. TURCIC:** It's -- it's getting to the point,
25 Paul -- we tried to hold off, but we're under

1 this one-year thing. And you know, I mean if
2 it gets affirmed, then it could go to District
3 Court, and they're just going to send it back
4 anyhow because it's unresolved. But it's
5 starting to become large enough that -- you
6 know, I can't go up to the line on the one
7 year. You know, so that's going to have to
8 start back-- backing off a little bit. But --
9 but I'd be glad at the next meeting to give you
10 a -- a snapshot of what they are.

11 **DR. WADE:** Pete, just so I -- I understand. So
12 with the clock running and approaching a year,
13 your options then are to send it back to NIOSH.

14 **MR. TURCIC:** It's -- that-- that's the only
15 option I have.

16 **DR. WADE:** The only option you have. And then
17 --

18 **MR. TURCIC:** But Lew, it -- it affects -- that
19 would be disingenuous if I only sent those back
20 that approached a year. I mean once the first
21 case approaches a year, I've got to send them
22 all back, even the new ones that come, that
23 suffer the same -- the same thing.

24 **DR. WADE:** Okay. Thank you.

25 **DR. MELIUS:** You know, I -- I think if we had a

1 snapshot -- I mean --

2 **MR. TURCIC:** Yeah, that'll be -- okay.

3 **DR. MELIUS:** -- let's work on it to -- together
4 -- the extent that we -- we can. On -- on the
5 reworks, I believe -- and this may be part of
6 the same discussion because it may be somewhat
7 related, but is -- I think at one point you
8 sort of gave us a snapshot -- this may have
9 been a couple of years ago -- on the -- I think
10 we asked for the technical rework categories
11 just to get a handle 'cause in somewhat -- ways
12 those are -- may relate to some of the issues
13 that we're also evaluating in our dose re--
14 individual dose reconstruction --

15 **MR. TURCIC:** Yeah.

16 **DR. MELIUS:** -- reviews and I think it'd be
17 useful to know what those are. And I think it
18 would also be useful as part of understanding
19 the -- sort of the quality assurance/quality
20 control for this overall program is -- I mean
21 the reworks are the ones you send back. You
22 may review a number of others, you know. I
23 don't think the Board's interested in the
24 administrative or the medical or the --

25 **MR. TURCIC:** Right, I understand.

1 **DR. MELIUS:** -- employment issues as those come
2 up, but certainly where there are, you know,
3 technical issues that you're -- you're focusing
4 on possibly as a result of a rework going back
5 or -- or what you're getting back from NIOSH, I
6 think it would be useful for the -- the Board
7 to have in terms of -- we're trying to make our
8 dose reconstruction review, you know,
9 productive, useful. I don't think the two
10 programs should mirror each other, but -- but
11 hopefully they complement each other, but also
12 we don't want to duplicate activities and so
13 forth. So having an idea of what's one -- what
14 is in your technical -- your reworks that are
15 sent back technically. Also, you know, what --
16 what's your way of focus-- are these coming
17 from -- how you identify them, I guess is what
18 we're -- we're looking -- would be -- might be
19 useful to us.

20 **MR. TURCIC:** We identify them two ways.

21 **DR. MELIUS:** Yeah.

22 **MR. TURCIC:** One, we identify them either
23 through an objection --

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

25 **MR. TURCIC:** -- you know, that a claimant

1 makes.

2 **DR. MELIUS:** Okay.

3 **MR. TURCIC:** Or we identify them on our own in
4 that -- frequently what -- what the rework may
5 -- may involve is that something was changed in
6 a site profile --

7 **DR. MELIUS:** Okay.

8 **MR. TURCIC:** -- in between --

9 **DR. MELIUS:** Okay.

10 **MR. TURCIC:** -- you know, so --

11 **DR. MELIUS:** Yeah. Yeah.

12 **MR. TURCIC:** -- so those would be, you know,
13 self-identified or --

14 **DR. MELIUS:** Okay. Yeah. I -- I think if we
15 had that -- some sort of a -- a breakdown of
16 where --

17 **MR. TURCIC:** Yeah.

18 **DR. MELIUS:** -- those are, I think it'd be --
19 the numbers are a little higher than they --

20 **MR. TURCIC:** Yeah.

21 **DR. MELIUS:** -- they were the last time --

22 **MR. TURCIC:** Yeah.

23 **DR. MELIUS:** -- you gave that to us and I think
24 it'd be -- be helpful. If -- somebody else --
25 then I'd like to ask some other questions, but

1 I've been --

2 **DR. ZIEMER:** Go ahead.

3 **DR. MELIUS:** Go ahead? Okay. The issue we've

4 been talking about a little bit earlier with

5 Blockson and -- and Allied and so forth is the

6 issue of how we, you know, define SEC classes.

7 And I think what we're looking for is to make

8 that process as -- as efficient and -- and

9 workable as possible for ev-- everybody

10 involved and that the language we use is

11 something that is, you know, useful to you, so

12 what -- I think we recognize that you have to

13 make that language and -- operational, and

14 often that really isn't -- I mean a lot of it's

15 individual reviewing individual work histories

16 and so forth, while some of it may be --

17 involve -- really as you -- you know, take --

18 spend the time to review the -- sort of the

19 employment information and type of information

20 that would identify people in the classes, but

21 -- but I think it would be helpful to know --

22 for us to know -- one is sort of how you

23 interpret some of this language to make sure

24 it's -- you know, like the "monitored, or

25 should have been monitored" language, make sure

1 **MR. TURCIC:** And it depends on how you defined
2 a class, you know, what we would do.

3 **MR. GIBSON:** But --

4 **MR. TURCIC:** Exactly right. I mean if it's --

5 **MR. GIBSON:** But if a --

6 **MR. GRIFFON:** But then --

7 **MR. GIBSON:** I guess my question is, if DOL
8 looks at a job and it's something that -- like
9 you mentioned, cafeteria worker, or
10 administrative clerk, you don't just
11 necessarily assume they shouldn't have been
12 monitored.

13 **MR. TURCIC:** No, what we would do -- now you're
14 confusing -- you didn't ask the question about
15 monitored. You're -- you're -- you asked --

16 **MR. GIBSON:** (Unintelligible) was included.

17 **MR. TURCIC:** -- (unintelligible), Mike. You
18 asked coverage. If you're asking about, you
19 know, monitoring, we would have to look at the
20 case-specific, you know, situation. You know,
21 if it was a facility where there was a
22 administrative building and we knew that people
23 in that building, you know, weren't monitored
24 and shouldn't have been monitoring (sic), you
25 know, then we would -- we would go with that.

1 If it was the situation you're talking about,
2 situation like that, in most places, that would
3 be monitored and we would assume that the
4 administrative people would be monitored.

5 **DR. ZIEMER:** I think the --

6 **MR. TURCIC:** I don't think we've ever -- I -- I
7 -- I can't remember a case where -- to be quite
8 honest with you, where we have denied the case
9 because we said well, we can put you there but
10 we can't say that you should have been
11 monitored. I don't think there's ever been a
12 case -- I mean this --

13 **MR. GRIFFON:** But it -- yeah, do -- do you --
14 this is a broader question, but do you have a -
15 - you must have a logic tree that your claims
16 processors are working from, and is that
17 something that can be shared with the Board or
18 no?

19 **MR. TURCIC:** Well, the logic tree depends on
20 how --

21 **MR. GRIFFON:** Because there's --

22 **MR. TURCIC:** -- you define it.

23 **MR. GRIFFON:** -- there's all -- yeah, yeah, I
24 know.

25 **DR. MELIUS:** It's devel-- it's buil--

1 **MR. TURCIC:** Yeah.

2 **DR. MELIUS:** Yeah.

3 **MR. TURCIC:** That's why it's so important, you
4 know, and that's why I said, you know, at the
5 last time --

6 **MR. GRIFFON:** Yeah.

7 **MR. TURCIC:** -- I -- I met with you that by a
8 spatial determination is a lot easier than a --

9 **MR. GRIFFON:** But if -- if you do --

10 **MR. TURCIC:** -- a functional.

11 **MR. GRIFFON:** I mean I -- I -- I also get
12 concerned if we do the building-specific sort
13 of specificity in our write-up, if the only
14 information you have for that site for
15 individuals is job title, then you can have an
16 electrician that wa-- and you might even have
17 building. You might say the electrician was in
18 Building A, but if -- if -- and -- and maybe
19 your -- you -- you know -- I mean I guess I
20 would be concerned if you don't know enough
21 about the facility, you don't know if the
22 person worked in that maintenance shop the
23 whole time or if they went out to the other
24 buildings --

25 **MR. TURCIC:** Mark, we --

1 **MR. GRIFFON:** -- and there may be no records in
2 individual's record to show that.

3 **MR. TURCIC:** Even -- even if it's buildings --
4 okay? Even if it's buildings, then we would
5 always consider, you know, functions like
6 maintenance, electricians -- you know, things
7 like that -- we always assume that they might
8 have been assigned anywhere, and that gets
9 factored in. So more than likely what would
10 happen -- you know, I mean -- every way I -- I
11 can think that, you know, you could define a
12 class, what would happen with that class of
13 people would be this idea that, absent
14 information to the contrary, we would say that
15 these occupations are covered.

16 **DR. ZIEMER:** Mike, does that answer your
17 question?

18 **MR. GIBSON:** No, I think -- I'm still -- so you
19 basically have a set of job titles and, absent
20 any information -- if we go building-specific,
21 absent any information, you'd say yes, these
22 people are probably covered.

23 **MR. TURCIC:** That's what we did, and that's how
24 we'll be handling the later Y-12, exactly.

25 **MR. GRIFFON:** Except for --

1 **MR. GIBSON:** My point is, again, if it's even
2 building-specific, there's some sites that have
3 say administrative clerks, for example again,
4 that worked 40 hours a week in that rad
5 building for a manager who also has a --

6 **MR. TURCIC:** If -- if they worked in the rad
7 building, that was a covered building, they're
8 covered, no matter what their occupation was.

9 **MR. GIBSON:** But I -- I thought you just said
10 there was almost like a --

11 **MR. TURCIC:** No, I'm saying that -- I'm saying
12 for -- for occupations, but you can't put them
13 in that building. If you do it by building and
14 we can put them in that building, they're in,
15 no matter what occupation. But you take
16 somebody like a maintenance person who may not
17 be in -- you know, maybe we can't put him in
18 that specific building, but knowing that
19 maintenance people are assigned all over the
20 place -- absent information in the file, you
21 know, that they were somewhere else and not in
22 that building -- we would assume that they
23 could have been assigned in that building and
24 worked in that building.

25 **MR. GIBSON:** So an administrative clerk or

1 someone like that would have to put in their
2 affidavit or in their claim that they worked in
3 a rad building.

4 **MR. TURCIC:** Yeah, and then if they didn't, you
5 know, we still don't cut them off. We give the
6 opportunity for them to explain well, yeah, I'm
7 here -- my duties required me to go all over,
8 you know. I mean it's not like -- it's not
9 like you're cut off and have no opportunity.

10 **DR. ZIEMER:** Okay. Thank you. Jim, additional
11 question or --

12 **DR. MELIUS:** No, I'm sorry, I -- yeah, I guess
13 I --

14 **MR. GRIFFON:** Go ahead.

15 **DR. ZIEMER:** Well, now that he -- now that I
16 ask --

17 **DR. MELIUS:** Mark wanted to say something. Or
18 -- or is our process, in terms of getting input
19 from you and -- in terms of these issues -- I
20 mean -- and I think we've talked before, it's
21 certainly helpful to have somebody in --
22 involved from DOL as we're deliberating this,
23 particularly if we're -- I guess if we're
24 considering sort of a -- a non-building-
25 specific or what may be a problematic way of

1 making designation -- I'm particularly get
2 concerns when we start getting some of these
3 big sites that -- where we may not -- we may --
4 doing a very specific types of -- of SECs that
5 could very well be process-oriented or
6 something. I mean that may --

7 **MR. TURCIC:** Well --

8 **DR. MELIUS:** -- building -- I mean that -- that
9 we need to be careful about how we go forward
10 and -- you know, terms of making these
11 definitions and so forth.

12 **DR. ZIEMER:** Well, I think Pete --

13 **MR. TURCIC:** Yeah.

14 **DR. ZIEMER:** You said building-specific is a
15 little easier for you to administer.

16 **MR. TURCIC:** Yeah.

17 **DR. ZIEMER:** I think on the -- we had the --
18 what was the process, the -- at Los Alamos.

19 **UNIDENTIFIED:** (Off microphone) RaLa.

20 **MR. GRIFFON:** RaLa, yeah.

21 **DR. ZIEMER:** Yeah, the -- the RaLa, yeah, that
22 was a process-oriented definition. Is that --
23 that causes you more --

24 **MR. TURCIC:** Well, no, that was an area.

25 **DR. ZIEMER:** Oh, it also was co-- coincident

1 with an area, so it was a little easier.

2 **MR. TURCIC:** Yeah.

3 **DR. ZIEMER:** But you could have one described
4 in that way that maybe involved multiple parts
5 of the site --

6 **MR. TURCIC:** Yeah.

7 **DR. ZIEMER:** -- that's a little different, but
8 typically even there it brings certain
9 buildings into play.

10 **MR. TURCIC:** I -- I would suggest, Paul, that
11 maybe the process is disjointed. I mean you
12 really have two parts to the process. One,
13 what doses can't you reconstruct. Now once you
14 identify that, then you have a process of how
15 best to define the class so you cover the
16 individuals that were exposed to that dose, and
17 --

18 **DR. ZIEMER:** Well, in fact that's exactly the
19 issue we have on several of these. We've
20 identified, or NIOSH has identified, that they
21 cannot reconstruct internal thorium doses, for
22 example. Now, can you ex-- but to what extent
23 can you exclude others from that? In some
24 cases, not very well.

25 **MR. TURCIC:** Right.

1 **DR. ZIEMER:** On the other hand, like in General
2 Atomics, if you had your cafeteria worker and
3 you knew there was a cafeteria and it's not one
4 of those listed buildings, then you -- they
5 would have to show you that somehow their job
6 required them, for example, to deliver
7 sandwiches to the reactor building or
8 something.

9 **MR. TURCIC:** Exactly.

10 **DR. MELIUS:** Yeah.

11 **MR. TURCIC:** Exactly.

12 **DR. WADE:** One question, Pete. These words
13 that we bandy about that say "were monitored,
14 or should have been monitored," these words
15 give you difficulty? Should the Board steer
16 clear of those words? What do you -- what's
17 your thought?

18 **MR. TURCIC:** They -- they don't give us any
19 difficulty at all. Like I'm saying -- I mean
20 here -- here's where they came from. What it
21 came from was the original statutory SECs that
22 basically said that you were either monitored
23 or had an exposure similar to individuals who
24 were monitored. Well, that's totally
25 impossible to administer, you know, without a

1 policy. And so that policy is what got shifted
2 into monitored or should have been monitored --

3 **DR. WADE:** Just to --

4 **MR. TURCIC:** -- then assuming anyone who should
5 have been monitored under current day
6 requirements.

7 **DR. WADE:** A very specific example, if I might.
8 I mean on Allied Chemical, we have a definition
9 in front of us that says all AWE employees who
10 were monitored, or should have been monitored,
11 for exposure to ionizing radiation while
12 working at Allied Chemical Plant in Metropolis,
13 Illinois, period. Another way you could write
14 that is all AWE workers who worked at Allied
15 Chemical Plant.

16 **MR. TURCIC:** That -- they mean the same thing,
17 exactly.

18 **DR. WADE:** They mean the same thing.

19 **MR. TURCIC:** The "monitored and should have
20 been monitored" really plays a more important
21 role when you're talking about a DOE facility.
22 And the reason it comes there is you don't want
23 to drag in -- I don't think you're talking
24 about including the delivery of -- you know,
25 the person that -- that's coming in and -- once

1 a week and filling up the Coke machines.

2 **DR. WADE:** Uh-huh, right.

3 **MR. TURCIC:** And they typically wouldn't be
4 monitored, and so, you know, that's how -- how
5 that would be ex-- excluded.

6 **DR. WADE:** Just one more --

7 **MR. GRIFFON:** So you --

8 **DR. WADE:** -- questions --

9 **MR. GRIFFON:** -- you don't make a subjective
10 determination on monitored or should have been
11 monitored based on the current radiological
12 standards. You really just say that equals
13 presence.

14 **MR. TURCIC:** Yeah, exactly.

15 **MR. GRIFFON:** Okay.

16 **DR. WADE:** But now when Stu was talking to us,
17 he sort of raised this issue as an important
18 issue.

19 **MR. GRIFFON:** Yeah.

20 **DR. WADE:** And now I get the sense that maybe
21 it's not an important issue. So I just want to
22 make sure we're clear before the Board takes an
23 action.

24 **MR. HINNEFELD:** Well, I hate to -- am I on
25 here? I really hate to confuse the Board

1 'cause I'm so confused myself, but there are
2 clear differences between the Harshaw Plant and
3 the Allied Plant in terms of what we know and
4 what the condition of the plant was and things
5 like that, and I only pointed that out. I in
6 no way intended to infer that I have any
7 expertise at all in this area, how to
8 administer the class. I just thought that I
9 would point those out in my own way, and I
10 don't -- you know, this is not my bailiwick. I
11 believe I said that.

12 **DR. WADE:** Well, thank you. So -- so --

13 **MR. GRIFFON:** But -- but --

14 **DR. WADE:** -- Pete, in terms of Allied, if I
15 could finish, it makes no difference to you, in
16 terms of the way you would move forward,
17 whether those words appear or not.

18 **MR. TURCIC:** Not at Allied, no.

19 **DR. WADE:** Okay. Thank you.

20 **DR. ZIEMER:** So "monitored, or should have been
21 monitored" really refers to the -- the people
22 who work there, as opposed to somebody coming
23 in casually --

24 **MR. TURCIC:** Exactly.

25 **DR. ZIEMER:** -- a visitor or --

1 **MR. TURCIC:** Exactly.

2 **DR. ZIEMER:** Yeah. Here comes Jim. Jim, did
3 you have another --

4 **DR. LOCKEY:** Yeah, I just -- I just want to
5 make -- make it so it's clear in my mind. If -
6 - if -- in the General Atomics report, if NIOSH
7 says Building 30, Building 31 and Building 26,
8 27 should be included in the class, you don't
9 go back and second-judge that. You don't go
10 back and say we're going to look at those
11 buildings separately. You accept that -- is in
12 the petition as people that should be included
13 in that class. Is that correct?

14 **MR. TURCIC:** That's exactly right. Then --
15 then what we do is we start looking and see --
16 okay, now how and what information do we have
17 to say they worked in, you know, any of those
18 buildings. And then that's an empirical type
19 analysis for a while until we can figure out
20 what is available. We may come to the
21 conclusion that we can't separate them out and
22 we, through policy, say, you know, presence
23 equals -- in those buildings, that presence at
24 this facility equals those buildings. There
25 may be time frames, you know, maybe at some

1 time frames you can split it up and some time
2 frames you can't. But no, we don't -- we
3 administer whatever the Secretary of HHS
4 issues.

5 **DR. ZIEMER:** Larry.

6 **MR. ELLIOTT:** Pete, I think it might be helpful
7 for the Board and for the public at large to
8 know that each one of these classes that is
9 designated by the Secretary of HHS -- once you
10 receive that class designation, you process
11 what I think you call a Technical Bulletin that
12 goes out to your claims examiners on how to
13 administer that class --

14 **MR. TURCIC:** Right.

15 **MR. ELLIOTT:** -- and there are -- I don't know
16 how many of these have been generated up to
17 this point in time, but I'm aware of the ones
18 for Y-12, Mallinckrodt, et cetera. Maybe
19 that's something that you might want to make
20 available to the Board. I don't know how --
21 how you'd do that, but these exist -- I mean
22 they may --

23 **MR. TURCIC:** They're on our web site, Larry.

24 **MR. ELLIOTT:** Okay, they're on the web site.

25 **MR. TURCIC:** Yeah, they're on our web site, but

1 I'd be -- I'd be glad to walk you through, you
2 know, each one of them, give you copies of each
3 one of them, the directions that we give to our
4 claims examiners --

5 **DR. ZIEMER:** Maybe an -- maybe an example next
6 time would be useful --

7 **DR. MELIUS:** I -- I've got an example with me,
8 if I can -- someone wants to make a copy and
9 distribute it.

10 **DR. WADE:** Pete, one --

11 **DR. MELIUS:** I've got -- I actually -- a couple
12 of them with me, so...

13 **DR. WADE:** One more very important issue for at
14 least me to understand, and I -- and I think
15 maybe the Board, is this issue that we've been
16 talking about recently of what NIOSH can do and
17 what they can't do. So for example, let's take
18 occupational medical dose where NIOSH said we
19 can do that.

20 **MR. TURCIC:** Yeah.

21 **DR. WADE:** Is it important that what they can
22 do be included in the designation?

23 **MR. TURCIC:** Makes it a lot easier to -- for
24 claimants to understand. You know, if -- if
25 the designation comes out and says all we can

1 do is medical X-rays, then if it's -- you know,
2 if that's included, that makes it a lot clearer
3 to the claimant when they get a dose
4 reconstruction for a non-specified cancer, you
5 know, only based on medical X-rays.

6 **DR. WADE:** So if NIOSH is saying, for example,
7 as we've done today, that we can do all
8 external dose, we can do internal for uranium,
9 we can do occupational medical, all of that
10 should be in the designation that the Secretary
11 issues and therefore in the Board's
12 recommendation to the Secretary. Okay. Thank
13 you.

14 **DR. ZIEMER:** Other comments? Jim, did you have
15 an additional comment? No, okay.
16 Mr. Miller?

17 **MR. MILLER:** Richard Miller. I just have a
18 question about this interchange here 'cause
19 this is a very important issue, and I want to
20 make sure that when you nodded, Pete, that we
21 understood what you were saying. When you said
22 a moment ago, as I understood it, well, it's
23 very important for us to put in the designation
24 what dose we can reconstruct, so let's go
25 through this -- you know, we can do all the

1 external, then we get to the internal, then you
2 say we should sort out which internal dose we
3 can reconstruct and which internal dose we
4 can't reconstruct. Okay, now we're getting
5 into process-specific, not building-specific,
6 designations. So now we're into that tricky
7 issue we got into with Y-12 where they say you
8 can reconstruct the uranium dose but not the
9 thorium dose. So then the question is who's a
10 thorium worker and who's not a thorium worker.
11 And then you have the great irony, which is
12 without being able to say who's a thorium
13 worker and who's not a thorium worker, or who
14 should have been monitored for thorium or not
15 monitored for thorium, you'd wind up, I would
16 think, with almost an administratively-
17 impossible class to adjudicate unless you
18 provide broad presumptions. And so the
19 question is, why would you want to narrow the
20 isotopes that you can monitor or not monitor
21 for in a class and -- and -- if you want to
22 have clarity about the boundaries?

23 **MR. TURCIC:** I think -- I think you're -- you
24 know, I -- I think you're looking at this -- I
25 -- I don't think the way you're looking at

1 this, Richard, is the way it works.

2 **DR. ZIEMER:** No, Pete -- Pete wasn't saying
3 that they --

4 **MR. TURCIC:** I'm saying regardless --

5 **DR. ZIEMER:** -- pay attention to that. Pete
6 was saying that that helps the claimant
7 understand, if they go back and NIOSH says, for
8 example, we can only reconstruct your medical
9 dose and --

10 **MR. TURCIC:** Richard, just because the
11 designation -- let's say the designation said,
12 you know, includes, you know, the -- the write-
13 up says here's what we can do, that doesn't
14 take it away if you meet the class definition
15 based on that facility, regardless -- if you
16 have a presumptive cancer, if you have one of
17 the 22 cancers, you're awarded benefits. Where
18 that becomes important is when we take those
19 who don't have one of the 22 cancers, we send
20 it for a dose reconstruction, it becomes
21 important so that the claimant understands
22 okay, in this case they did include the
23 internal uranium, but they didn't include
24 anything for the thorium; so my exposure was
25 higher, but it did include the inhalation of

1 the uranium.

2 **MR. MILLER:** Okay. Have you issued the
3 guidance yet for the second Y-12 class, the
4 claims examiner guidance?

5 **MR. TURCIC:** We're in the process of doing it
6 now.

7 **MR. MILLER:** Okay, 'cause that would help
8 understand exactly the explanation here, 'cause
9 what -- 'cause when we looked at the earlier Y-
10 12 class -- of course you weren't grappling
11 with that issue 'cause it was only uranium
12 enrichment in that time period, but -- but what
13 -- what was a bit confusing there was that, for
14 example, those who were not presumed to be in
15 the Y-12 Calutron operations were construction,
16 were machinists, were security guards, for
17 example, where the burden of proof is then
18 going to shift to them to sort of show they
19 were in there. And I guess the question that I
20 had was is there an irony here that's been
21 created? And let me just pose the question.
22 The -- the irony that I'm questioning is, is it
23 possible that we could have people who were put
24 in a class because there's not enough data with
25 which to reconstruct their dose, regardless of

1 whether it's internal or external, but for
2 which there's also insufficient data for them
3 to put them in the Calutron building or in the
4 RaLa area. In other words, could you have the
5 irony that you could be put in a class, but
6 lack the proof to show you were physically
7 there 'cause the same lack of data catches you.

8 **MR. TURCIC:** Any time you draw a line, Richard,
9 there's going to be people on one side of that
10 line or the other. I mean any line that you
11 draw, whether it be --

12 **MR. MILLER:** So are you saying that the
13 incompleteness of data about being able to show
14 you were in Building X -- in other words,
15 affirmative proof evidence that you were there
16 -- construction workers particularly face this
17 challenge.

18 **MR. TURCIC:** Okay.

19 **MR. MILLER:** So a construction worker says I'm
20 in the RaLa area 'cause he files a claim, but
21 he has no contemporaneous evidence to establish
22 proof that he or she was there, are they in the
23 RaLa area or out of the RaLa area? That would
24 be the kind of question I'm posing.

25 **MR. TURCIC:** We -- we haven't -- on that one, I

1 -- I can't say because, you know, we haven't
2 worked out the specifics and don't know -- you
3 know, there are other records. Like for
4 example, we contract with the Center to Protect
5 Workers Rights. Lot of times we can't put a
6 construction worker -- you know, all we know
7 and all the survivor knows is that a
8 construction worker worked for some
9 construction company. Now the records we get
10 from Center to Protect Workers Rights would
11 come back that maybe dispatch workers that show
12 that okay, this (unintelligible) -- this
13 individual worker was dispatched to Building 92
14 -- 9202 at Oak Ridge. So I mean it just -- it
15 -- it's all --

16 **MR. MILLER:** But if it -- but if it only says
17 I'm going to Oak Ridge and not 9202, what do
18 you do?

19 **MR. TURCIC:** Well, it depends on -- okay, you
20 know who the construction company was. If that
21 construction company had a job during that time
22 period there, we would assume that, okay, he
23 could have been assigned there.

24 **DR. ZIEMER:** Well, these -- these are fine
25 points, but we understand the general issue

1 here and I think that's helpful, and we need to
2 move on and not linger on the -- 'cause these
3 are case by case things.

4 **MR. TURCIC:** Yeah.

5 **DR. ZIEMER:** I think we understand the
6 principle. Yeah.

7 **MR. TURCIC:** Richard would -- Richard would be
8 a hell of a claims examiner.

9 **DR. WADE:** It is an evolving art that we have
10 to continue to --

11 **DR. MELIUS:** Is that a job offer?

12 **DR. ZIEMER:** Okay, Mark has a comment or
13 question.

14 **MR. GRIFFON:** Yeah, just a -- just one more
15 thing, and -- and I think the Y-12 example
16 might actually clarify this. I agree with
17 Richard, I was going to ask where that was.
18 But the -- the "monitored, or should have been
19 monitored," I think we just said that eq-- that
20 equates presence.

21 **MR. TURCIC:** That's (unintelligible) --

22 **MR. GRIFFON:** But if -- but if we have a write-
23 up where we have external versus internal and
24 we say monitored or should have been monitored
25 for internal, then that doesn't necessarily

1 equate presence, does it, 'cause you can do
2 external. You're -- you're split-- it's not
3 just simple presence at that point, is it, or -
4 - I guess it'd be a site-by-site basis.

5 **MR. TURCIC:** I think it would be the same
6 thing. I mean --

7 **MR. GRIFFON:** Still just presence.

8 **MR. TURCIC:** Yeah.

9 **MR. GRIFFON:** And then what if you said
10 monitored or should have been monitored for
11 thorium? That, in my mind, doesn't necessarily
12 mean just presence.

13 **MR. TURCIC:** It would be the same -- it would
14 be the same thing. I mean if -- what it does,
15 Mark, is if you look at the thorium, okay, in
16 that example, that at least gives us a basis to
17 start saying well, we know that these
18 occupations -- there were -- there was internal
19 monitoring. Not for thorium, but there was
20 inter-- so that gives a conclusion that here's
21 a whole bunch of occupations that you know, you
22 know, fit into that category. And then -- so
23 it's really, you know, doing it piece by piece
24 and...

25 **DR. ZIEMER:** Okay, I think probably we've

1 exhausted this issue for now. I think we have
2 a feel for the issues. We'll look forward to
3 following up on some of these in the future.
4 Thank you very much, Pete.

5 We do -- we are going to recess shortly. A
6 couple of housekeeping things. I want to
7 remind Board members that one thing on our
8 docket will be approval of some minutes
9 tomorrow. You have them in your packet and I
10 just want to give you a heads-up to be prepared
11 to act on those minutes. If you haven't
12 already had a chance to read through them, that
13 will be your task for this evening.

14 We also have the public comment that begins at
15 7:30. Lew, do you have any additional items to
16 --

17 **DR. WADE:** Well, only to thank Pete, and this
18 issue of the writing of designations is really
19 a developing art, and -- and I think we need to
20 learn to do it better and I think you've been
21 immensely helpful, Pete, in terms of getting us
22 there.

23 **DR. ZIEMER:** Okay. Thank you. With that,
24 we'll recess until 7:30. Thank you very much.
25 (Whereupon, a recess was taken from 5:06 p.m.

1 to 7:30 p.m.)

2 **PUBLIC COMMENT**

3 **DR. ZIEMER:** Actions were taken earlier today
4 by the Board, particularly with respect to the
5 Blockson SEC petition, so let me briefly
6 describe what happened earlier today.

7 The -- the staff members from NIOSH presented
8 what is called the Petition Evaluation Report.
9 Hopefully those of you from Blockson have had a
10 chance to see that report. Then the
11 petitioners also had a number of
12 representatives here to speak on their behalf
13 and -- and raised a number of points. Amongst
14 those who also spoke on behalf of the
15 petitioners was Senator Obama, who raised a
16 number of points, as well.

17 The -- the issues raised by both the Senator
18 and the other petitioners -- a number of those
19 issues the Board discussed in some detail, and
20 after lengthy discussion there was a formal
21 motion that passed by the Board to postpone the
22 decision on Blockson until several of the
23 issues that had been raised by the petitioners
24 and by the Senator could be addressed. These
25 included the following: A clarification of the

1 -- what is called the source term, or the
2 amounts of uranium or other activity present on
3 the site. Secondly, a request that there be a
4 formal worker outreach meeting held by NIOSH to
5 gather formally information from Blockson
6 workers, and NIOSH has committed to doing that.
7 Thirdly, amongst the points of the motion, that
8 the Board establish a working group that would
9 work together with the Board's contractor,
10 SC&A, to clarify some of the other issues that
11 had been raised, most particularly the issue of
12 radon exposures, but also some other related
13 possible issues that had been questioned by the
14 petitioners.

15 So the status at the moment then is that a -- a
16 final decision on the recommended SEC
17 evaluation by the -- by the NIOSH staff has
18 been delayed at least until the next Board
19 meeting that we -- we don't have a definite
20 timetable yet because it's unknown how long it
21 will take to gather all the information, but --
22 and we're hoping to do -- and some of the
23 petitioners have helped -- have agreed to help
24 us try to locate some of this information, as
25 well. But pending the obtaining and evaluation

1 of the information that the Board wishes to
2 examine prior to making a decision, that
3 decision will be at least temporary --
4 temporarily delayed. And I might point out
5 that -- that Senator Obama himself had
6 requested such a delay.

7 So with that as background now, we will open
8 our public comment session. This is not
9 restricted to only the Blockson issue. There
10 are -- actually we have a number of petitions
11 and -- and -- petitions and dose reconstruction
12 issues before the Board and some -- some site
13 profile issues, as well. And we have made a
14 commitment to one individual to speak to -- in
15 the public comment session to speak to the
16 Board by phone, and that is Ms. Terrie Barrie
17 from the Rocky Flats area, Denver, and I need
18 to find out if Terrie Barrie is on the line.
19 Terrie, are you there?

20 **MS. BARRIE:** Yes, Dr. Ziemer, I am.

21 **DR. ZIEMER:** Can we raise the volume there a
22 little bit? Terrie --

23 **MS. BARRIE:** Can you hear me?

24 **DR. ZIEMER:** -- I think we hear you. Could you
25 try again?

1 **MS. BARRIE:** Dr. Ziemer?

2 **DR. ZIEMER:** Yes. Terrie, is that you? If --
3 if -- is that Terrie? Terrie, can you hear us?

4 **MS. BARRIE:** Hello?

5 **DR. ZIEMER:** We're not hearing you. Hang on.
6 And then -- do I need to move -- Terrie, can
7 you hear me now?

8 **MS. BARRIE:** No, I can't. I can barely hear
9 you, Doctor.

10 **DR. ZIEMER:** Okay. Well, we can hear you now,
11 Terrie, so if you would proceed, just speak
12 into the phone and we're prepared to hear your
13 remarks.

14 **MS. BARRIE:** Okay. Thank you so much. Good
15 evening, Dr. Ziemer, members of the Board. My
16 name is Terrie Barrie and I'm with the Alliance
17 of Nuclear Worker Advocacy Groups. And once
18 again I'd like to extend my appreciation to
19 you, Doctor, for allowing me to call in my
20 comments tonight, and to NIOSH for arranging
21 this call.

22 One week ago the House Judiciary Subcommittee
23 on Immigration, Border Security and Claims held
24 their fifth oversight hearing on EEOCAPA (sic).
25 Shelby Hallmark of the DOL's Office of Worker

1 Compensation Program testified that the motive
2 for DOL's involvement in technical documents
3 was to ensure that NIOSH's program was
4 administered in a fair and consistent manner.
5 I am afraid that this policy has failed with
6 the Rocky Flats petition. For instance,
7 workers at the Y-12 facility was awarded SEC
8 status if they worked with thorium during
9 certain years. In that petition NIOSH asserted
10 that they could not reconstruct dose because
11 they did not have access to enough data.
12 NIOSH's evaluation report did identify years,
13 process and buildings where thorium was present
14 at Y-12, as well as a broad guesstimate of the
15 amount of thorium there. Generally thorium was
16 used at Y-12 for research and development
17 activities.
18 NIOSH determined that this information was not
19 enough to reconstruct dose with reasonable
20 accuracy. As far as I can tell, NIOSH has less
21 information on thorium for Rocky Flats facility
22 than they did for Y-12, yet they claim they can
23 still reconstruct dose for thorium workers at
24 Rocky Flats. NIOSH concedes that there was
25 light machining performed at Rocky Flats, as

1 opposed to research and development activities
2 at Y-12. One method NIOSH proposed to
3 reconstruct dose was to utilize gross alpha
4 readings. Yesterday the idea of treating
5 thorium machining the same way they do uranium
6 machining in the TBDs was introduced.
7 I ask again, why were these methods not applied
8 to the Y-12 workers if gross alpha data and
9 uranium machining data was available? This is
10 not consistent nor fair.
11 During the debate of the IAAP SEC petition --
12 that's the Iowa Army Ammunition Plant -- an
13 issue was raised on the radon levels NIOSH used
14 for that facility. NIOSH chose to use data
15 from the Pantex plant, which was a lower level
16 than what was actually at the Iowa facility.
17 But the rewritten introduction for the Rocky
18 Flats site profile issued November 30th of this
19 year states that, and I quote, (reading)
20 Radiation from naturally-occurring radon
21 present in conventional structures, end quote,
22 are not considered occupational exposures. And
23 now I understand that radia-- radon exposures
24 is being considered for Blockston (sic).
25 Iowa had similar levels of naturally-occurring

1 radon at Rocky Flats. How could radon levels
2 be included for one facility and not for Rocky
3 Flats? This, too, is not fair nor consistent.
4 These two examples demonstrate that NIOSH is
5 not being fair and consistent in their
6 evaluations of the Rocky Flats SEC petition.
7 Serious doubts remain among the Rocky Flats
8 claimants on their ability to reconstruct dose
9 with reasonable accuracy. What is fair for one
10 site should be applied to other sites. Unless
11 of course the records definitively prove
12 otherwise.

13 Rocky Flats claimants feel that they have not
14 had a fair shake in this process. The
15 affidavits supplied with the petition and
16 public comments are termed "allegations,"
17 whereas NIOSH's explanations are expected to be
18 accepted as the truth.

19 Time and cost involved for evaluating the Rocky
20 Flats SEC petition has been raised many times.
21 Two years, or almost two years, is a long time.
22 Last month's denial of access to the O drive
23 delayed progress of SC&A's investigation. At
24 one working group meeting I heard NIOSH or the
25 ORAU team member ask if the time spent on the

1 thorium issue was worth it as perhaps only 20 -
2 - or 12 workers were involved. It certainly is
3 worth it if any one of those 12 workers develop
4 a compensable cancer.

5 Who is suffering here from this elongated
6 process? The claimants, the folks who thought
7 that working at the Rocky Flats facility was a
8 patriotic duty, whose bodies were bombarded
9 daily by high levels of radiation. And at
10 Rocky Flats, those levels were high.

11 I hope the Board will consider what is fair and
12 what is consistent when deciding on the Rocky
13 Flats petition. I look forward to the February
14 meeting.

15 On another note, I do want to thank NIOSH for
16 appointing Denise Brock as the ombudsman for
17 dose reconstruction claims. I know she will do
18 well. I urge NIOSH to update their web site as
19 soon as possible to post her contact
20 information and responsibilities so that any
21 claimants who have problems will have a point
22 of contact.

23 Thank you again for call-- for allowing me to
24 call in this comment.

25 **DR. ZIEMER:** Thank you very much, Terrie. We

1 appreciate your comments.

2 We'll continue now with comments from those
3 here in attendance. I may have trouble reading
4 some of your names, so forgive me if I don't
5 pronounce them correctly, and I'll just take
6 them in order as they have appeared on the
7 sign-up sheet.

8 First Joshua -- is it Lott? Joshua Lott? It
9 looks like L-o-t-t.

10 (No responses)

11 No? Okay, let's go on -- and this is someone
12 who's with Reuters.

13 (No responses)

14 No? Okay. Now the next one I'm really having
15 trouble reading. It looks like it could be --
16 is that a -- what do you think? Is that
17 Charles? Last name looks like it begins with
18 an O.

19 **DR. WADE:** I would guess Charles S. Otere --
20 Oter?

21 (No responses)

22 **DR. ZIEMER:** Not close. We're obviously not
23 reading it well. Maybe we'll --

24 **DR. MELIUS:** Who else do you have?

25 **DR. ZIEMER:** We may skip ahead and then if you

1 feel like you were left out, we can come back.
2 I'm sorry.

3 George Luber? I think George was with us
4 yesterday and -- welcome back, George.

5 **MR. LUBER:** George Luber, and I thank you for
6 leaving me speak today's -- this evening. I'm
7 going to explore this book that was given to
8 you yesterday. The -- I take my glasses off to
9 read. I read the whole document this morning
10 and these are some of the things that I -- I
11 came up with. And I numbered each page,
12 starting with the first white page, which is
13 numbered one, and numbered them from there on
14 back.

15 Page number 12, internal exposure to radiation.
16 When you -- we talk radiation, we don't all
17 necessarily speak of the two Betatrons. We
18 also talk about the cobalt-80 unit, the small
19 cobalt unit, and there was a couple of other
20 radioactive sources that I was not real
21 familiar with because I was not licensed to use
22 them.

23 On page 18, persons present, Joe Poole on the
24 Betatron controls, which is on page 18, which
25 is this picture here. We're shooting the axle

1 housing, of which there were four, for the
2 largest strip mine crane in the world. Joe's
3 on the controls of the Betatron. I'm checking
4 the distance on the casting, and the operator
5 was Steve Conage* and he's on the end of the
6 casting. If you look at me real close, I'm
7 filthy dirty. I'm coal black 'cause I crawled
8 in that axle on my hands and knees. This is
9 one of the dirtiest, filthiest castings we ever
10 worked on. The portion we were shooting was
11 the connection between the axle and gear box.
12 That was an hour to an hour 15 minute, full
13 speed on the Betatron. If we were lucky, we
14 got six shots in eight hours.

15 On page 23 -- on page 23 Rudy Willey* and
16 myself were shooting a Westinghouse valve.
17 Rudy was my wet -- my mentor. He's being
18 treated for lung cancer right now.

19 On pages 27 and 28, these cassettes which are
20 pictured are 14 by 70. They were loaded with
21 multiple speeds of film for areas of multiple
22 thicknesses. In the case of the shot exposure
23 site, the shot time would have been in
24 excessive (sic) of one hour at full speed of
25 the Betatron. In the case of this casting, the

1 same cassette -- or the same cassettes have
2 been reloaded and used two or three times in
3 the same eight-hour shift. Now these are
4 stainless steel, and I think there's some term
5 that the types of metal in the cassette also
6 become radioactive, so we guys handled these --
7 these cassettes, the same cassettes, many times
8 in eight hours. The next shift used the same
9 cassettes and the next shift used the same
10 cassettes -- same cassettes on the following
11 day, same cassettes. So some of these -- some
12 of these metal cassettes can -- can be -- could
13 have been hotter than a firecracker.

14 On page 31, active beta material and removable
15 contamination. In my case, and many other of
16 my fellow department persons, would work 16-
17 hour days, eight hours on the Betatron, eight
18 hours out on the floor where we did magnaflux
19 work, spot check weldings, so on and so forth.
20 The -- out on the report -- repair floor where
21 the chipping, burning, grinding and welding
22 were done in filthy, dirty working conditions.
23 Number 9 building would be cleaned with
24 electromagnet hooked to the crane and drug back
25 and forth to pick up the metal so the janitor

1 could sweep the floor. It was not uncommon to
2 see six inches of trash and dirt on the floors.
3 If we needed to move a magnaflux machine, which
4 has -- what should have been a moveable, by
5 hand, machine, we had to get a crane to pick it
6 up and move it because you couldn't move it
7 with so much dirt and dust and filth on the
8 floor. By the same token, it wasn't uncommon
9 to see trash barrels catch on fire because they
10 were so full the janitors couldn't get to them
11 to empty them. So when you talk about the
12 filthy, dirty working conditions and the
13 radioactivity that was produced in the
14 Betatrons, and the castings that moved all over
15 8, 9, 10 building, 6 building, it pretty well -
16 - that dust and dirt was carried, radioactive,
17 all over the plant. This is one thing that we
18 need to understand.

19 Westinghouse turbines would have anywhere from
20 200-plus shots on a green shot -- on a green
21 casting. The casting may come back into the
22 Betatron five or six times for repair checks of
23 the individual shots that were repaired. So
24 when you talk about dust contamination, et
25 cetera, with the casting going in and out of

1 the Betatron, where did all this dust go?
2 Especially us magnaflux guys.
3 When ma-- maybe I need to explain what
4 magnaflux is. It's nothing more than two prods
5 set on a casting and you magnetize a given area
6 with two prods. You spray this powder on there
7 and if there's a crack -- like you can do with
8 most anything -- that powder would form on the
9 crack because that's the -- that was the
10 jumping point between the two poles. And when
11 we get finished, we take an air hose and blow
12 it off, all over the plant. So when you --
13 when you talk about radiation exposure with the
14 castings going in and out of the Betatron,
15 being dirty with metal dust, and then we blow
16 it off out in the plant, where does this dust
17 all go?

18 Rudy -- Rudy -- okay, I'm going to give you my
19 written presentation here and this is a diagram
20 of the entire plant. I don't know if you
21 gentleman have them or not, but this --

22 **DR. ZIEMER:** Is that in the book we got, or is
23 this --

24 **MR. LUBER:** I don't think so.

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

1 in the first book, though? It's not in --

2 **MR. LUBER:** It might have been in the first
3 book, yeah.

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

5 **MR. LUBER:** But given -- given the -- the time
6 period from the cleanup in the new Betatron and
7 the old Betatron, 20 years after the plant was
8 closed down and there was still radiation
9 present, to me brings up a big question mark.
10 How much radiation was there really there when
11 the plant closed? Knock on wood, I'm in pretty
12 good shape yet. Maybe I'm one of the lucky
13 ones. That's the end of my comment.

14 **DR. ZIEMER:** Thank you. George, when -- when
15 you and your colleagues were doing the
16 radiographs, and I think you describe them as
17 being as long as one hour or greater, where
18 were you located relative to this -- the
19 Betatron target? Did they move -- were you
20 moved behind any shielding materials, or just
21 moved away some distance, or what --

22 **MR. LUBER:** The -- the shooting room in both
23 Betatrons was in a -- well, shall we say a pea
24 fashion. You had a big shooting room with a
25 rail transfer car coming in on one end, but we

1 sat in the control room, which was on the -- in
2 the corner of the L of the casting room and the
3 transfer area. The -- there again -- I'll give
4 you one more example.

5 The one day I was operating I came in at 3:30
6 in the afternoon. I made a couple of shots,
7 short shots. And when I came back in I noticed
8 there's a pallet of film sitting here in the
9 shooting room, right next to the rail -- or the
10 transfer tracks. And I guess there was
11 probably 30 or 40 boxes of X-ray film on that
12 casting -- or on that pallet. So I called the
13 foreman and had him come and get it out of
14 there. That film wasn't supposed to be in
15 there.

16 So there was one of the boxes that was -- we
17 opened and checked the film to see if it was
18 damaged in any way. One of the boxes we
19 opened, nearest to the exposure room, the edges
20 of that film was burnt, around the edges of the
21 boxes, sitting probably 50 feet away from the
22 Betatron. Okay. How far does this radiation
23 go in that building when that cassette was --
24 or that pallet of film was sitting 50 feet away
25 and it was burnt around the edges. The company

1 went ahead and used it because it was only
2 damaged around the edge.

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

4 **MR. LUBER:** But it leaves big question marks.

5 **DR. ZIEMER:** Yeah.

6 **MR. LUBER:** The same way -- one of the guys I
7 was working with who was a -- had authority to
8 use an 80-curie source of cobalt, and we shot
9 the weld prep of the channel head, which is the
10 cap of a nuclear power plant. You shoot this
11 complete weld prep 42-inch -- or 42 film around
12 the edge, flex film; you tie it with a strap,
13 you set the cobalt unit up in the middle and
14 you shoot all 42 shots at one time. The
15 operator wouldn't block the case. The controls
16 were in the operating room. But anybody'd
17 turned that crank in the shooting -- in the
18 operating room, we'd have been exposed. I
19 chewed his ass out and he was unhappy. But 80-
20 curie source is about as big as a pea. A
21 lethal dose is three minutes. Three minutes.
22 You don't die tomorrow; you die six months
23 later after you suffered for six months.
24 So when you talk about all this radiation and
25 all the dust and dirt that was in the plant, it

1 gets to be pretty scary. And like I say, I
2 think I'm one of the lucky ones that I haven't
3 -- doesn't have cancer yet.

4 One of the other things when -- when working in
5 magnaflux, which is metallic dust, you didn't
6 wear a shirt like this in the summertime
7 because you could take many baths as you want,
8 showers or whatever, but if you sweated, this
9 shirt would turn rusty. This was metal dust
10 that was in your pores that you could not wash
11 off. It was also radioactive. So there's --
12 there's lot more questions here than there are
13 answers.

14 **DR. ZIEMER:** Very good. Thank you, George.
15 Appreciate it.

16 **MR. LUBER:** Thank you.

17 **DR. ZIEMER:** Lois P-i-r -- P-i-r -- is Lois --
18 any -- any Loises here? How did we get so many
19 --

20 **UNIDENTIFIED:** (Off microphone)
21 (Unintelligible)

22 **DR. ZIEMER:** I have you separately, Louise. I
23 -- I have your name on here, but this is --
24 this is a Lois.

25 **UNIDENTIFIED:** (Off microphone)

1 (Unintelligible)

2 **DR. ZIEMER:** This is definitely a Lois -- or it
3 could be Luis, I suppose, who -- who identifies
4 herself as a claimant -- looks like P-i-r-c.
5 Okay, let's -- let's go on. Mary Beth Charley,
6 and Mary Beth was with us --

7 **DR. WADE:** Spoke earlier.

8 **DR. ZIEMER:** -- yesterday, but is Mary Beth --

9 **DR. WADE:** No, she spoke today, just before the
10 break.

11 **DR. ZIEMER:** Oh, she's the one who spoke before
12 the break, yes, so we have her already. How
13 about Mary Gates -- perhaps it's Mary Lou
14 Gates?

15 (No responses)

16 Hmm, okay. How about Rosemary Bell Malone?

17 (No responses)

18 Have we lost that many that fast? Okay. Bev
19 Marcoski? Yes, Bev -- and Bev we've had
20 before. She's still here. Okay, Bev.

21 **MS. MARCOSKI:** Actually I came back. I had to
22 go home and work out and air my brain after all
23 those tough sessions, so --

24 **DR. ZIEMER:** Thank you for coming back, so...

25 **MS. MARCOSKI:** Again, Bev Marcoski. My father

1 worked for Blockson Olin Chemicals. I had a
2 few more thoughts. A lot of these things I'm
3 going to present I have talked to Mr. Thomas
4 about -- Tomes, however you say his name -- and
5 I addressed a couple of memos to him directly.
6 I'd like to talk about the general assumptions
7 in the Technical Basis Document versus speci--
8 being more specific, specificity. And I have
9 about seven points I want to make, and I'm
10 going to be very brief, and they relate more to
11 my father's job or occupation.

12 So point one -- and some of these things have
13 been said before -- is the 2,000 hour
14 assumption in the SEC document and in the
15 Technical Basis Document 2. Basically we all
16 know that's 40 hours a week times 50 weeks,
17 allowing for about two weeks vacation. In my
18 father's case I have his pension master, and I
19 have the last six years of how many hours that
20 he worked overtime, and overtime is something
21 that he did frequently that I do remember. He
22 had a max of 2,603 hours. That 600 out of
23 2,000 is roughly a third more time spent
24 working routinely. Again, as we've talked
25 before, the data is sketchy. It's only the

1 last six years of his employment, through 1982.
2 Going before that it's not specific how many
3 hours worked in a year. So again, there's
4 general assumptions made on the 2,000-hour work
5 year.

6 Point two deals more specifically as his --
7 what he did. He was a handler of the drums.
8 He was a loader, mover of these materials in
9 Building 55, so he actually touched those
10 drums. And it was brought up earlier by Mark
11 Griffon that that's 150 millirems of exposure
12 you're talking, versus two millirems at one
13 foot away times 40 hours. So again, not
14 specific enough for what he did to get an
15 accurate calculation on exposure.

16 Third, in his later years with Olin Chemicals,
17 he was a welder. They chose type M wave. I
18 believe there's F, M and S are the choices for
19 the radiation, and I did talk to Mr. Tomes
20 about this and he said M was their choice. In
21 the Technical Basis Document it says that
22 there's a type S wave that has to do with high-
23 fired materials. The type S wave leaves the
24 lungs much more slowly than the type M waves.
25 Again, being more specific to my father's job

1 as a welder welding with pipes that have
2 phosphoric acid in them, I'm not sure that's
3 specific enough to his job type just to assume
4 type M versus type S 'cause he was working with
5 high-fired materials.

6 Again, point number four, just to get
7 technical, shoveling is not used in Technical
8 Basis Document 2. They assume a hopper, based
9 on what other plants used, and then -- but they
10 have people stating that sometimes they thought
11 it was shoveled, the uranium or the yellow--
12 yellowcake, so they kind of contradicted
13 themselves (sic) in the SEC petition this
14 afternoon, saying they used shoveling. But if
15 you read Technical Basis Document 2, page 7 of
16 27, it shows that they assumed a hopper.

17 I guess point five, again I touched on the
18 radon. I don't think I need to go into a lot
19 of detail. Again, it was calculated in
20 Technical Basis Document for 1952 to 1962.
21 There was nothing given for its association
22 with the residual contamination. Again, my
23 father worked there for 30 years, so that's 20
24 more years of exposure.

25 Point six, they assume these were production

1 workers, and the assumption that goes with that
2 is light work. And along with that is another
3 assumption of how much picocuries a day. I
4 question that assumption, again, with Mr. Tomes
5 in my one-on-one memos to him. It was a .2
6 picocurie a day based on 70 percent light
7 exercise for the production workers. Again,
8 not specific. My father was, again, I would
9 call a laborer or a heavy worker, moving drums
10 that could have weighed 1,000 pounds, and
11 welding equipment that weighed probably well
12 over 100 pounds. That categorizes as heavy
13 work and that would increase the respiration
14 intake along with this, but it wasn't accounted
15 for. Again, general, not specific to the job
16 task.

17 Point six -- that was six; seven, the data --
18 the bioassay early in production, the
19 yellowcake -- or the exposure was much more
20 dangerous as production went on, and I'm
21 wondering if the bioassays are from the early
22 years and not when the radioactive daughters
23 could have been more potentially hazardous to
24 these people, and so then questioning the
25 validity of the earliness of that and if there

1 were things closer to 1962.

2 And I guess lastly, sciences and the data, and
3 all the steps I believe should be followed in
4 this production of the uranium, not limiting it
5 to Building 55, but looking at what it took to
6 -- the whole process, and to follow that.

7 Thank you.

8 **DR. ZIEMER:** Thank you. And Bev, I might
9 mention -- and NIOSH people can help me if I'm
10 incorrect, but it's my understanding that --
11 that the Department of Labor, when they look at
12 the -- the 250-day issue or the sort of the
13 2,000-hour year issue, that they actually are
14 in a position to do some weighting if they have
15 evidence that individuals worked longer work
16 weeks. And I'm -- I think I've interpreted
17 that correctly.

18 Larry or one of the NIOSH people -- or maybe
19 someone from Labor -- is -- is Pete still here?
20 Okay, Stu Hinnefeld. Now I -- whether or not
21 they're able to do that on an individual basis
22 -- we know that -- they have told us that they
23 -- they can do weighting, and apparently do
24 weighting, where they have evidence to that
25 effect. But Stu, can you address that for us?

1 **MR. HINNEFELD:** Well, what you're talking about
2 is in ar-- in arriving at 250 days for SEC --

3 **DR. ZIEMER:** Yeah, for --

4 **MR. HINNEFELD:** -- qualification in terms of
5 time period.

6 **DR. ZIEMER:** -- the 250-day issue, but --

7 **MR. HINNEFELD:** I think the issue here might be
8 --

9 **DR. ZIEMER:** -- here might be the model that's
10 used for --

11 **MR. HINNEFELD:** Yeah, I think this is a
12 question about, in the dose reconstruction
13 model, is the 2,000 hour per year of intake
14 because it's an intake rate --

15 **DR. ZIEMER:** Right.

16 **MR. HINNEFELD:** -- (unintelligible) intake rate
17 --

18 **DR. ZIEMER:** Right.

19 **MR. HINNEFELD:** -- and should that number be
20 adjusted upward seems to be the issue here.

21 **DR. ZIEMER:** Right.

22 **MR. HINNEFELD:** So it'd be something to be
23 pursued.

24 **DR. ZIEMER:** Right.

25 **DR. CASE:** (Off microphone) (Unintelligible)

1 **DR. ZIEMER:** Oh, right, okay. Now we'll hear
2 from Labor.

3 **DR. CASE:** Dianne Case from Department of
4 Labor, just to speak to the 2,000 hours per
5 year. Again, at any sites, if the claimant has
6 additional information at the time the
7 recommended decision has been issued, they can
8 always bring up information that they may have
9 -- other evidence that, say they worked longer
10 --

11 **DR. ZIEMER:** Right.

12 **DR. CASE:** -- periods of time, that can be
13 adjudicated.

14 **DR. ZIEMER:** If it were an SEC issue, you could
15 weight the -- to meet the 250-day requirement.

16 **DR. CASE:** Well --

17 **DR. ZIEMER:** Okay.

18 **DR. CASE:** -- 250 days is 250 days.

19 **DR. ZIEMER:** Well, I think we've been told that
20 if there were evidence that -- no? Am -- am I
21 wrong on --

22 **UNIDENTIFIED:** You're right.

23 **DR. ZIEMER:** We -- we've been told that Labor
24 will weight -- if there were evidence that --
25 that a given worker worked, for example, 12-

1 hour days --

2 **DR. CASE:** Yeah, that --

3 **DR. ZIEMER:** -- they would take whatever -- 250
4 times eight --

5 **DR. CASE:** Right.

6 **DR. ZIEMER:** -- to get the right number of
7 hours, yeah.

8 **DR. CASE:** Yes.

9 **DR. ZIEMER:** Okay. Thank you. Okay. And
10 also, Bev -- I think you were here earlier --
11 you're aware that we are looking into the radon
12 issue, as well, with the help of our
13 contractor, so hopefully we'll be able to
14 clarify that further, as well, and some of
15 these other issues we've gotten notes on them,
16 so thank you.

17 **DR. LOCKEY:** I have a question.

18 **DR. ZIEMER:** Oh, a question, yes.

19 **DR. LOCKEY:** Yeah, one -- one question --

20 **DR. ZIEMER:** Dr. Lockey may be --

21 **DR. LOCKEY:** Larry, in that case where somebody
22 is working 2,600 hours a year, is that
23 additional information they can submit to NIOSH
24 for the dose reconstruction and that is taken
25 under advisement?

1 **MR. ELLIOTT:** Yes, we would -- we would love to
2 hear that kind of information in the interview.
3 If it doesn't appear at that point, there's
4 another opportunity for an individual claimant
5 to speak about whether the dose reconstruction
6 included overtime or not, and that would be at
7 the closeout interview. We'd hope that they
8 would bring it up at that point again and so we
9 could address it properly.

10 **DR. ZIEMER:** So if a model were used based on a
11 40-hour week and you had evidence or an
12 affidavit that the person worked 80-hour weeks
13 or something, you could --

14 **MR. ELLIOTT:** Yeah --

15 **DR. ZIEMER:** -- adjust --

16 **MR. ELLIOTT:** -- you know, we could adjust --
17 we can adjust. We'd also -- there's an -- you
18 know, at the appeal point, when they get a
19 recommended decision from DOL, they have
20 another opportunity to express their concerns
21 about how their dose was reconstructed and
22 whether or not it was accounted for, excess
23 overtime work.

24 **DR. ZIEMER:** Thank you. Yes, Bev, do you --

25 **MS. MARCOSKI:** I did bring that up with Mr.

1 letters from claimants that weren't able to
2 attend and asked me to read this for them on
3 their behalf.

4 One of them I'm going to read first, that's
5 from my wife, Christine Ramspott, who is -- her
6 father worked at General Steel Industries and
7 she's official representative for her mother,
8 Ruth.

9 (Reading) Dear Sirs, Madams, since I'm unable
10 to attend the meeting this week, I'm asking
11 that my husband, John Ramspott, make a brief
12 public comment on my behalf as the official
13 representative for my mother, a claimant under
14 the program. I again ask for your assistance.
15 The issue of correctly naming the place of
16 employment for which my father worked has still
17 not been totally resolved. My father worked
18 for General Steel Industries in Granite City,
19 Illinois, for over 35 years, as did his father.
20 Under this program, as of Saturday, December
21 9th, 2006, the DOL web site still lists this
22 facility as Granite City Steel, which was a
23 totally, completely different company located
24 across town from where my father worked.
25 Additionally, this information is also wrong in

1 the *Federal Register*. It is only partially
2 correct on the DOE web site. Generally
3 claimants for this facility are elderly and not
4 particularly knowledgeable about computer
5 usage. Most searches would start with the
6 Department of Labor. If the potential claimant
7 can't locate the name of his or her place of
8 employment, the search generally stops. This
9 doesn't seem to be fair and equitable, in my
10 opinion. I also question how other claimants
11 across the country are getting necessary
12 information if they work at a company that has
13 had several name changes over the years.
14 My husband John and I have made several
15 attempts to correct this naming issue. It was
16 first brought to the Board's attention at the
17 Westin Hotel in August 2005. Shortly after
18 this issue was personally brought to the
19 attention of Mr. Peter Turcic at a meeting in
20 St. Charles, Missouri. The problem was also
21 discussed during our telephone interview with
22 ORAU November 2005. It was part of the
23 workbook that we wrote and distributed to the
24 members of the Board and other responsible
25 officials. The name issue and request for a

1 change was also presented to the Board at the
2 meeting in June 2006 held in Washington, D.C.
3 After this meeting, my husband and others had a
4 phone conversation with Mr. Turcic about
5 several concerns regarding General Steel
6 Industries, including again the issue and
7 necessity of the name being listed correctly on
8 all government resources.

9 We have recently been working with officials of
10 the United States Steelworkers Union in Granite
11 City. We provided the union and its retiree
12 association with the three names of former
13 workers from General Steel Industries which
14 were given to our workgroup by NIOSH. These
15 workers had completed dose reconstructions
16 along with denials. These individuals are now
17 deceased. Thus we were allowed to have their
18 names. We have been told by the steelworkers'
19 organizations that they are 99 and nine-tenths
20 percent sure that these individuals never
21 worked at General Steel Industries and were in
22 fact known to them as long-time employees of
23 Granite City Steel. We both feel that perhaps
24 the site naming confusion may be the reason for
25 this dose reconstruction activity on ineligible

1 claimants. If this occurred, as we suspect, it
2 would certainly be proof that the correct name
3 change issue must be resolved.

4 I would like to request a formal reply to this
5 issue as further contact with these families is
6 planned in light of the new radiation source
7 information which we believe now must be taken
8 into consideration as required by the EEOICPA
9 program.

10 As an educator for over 30 years, I
11 respectfully assign you guys some homework.
12 Can you help me? And we really --

13 **DR. ZIEMER:** Okay. Before you read that other
14 letter, let -- let me ask a question. What --
15 what is the name that NIOSH is using to
16 identify this site? Is it -- is it Gen-- it's
17 General Steel? NIOSH, do we -- do we know -- I
18 recall this coming up before and I'm puzzled
19 why we --

20 **MR. RAMSPOTT:** It's like a bad penny.

21 **DR. ZIEMER:** -- haven't resolved it, so what --
22 what has happened is some people have been told
23 that they are not eligible because they
24 (unintelligible) --

25 **MR. RAMSPOTT:** Or mail comes to them that says

1 they worked at Granite City Steel. They've had
2 to argue with interviewers to convince them.
3 I've had people told sorry, you're talking
4 about the wrong site; that's not even part of
5 the program. And this has gone on for a long
6 time and --

7 **DR. ZIEMER:** In -- in the official list of
8 eligible sites, what is listed there? Do we
9 know that, as a starting point? In the
10 original legislation that --

11 **MR. RAMSPOTT:** Yeah, it -- it says Granite City
12 Steel. It's the wrong name. *Federal Register*
13 is wrong. I'm real familiar with Peter Eisler.
14 It's -- it's wrong there, too.

15 **DR. ZIEMER:** If it's wrong in the *Federal*
16 *Register*, that's -- that's a -- a major
17 problem, isn't it?

18 **MR. RAMSPOTT:** Yeah. I just looked it up on
19 the Internet and it's wrong.

20 **DR. ZIEMER:** Okay. Okay.

21 **MR. ELLIOTT:** I can't answer your question
22 right now; I don't have my book with me that
23 would list this particular site. All I can say
24 on this topic is that we reconstruct doses for
25 those individual claimants that DOL finds

1 eligible to send to us.

2 **DR. ZIEMER:** Yeah, I -- I understand --

3 **MR. ELLIOTT:** It's not our responsibility to
4 question whether or not we've got the right --

5 **DR. ZIEMER:** Yeah.

6 **MR. ELLIOTT:** -- person from the right site,
7 and I understand --

8 **DR. ZIEMER:** It sounds like --

9 **MR. ELLIOTT:** -- the problem here.

10 **DR. ZIEMER:** -- Pete may have made a commitment
11 to -- to do something and -- I'm wondering if --
12 -- if the fact that it got --

13 **MR. ELLIOTT:** Laurie tells me that in our
14 system of documentation that we use, we've
15 changed the name to GSI, but that's not -- am I
16 -- did I get that right?

17 **MS. ISHAK:** We -- we change the -- the cases --

18 **DR. ZIEMER:** To General Steel Industries?

19 **MS. ISHAK:** We change ours to General Steel
20 Industries, GSI, in NOCTS. I know, only
21 because I've been working with John on this
22 issue, and Dr. McKeel. And I know we've had
23 some e-mail contacts about how we have changed
24 it to General Steel. And then there was some
25 confusion about whether the cases we have done

1 dose reconstructions for actually were for GSI
2 employees. So I know we changed the name in
3 our system, in NOCTS, and --

4 **DR. ZIEMER:** But if we don't catch it in
5 advance at the Labor side, we have a problem
6 and --

7 **MR. RAMSPOTT:** And they don't get to you unless
8 they (unintelligible) --

9 **MS. ISHAK:** That I don't know.

10 **MR. RAMSPOTT:** -- right site.

11 **DR. ZIEMER:** We're going to try to follow up on
12 this.

13 **MR. RAMSPOTT:** We're just asking for some help
14 on it 'cause --

15 **DR. ZIEMER:** Yeah.

16 **MR. RAMSPOTT:** -- it did get corrected
17 partially.

18 **DR. ZIEMER:** Yeah. I think NIOSH has tried to
19 do the right thing here and I -- I suspect if
20 it started out wrong in the *Federal Register*
21 that we -- we've got a problem.

22 **MR. RAMSPOTT:** Well, it got -- it did get
23 corrected on the DOE site, to a -- a point. It
24 says some radioactivity -- or some work was
25 done for Granite City Steel --

1 **DR. ZIEMER:** Okay.

2 **MR. RAMSPOTT:** -- at General Steel. Well,
3 that's totally wrong, too, 'cause they --
4 Granite City Steel never had anything to do
5 with --

6 **DR. ZIEMER:** Mark -- Mark has pulled out the
7 *Federal Register* for me, and as you have
8 indicated, it -- it says Granite City Steel.

9 **MR. RAMSPOTT:** Yeah.

10 **DR. ZIEMER:** Yeah. So you know --

11 **MR. RAMSPOTT:** It needs to be fixed.

12 **DR. ZIEMER:** So this -- this is what Labor is
13 working off of, it would appear, so -- okay.

14 **MR. RAMSPOTT:** If it could be fixed 'cause
15 these people turn away a lot of times. They
16 just quit. They've been told no and you're at
17 the wrong site and --

18 **DR. ZIEMER:** Thank you for reminding us of this
19 issue --

20 **MR. RAMSPOTT:** Okay.

21 **DR. ZIEMER:** -- John. I know you've brought it
22 up before, and I think we thought it had been
23 corrected, but it obviously has not. You may
24 proceed.

25 **MR. RAMSPOTT:** And I --

1 **DR. WADE:** Wanda has a question.

2 **DR. ZIEMER:** Oh, Wanda.

3 **MS. MUNN:** Yeah. My question is, were there in
4 fact two sites which may have been AWEs? Might
5 work have been done at both sites, or are we --

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

7 **MS. MUNN:** -- assured it's only one?

8 **DR. ZIEMER:** -- the answer to that or do you
9 know for -- do you know that they weren't
10 eligible?

11 **MR. RAMSPOTT:** Absolutely. Granite City Steel
12 was a totally different company. It's never
13 been on any of the *Federal Register* lists
14 whatsoever correctly. There was no work done
15 for the -- you know, for them. The only thing
16 we thought that could have maybe happened is
17 that -- and there -- there are four people
18 involved. Three of them we were given their
19 names. And with the union telling us nah,
20 these guys never worked at General Steel --
21 let's say they worked one year, the 250-day --
22 and again, we're not trying to beat a dead
23 horse. We'd like to try and locate these
24 people 'cause we think some things are going to
25 change now 'cause looking at the dose

1 reconstructions, no Betatron was mentioned, no
2 cobalt was mentioned, no radium was mentioned,
3 activation's never been mentioned, and these
4 people are probably entitled to a new dose
5 reconstruction, I would think, so it'd be kind
6 of nice to find those families so they can ask
7 for that 'cause they've been denied. And it's
8 also -- the other reason -- I don't know what a
9 dose reconstruction costs, but it could be a
10 waste of money if they're doing any more.
11 Those four were done for maybe people that
12 didn't work there and we would really like to
13 see that money spent on somebody who is
14 eligible because --

15 **DR. ZIEMER:** Okay, Stuart has a comment here,
16 maybe --

17 **MR. HINNEFELD:** Wanda, with respect to your
18 question, the confusion arose because -- now
19 correct me if I'm wrong here, John -- Granite
20 City Steel bought the property that GSI had
21 used to do this work, later on. Is that true?

22 **MR. RAMSPOTT:** Partially. The parent company
23 of Granite City Steel is National Steel --

24 **MR. HINNEFELD:** Uh-huh.

25 **MR. RAMSPOTT:** -- so if that was the reason, it

1 would probably say National Steel --

2 **MR. HINNEFELD:** So --

3 **MR. RAMSPOTT:** -- instead of Granite City
4 Steel.

5 **MR. HINNEFELD:** -- there was some combination
6 of these --

7 **DR. ZIEMER:** Okay, so it's even more confusing
8 --

9 **MR. HINNEFELD:** -- later on after
10 (unintelligible) --

11 **DR. ZIEMER:** -- than we think.

12 **MR. HINNEFELD:** -- (unintelligible) work --

13 **MR. RAMSPOTT:** (Off microphone)
14 (Unintelligible) work.

15 **MR. HINNEFELD:** -- and the remediation work
16 that was subsequently done at what was the
17 General -- City or -- General City Steel --
18 GSI, General Steel, when the work was done it
19 was GSI. By the time the remediation work was
20 done later on, the DOE referred to it as the
21 Granite City Steel property. So I believe
22 that's the origin of the original confusion,
23 but there doesn't seem to be any indication
24 that Granite Steel Company and the facility --
25 the different facility that they operated in

1 Granite City ever did any AWE work. The work
2 was done at GSI.

3 **MS. MUNN:** So I guess the real basic question
4 is, we're sure we have the right site, whether
5 we have the right name or not.

6 **MR. HINNEFELD:** The GSI site was the --

7 **MS. MUNN:** We're on the right site.

8 **MR. HINNEFELD:** Yeah, the GSI site was where
9 the AWE work was done.

10 **MR. RAMSPOTT:** If the address is right, the
11 address is --

12 **MS. MUNN:** Very good.

13 **MR. RAMSPOTT:** -- General Steel, it just has
14 the wrong name on it, so -- and the Betatron
15 was definitely at General Steel.

16 **DR. ZIEMER:** Go ahead and proceed with the
17 other letter.

18 **MR. RAMSPOTT:** Okay. The next letter is from a
19 claimant, and this gentleman -- he really is
20 very ill. His name is Gillum Burgess.

21 (Reading) Thank you for reminding me of the
22 Board meeting in Chicago next week. I'd like
23 to go and would if my arriving in the emergency
24 room of Barnes Jewish Hospital in St. Louis
25 nearly unconscious at -- October the 11th,

1 which led to a total 21 days in a medical
2 facility in metropolitan St. Louis. I'm very
3 fortunate to be able to e-mail you this message
4 as things started bad on the 20th of October,
5 was taken by ambulance in a coma to St.
6 Anthony's Center in Alton where I believe my
7 life was saved.

8 The purpose in writing this letter to all of
9 you is to hopefully ask that the letter would
10 be read and given to the Board if you can make
11 copies for all to ask that a determination be
12 made before I die, and others die.

13 During the years that I worked at Commonwealth
14 Plant of General Steel Castings, now GSI, I
15 believed there was no real danger as the
16 corporation and leaders took every precaution
17 known at that time. When renal cancer -- or,
18 I'm sorry -- when renal cancer, renal cell
19 carcinoma, RCC, was found in my left kidney and
20 all successfully removed in 1994 and later non-
21 Hodgkin's lymphoma was found during surgery in
22 my left eye, I never considered that the old
23 Betatron and other non-destructive testing
24 tools that I managed -- he was the manager of
25 the Betatron -- were the cause.

1 Of course we knew nothing of skyshine
2 activation in the '50s and '60s. Some had made
3 investigations, but those were not well-known.
4 Now I know much has been done by others at this
5 time.

6 Talked to my mother, who had recovered from
7 female cancer, about the kind of cancers I was
8 diagnosed with and she knew of no other person
9 in her or Dad's family who had ever had those
10 types of cancer, renal cell carcinoma or non-
11 Hodgkin's lymphoma. She believed Dad's liver
12 cancer was either caused by the medicine to
13 cure a serious lung disease, tuberculosis, or
14 from beer-drinking -- not excessively, but with
15 many meals over a long period of time. There
16 was no biopsy done at the time on Dad, but
17 again, the emphasis is on no RCC or lymphoma in
18 my family before me.

19 The Manhattan Project, which I believe was the
20 forerunner of the Atomic Energy Commission, did
21 much work in the St. Louis area by contract and
22 subcontract in plants owned by St. Louis
23 companies, some done out of state in Missouri
24 and Illinois like Dow Chemical, the Granite
25 City Plant of GSI. We made X-rays of castings

1 used on Polaris-type submarines, including the
2 12 I believe missile tubes, cast armor for
3 World War II and the Korean Conflict; uranium
4 from Mallinckrodt Chemical Company's plant in
5 Weldon Spring, Missouri; railroad castings like
6 the motor trucks at each end of a subway car in
7 New York. Using cobalt-60, GSI had a complete
8 family of non-destructive testing from
9 Betatrons, dye penetrant, all used daily except
10 for the 250 KVP X-ray machine. We followed the
11 Atomic Energy Commission requirements for all
12 employees because one seniority list a person
13 might be in the chemical testing area one week
14 and assigned to the Betatron the next week. I
15 taught the course we wrote on radiation
16 physics, which emphasized the calculation of
17 how many feet must be between the source and
18 the operator to be safe. Time was a
19 consideration.

20 The Polaris submarine, when armed with I
21 believe 30 missiles, is a complete weapons
22 system. Can you imagine any nation on earth
23 attacking us in any way with submarines fully
24 armed and a capable -- or capability of
25 navigating under the polar ice cap. One of the

1 early submarines, the *Thresher*, went down at
2 sea. A major investigation determined the
3 *Thresher* began -- or when the *Thresher* went
4 down, that began one of the most intense
5 inspection systems ever devised. I thought I'd
6 never forget the full name of the program.
7 Now again my reason for communication in
8 writing, please make your decision before
9 others die, and myself. Respectfully
10 submitted, Gillum E. Burgess.

11 **DR. ZIEMER:** Okay. Thank you very much, John.

12 **MR. RAMSPOTT:** Now if I can do my comments
13 personally, and I'll keep them brief because
14 this is simply a follow-up on some of the other
15 issues.

16 First off, I really wanted to thank Robert
17 Stephan and Senator Obama for coming to the
18 meeting today. I think it definitely showed
19 the claimants that people are interested in
20 helping them. The Board's always here. Now we
21 see some different people coming -- really
22 quite miraculous, to be honest with you.
23 And then we wanted to -- I really wanted to
24 thank the people -- I've had a few people walk
25 up and say you really gave some good

1 information last night and I personally wanted
2 to thank you for that 'cause I think it's a
3 whole new outlook to this site and maybe some
4 others. You know, and I'd like to see
5 accelerators being looked at, you know, at Iowa
6 or the Cyclotron and starting to do a quite a
7 bit of reading on that and I see a lot of new
8 data coming out, so maybe we helped open that
9 book up a little bit.

10 Now we really came here and I -- today thrilled
11 me to watch these other NIOSH-recommended SECs
12 and how they were being handled and how they're
13 being looked at. It's a whole different book
14 of how to do business, it looks like to me, and
15 I was really, really impressed by it. You
16 know, there were some things came up that I saw
17 that would apply to General Steel Industries.
18 You take Building 55, you know, and I kept my
19 mouth shut 'cause I was ready to jump in there,
20 too, 'cause it's like the Betatron. It was
21 secured and nobody else was ever allowed in
22 there, except for the electrician, the plumber,
23 the railroad guy, the chain guy, the crane men,
24 inspectors, they had lunch brought in time to
25 time. Yeah, it was secure. It had a ten-foot

1 wall but everybody could come in there if they
2 had to, if they had business in there. That
3 sound like -- that's what happened at that
4 plant, too.

5 And I was also going to say that -- oh, gosh,
6 please give these guys an out-- give them an
7 outreach meeting. Let them tell their story.
8 Get their -- you know, the facts out. I saw
9 what happened at GSI. That outreach meeting's
10 gold -- golden opportunity for everybody.

11 Everybody learned from ours, so...

12 And I guess the bottom line was we're hoping
13 NIOSH will give us that directed SEC, or that
14 suggested recommended SEC and then you'll
15 approve it 'cause there is a lack of data.
16 When we started looking into this, we were --
17 and our relationship with NIOSH is really very
18 good 'cause they promised to give us everything
19 they had. We'll give you all the information.
20 Time we started, you know what the information
21 was was all the stuff we got off the Internet.
22 There wasn't any information so we worked as a
23 pretty good team now putting together all the
24 information. And in that particular case of
25 General Steel, there was 13 years worth of

1 uranium going over there and 20-some-odd years
2 with a Betatron, so there's a lot of radiation
3 that nobody knew about, never been discussed
4 before. So you know, the equal treatment that
5 someone else just mentioned on the phone, I
6 thought that was very interesting 'cause we did
7 -- we were at the meeting for the Iowa
8 radiographers, you know, and so we clearly
9 know, like there was a time frame when there
10 was no radiological material, but you guys took
11 into consideration the flash X-ray, which was a
12 six-million volt accelerator. I think it was
13 made by Allis Chalmers.

14 So I appreciate your time, look forward to
15 working with you. We've got documents that
16 we're going to share with everyone. And again,
17 I just appreciate the consideration 'cause you
18 guys didn't listen to these people, they don't
19 have a chance.

20 Thank you.

21 **DR. ZIEMER:** Okay. Thank you, John.

22 Then we'll hear from Dr. McKeel -- Dan, are you
23 still here? Yes.

24 (Pause)

25 **DR. MCKEEL:** Well, anyway, good evening to the

1 Board. I -- this -- tonight I really want to
2 talk about the Battelle task order 16 contract,
3 and also reinforce what John just said about
4 why we believe -- very briefly but sort of in
5 summary fashion -- why we merit an 83.14 SEC
6 for General Steel Industries.
7 On the web -- on the OCAS web site, and I
8 quote, is this. (Reading) On October the 12th,
9 2005 NIOSH awarded a one-year task order
10 contract to Battelle. Under this contract
11 Battelle will assist NIOSH in the dose
12 reconstruction program by, one, evaluating and
13 analyzing radiological data and conditions at
14 each of the 256 work sites listed in the
15 contract; two, developing Technical Basis
16 Documents exposure models for the work sites
17 where adequate radiological and work site
18 information exists; and three, completing the
19 dose reconstructions for claims from the work
20 sites where a Technical Basis Document has been
21 developed. Through their evaluation and
22 analysis Battelle will also assist NIOSH in
23 identifying work sites where there is
24 insufficient information on radiological and
25 work site condition -- end of quote.

1 SINW, our group, first requested to deal
2 directly with Battelle since GSI and Dow
3 Madison site were included as task order 16
4 work sites. OCAS denied us permission and has
5 actually refused since then to provide the name
6 of the Battelle project leader even today.
7 Finally, after requesting, we were given Dave
8 Allen's undated, two-page progress report on
9 the Battelle contract. This document contained
10 no site-specific data on the two Illinois
11 sites. It did list 37 priority sites, one of
12 which was Dow Madison. How this designation
13 was derived or what it meant were not stated.
14 OCAS informed us that no Battelle site-specific
15 data was available for either Dow or GSI, but
16 confirmed that zero dose reconstructions had
17 been done on these same two Illinois sites. A
18 TBD that covered GSI was said to be in
19 preparation, but we have not yet seen it.
20 Many contract milestones were acknowledged as
21 being missed, and progress as made on far less
22 than half the stated goals of the contract.
23 Nor has Dave Allen's progress report yet been
24 posted on the OCAS web site along with the
25 other Battelle TO 16 documents.

1 SINW questions whether the two-page brief and
2 undated report we were given is actually the
3 full report provided to NIOSH. None of the
4 subdocuments mentioned in Mr. Allen's report as
5 being ready by November have been provided to
6 us, specifically TBD 6000 and TBD 6001,
7 Battelle TIB 5000 or the financial statements,
8 to be more specific.

9 We then -- then learned that NIOSH had granted
10 Battelle a no-cost seven-month extension to
11 task order 16 to run through May 31st, 2007. A
12 three-page document supporting this has been
13 posted on the OCAS web site. Why, we ask, was
14 such remarkable under-performance on a federal
15 contract rewarded with a seven-month extension?
16 The initial one-year contract period for TO 16
17 was exceeded without adequate justification,
18 and we wonder why.

19 Next, and last, I want to briefly review for
20 you, in summary, of a lot of information we
21 presented, why we think GSI should get an
22 immediate SEC 83.14 for the following reasons.
23 NIOSH acknowledges it has no dosimetry data of
24 any kind.

25 NIOSH acknowledges there is no comparable site

1 to GSI.

2 NIOSH acknowledges that TIB-004 on uranium

3 metal is not adequate for dose reconstruction

4 for the reasons that John Ramspott just

5 outlined. There are multiple other sources

6 than uranium metal.

7 NIOSH acknowledges two 25-MeV Betatron magnetic

8 conduction particle accelerator X-ray sources

9 were used to X-ray Mallinckrodt uranium ingots

10 from 1952 to 1966. The Ramspotts and SINW have

11 provided NIOSH, through OCAS, with voluminous

12 GSI site documentation indicating why and how

13 GSI workers were harmed. There was no

14 effective radiation safety program and workers

15 were badly misled about risk. The

16 documentation we've provided includes a 400-

17 page workbook on GSI; a detailed 13-page CATI

18 transcript; video footage and court reporter-

19 generated transcripts and PowerPoints presented

20 at worker meetings; plus four peer-reviewed

21 scientific articles and a book chapter on

22 Betatron activation and a NIOSH grant

23 application all from Professor Vincent

24 Kutemperer which he submitted in 1976. The

25 grant was to study how the activation products

1 might harm the workforce who handled Betatron-
2 activated industrial materials, and Dr.
3 Kutemperer was one of the first people -- or
4 Mr. Kutemperer at that time -- was one of the
5 first people to ever point out the -- the human
6 health dangers of industrial X-ray with this
7 type of device.
8 And finally, Battelle has performed no GSI dose
9 reconstructions in 14 months, as outlined in
10 the previous section.
11 The criteria for a Section 83.14 SEC have been
12 amply fulfilled at GSI. NIOSH claims it can
13 reconstruct the uranium-associated doses. Yet
14 it is obvious that ORAU or Battelle have not
15 and cannot do so, and NIOSH has provided us no
16 evidence that it can do so. I outlined
17 yesterday that we've only had four dose
18 reconstructions out of the hundreds of claims
19 submitted to General Steel, and we now believe
20 that those four dose reconstructions were not
21 really for GSI people.
22 NIOSH appears to be unwilling to add the
23 radiation doses incurred by activation
24 radiation from the castings and add those to
25 additional doses from the other GSI radiation

1 source terms that include two cobalt-60 gamma
2 sources and a radium-192 gamma source and a 250
3 KVP portable X-ray device.

4 NIOSH has failed to meet the timeliness or the
5 dose reconstruction accuracy test for an SEC,
6 and the workers have been harmed.

7 We therefore urge NIOSH to admit the obvious
8 and proceed to immediately recommend GSI for a
9 SEC 83-14-derived class that includes the
10 residual uranium contamination period from 1966
11 through 1994 when DOE performed a cleanup of
12 the residual uranium dust in the old Betatron
13 buildings. The workers at GSI who are sick and
14 dying deserve no less.

15 And after the Board meeting, if I may, we will
16 submit further detailed documentation why we
17 believe this post-uranium work periods at both
18 Dow and GSI should be covered under SECs.

19 And again I thank the Board for hearing --
20 hearing us and giving us a forum to speak about
21 this. Thank you.

22 **DR. ZIEMER:** Thank you very much, Dr. McKeel.
23 Now we -- we'll also hear from Louise McKeel.
24 Louise?

25 **MS. MCKEEL:** A lot of people know that I'm Mrs.

1 Dr. McKeel, but I'm also Louise McKeel and I
2 guess I'm just going to read the comment and
3 give it to you so that it stays as clear as
4 possible.

5 As a taxpayer and a interested citizen, my
6 comment reflects a broad concern that costs of
7 prolonged dose reconstruction, combined with
8 other procedural delays and administrative
9 costs, could nearly match or conceivably
10 surpass the initial claimants' aggregate appeal
11 for compensation.

12 So then -- we're addressing Dr. Ziemer and
13 other Board members, but particularly Dr.
14 Ziemer because I believe I had a request and
15 you responded a little bit to me that it
16 wouldn't be too difficult, and so I want to be
17 sure to have your attention on this.

18 Well, I'll say again, I'm Louise McKeel of St.
19 Louis, Missouri. I represent Village Image
20 News, which is an environmental news agency --
21 an independent news organization, also. In
22 August 2005 and again in June 2006 I addressed
23 the Board in two letters that asked for overall
24 cost figures for EEOICPA. The verbal response
25 was, one, the information was in the public

1 domain and straightforward to obtain; and two,
2 Stu Hinnefeld from NIOSH would help the Board
3 to gather the program cost information for me.
4 Dr. Lewis Wade was going to find my original
5 letter and provide a copy to Dr. Ziemer and the
6 Board. So far no cost information has ever
7 materialized.

8 In the meantime, the testimony from the fourth
9 and fifth rounds of the Hostettler House
10 Judiciary Subcommittee have emerged. It has
11 now become clear -- to Dan and me, at least,
12 and others, I think -- that members of the
13 administration, including OMB, the Department
14 of Labor, are actively attempting to reduce
15 benefits paid under the SECs and to other
16 EEOICPA claimants, even though Shelby Hallmark
17 denied this in his December 5th testimony on a
18 downloaded webcast that we received.

19 Mr. Hallmark apparently fears that the -- a
20 flood of SEC awards will need to be considered
21 in numbers that could possibly swamp the budget
22 process, now estimated to run as high as \$7
23 billion. My questions to the Board tonight are
24 the following: A, will you please provide me
25 with the total costs to date for all components

1 of EEOICPA from 2000 to the present, including
2 the Board, NIOSH, SC&A audit activities, ORAU,
3 Battelle, DOE and -- and Department of Labor;
4 B, I'm relying on NIOSH and Department of Labor
5 data and the unpublished probable SEC-eligible
6 site list from the ORAU \$55 million contract
7 and the \$1.5 million Battelle task order 16
8 contracts, will the Board please project for me
9 the aggregate cost of all awarded and prob--
10 probable SEC claims and non-SEC claims that
11 will potentially be compensated in the future;
12 and C, if A and B are not possible, will the
13 Board request through Congress that the
14 Government Accountability Office immediately
15 undertake a study to obtain and disseminate
16 these cost figures to the public.
17 As a citizen and a taxpayer, I remain both
18 surprised and alarmed to keep watching the
19 initial visible intent of Congress to
20 compensate certain harmed nuclear workers who
21 vigorously and ingenuously thwarted by multiple
22 agencies of our United States government,
23 including presumably the Office of the
24 President. One could make an extensive
25 taxonomy of the ways that have been developed

1 to delay and deny worker claims. Meanwhile,
2 workers are dying. Many have already died
3 while waiting for payments of their claims. My
4 husband Dan and numerous others have
5 demonstrated to me the tedious and time-
6 consuming SEC petition process that routinely
7 results in more and more wasted time and money
8 on every side.

9 I sincerely hope my third request to the Board
10 for some comprehensive EEOICPA cost figures
11 will not be ignored. If the costs are
12 completely unknown and inestimable, I honestly
13 expect a reply stating that condition, simply
14 because I'm a taxpayer and an increasingly-
15 interested citizen.

16 I wrote that before I got here, and I had a
17 thought after I got here that I just add on.
18 As an added comment I want to point to the rich
19 irony that emerged this morning during the
20 Board's discussion about four Board members'
21 problems with income tax withholding,
22 particularly related to the State of Georgia.
23 Visually, the scene practically mirrored the
24 same kinds of frustration and indignation that
25 I am used to videotaping when nuclear workers

1 testify. To hear Robert Presley say -- to con-
2 - to hear Robert Presley conclude, in self-
3 righteous anger, there's something wrong, helps
4 me to illustrate the way I feel about the
5 entire accounting process into which I am
6 inquiring through -- through NIOSH.

7 The suggested remedy for the Board involves the
8 responsible agencies contacting every member of
9 the Board to guide each through the time and
10 energy-consuming bureaucratic tracks that
11 appear similar, but presumably less cumbersome,
12 than the so-called tracks that NIOSH and others
13 are currently developing for the nuclear
14 workers they are supposed to be serving. A lot
15 of time could be saved by plainly recognizing
16 that the federal government and industry and
17 other agencies, such as the Atomic Energy
18 Commission, did not do an adequate job of
19 monitoring workers at numerous sites in the
20 past. And all workers who worked in
21 unmonitored, or merely partially monitored,
22 environments need to be compensated on good
23 faith, much the same way Mr. Presley will
24 probably have his tax debts adjusted. But as a
25 significant monument to the future, such a --

1 such a payoff action must lead to comprehensive
2 steps and tracks that are vigorously developed
3 and rapidly implemented to inform not only
4 workers and their families, but the population
5 at large, of the consequences and dangers of
6 managing and experimenting with a wide range of
7 nuclear materials, whether for industrial,
8 educational or governmental uses. Thank you.

9 **DR. ZIEMER:** Okay. Thank you, Louise. Please
10 let me ask you a couple of questions. Number
11 one, we -- we had provided to us today the --
12 that part of the cost of the program which is
13 the biggest part and that is the payments to
14 claimants. You're aware of that information.

15 **MS. MCKEEL:** Yes, and I could add -- and I
16 should add, that was after I wrote the last
17 part of that. And I was gratified.

18 **DR. ZIEMER:** Okay.

19 **MS. MCKEEL:** To me, that was the kind of
20 information --

21 **DR. ZIEMER:** Yeah, and -- and you --

22 **MS. MCKEEL:** -- and some of that's been
23 available.

24 **DR. ZIEMER:** Right, and that includes both the
25 Labor part and the -- and the NIOSH part, both

1 parts of the EEOICPA program, in terms of
2 claimant compensation and -- so -- so that's --
3 that was the first --

4 **MS. MCKEEL:** (Unintelligible) --

5 **DR. ZIEMER:** -- I wanted to make sure --

6 **MS. MCKEEL:** -- parts of it. It's -- it's
7 still parts of it.

8 **DR. ZIEMER:** Now if -- if you're asking what
9 the --

10 **MS. MCKEEL:** Basically (unintelligible) --

11 **DR. ZIEMER:** -- projection is, I hope you don't
12 ask the Board to project that. I don't think
13 we have a way of projecting that. Maybe --
14 maybe Labor or NIOSH knows what the pool is out
15 there, or one might be able to look at what's
16 happened and -- and sort of plot that. But in
17 any event, that piece of the information I
18 assume you now have available. That is what --

19 **MS. MCKEEL:** True. I must say that I haven't
20 processed it as much as I want to now that --

21 **DR. ZIEMER:** Okay, but --

22 **MS. MCKEEL:** -- it's been (unintelligible) --

23 **DR. ZIEMER:** -- the figures are there. I think
24 the complete figures were provided to us today
25 on the compensation --

1 **MS. MCKEEL:** Yes.

2 **DR. ZIEMER:** -- that has been given to
3 claimants. Now the other parts of the things
4 you were asking were the costs of, for example,
5 this Board, and our -- I think those are
6 numbers that are -- have been made public in
7 this forum in -- in the last few meetings and
8 perhaps you didn't get them, but Lew can tell
9 you what our budget is to operate this
10 committee, and also the -- the budget for our
11 contractor has been made public within the last
12 few meetings. So those two pieces of
13 information we can give you, if not like this
14 within the day -- I know what those are --

15 **MS. MCKEEL:** And then if we could get
16 (unintelligible) --

17 **DR. ZIEMER:** -- and I don't think I can commit
18 to giving anything for Labor. I'm not sure
19 NIOSH can commit Labor to providing numbers,
20 but that's public information. I think you'd
21 have to go after that with the Labor people.
22 NIOSH budget is a public thing now. I don't
23 know how hard it is to get that, but those --

24 **MS. MCKEEL:** Well, I've been hearing some --
25 and of course I tape every little word --

1 **DR. ZIEMER:** Right.

2 **MS. MCKEEL:** -- but I don't always hear kind of
3 the bottom line. I hear rates and things --

4 **DR. ZIEMER:** But what I'm telling you is that I
5 think the numbers are there. I -- I want to
6 make sure that you can get the information you
7 need. We are certainly not trying to keep it
8 from you and I think -- but I don't know how
9 readily it -- I don't have -- I don't know what
10 ORAU's budget is. I mean I've -- I've seen
11 some numbers, and again, it's public
12 information. Battelle contract is public
13 information. So I think those numbers are
14 there and --

15 **MS. MCKEEL:** I guess I --

16 **DR. ZIEMER:** -- and perhaps --

17 **MS. MCKEEL:** -- I had hoped --

18 **DR. ZIEMER:** -- perhaps off-line --

19 **MS. MCKEEL:** -- (unintelligible) assembling --

20 **DR. ZIEMER:** -- we can guide you to the right
21 resources, but at least for the NIOSH and OCAS
22 part of this, and certainly the Board stuff --
23 I mean our -- our budget is -- is well-known.
24 And I -- I might tell you that -- I said to
25 some of the Board members after our meeting

1 earlier today where we expressed -- expressed
2 our frustrations, now we know what the
3 claimants feel like when they're dealing with
4 the federal government. This is
5 (unintelligible) --

6 **MS. MCKEEL:** I felt this was a plus. I really
7 felt on Mr. Presley's side for a while there,
8 you know. It's a -- it's a problem. But
9 maybe you can understand that little bit how
10 people in need and who are sick must feel when
11 they're not getting what they need.

12 **DR. ZIEMER:** Understood. Okay.

13 **MS. MCKEEL:** But I think the exercise -- let me
14 just conclude my little thought -- was as we
15 pull those total numbers together, the exercise
16 was a way for us all really to figure out what
17 the proportions are here.

18 **DR. ZIEMER:** Right, and I think you -- you may
19 or may not be surprised, but I -- I know that
20 sometimes there's a perception that the costs
21 of administering this program are as great or
22 greater than the costs of compensation, and
23 they are nowhere close to that. The
24 compensation is -- that has already been paid
25 dwarfs anything that it has taken to administer

1 this program. But nonetheless, the figures are
2 -- you know, are out there and let's -- we'll
3 try to make sure that you get them. But I -- I
4 don't think that --

5 **MS. MCKEEL:** I'll leave it with you there.
6 There was things about --

7 **DR. ZIEMER:** I'm reluctant to commit the Board
8 to spending time to do that as a Board task
9 when -- when the information is there. I mean
10 I -- I sort of feel like, in a sense, maybe
11 it's your responsibility to track it down
12 'cause it's there. But let us try to help you
13 get it.

14 **MS. MCKEEL:** I'm going to say that in running
15 my family, which I'm always interested in the
16 finances of the family --

17 **DR. ZIEMER:** Yeah.

18 **MS. MCKEEL:** -- I think the heads of the
19 family, both parents or in older children, need
20 to know how much everything costs.

21 **DR. ZIEMER:** Yeah. Yeah. Thank you. Robert
22 Stephan from Senator Obama's office -- is
23 Robert still with us?

24 **DR. WADE:** He's coming.

25 **DR. ZIEMER:** Would you like to read an

1 additional statement or have some additional
2 comments, we'd be pleased to hear from you.

3 **MR. STEPHAN:** You guys have been here a long
4 time. Do I need to read it, or can I just
5 submit it?

6 **DR. ZIEMER:** You can submit it, that's fine.

7 **MR. STEPHAN:** This is a written statement from
8 Congressman Costello, who could not be here
9 today. He asked Senator Obama to submit this,
10 but while the reporters were chasing me around
11 the back of the hotel, it got dropped in a
12 puddle, so I've been letting it dry out --

13 **DR. ZIEMER:** The dog ate the point, right.

14 **MR. STEPHAN:** -- so who do I give it to?
15 Again, just for the record --

16 **DR. ZIEMER:** Give it to Lew.

17 **MR. STEPHAN:** -- the-- these are comments from
18 Congressman Costello about Dow Chemical and
19 General Steel Industries, which are both in his
20 district. Okay? Thank you.

21 **DR. ZIEMER:** Okay. So we can enter those into
22 the record and make copies available to the
23 Board, as well.

24 **DR. WADE:** Right. I think we -- maybe we'll
25 start the day tomorrow reading it into the

1 record.

2 **DR. ZIEMER:** Yeah.

3 **DR. WADE:** I think we'll read it into the
4 record, but we'll do it in the morning.

5 **MR. STEPHAN:** Okay, yeah. I mean we -- we want
6 it in the official transcript.

7 **DR. WADE:** Right, we'll do that.

8 **MR. STEPHAN:** Okay.

9 **DR. WADE:** If you would give it to Jason, maybe
10 --

11 **MR. STEPHAN:** Thank you.

12 **DR. WADE:** -- Jason, you could read it into the
13 record in the morning.

14 **MR. STEPHAN:** Thank you.

15 **DR. ZIEMER:** We'll do that. Now I have gone
16 through every name on the list that I have.
17 Was there anyone that believes that they signed
18 up to speak that was omitted? Okay. I called
19 a couple of names and no one responded, but we
20 were having trouble reading them, so please
21 come at this time. Maybe one -- is -- one of -
22 - one of the names is Joshua.

23 **DR. WADE:** He'll identify himself.

24 **DR. ZIEMER:** Okay. The others looked like
25 Charles, but...

1 **MR. POLO:** I'm Joe Polo* from the GSI -- ex-GSI
2 group and I -- there was a lot brought here,
3 and I wanted to bring out a little bit on what
4 was on our training and so forth, and safety
5 education. I've been a lab technician all my
6 life -- most -- most of my life, and so I left
7 the petroleum chemical industry and went to
8 work for GSI November 1969 and worked through
9 December 1972. First few days I was put in the
10 metallurgical lab, and then they says we got a
11 new nuclear setup here we want you to take
12 advantage of, which was fine -- agreeable to
13 me. I was willing to learn.
14 So then they put me first into the magnetic
15 particle testing, magnaflux, and die penetrant
16 of the tank hulls. That's how you started out.
17 Then transferred into the Betatron X-ray lab
18 and send you to atomic energy specification
19 school for two weeks per the federal AEC
20 register, and we learned radiation safety. And
21 one month later they send me to Kodak at
22 Rochester, New York because they were having
23 pro-- a backlog and the -- couldn't -- the
24 people at the time couldn't handle the -- what
25 they call Xomats, so they send me to Rochester

1 to learn -- to film processor school, film and
2 processing and everything about it, which I
3 did. I spent two weeks there. And then I
4 worked as a Betatron operator and film
5 processor and film interpreter for several --
6 for a few years there.

7 Then I took classes on the use of isotopes,
8 namely cobalt-60 -- 80-curie, you heard -- and
9 we had a -- occasionally we leased a 100-curie.
10 And then also 150-curie radium-152 and we X-
11 rayed with the isotopes. 80-curie was used for
12 X-ray for base of nuclear channel heads, pipes,
13 flanges, seam generator components, rapid
14 transit underframes and the Trident submarine.
15 And like I said, majorly on the nuclear channel
16 heads. Okay. And we -- with the Betatron we
17 majorly X-rayed castings, tank hulls, steam-
18 generating plants, Trident submarine parts,
19 components and pipes and flanges and radium
20 ingots and billets. Then of course the
21 (unintelligible) axle housing like my
22 colleague, George Luber, explained to you, and
23 railroad cars and undercarriages. And the
24 Betatron was, like he explained, 25 million
25 energy volts, one of the bigger babies at that

1 time.

2 And in late 1969 we were using 80-curie cobalt-

3 60 and the pill, which is the source, became

4 hung up in the shooting position and did not

5 retract into the pig* or container. And we

6 walked out into the shooting room and noticed

7 the big Victoreen survey meter pegged* and we

8 returned to the operation room -- you know, the

9 room we cranked the source in and out from. It

10 was on a long cable. And we tried to calibrate

11 and reset the Victoreen survey meter. However,

12 to this day, I don't think -- there was also --

13 already radiation coming into the operation

14 room once we opened the door, so I don't think

15 we had a good reading on it. After cranking it

16 in -- in and out a few times, the pill finally

17 released and went back into the big container.

18 I reported the incident and went to the

19 dispensary. They send me home to our local

20 hospital, and fortunately our local hospital

21 was a advantage. We had some young doctors and

22 well-- with a lot of experience and highly

23 intelligent. It was -- yes, I was sent to the

24 family doctors, who took blood tests and they

25 says we don't know a whole lot about this.

1 They called St. Louis, they called Chicago,
2 North Shore, and so they gave me some
3 antibiotics and send me home. The next day I
4 went to work, the management put me into film
5 interpretation, you know, film reading until
6 the field badge reports came back.
7 Approximately nine years later I came down with
8 lymphoma type cancer of the pancreas and liver,
9 and I took chemotherapy, what they call chop*,
10 for -- oh, eight times, six months, two and a
11 half, three hours at a time at Siteman* Cancer
12 Center, Washington University, Barnes Hospital
13 and -- and I also cropped up with skin -- what
14 they called pre-cancer. Nobody knew a whole
15 lot about -- there weren't too many
16 dermatologists up on that stuff, either, so at
17 the present time I get treated at John Cochran
18 PA. They've got some good ones because they
19 are treating people that are coming back from
20 Iraq and it's also in St. Louis. I sub-- I
21 recently submitted all the paper forms and
22 doctors' reports and -- in -- with Department
23 of Labor in Paducah and NIOSH in Cincinnati. I
24 had a telephone interview and after -- and any
25 other government office that would request it.

1 We can -- it's available. Now we are waiting.
2 General Steel Industries, although we had film
3 badges, dosimeters and Victoreen survey meters,
4 Geiger counters, we did not receive any reports
5 on anything that transpired, to the best of my
6 knowledge. And I think that was where the big
7 failure was. So the other colleagues of mine
8 informed you of the other important things that
9 was needed, and this is more or less on our
10 training and so forth. So I thank you.

11 **DR. ZIEMER:** Thank you very much. And then the
12 other gentlemen, also from I believe the same
13 facility.

14 **MR. IVORY:** Good evening. I came here today --
15 John asked me to come today --

16 **DR. ZIEMER:** Give us your name, please --

17 **MR. IVORY:** Samuel Ivory.

18 **DR. ZIEMER:** Samuel, uh-huh.

19 **MR. IVORY:** John asked me to come today and
20 speak in behalf of the people outside of
21 Betatron, and I'd like to say everything that
22 they said about Betatron was true. And working
23 at General Steel, I was a chainer. Every
24 casting that they handled, we handled 'cause we
25 had to take it in and out. And that went on

1 from year after year. We had castings
2 sometimes stayed in -- in the plant over a year
3 till they finished them, and we handled those
4 plants -- those castings.

5 Also, in 10 building in the machine shop where
6 they machined these materi-- these castings,
7 they cut off the -- they cut off the steel and
8 it went back to -- to the foundry. And what
9 I'm saying here, everyone basically was exposed
10 to some of this material. If you were the
11 chainer, chipper, grinder, laborer, whatever
12 your capacity was, you was compo-- you was
13 exposed to this material. And just saying that
14 if you wasn't in Betatron, you wasn't exposed -
15 - when it came out of Betatron, it wasn't
16 clean. Where did it go? And being the
17 chainer, we had to lay down on it, crawl up on
18 it to hook it up. And when you got -- took
19 your clothes home to wash them and you look in
20 the washing machine, it was dirty, filthy. Did
21 you expose your family to it?

22 No one ever told us that it was dangerous. No
23 one ever told us anything. And I come here
24 today pleading with you to find out what the
25 problem was. You know, why would you, in this

1 modern day, put workers at risk and wouldn't
2 tell them?

3 And I'd like to thank the panel today for
4 letting me have this opportunity. Thank you.

5 **DR. ZIEMER:** Thank you very much. That
6 completes our list. Are there any others that
7 didn't get an opportunity to sign up that wish
8 to speak?

9 (No responses)

10 If not, I thank all of you for joining us
11 tonight and for your remarks, which we are
12 pleased to have in the record and in many cases
13 will be able to follow up on. You're all
14 welcome to be with us tomorrow. The Board will
15 resume its regular deliberations at 8:30
16 tomorrow morning, and we're recessed until
17 then.

18 (Whereupon, the meeting concluded at 9:11 p.m.)

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

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of Dec. 12, 2006; and it is a true and accurate transcript of the testimony captioned herein.

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

WITNESS my hand and official seal this the 18th day of February, 2007.

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