

1 constructed by hundreds of construction workers
2 through the various phases. So we have a very
3 definite interest and concern about the
4 process, and I want to comment a bit about
5 that.

6 November 30th of this year we were visited by
7 representatives of the NIOSH team, an outreach
8 team, who contacted my office and said that
9 they were interested in working with the unions
10 that had workers at the facility so as to
11 inform us of this program and so that we could
12 more effectively work together. I was pleased
13 to see that the government had put together a
14 program to address issues for workers who for
15 years have been part of the backbone of those
16 facilities that have been vital to our
17 country's defense and have played a significant
18 role. Certainly this society is invested in
19 the infrastructure, and now I was hopeful that
20 the society and the government would invest in
21 the workers whose lives were at jeopardy by
22 working in these facilities.

23 At our meeting were a number of the unions in
24 my council. About seven or eight of the unions
25 directly were there -- the electricians, the

1 carpenters, the plumbers, I believe the roofers
2 were there, the painters. We -- also were
3 representatives there from SPSE UPTI*, another
4 one of the unions out there, and also from Tri-
5 Valley Cares, an organization that has been
6 working with workers that are injured at the
7 facility.

8 The meeting, I felt, was useful because it
9 opened the door. In fact, if the door was
10 opened and if that was the beginning and the
11 end of substantive dialogue, then I would have
12 to characterize the meeting as a
13 disappointment, if that was the end of the
14 dialogue. If in fact the meeting
15 representative -- represented a sincere and an
16 earnest effort on behalf of all of the
17 government agencies that are involved in this
18 program to really effectively work with the
19 workers and to go through the complex tasks
20 that are necessary for workers to get
21 compensation, then it was an important start.
22 At the end of the presentation we expressed --
23 everybody in the room expressed some concern,
24 because there certainly was some things
25 lacking. The job, as I think you've heard

1 probably far more eloquently than I from the
2 previous speakers, certainly was a challenge to
3 individual workers seeking compensation or
4 their -- or their surviving relatives. And so
5 we wanted to know how the data was going to be
6 collected, and to what level of transparency --
7 what level of transparency would enable the
8 unions and other organizations representing
9 workers and the workers and community
10 organizations to be able to make and assist in
11 making the necessary assessments.
12 Any kind of reconstruction is difficult. If I
13 were to ask anybody in this room what they did
14 last Wednesday of last week at 3:00 o'clock in
15 the afternoon, I think a lot of us would be
16 looking at our PDAs, if we had them, or
17 scratching our heads. Yet workers are asked to
18 reach back years and decades to reconstruct
19 information. And so therefore the data that is
20 already in the hands of the Lab is absolutely
21 essential in assisting those workers to
22 recollect. And if this is a partnership and if
23 in fact that's the intent, then we applaud the
24 agencies for doing that.
25 But we didn't hear that yet, and I haven't

1 heard that in the speakers here. So to capture
2 and effectively partner with these workers to
3 put together an effective and an accurate site
4 profile, you need the input of the workers, you
5 need input of investigative teams, some of
6 which have occurred by the Lab; and you need
7 those individuals in a role as an ombudsperson
8 or as an assistant who has the confidence and
9 the integrity of the workers to be able to
10 assist in this -- in this very important
11 endeavor.

12 The data should include the tiger team reports.
13 It should include event data that's historical
14 and consistent and accurate. And it should
15 seek to add to that event data where there are
16 lapses, as we have heard, by cataloguing and
17 the exposure events, some of which have already
18 been done by the Lab, that information should
19 be transparent and -- and accessible by those
20 people that are assisting the claimants.

21 But in addition, the administrative records of
22 the individual claimants, although there might
23 be confidentiality concerns, certainly are
24 valuable when quantified and when the personal
25 information is taken out so that assessments

1 can be made. And again, accurate and full
2 records of the exposures of all of the
3 individuals working at the Lab can be done.
4 We have not yet heard whether that's going to
5 happen. We certainly don't believe that that
6 kind of partnering has occurred at this point.
7 I understand that in this morning's testimony
8 that there was an assessment made. In fact,
9 when it was reported that the percentage of
10 approval where -- of appeals on claimants that
11 have filed appeals is low and therefore the
12 assessment is that the process is effective.
13 Well, if people aren't appealing, they must be
14 satisfied with the assessment and the initial
15 awards that have been determined and the
16 determinations being made. That certainly is a
17 grand leap, and I think we can certainly all
18 agree what the percentage is. But to come to
19 that conclusion is both arrogant and I believe
20 foolhardy because there are a number of
21 explanations as to why the appeal rate is low.
22 And speaking for the unions, our concern is
23 that if workers are not afforded effective,
24 good faith support by people that they know and
25 respect to enable them to effectively compile

1 and to understand what is -- and I've only seen
2 it briefly -- complex and baffling information,
3 which many of these individual claimants have
4 no ability to read, quite rightfully so -- it's
5 a level of sophistication that would be a
6 challenge to, I'm sure, many with PhD's -- and
7 so therefore, again, another assessment can be
8 made on low claimant appeal rate that people
9 are demoralized, people give up, people settle
10 for what they can get out of the worst kind of
11 cynicism, a cynicism born out of despair. And
12 I don't believe that anybody in this room wants
13 to see a process for workers that have
14 literally devoted their lives to the most
15 important work in our country. And so I hope
16 that this Board and this policy body will take
17 a look at some of the remedies, some of the
18 ways to enable us to begin to more effectively
19 address the research that these workers need.
20 Now on that, and then I'll close, two things of
21 concern. One is retaliation. I think we have
22 to be practical. Although all of us would like
23 to believe that workers coming forward will not
24 be retaliated against -- because we're not only
25 talking about former workers, but we're talking

1 about workers that are working in the plants
2 and these various facilities today, so there
3 needs to be a process whereby it's recognized -
4 - certainly for union workers it should be
5 recognized that those workers can be
6 represented by spokespeople such as union
7 representors such as myself, who can represent
8 their experiences where that representation
9 will be effectively documented and taken with
10 the full weight of the testimony of the
11 individual workers still working at the plant.
12 And there needs to be a process in place to
13 ensure that there will not be retaliation
14 against workers coming forward.
15 Secondly, we appreciate the resource center and
16 the efforts of the resource center that is
17 attempting to work with workers. It's my
18 understanding that the effective rate is very
19 low, and I think that on a challenge that's
20 this daunting and this complicated that the
21 Board should embrace a number of approaches
22 towards addressing effective outreach, one of
23 which would be looking at funding of some one
24 or some individuals with the technical
25 expertise and the individual confidence of the

1 labor community, of the local community to be
2 able to come in and play that role of -- that
3 important role of bridge.

4 Now that's not that unusual in terms of
5 government funding. I deal with WIB funding --
6 workforce investment board funding -- where the
7 government has said -- the Federal government
8 has said there's problems with unemployment,
9 there's problems with education, problems with
10 transitioning people out of poverty into
11 productive jobs. We aren't going to come in
12 and tell you and your local community how to do
13 that, we're going to give you the funding. And
14 out of a process that involves the unions and
15 involves the community and involves
16 corporations through WIB boards, they've been
17 able to put together effective bridges.
18 There's a close analogy here, and funds should
19 be put aside and set aside to -- and there
20 should be other meetings set with labor and ask
21 us who we think some of the effective technical
22 experts that are out there that have the
23 confidence of the unions and the confidence of
24 the work force that can come in and assist in
25 an independent role where there will not be a

1 fear of retaliation, where there will not be
2 the bridge or the gap between people that
3 nobody's ever seen before that are not in the
4 area. I think that that would be an added and
5 an important component.

6 I'll stop with those comments. I hope that at
7 some point they'll be addressed and we'll hear
8 back. I would like to ask what's the process
9 for hearing back. I'm sure throughout this
10 process you're going to hear a number of
11 questions. When and through what vehicle do we
12 receive answers?

13 **DR. ZIEMER:** The general answer to that is that
14 NIOSH, who hears these and has that
15 responsibility for that process will, through
16 their representatives, be in touch with yours.
17 So I'm only answering that in a very general
18 sense --

19 **MR. LUBOVISKI:** Fair enough.

20 **DR. ZIEMER:** -- and I think -- again, you can
21 talk directly to Larry individual and get a
22 little more feedback.

23 **MR. LUBOVISKI:** Good. I would also invite and
24 suggest that this is certainly important enough
25 that there ought to be more hearings in this

1 local area. And hearing of this gentleman who
2 came across the country, there should be --
3 there should be more hearings and more of a
4 presence where these workers live in their
5 local communities so that they don't have to
6 come out and come across at personal -- the
7 personal difficult to be able to testify. I
8 think it shows the level of frustration and
9 anger.

10 Also one of our speakers who's going to speak
11 tonight with the roofers is going to talk
12 anecdotally -- I was hoping he'd come first.
13 You're going to hear about a member and about a
14 frustration at a lower level. Again, one of
15 the conclusions I want you to take when you
16 hear Leroy speak from the roofers is that
17 you're going to hear the frustration that's
18 typical of individual workers that really don't
19 have the power and the sophistication to
20 represent themselves and are left alone, and I
21 hope that you'll take some of our observations
22 from the building trades council and put into
23 effect an effective network that will enable
24 those workers to be able to effectively be
25 represented and reach what in many cases are

1 the proper findings that would enable these
2 people to get the funding where in many cases
3 we believe workers have not been funded in fact
4 where they should have been. Thank you.

5 **DR. ZIEMER:** Yeah, yeah, yeah. And
6 incidentally, some of this is Labor's outreach
7 program, too, and NIOSH will be working with
8 them and --

9 **MR. LUBOVISKI:** With who?

10 **DR. ZIEMER:** Department of Labor, so they'll be
11 working with them.

12 **MR. LUBOVISKI:** Well, and we suppose and hope
13 that the Department of Labor and NIOSH will
14 both be working with the unions as we --

15 **DR. ZIEMER:** Right, exactly.

16 **MR. LUBOVISKI:** Okay, good, in building these
17 networks. Thank you.

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

19 **MR. CISNEROS:** Excuse me, I may be out of
20 order, but my name is Leroy and I'd just like
21 to tie this in, if I could speak out of order?

22 **DR. ZIEMER:** That would be fine, Leroy. You're
23 Leroy Cisneros?

24 **MR. CISNEROS:** Cisneros, correct.

25 **DR. ZIEMER:** Yes, we'll jump ahead. Leroy is -

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MR. CISNEROS: Thank you very much.

DR. ZIEMER: -- with Local -- the roofer.

MR. CISNEROS: I'm a roofer, waterproofer, I've been a union roofer for 20 years. These past four years I've had the opportunity to represent our members. Part of my job responsibility is representing workers on safety issues, health hazards on the job site. I just want to -- about three years ago one of our workers was dying of cancer -- well, first of all I just wanted -- as background, we do a lot of work -- our subcontractors that are (unintelligible) to us are doing a lot of work in the Berkeley laboratory and Lawrence Livermore laboratory. There's always roofs to be replaced, new buildings demolished and new buildings built, as people have testified before.

Uranium has been around 50, 60 years. We know the half-life of it. The poison sticks around. My concern is removing an old roof, you know, the dust that the workers have to ingest, breathing and eating around the project. New projects, operating engineers kicking up old

1 dust. I'm sure -- I'm sure there's a big
2 clean-up problem over there that isn't --
3 that's always there, and the workers in
4 construction are always there working around
5 it. That's an issue that I'm concerned about.
6 I just want to bring up a story about a brother
7 roofer. He died three years ago, a young man,
8 maybe 53. He worked a lot of his life and a
9 lot of his work was done at the Berkeley
10 Livermore laboratory and at Lawrence Livermore.
11 As I said, our contractors are doing a lot of
12 work over there. And I remember when he -- the
13 last time I seen him at the union hall, he was
14 going through chemotherapy and he said Leroy,
15 he says, you know, all of a sudden he just -- I
16 can't help feeling that all the work I done
17 over there, some -- I believe that I -- some of
18 that exposure is part -- is related to the
19 problem I'm having now. And he just mentioned
20 it to me, and I always remembered that. And I
21 always -- I always felt that some day, you
22 know, that there would be a -- a venue that I
23 could bring it forward and carry this on, and
24 the day has come. I just -- I just like to
25 bring -- I'd just like to -- also I'm -- you

1 know, this is -- I've got a lot of family in
2 Los Alamos.
3 Over in Los Alamos in San Juan County it's the
4 poorest -- one of the poorest counties in the
5 area. A lot of the community over there, they
6 all work at the Los Alamos Laboratory. I've
7 got aunts and cousins that works in the
8 hospitals and in the laboratory over there.
9 And frankly, I worked there for one time doing
10 some waterproofing over there. And this --
11 this issue's not going to go away with the --
12 with the poison that we're dealing with. It's
13 always there, unless you clean it up. And if
14 you clean it up, there's no more laboratory.
15 I just thank you for listening to me and I hope
16 that -- that some kind of meaningful process
17 will be -- you know, instead of just words,
18 something meaningful will be taken care of. I
19 came here, I heard about this. I got some
20 information. I'm going to go and try to bring
21 this information to my member's wife and see if
22 she can continue going on with this process
23 with a claim. But from what I'm hearing, she's
24 going to be like putting a thread through a
25 needle, and I hope she doesn't have to do that.

1 Thank you.

2 **DR. ZIEMER:** Thank you, Leroy, for adding those
3 comments. Our next speaker is Joe Richards.
4 Joe is from Sweetwater, Tennessee. Joe?

5 **MR. RICHARDS:** Thank you. I work at the Y-12
6 plant, and I'm a union safety rep, but I'm
7 doing this on my own, what I've got to say
8 tonight.

9 A few months ago or -- a few months ago we were
10 -- we were contacted to do a site profile, and
11 really didn't know what to do. I've been out
12 there in plants 20 years. There's people that
13 have been out there prior to -- we've been
14 exposed to a lot of things, kind of like
15 construction workers. It seems like when they
16 do profiles, when they come in, they want to
17 talk to the plant -- you know, to the -- to the
18 people actually -- the machinists, you know,
19 the -- and what I'd like to see -- y'all are
20 doing a good job, but what I'd like to see is
21 make sure that when we have these site profiles
22 that everyone is talked to and everyone has a
23 story to tell. Everyone's been exposed, or
24 maybe think they've been exposed to something -
25 - that you all -- that you all hear this and

1 you all know, and you all take that -- take
2 that in. That's really -- really I guess what
3 I want to see. I know y'all are doing a good
4 job.

5 The unknowns is what gets us, and times --
6 times are better. You know, years ago we
7 didn't have the buffer zones and the things we
8 have now, so times are better. But people --
9 people have been exposed, and they want -- they
10 just want to have their right to say and have
11 their -- to let you all know and maybe get
12 something out of this. And -- and I've talked
13 to some people here today and yesterday, and --
14 and I -- I think we're going to have something.
15 I think some of the people are going to help
16 us. But basically all -- I -- I guess another
17 question I wanted to ask, and I don't know if
18 this is the right place to ask.

19 I want to know how much money has been paid out
20 in -- in claims, and then I guess a follow-up
21 on that is how much money has been spent
22 through the government, and maybe this is the
23 wrong place to ask, but how much money has been
24 spent to -- to turn these claims out?

25 **DR. ZIEMER:** Let me tell you that the answers

1 to both of those questions were addressed this
2 morning. I don't have them at my fingertips,
3 but we can get you those numbers. They were in
4 the -- some of the presentations this morning.
5 I think Department of Labor perhaps was --
6 Shelby, was that in your presentation? Maybe -
7 - maybe he can get together with you and
8 provide you with those --

9 **MR. RICHARDS:** Okay.

10 **DR. ZIEMER:** -- those very figures.

11 **MR. RICHARDS:** And one other thing. It seems
12 like listening to y'all today, got two
13 different groups and you're stalemate, you
14 know, and you're trying to work a process and -
15 - and one side says -- sees it this way and the
16 other side sees it this way. But you've got
17 the workers here in the middle just setting.
18 And you know, they started this program and I -
19 - and I know that it's -- it's a hard program
20 to -- you know, y'all are trying to look at
21 things that you don't even know. You're just -
22 - you can't pull a rabbit out of a hat. But
23 somewhere down the line someone's going to have
24 to say well, this side's right and this side's
25 wrong, and let's go, let's -- let's make this

1 happen. And I hope that, you know, y'all
2 decide on this -- this -- this meeting here
3 that you decide something and go forward. Left
4 or right, let's get something done and let's --
5 you know, try to make it right for the workers.

6 **DR. ZIEMER:** Yes, thank you.

7 **MR. RICHARDS:** Thank you.

8 **DR. ZIEMER:** Next we'll hear from Sue Byers
9 from Livermore, Society of Professional
10 Scientists and Engineers. Sue Byers.

11 **MS. BYERS:** I'm Sue Byers and I'm with SPSE,
12 which is the Society for Professional
13 Scientists and Engineers. And we're a labor
14 union at the Lawrence Livermore Lab. We're
15 affiliated with -- through the University of
16 California with the University Professional and
17 Technical Employees and the Communication
18 Workers of America. Our members in SPSE are
19 scientists, engineers, professionals and
20 technicians that are employed as employees at
21 LLNL. I'm a 24-year laboratory employee. I've
22 worked at site 300, which is our explosive
23 testing facility, for the past five years.
24 I've also worked in LLNL's superblock. I've
25 worked in the plutonium facility, the tritium

1 facility, as well as the heavy elements
2 facility.

3 I also, as the SPSE representative, attended
4 the meeting that Barry was talking about
5 earlier and where representatives of the
6 building construction trades council, SPSE and
7 EPTI* and Tri-Valley Cares came together to
8 hear the presentation from -- on the EEOICPA by
9 NIOSH and the ORAU, the contractor who
10 performed the site profile. And there was a
11 lot that wasn't included. We ended up with a
12 whole lot of questions, things that weren't
13 answered, things that we'd still like to get
14 answered so that we can pass information on to
15 our members, and also have a part of the
16 process.

17 We're still not sure what is the process for
18 developing the site profile. What's the time
19 line? Who's going to review the process? And
20 how will union and community input be solicited
21 and then be included in the site profile?

22 Worker and community input must be inclusive
23 for this process to work. A list of documents
24 to be reviewed need to be made public so that
25 additions can be suggested. An early draft

1 profile needs to be made public so that input
2 can be provided. And the final draft needs to
3 be made public for input before it's finalized.
4 And also the profile needs to be open-ended so
5 that new information can be added as it becomes
6 available, and these are the kind of questions
7 we came away with that weren't answered for us.
8 As Livermore Lab scientists, engineers,
9 technicians doing the research, developing and
10 testing with the nuclear materials, many of our
11 employees have worked at sites other than LLNL.
12 You know, an employee's lifetime radiation
13 exposure can come from various sites, and
14 record-keeping for where employees have
15 traveled have not been kept. You know, the lab
16 had its own plane, and employees could just
17 jump on the plane and go to the test site or go
18 to other sites. Documentation was not kept.
19 Travel records were not kept. The work they
20 performed, the projects they worked on, those
21 type of records are not available. They've not
22 been kept. And radiation exposure has not been
23 well-documented.
24 And this is the kind of information that will
25 help in the claims process publicly, so what

1 we're requesting is that information be
2 provided publicly on the job exposure matrix by
3 site, individual buildings, years and radiation
4 exposure for other sites, as well as our own.
5 We'd like to have the information for where our
6 employees have worked. LANL, the Nevada Test
7 Site, Sandia Livermore, GE Vallecitos and other
8 sites that will be identified as we go through
9 the claims process. So we need that easily,
10 readily identifiable to us so that we can help
11 our employees and survivors and former
12 employees work through this process.
13 The information, you know, isn't available to
14 us. But if you know it, then pass it on to us
15 so that we can help work those issues.
16 Another part of it is what's missing. We
17 believe that the limited documentation --
18 documentation available for the Livermore
19 employees' work, which can include known
20 exposure, it can also be missed, or what has
21 not been recorded radiation exposure, and
22 dosage records at the various sites -- this has
23 got to be thoroughly addressed. You know, it's
24 very dif-- as we've heard tonight, it's very
25 difficult for workers to put together

1 information that's never been made available to
2 them or to our employers. So somehow we need
3 to cover in this process how do we handle
4 what's missing. That's, I think, really key
5 from what we've been hearing about the other
6 sites, and we know, as our members are the
7 scientists and engineers who worked on a lot of
8 these projects, we know that there's a lot of
9 missing information.

10 And additionally, we also believe the site
11 assessments, such as the tiger team
12 assessments, occurrence reporting, radiation --
13 radiation exposure events are very critical
14 that they be included. They're not only
15 critical that the information in them be
16 included, but they also can be a way to
17 document where radiation exposure could have
18 occurred without being detected, so that there
19 is no dose readings for that exposure. So
20 we're requesting that the full findings of the
21 tiger team assessments from the late '80's and
22 early '90's, and other assessments of
23 management and building safety systems, be
24 released to us to help review that, and also be
25 released to be included as part of this report.

1 This includes any rollover to the laboratory's
2 def track system, which tracks by buildings
3 deficiencies that have been found and
4 subsequent reportings to the safety programs.
5 This includes management controls for safety
6 and inadequacy of maintenance of the building
7 safety systems, the systems that weren't
8 calibrated, the systems that weren't working
9 like they were designed to work. These are the
10 pieces of information that will help us
11 recreate the missing pieces of our dose
12 reconstruction.

13 And we also request that the EEOICPA
14 statistics, the data for Livermore and the
15 Sandia labs, be made publicly available
16 throughout this process. I'm just talking
17 statistics. I'm not talking about Privacy Act
18 information -- information on individuals.
19 We'd like to have it posted on the NIOSH web
20 site. Statistics won't reveal personal
21 identities or information, but it will give us
22 the ability to sort by illness, occupation,
23 trade group, whether people are living or dead,
24 and how many claimants have been waiting and
25 for how long they've been waiting. And I think

1 this information can become really important to
2 us as we help our claimants put together their
3 histories and they can see what else is going
4 on out there.

5 We also at SPSE are concerned with retaliation
6 and whistle-blower issues. If you listen to
7 the news at all, you've heard the Livermore
8 Lab, Los Alamos have been in the news a lot on
9 the whistle-blower issues. This is a real
10 concern to our scientists and engineers.
11 They're not going to come forward and help us
12 create the dose reconstruction unless we can
13 assure them that they will not be retaliated
14 against and that they will have whistle-blower
15 protection.

16 You know, we believe that the radiation dose
17 reconstruction and the site profile is a
18 necessary part of this process, and we want to
19 be part of that process to ensure that the
20 current or former workers or survivors with
21 valid claims are paid in a timely manner, and
22 also that the intent of Congress in passing
23 this Act is met. Thank you.

24 **DR. ZIEMER:** Thank you very much, Sue, for
25 those comments. And the individuals

1 responsible for follow-up on that are here and
2 have heard you. Thank you.

3 Francine Moran, retired claimant from
4 Brentwood, California. Retired from Lawrence
5 Livermore.

6 **MS. MORAN:** Good evening. I wanted to let you
7 know about my dissatisfaction of trying to get
8 help from the Department of Energy's sick
9 worker resource center located at 2600
10 Kittyhawk Road, Suite 101 in Livermore,
11 California. I was informed on three different
12 occasions when I tried to get information the
13 only thing they do at the center is help you
14 fill out the initial forms and applications for
15 compensation. I had hoped they could help me
16 understand the process of the NIOSH
17 reconstruction, how to -- about -- how to go
18 about not having to work within the time frame
19 of the Department of Labor, when -- being
20 scheduled for interviews and to submit their
21 paperwork when having to deal with some very
22 important situations. I was either going into
23 surgery or coming out of surgery, and I was on
24 some very painful -- powerful pain medication.
25 I have a rare -- a rare type of cancer that is

1 only treatable by abdominal surgery. I have
2 had six major abdominal surgeries in the last
3 five years. I was told by three different
4 representatives at the resource center that
5 they did not have any information for going
6 about rescheduling telephone interviews, names
7 of individuals that may be able to help me in
8 getting assistance, either here or in
9 Washington, D.C. I was told on all three
10 occasions that the only thing they did at the
11 center was help you fill out your initial
12 paperwork and submit it, and that was all they
13 did -- really did at the center.

14 Being 58 years of age and a retired employee of
15 Lawrence Livermore National Laboratory and a
16 United States citizen, I have filled out a few
17 forms in my lifetime. I'm very disappointed in
18 the resources that have not been made available
19 to me as a claimant. It was only through luck
20 and stumbling blocks that I was introduced to
21 Helga Olson and was informed about this
22 meeting.

23 As a claimant, being left on your own is very
24 scary. You're left on your own when you're
25 fighting for your life, you're very, very sick

1 and you're having to make some major, major
2 decisions. Maybe that's why you're not getting
3 the appeals. We are so sick, we are so tired,
4 we can't respond. We're fighting to stay
5 alive. And this is from material we know was
6 caused by where we worked and what we were
7 exposed to.

8 The times for the inter-- phone interviews --
9 and I have appealed my re-- my NIOSH
10 reconstruction. I could not believe how
11 inconsiderate they were in scheduling. I had
12 requested that, because of testing and medical
13 reasons, I wanted to be scheduled sometime in
14 February. I would be through with some very
15 extensive testing and doctors' appointments by
16 the end of January, and I would be at their
17 disposal any time in February. I receive a
18 very curt memo telling me that my meeting is
19 scheduled in -- January 5th in San Jose. I
20 live in Brentwood. The time is 9:00 o'clock.
21 Has anybody ever tried to travel Basco* Road,
22 580, 680, to get to a meeting, you don't know
23 where the hell it is, by 9:00 o'clock in the
24 morning? My only alternative was to get a
25 letter from my doctors explaining the

1 situation, and then they made a big deal out of
2 it because I had asked for a rescheduling.
3 When I asked to have the meeting made more
4 convenient, even an Oakland office, I was told
5 that was not -- that was not an option.
6 I want to know where, as a claimant -- I'm sure
7 I'm not the only one in this situation. Where
8 is my help? Where is our help? Where is the
9 information coming from that we have
10 representatives, that we have resources at our
11 availability? I feel like a naked baby on a
12 table. Where do I go for help? All I have is
13 NIOSH and the Department of Labor bombarding me
14 with telephone interviews and documents I don't
15 understand. I don't understand a
16 reconstruction of a dosimeter.
17 I was -- started working at Lawrence Livermore
18 National Laboratory in 1980. At that time
19 dosimeters were not issued. I was a Q-cleared
20 employee and an administrative assistant, and
21 made an administrative escort. I spent many
22 hours escorting uncleared visitors into very
23 potentially hazardous parts of the laboratory,
24 day after day, hour after hour. The records
25 are gone. Who do I ask? Who do I ask for

1 assistance? Where do I go?
2 And one of my last things -- one of my last
3 question is is how do I go about getting my
4 administrative records? Do I call the resource
5 center that tells me the only thing they will
6 do is help me fill out my initial application?
7 Thank you.

8 **DR. ZIEMER:** Thank you, Francine, for sharing
9 those comments, which are certainly
10 disconcerting to all of us.

11 **UNIDENTIFIED:** May I have two minutes?

12 **DR. ZIEMER:** We have other speakers that have
13 signed up, sir, but we will add you to the list
14 if --

15 **UNIDENTIFIED:** Okay.

16 **DR. ZIEMER:** Yeah.

17 **UNIDENTIFIED:** He has to drive back up the hill
18 to --

19 **DR. ZIEMER:** Oh, you do?

20 **UNIDENTIFIED:** -- and it's about two hours
21 away.

22 **DR. ZIEMER:** Please, go ahead.

23 **UNIDENTIFIED:** If he could just --

24 **DR. ZIEMER:** Identify who you are and then...

25 **MR. BENHARD:** My name is Hans Benhard and I was

1 an employee at Lawrence Livermore National
2 Laboratory for 20 and a half years.

3 **DR. ZIEMER:** Hans, could you spell your last
4 name for our recorder?

5 **MR. BENHARD:** B-e-n-h-a-r-d.

6 **DR. ZIEMER:** Thank you.

7 **MR. BENHARD:** First name H-a-n-s, middle
8 initial H.

9 **DR. ZIEMER:** Thank you.

10 **MR. BENHARD:** I was interested on this lady's
11 comments just a moment ago because, as I went
12 through the process as a claimant in spring of
13 2003, the first area of discouragement I
14 received was in April when the first half of my
15 medical file went to the Department of Labor up
16 in Seattle. And I got back some very curious
17 letters that I didn't understand, so I called,
18 and I got ahold of this woman who -- I'm not
19 slandering the female sex here, but at best
20 left a lot of intelligent answers to be
21 desired. I said I have listed in detail in my
22 medical reports to you the various skin cancers
23 I have, and I've suffered from skin cancer for
24 almost 30 years -- 28 years, to be exact. And
25 she said well, you know, you should realize

1 that squamous cell and basal cell carcinomas
2 are not really cancer. And I said oh, really?
3 They're not the mumps. And she said also you
4 would have had to have worked 250 days at Oak
5 Ridge National Laboratory to be considered a
6 contaminant. And I said oh, really? 'Cause I
7 was a director in motion picture and television
8 production for Lawrence Livermore Lab for 20
9 and a half years. And I said there's one area
10 at Oak Ridge National Laboratory by that
11 reactor building, all you have to do is go in
12 that area for at least a half an hour and you
13 don't have to worry about 250 days of exposure;
14 you've already had it -- a lethal dosage.
15 And for those of you who might be interested,
16 I'm going to take my coat off 'cause I just had
17 part of my continuing surgery today, and if you
18 look at the back of me, those aren't bullet
19 holes, that's the marks of the surgery that
20 leaked through my shirt from the surgery I had
21 in the middle of my back for a squamous cell
22 and -- squamous cell carcinoma today, and I go
23 through this almost every two to four weeks, of
24 surgery. My upper body is just a mass of scar
25 tissue, and I've been going through this for a

1 long, long time. And the responses I've gotten
2 from the Department of Labor and also DOE
3 leaves me somewhat unfulfilled as to the
4 validity of communication that I've received
5 from those people because I don't think -- like
6 that woman I talked to in Seattle at the
7 Department of Labor office, she was not a
8 health physicist. She sure as hell was not a
9 PhD in radiology. I keep wondering, why
10 doesn't somebody like John W. Gofman, who is
11 the world's leading expert in radioactivity and
12 X-rays, why is he not on a panel of people to
13 assess claimants' problems with cancers,
14 whatever cancer that they might have? And I --
15 I don't want to go on and on about this, I
16 don't want to bore people to death about it,
17 but I think there are some valid concerns about
18 those of us who are claimants and we're not
19 getting the answers we should be getting. And
20 I've reached the point -- and I'm 72 years old.
21 I'm getting damned sick and tired of listening
22 to people's bureaucratic, you know,
23 monosyllabic answers to questions that I think
24 should be more pertinent and more relevant to
25 the subject. Thank you.

1 **DR. ZIEMER:** Thank you. Okay, thank you very
2 much.

3 Inga Olson, Livermore?

4 **MS. OLSON:** Steve -- Steve was going to come.
5 I'm going to -- I can go at the end. He -- is
6 that all right?

7 **DR. ZIEMER:** Oh, okay. Steve is --

8 **MS. OLSON:** Steve Butler.

9 **DR. ZIEMER:** Yes, I -- that -- I have Steve on
10 the list here. Sure, Steve.

11 **MR. BUTLER:** Thank you very much. My name is
12 Steven Butler and my father was Clement Butler.
13 I'm a claimant in an EEOICPA claim, along with
14 my two sisters. My father worked at site 300
15 and he worked at Lawrence Livermore Lab. He
16 worked about 19 and a half years there and he
17 eventually ran the transportation department at
18 site 300.

19 I know it seems kind of a dumb thing to say,
20 but I'm going to -- I'm going to try and do it
21 to you this way. I've got all my fingers, I've
22 got both my eyes, I have no major injuries
23 myself. And the reason why is because my dad
24 was also a cabinet-maker and he taught me how
25 to use power tools. And he told me, you

1 respect these power tools. They'll cut through
2 your hand just as fast as they'll cut through
3 this sheet of plywood, and I always listened to
4 that.

5 And I worked in the trades. I worked in
6 construction for many years and I had no major
7 injuries, and the reason why is 'cause my dad
8 said you respect these tools. So I know my
9 dad's work ethic was very good.

10 He worked for 19 and three-quarter years at
11 Teamsters Local 70 out here in Oakland, and he
12 also worked about 18 or 19 years in the
13 checkers union. He worked full time since he
14 was eight years old. Okay?

15 He got to enjoy one year of retirement, and at
16 the end of one year of retirement, he was
17 diagnosed with pancreatic cancer and he spent
18 the next 11 months pretty much in bed and in a
19 lot of pain, and he really suffered a lot. And
20 you've got to picture how unusual this is for a
21 guy who started jogging in the '70's and was a
22 weightlifter and tried really hard to stay in
23 shape and stayed away from drugs and stayed
24 away from alcohol and cigarettes and did
25 everything he could 'cause he wanted to live a

1 long healthy life and be very healthy, so he
2 worked out almost every day, sometimes as long
3 as three hours a day. And all the people I've
4 talked to who knew my dad, they would say, you
5 know, how's your dad doing? And I'd say well,
6 you know, he's -- he died. And they would just
7 be shocked, you know -- that guy? He used to
8 jog around the facility every day. He used to
9 run, he used to work out. That guy died? I'd
10 say yeah, he -- he died, he had pancreatic
11 cancer.

12 So everybody who knew him was shocked, and we
13 were shocked, and of course most of all, he was
14 shocked. So we found out about this claim,
15 this EEOICPA claim, so me and my sisters
16 decided okay, we'll get ahold of his -- his
17 wife, he got remarried -- and we'll see what we
18 can do about this thing. And it's \$150,000 and
19 we're not really in this for the money. You've
20 got to kind of picture, here's a guy who was
21 just a few months short of a full retirement
22 with the Teamsters. He's got his Social
23 Security, his Lab retirement, Teamsters
24 retirement that he could have gone back and
25 worked six months and gotten a full retirement,

1 and then he could have gone back and worked for
2 the checkers union for less than a year and
3 gotten another full retirement -- three full
4 retirements. So he was looking forward to
5 enjoying his life. He didn't enjoy much of it.
6 And we can't, as a family, figure out what
7 happened, because we were shocked that he would
8 -- he would not live.
9 His brother was an Olympic athlete. His father
10 lived a long life. His mother lived a long
11 life. We don't have pancreatic cancer in our
12 family. My -- one of my aunts did die from
13 skin cancer, but the problem was she had a
14 diagnosis of skin cancer, she never went back
15 to get it rechecked and by then it had spread
16 three years later. But no other cancers in the
17 family, so we're really surprised.
18 And I wanted to comment on Francine, who -- she
19 said that she felt like she got no help from
20 the sick worker resource center. We didn't
21 either. They said pretty much the same thing,
22 we can't really help you for two reasons. One,
23 we can only help you with filling out your
24 forms -- which of course we'd already done.
25 And the other thing was that she said because

1 of HIPAA violations -- and I've worked in a
2 hospital before so I understand about HIPAA --
3 we can't help you. Well, I don't understand
4 why not because, as claimants and as people
5 who've already released his medical records,
6 certainly, you know, HIPAA should not be an
7 issue at this point in time, but we were told
8 that it was the main reason that they couldn't
9 help us, because of HIPAA. So they were all
10 but useless, I'm sorry to say. They were
11 friendly to us; however, they were useless.
12 So here's my dad -- and we did this -- we did
13 the best we could. We've had a lot of
14 difficulty getting records from the Lab. My
15 sisters tried very hard to get these records
16 and has been told that they -- that they
17 wouldn't release them to her. So we know that
18 he worked -- he went to Los Alamos. We know
19 that he went to Tonapah. We know that he went
20 to Rocky Flats. We know that he went to Texas,
21 I think it's called Pantex. We know that he
22 went to the Nevada Test Site, and I just found
23 out -- this is just a couple of days ago -- on
24 Sunday I found out he's a member of the NEST*
25 team. I didn't even know what it was. His

1 wife didn't even know what it was. But then we
2 found out oh, he's also on the NEST team.
3 That's another factor that we didn't know.
4 Nobody at the Lab helped us with this
5 information. If anything, they were -- they
6 were not helpful at all and stonewalling us,
7 and it seemed almost trying to prevent us from
8 getting this information, which we're just
9 trying to do the right thing. The man's dead.
10 There's another factor, too, that I want to
11 bring in. I don't -- I'm not a radiologist. I
12 don't understand pancreatic cancer. But what I
13 do know is that my dad ran around that site.
14 He worked out at that site. He took showers at
15 that site, so maybe he doesn't fit your typical
16 profile. I know that he was very conscientious
17 about cleanliness, so he cleaned his truck. He
18 cleaned the inside of his truck. He was always
19 concerned about contamination. Maybe he was
20 exposed to even more stuff because of the
21 running around and the working out and the
22 showering, so maybe he doesn't fit some sort of
23 typical profile. Everybody's an individual.
24 Okay? Like many of the people here have said,
25 nobody's just a profile. Everybody's an

1 individual. So here he was trying to take
2 extra good care of himself. He may have
3 actually increased his risk. That's
4 unfortunate.

5 So the chronic exposure was something that we
6 were concerned about, and when we read the
7 report they said one sentence. They said he
8 jogged around the site. They made it sound
9 like it happened one time, not for 19 years
10 that he jogged around the site. He jogged
11 around the site almost every day, so what about
12 chronic exposure being a factor? Is it
13 possible that it's not just acute exposure that
14 somehow plays into the risk factors, and that
15 was not considered?

16 We've appealed this -- this decision. They
17 came up with a -- I believe it was about 26
18 percent responsible, and that was very
19 disappointing to hear. We were all kind of
20 hurt by that, actually. It hurt quite a bit,
21 because we know that this guy was a very
22 healthy person, very conscientious and we just
23 can't figure out, how did he die of cancer?
24 What did he do? What did he come into contact
25 with? And we're pretty convinced that it was

1 some of these substances or compounds or
2 radiation or whatever that he came in contact
3 with 'cause we can't figure out anything else
4 that our dad ever did or was around besides his
5 work-related at -- at the Lab.
6 So we would like some help in being able to get
7 this information to the appeal because we've
8 been told by the person at the appeal level
9 that we can't challenge the methodology, but we
10 can only challenge the factors that go into the
11 methodology. And I understand that that has
12 various legal implications because of the --
13 the way that the government has said well,
14 we'll accept this type of methodology and such,
15 and so I kind of understand that. But then
16 you've got to understand it from our point of
17 view, which is but we can't get the information
18 that we need to introduce those other factors.
19 It's not being made available to us.
20 What's interesting, and I just have to comment
21 on this, we also protested that our meeting was
22 scheduled for San Jose on January 5th at 10:00
23 o'clock because it was in San Jose, and we
24 said, you know, that's about a three-hour drive
25 from Livermore. At that time in the morning,

1 it's a rough drive and maybe we can have it
2 closer, Oakland -- even San Francisco would be
3 better than San Jose. And the guy told us no,
4 the other party that we're meeting with at 9:00
5 o'clock is coming from that area. Now that I
6 know she's in Brentwood and I know how far away
7 that is 'cause I used to do that commute, it's
8 interesting because that's -- I tried to tell
9 this guy, you know, that maybe -- maybe that's
10 not true. Why don't you call that other party
11 and tell them where we're coming from and see
12 if we can -- he said no, we have to have it at
13 a Federal building and it has to be in San Jose
14 and your appointment's at 10:00 o'clock in the
15 morning, and we'll reschedule for February, but
16 that's -- that's the way it's going to be. So
17 it's -- that's -- may be just one example that
18 I think is kind of hard proof that -- I can --
19 I'll swear under oath that this guy told me
20 that.

21 I thank you for having this opportunity. I
22 thank everybody for allowing me to speak, and I
23 just want to paint a picture for you. December
24 23rd two years ago -- I'm a skier, I'm an avid
25 skier. I love to ski. I had one of the best

1 days of skiing in my life. I skied up at the
2 Sierras. I had a great day of skiing. I came
3 down. I hit the hot tub. I went to sleep.
4 December 24th about 3:30 in the morning I got a
5 phone call from my dad's sister who said
6 Steven, you need to come to the hospital. Your
7 dad's not going to make it. And I live in
8 Stockton, and I said okay, you know, Mary, how
9 serious is this 'cause this is like the fourth
10 time that I've been told. And she said Steven,
11 he's not going to make it. So I went there and
12 I got to the hospital at 5:00 o'clock, he was
13 dead.

14 You know, these are real people. This is
15 really serious. The guy only got 11 months of
16 retirement, and he was a very conscientious
17 worker. He used to study those laboratory
18 books. He used to memorize those things. He
19 was very concerned. He was very safe. He only
20 got one traffic incident in his entire life, it
21 was a minor fender-bender. He worked hard for
22 the Lab and I think people need to work hard to
23 help all of us to do the right thing, which is
24 just to do the right thing in protecting
25 ourselves and protecting other people that work

1 there and speaking up for what's right as if
2 they were exposed to this stuff. Help us get
3 the records and help us -- help us prove this
4 stuff. Thank you very much.

5 **DR. ZIEMER:** And Steven, thank you for sharing
6 that with us, as well.

7 Inga, I have you next on the list -- Inga
8 Olson.

9 **MS. OLSON:** I'm from Tri-Valley Cares, a non-
10 profit group in Livermore. I'm the program
11 director and I also facilitate the support
12 group for sick workers, many of who are here
13 speaking today.

14 I want to acknowledge you all for moving the
15 meeting from San Francisco to Livermore. We
16 really appreciate that because most of the
17 people wouldn't have been able to come out
18 tonight over to San Francisco, so thanks very
19 much for making that switch.

20 And one thing I would like to request is when
21 you meet -- I know you're not going to be
22 coming back to Livermore again, but when you
23 meet, you know, in whatever town, if you'd do
24 some more media outreach, because you know, if
25 it gets put in the papers there's going to be a

1 lot more people that'll come and that'll find
2 out about it. And it's surprising, even in
3 Livermore there's still people that don't know
4 about this Act. And then there's a lot of
5 people that don't believe in it. You know,
6 they're not applying. So when they see stuff
7 like this, it just gives more credibility, and
8 also some of these people, if they could see
9 the agenda, they'd actually come to some of
10 these things and it might give them some
11 encouragement, you know, because you all are
12 really serious here. You're having serious
13 conversations and I think that it would help
14 them to hear some of what's going on and see
15 how hard you're working to make this program be
16 successful for these people who are sick, or
17 for their survivors.

18 There's a couple -- there's just a couple of
19 things I want to ask for. I'd like to request
20 that two local facilities be added as covered
21 facilities. We have sick workers in our group
22 from those facilities and they're not --
23 they're not covered. One is the Interstate
24 Nuclear Services. We had a nuclear laundry
25 down here in Pleasanton and we've got -- we've

1 got a woman, and there was a couple people --
2 her relatives and a friend that died. They're
3 gone, but she's alive and she's fighting hard
4 for her life, but she's not covered, and we
5 think that it's an inconsistency because the
6 DOE laundries area covered but then the
7 Interstate Nuclear Services, the
8 subcontractors, are not covered because they're
9 not -- you know, they're not AWE. They didn't
10 -- they didn't build the bomb. But you know,
11 the builders of the bomb wouldn't have been
12 building it without the clothes that they
13 laundered. And I could go on about that.
14 The other facility is the Naval Radiological
15 Defense Laboratory at the Hunter's Point Naval
16 Shipyard. But I know you hear Naval and you
17 say it doesn't count, but this was the
18 precursor, you know, to -- you know, before
19 there was a DOE. This is where Lawrence
20 Berkeley employees worked and Lawrence
21 Livermore employees worked. There wasn't a
22 DOE. It was a precursor body and we have -- we
23 have people that are sick there from that site,
24 as well. And we understand that there are AEC
25 buildings out there or there are AEC contracts,

1 so people were working and being paid on AEC
2 contracts, so that it should be -- it should be
3 considered and we ask that you help us by
4 getting some of that research so that the
5 people that are sick that worked there -- this
6 can become a covered facility.

7 We also want to request a site profile. Our
8 support group has people from Sandia Lab,
9 Livermore Lab. You know, there's GE Vallecitos
10 down the street. You know, there's a lot of
11 facilities here in the Bay area. And then you
12 know, people -- people are down in LA and they
13 kind of crawled into our group via phone and
14 stuff, so -- but the -- but Sandia National
15 Laboratory has 54 cancer cases that have been
16 referred to NIOSH. They've been sitting there
17 for anywhere from a year to three-plus years.
18 And you know, we've got to get that site
19 profile done at Sandia. People need that to be
20 done because their individual dose
21 reconstructions are sitting because there is no
22 site profile and you have nothing scheduled,
23 from what I can see. And it seems like a real
24 opportune time since Sandia is right next door
25 to Livermore, you know, to do it right now

1 while the site -- the survey team is there, so
2 I'd like to put in that request.

3 Also I want to just piggy-back on -- we want to
4 confirm that workers and family members will be
5 actively involved in the draft site profile.
6 And we'd like to see more outreach at -- for
7 that meeting than there was at this meeting so
8 we really get like a good slice of people to
9 tell their stories and corroborate, you know,
10 like individuals so we've got more than one
11 individual to talk about what hap-- what really
12 happened at the Lab so that the survey will be
13 as comprehensive as possible, that -- so no
14 worker will be excluded un-- unfairly because
15 of in-- you know, uncomprehensive (sic) site
16 profile.

17 We'd also request that your survey team at
18 Lawrence Livermore and Sandia come to Tri-
19 Valley Cares. We've been here for two decades
20 and we have a two-decade-old library with an
21 annotated bibliography, and we have records of
22 accidents. We have some of the tiger team
23 reports. We have the operation technical
24 summaries. We have a whole host of documents,
25 and I think that it would help to ensure the

1 thoroughness of your -- your sources for the
2 site profiles for Lawrence Livermore and
3 Sandia.

4 The Lab employees, both at Livermore and
5 Sandia, worked frequently at other sites. They
6 were Livermore Lab employees or Sandia Lab
7 employees, but they were at Y-12, they were at
8 Rocky Flats, they were down every week on the
9 corporate jet to Nevada Test Site. And what
10 we're finding is when their dose
11 reconstructions get done -- 'cause some are
12 getting done, even before the site profile --
13 or when they get their records, those records
14 don't come along with their records from
15 Livermore Lab. Like those records from like a
16 stint -- a month here or a month here, they're
17 not coming along with all their records, so we
18 believe that there's missed dosage in a lot of
19 cases for the different sites that they worked
20 at on a temporary basis, because they were
21 Livermore Lab employees who were only at these
22 sites, you know, temporarily.

23 We also request that -- that NIOSH provide a
24 public session about how to file a petition for
25 a Special Exposure Cohort, because we believe

1 we have a stable metal (unintelligible)
2 problem, both at Sandia National Lab and at
3 Livermore National Lab, that involves workers
4 demolishing tritium facilities.
5 We request funds for a technical consultant to
6 assist us with the Special Exposure Cohort.
7 Lastly, the sick workers have come to Tri-
8 Valley Cares for help, and we work on a
9 shoestring budget, and we're not funded to help
10 the workers. And that's okay. You know, this
11 is part of our mission and this is really
12 important to us. We want to do this. But we
13 also feel that people are not getting the
14 adequate help that they need from your systems.
15 And we want you to please look into these
16 problems because there's a lot of taxpayer
17 money being spent on these systems, and it's
18 not that tough to make these systems right.
19 And if you just investigate -- I know you had
20 some consultants looking at your methodology --
21 I know that you can get these systems right
22 where people feel satisfied. And I'm not
23 equating satisfaction with getting paid or, you
24 know, getting a yes on your award. I'm
25 equating satisfaction with people knowing that

1 they gave it their best shot. And whether it's
2 no or yes, they feel confident that they were
3 helped. So thank you very much.

4 **DR. ZIEMER:** Thank you. Thank you. Next we
5 have Fran Schoerber-- Scher-- Scheiberg --
6 Schreiberg, yes, Oakland, California.

7 **MS. SCHREIBERG:** Thank you. My name is Fran
8 Schreiberg and I'm here representing Work Safe,
9 which is a coalition of labor and community
10 groups that's dedicated to promoting
11 occupational safety and health, not something
12 that I've heard a whole lot of people talking
13 about here today. We're talking about a
14 workers' compensation program, not a program to
15 prevent injuries, illnesses and deaths. And I
16 do wonder in my mind, although this is
17 obviously not something that you're talking
18 about, I do wonder about how the current
19 workers at these facilities are being
20 protected, and I think this is something you
21 all ought to address at some point.

22 I'm really impressed with the speakers that
23 I've heard today. I am not an expert in this
24 particular type of exposure. I'm just
25 impressed with the -- the victims who have been

1 here today, and they are victims, with their
2 families, the survivors, with the unions and
3 the community groups that are trying to help
4 these folks, from Tri-Valley Cares, from the
5 building trades, from the engineers' union, as
6 well. And as I sat here listening to what
7 people were saying, I became more and more
8 angry, actually, at what these folks are having
9 to go through. And they're having to go
10 through this without help.

11 I -- although I'm a lawyer, I don't practice
12 law. I actually do training for unions and
13 workers on health and safety. I do a little
14 bit of legislative work and help with writing
15 regulations and so forth. I'm -- I'm pretty
16 much a worker advocate. But I don't really do
17 litigation, but I'm hearing people being put
18 into a system that is essentially shifting to
19 their shoulders the burdens of litigating their
20 own cases. You say it's a non-adversarial
21 system because, quote, there's nobody on the
22 other side. But there is someone on the other
23 side. It's on the other side of the table, and
24 that is the person who's handing out this
25 money. And although it's a paltry sum and in

1 fact I think it is a paltry sum compared to the
2 kinds of cases that involve fraudulent
3 concealment or involve failure to warn, which
4 is in fact what our government did to these
5 folks, this is a paltry sum of money. And what
6 you're doing is making these folks be their own
7 adversaries with a complex set of exposures
8 based on epidemiology that is actually narrowly
9 construed, which they can't contest because
10 you've regulated it. And that's how the law is
11 being structured, and they're stuck with what
12 they have, and they have very little
13 information that they can even get to you to
14 controvert a conclusion. And then on top of
15 that, they aren't even given the information
16 that they need to actually assert their legal
17 rights to go through an appeal process, to get
18 an administrative record to try to challenge
19 the underlying information where they do have a
20 chance to maybe get that. And if I was
21 representing them, if I was acting as if I was
22 a lawyer, to me, what I think you need to do,
23 and I think you need to allocate money to help
24 these people to do it, whether it's through lay
25 advocates or a real resource center, 'cause

1 apparently from what I've heard today, this so-
2 called resource center is not a resource
3 center. It does not help these people press
4 their claims. What I think you need to do are
5 a couple of things, and let me just look at my
6 notes because I wrote them down.
7 The first thing is is that this site analysis
8 that y'all are trying to pull together for the
9 Lawrence Livermore National Lab and for these
10 other sites, as well, because a lot of these
11 people traveled from one place to the other --
12 when we met with these folks from NIOSH and
13 from the different consultants that NIOSH and
14 DOL have, it sounded to us as if you were
15 shifting to us the burden of coming up with
16 information and preparing something that would
17 be a site analysis. As I listen more today, it
18 -- it occurs to me, and as I talk to a couple
19 of people, you're going to come up with this
20 site analysis, but we're not really going to be
21 able to give you meaningful input into the site
22 analysis unless -- until we know exactly what
23 government data you used, and I heard this from
24 other speakers, we need to know the underlying
25 data that you use to produce the site analysis,

1 and that data has to be fairly precise. It has
2 to be precise in a temporal nature and it has
3 to be precise in a spatial nature. In other
4 words, we need to know what buildings, what
5 particular job categories you are -- you're
6 cre-- you're using to make your conclusions.
7 It has to be a real job site analysis or
8 matrix, whatever it is that you all want to
9 call it. It's the kind of stuff we do every
10 day when we analyze a work place for current
11 occupational health and safety problems. We
12 need to have all that underlying data. And you
13 all have to produce the records for us, and it
14 has to be transparent, as Barry and a number of
15 other people said.

16 The second thing is is then you go and you talk
17 to the workers, and you interview those
18 workers. And it's not just a handful of
19 workers who themselves are brought together by
20 a community group such as Tri-Valley Cares. I
21 think it's incumbent on the government to talk
22 to every single survivor, every single one of
23 those workers, and get data from them about
24 what they know happened. We're talking about
25 missing reports. Well, where the heck do you

1 get the information? You get it by talking to
2 as many people as possible. We can't do that.
3 We don't even have the names of these people.
4 You have the names. You have the employment
5 records. You're the government. And every
6 single one of those workers needs to be talked
7 to and that information needs to be put into
8 this system and into this site analysis.
9 The next thing is, as far as I'm concerned,
10 their individual exposure records have to be
11 put into this system, as well as the area
12 monitoring. There are -- there are widows,
13 there are survivors -- children who are
14 survivors who have none of this information.
15 And I'm not saying that this is information
16 that you have to do to violate people's
17 privacy, but you can put this information into
18 a computer program, you can put it into a site
19 analysis as the coworker data. Where is the
20 coworker data, 'cause when I -- when I have --
21 you know, when -- when tort attorneys go in and
22 represent a person and that person -- or a
23 survivor -- in other words, that person isn't
24 there, where do they get that information?
25 They go to coworkers, and they use coworker

1 exposures in like situations, in situations
2 where that other worker worked. How can we get
3 that information? How can these individuals
4 get that information? You need to get that
5 information and it needs to go into this
6 system, as well as, by the way, the historical
7 reports of the -- all the accidents and near-
8 misses and so forth.

9 In addition then to the individual interviews
10 and all of that data, I -- okay, I think I
11 mentioned having the -- the exposure records of
12 the coworkers.

13 And finally, I think the individual workers who
14 are submitting claims need to have very
15 concrete assistance, which I mentioned at the
16 very beginning of this. And that means they
17 need an advocate, and that advocate is going to
18 actually have to be paid. And it would seem to
19 me that -- it doesn't have to be a lawyer, it
20 can be a lay advocate, but it needs to be
21 somebody who's trained and who has an
22 understanding of this system and who feels that
23 they're an advocate as opposed to a place that
24 fills out pieces of paper for people. And that
25 means they give them information about how to

1 go about getting their administrative records,
2 how to analyze that stuff, how to challenge it,
3 how to gather the information that they need to
4 supplement it if that's what the government
5 wants from them, and how to take their appeals
6 up. All told, from the amount of money that I
7 understand y'all are spending on your
8 consultants, you know, I realize that this is
9 outside the purview of this group, but you
10 might well think about the fact that maybe the
11 law is inadequate and needs to be changed, and
12 maybe at some point this group will have the
13 ability to come forward and to say that to
14 someone because the epi that you're using,
15 which as I understand it is based on atomic
16 bomb survivor information, clearly is
17 inadequate. You need to have a broader view of
18 the epidemiology that's involved here. I'm
19 hearing that today from all of these people
20 that are testifying.

21 And in addition to that, one might think that
22 if you look at the balance of money that you
23 have spent on consultants and what it would
24 mean to take that money and have a presumption
25 that anybody who walks out of one of these

1 plants is actually presumed to have a cancer
2 caused by the radiation that were -- that was
3 inside these work places, have this be a real
4 workers' comp system. Don't make them jump
5 through hoops on this causation. Give them the
6 presumption, then give them the \$150,000 bucks.

7 **DR. ZIEMER:** Okay. Thank you, Fran, for
8 sharing those thoughts.

9 We're then going to hear from Sharon -- Sharon
10 or Shannon -- Wood.

11 **MS. WOOD:** Sharon.

12 **DR. ZIEMER:** Sharon -- Sharon Wood.

13 **MS. WOOD:** My name is Sharon Wood. I'm a
14 claimant for my husband, who died 17 years ago
15 of cancer. He was a mechanical technician at
16 Lawrence Livermore Lab. And I'm also
17 representing one of his coworkers who died a
18 year after he did, also from cancer. These two
19 fellows trav-- he worked for -- in the weapons
20 division for most of his 26 years, and I guess
21 I -- I haven't completed -- NIOSH hasn't
22 completed the claim. It's been there for
23 almost three years. I applied in October to
24 Seattle and it was sent on to NIOSH in March,
25 and you know, I get these quarterly reports

1 that tell me how many people it's -- submitted
2 and how many people they've completed -- or
3 sent off. I've had the -- some of these
4 interviews and -- but I don't understand -- he
5 traveled to almost all of the nuclear
6 facilities that's here. He traveled to Argonne
7 and Hanford and -- and Rocky Flats and Los
8 Alamos. And he spent six week out on Christmas
9 Island in the atmospheric nuclear tests. He
10 spent years traveling back and forth to Nevada
11 Test Site and, you know, I don't know where all
12 he went. Those travel records are not
13 available. About the only thing I have is some
14 documents that showed what kind of projects he
15 was on for some of that time. Anything, you
16 know, past six years, apparently the lab -- as
17 far as travel goes -- and he's been dead for
18 17, so I don't know how -- you know, I don't
19 know what they're going to do as far as
20 figuring out whether he had a high enough
21 exposure or not. And if he didn't, then I have
22 to appeal and I don't know how to get ahold of
23 anything else other than what I have.
24 Now I'm pretty sure that some of that work was
25 probably low level radiation. He -- I don't

1 know that he had any overt contamination, but
2 he spent a lot of years in and around those
3 sites where they were working actively. He was
4 -- essentially was placing photographic and
5 other diagnostic equipment and then collecting
6 them afterwards. I have slides of the
7 atmospheric shots that were taken out on
8 Christmas Island that he brought back with him,
9 developed at the Lab and released to him.
10 So this -- this process has been rather
11 frustrating. I've made numerous calls to
12 NIOSH, who started out with two or three
13 people, and now I understand it's well over 100
14 people. They've spent somewhere around \$95
15 million and there's 13,000 claims and they've
16 cleared 6,000 -- or 600. That's according to
17 the paperwork I've got -- what, in September,
18 October. So this was -- the whole thing was
19 supposed to be -- you know, we're going to be
20 turning this around. That's before they
21 decided they had to put -- make this department
22 NIOSH. And I don't know how you -- you do a
23 site survey or profile of Lawrence Livermore
24 Lab that would predate, you know, 30 years ago
25 or 20 years ago. But you know, so we're -- I'm

1 really frustrated as far as this goes.
2 The friend that I represent, she's older and
3 she's had two strokes and a heart attack.
4 Whether she'll ever see any of this I don't --
5 and -- if there is any compensation, I don't
6 know, you know. My husband lasted seven months
7 with his cancer, and the Lab retired him on the
8 day he died. So it's been a long time.
9 Anyway, I thank you for coming and listening to
10 our stories, and -- and I hope that something
11 will come of this, that a little bit more -- a
12 little faster. Thank you.

13 **DR. ZIEMER:** Thank you, Sharon. Gina LaMens,
14 Lammens -- Gin-- is it Gina? No?
15 Okay, let me move on. Barbara Green?

16 **MS. GREEN:** Hi. As stated, I am Barbara Green.
17 I'm representing my husband, Frank Green, who
18 is a claimant. The first -- I -- just hearing
19 everything that I'm feeling has come from all
20 the people that have spoken before. You are
21 begged to apply for this pittance, may I say.
22 And then you're challenged all the way, saying
23 that you probably don't deserve it anyway, is
24 the way you feel. I think I'm hearing that
25 from everyone that's spoken this evening.

1 I -- what I get -- it's four years for us, as
2 far as the amount -- the time of the claim, and
3 each time I have called anybody I always get
4 another group of papers that tell me that this
5 is where they are and this is what's going on.
6 I think my book is about that thick now. And
7 so nothing new comes from it, but they kept
8 sending, every time I do call or, you know,
9 have any questions, they do send me some more
10 paperwork. It's repetitive and as I say, I've
11 got about that much from four years. I don't
12 know how many pounds, I think I should weigh
13 it.

14 Anyway, how long can a claim take? I know they
15 keep saying that the site profile at the
16 laboratory where my husband did work, he has
17 said that the reason that you're not going to
18 have a real chance of finding out what's going
19 on out there, that most of the people are dead
20 that he worked with. In fact, all of them that
21 he knows, the people have all died that he has
22 been involved in.

23 I've been to several of the meetings. I've met
24 -- I've probably met some of you before. I met
25 at one of these hotels and oh, yeah, we'll

1 contact you. He'll be a good person to be able
2 to give us some background about the rad lab
3 and these kinds of things, and we hear from no
4 one -- except more paperwork when I had to make
5 the call, I might add.

6 It's just frustration. I think that's what
7 we're all speaking to. I think that's about
8 really all I had to say is that I do feel
9 terribly frustrated. I think that the money
10 that they're speaking to as I'm hearing the
11 figures -- I don't know how much money has been
12 allotted to this program. I'm hearing now the
13 consultants are being hired to have you all
14 work together better, which is kind of a sad
15 thing, and I've been hearing everyone say here
16 this evening -- and I've only been here -- I
17 wish I hadn't done my Christmas baking, I wish
18 I'd been here earlier today -- that you're all
19 doing a good job. Well, I'm going to share
20 with you tonight, I've only been in here an
21 hour and a half and you're not. That's all I
22 can tell you. You're not. You're not working
23 together.

24 **DR. ZIEMER:** Okay. Again, thank you for
25 sharing your thoughts with us. It's probably

1 difficult for us to appreciate the level of
2 frustration many of you feel.

3 Peter Demires?

4 **MR. DEMIRES:** Yes. Hi. My name is Peter
5 Demires. Last evening I get a call from Inga
6 and I'm not prepared, and I was thinking I'm no
7 going to talk, but I want to say some things.
8 I hear all the speakers. All of them they
9 (unintelligible) what they say. I have lived
10 that picture in my life. I worked 20 and a
11 half years for the Lawrence Livermore National
12 Lab, machinist, worked with all toxics. I
13 worked all the departments. I'm a -- diagnosed
14 positive in the beryllium and asbestos. When I
15 tried to get -- actually the DOE recommend to
16 the Lawrence Livermore Lab to do the test for
17 the beryllium and they said -- they got blood
18 from me, they test it, it came positive and
19 they take blood again and they sent them to
20 Denver, Colorado and check it. It was a
21 positive again. Now they have to send me to
22 UCLA Medical Center in Los Angeles. The doctor
23 in the lab, he tell me don't worry, and he's
24 try to cover the thing, say I don't want you to
25 say to anybody else what happens to you because

1 from the first 20 we got two positives and was
2 very bad for the Lawrence Livermore Lab, which
3 have positive -- contaminate -- people exposed.
4 After I go in the medical center in Los
5 Angeles, they found there I have also asbestos,
6 and I have the later X-rays from the lab and
7 they found that in the X-rays. And when I came
8 back I asked the doctor how come every year you
9 get my X-rays and you don't have see I have
10 asbestos? They say we can be mistake, but
11 don't worry, maybe next year you are going to
12 be healthy. I say what's the matter with you?
13 I didn't have the flu. I didn't get no
14 medicine. How I'm going to be healthy next
15 year? So they try to cover those things. The
16 Workers Compensation deny the claims right
17 away. The letter say about they have
18 representatives in the lab, Workers
19 Compensation, who they work for the lab, they
20 get money. These people they can't serve
21 really fair and honest because they scared of
22 their supervisors as much -- I never get what I
23 deserve because I was outspoken. I see the
24 discrimination. I see people they scared. I
25 know they are employees who they are sick.

1 They have higher dosages of toxics of me and
2 they're scared to talk. Myself, when I see
3 there is no cooperation with the Workers
4 Compensation, the management of the lab, I hire
5 attorneys. I have three claims, back injury,
6 asbestos and beryllium. I have radiation.
7 There's no big amount. I don't how much going
8 to affect me in the future, but one of the
9 things I know, my wife, she get breast cancer
10 and I was -- we are lucky because was
11 (unintelligible) in the early stage and now she
12 survive.
13 There are a lot of things over there. If
14 people doesn't go in, they don't know. There
15 is no safety things because when I worked the
16 toxic materials as a machinist, they tell me
17 nothing wrong. I asked a mask to wear. I work
18 dust beryllium, pure beryllium. They say don't
19 worry, if you wear a mask, they other ones,
20 they're going to scared to work on this. They
21 have no good protection system. Now I hear --
22 I'm out of the lab for three years. Now I hear
23 they have better equipments to work, but still
24 is very dangerous, is a very much bad for
25 everybody. Not only for the people they work

1 there, for you, all you who are outside because
2 beryllium is just a little bit, it could be
3 outside and contaminate hundreds of people. So
4 what I think is they should care better Workers
5 Compensation system to be independent, not for
6 the ones they had in the lab, because all this
7 times they deny the claims, people they scare
8 to go outside because the lab is going to fire
9 them or they're no going to promote.
10 Safety, the safety was little safety. The only
11 thing was mechanical safety rules. They give
12 us the classes. When they talk to us about
13 radiation, the tell us don't be worry about
14 radiation. If you sleep with your wife,
15 already you produce radiation. Why, you guys
16 don't want to sleep with your wife? Why you
17 scared of radiation? That it was very cheap
18 excuses, but that they give us. And they are
19 hundreds and hundreds of them, who they are,
20 they contaminate or they adding a danger to get
21 in this, and they scared, or they affiliate
22 with the galvination (sic) of the system.
23 Don't say nothing, just keep it secret. And
24 that's all I have to say, and thank you you
25 listen.

1 **DR. ZIEMER:** Thank you. Lorraine Spencer, is
2 it? Spencer, uh-huh.

3 **MS. SPENCER:** I'm Lorraine Spencer. I'm
4 involved in two claims. One is for my father.
5 My brother and I are both in on that one. He
6 was a mechanical technician at Lawrence
7 Livermore National Laboratory. We came in the
8 early '50's when the Laboratory just opened,
9 and he was one of the many techs that used to
10 put the beryllium in the warheads. Well, the
11 final cancer that killed him was pancreatic
12 cancer. And the beryllium -- did it come home
13 to the family. My mom and dad died within five
14 months of each other, both of cancer. We come
15 from a huge Italian family and they're the only
16 two on each side of their family with cancer.
17 All right, put that one aside.
18 I am representing my father-in-law. He died at
19 54. He worked at General Electric Vallecitos.
20 His case is 347. It has been in for four long
21 years. My mother-in-law is still alive. I'm
22 trying to get this done for her. All I ever
23 get from NIOSH when I call -- and the gal who's
24 out there, Linda, I believe, and she's oh, I
25 know you -- okay, and all I get is, you know,

1 if your mother-in-law dies, which she's not in
2 good health, it can go to the survivors.
3 That's not what this is all about. I actually
4 showed my father-in-law's radiation dose that
5 was documented, he was chronically radiated for
6 15 years. A health physicist said to me is
7 this gentleman still alive? I said no. He
8 said I wouldn't think so. Okay? So anyways,
9 we're trying to get that done, but what you're
10 hearing here is there is not one happy camper,
11 and everyone just keeps getting put off. At
12 this point we have dug up the dead. It's
13 either yes or no. How long does this go on?
14 And do you need help? I'm here to offer help.
15 I'm willing to volunteer. Is there something I
16 can do for you to help this thing move along,
17 because I'd like to bury these people. Okay?
18 I'd just like to put it to bed. So please,
19 call us. I'd be willing to do anything. I
20 imagine there's a lot of people here that would
21 be willing to do that, too. Thank you.

22 **DR. ZIEMER:** Thank you. Let me go back to one
23 that maybe had stepped out. Is it Gina LeMans
24 or -- she's left? Okay.

25 Richard Miller -- back in the room? Yes.

1 **MR. MILLER:** Good evening. My name is Richard
2 Miller. I work for the Government
3 Accountability Project in Washington, D.C. And
4 I know it's late and I will not cause you to
5 endure me for too long, but I do want to say
6 that I am immensely impressed with the
7 testimony, listening to people tonight, and I
8 just want to thank all of you who came out to
9 speak for coming out to speak and getting your
10 issues on the record. There's a lot of senior
11 decision-makers in this room who came from
12 Washington for this hearing -- or from Atlanta,
13 and so you may not know all the other people in
14 the audience, but I was kind of watching their
15 faces so I'm glad you got a chance to get --
16 get the issues on the record.
17 I was one of the people who wasn't allowed in
18 your meeting yesterday. See, there was a
19 meeting that was held here yesterday, folks, to
20 talk about the audit of the radiation dose
21 reconstructions. And the point is, are you
22 going to get a decision back from NIOSH which
23 is believable and credible. Are you going to
24 get an answer, whether you like it or you don't
25 get money, the question is do you believe at

1 the end of the day that the decision was well-
2 vetted, that it's well-defended. And when you
3 get this gibberish back in the mail with your
4 NIOSH dose reconstruction report and the IREP
5 input model -- everybody can tell us what IREP
6 is -- and y'all look at this stream of dose
7 inputs and you have no idea where those are
8 derived from 'cause your dose reconstruction
9 report is a little sketchy, and then you're
10 somehow supposed to fathom whether you got a
11 fair decision or not, under some efficiency
12 method or worst case method, you don't really
13 know.

14 Well, this Board has a key role in whether this
15 program sinks or swims in terms of the
16 credibility of the decisions that come back.
17 And that is, they're supposed to audit the
18 radiation dose reconstructions. They're -- the
19 Congress told them they are supposed to audit a
20 representative sample and to look at the
21 methods that are used.

22 Now they had a meeting here yesterday and they
23 closed the door under the guise that they were
24 going to be discussing these matters pursuant
25 to the Privacy Act. And I had asked, before

1 they went into Executive Session, to discuss
2 these 20 radiation dose reconstructions which
3 are under audit, whether or not we would at
4 least see a transcript of what was discussed
5 behind the doors.

6 Now I happened to go out to dinner with some
7 folks, and I heard y'all had a lot of fun
8 behind closed doors yesterday, and that it was
9 contentious. But I don't know what the
10 contentions were. And I heard there was
11 vigorous debate, but I don't know what the
12 debate was about. I don't even know if it
13 involved the Privacy Act. I don't know what
14 went on. But if the process is going to have
15 some credibility, there's got to be sufficient
16 transparency, respecting the Privacy Act at the
17 same time. So I'm going to restate my request
18 that I made before you went into Executive
19 Session, which is that I would like to see a
20 transcript, with the appropriate redactions
21 made, of what went on behind closed doors, and
22 your discussion for three hours that looked at
23 the credibility of the first 20 radiation dose
24 reconstructions that were reviewed by your
25 contractor. And I was very pleased that Cori

1 Homer was to provide me with and refresh my
2 memory on what the Government in the Sunshine
3 Act says, and I just want to refresh my memory
4 and perhaps yours, as well.

5 It says that the agency has to retain its
6 transcript for two years. It does not say you
7 can't see it for two years. In fact, it says
8 the opposite. It must be made available for
9 inspection upon request -- no, not six months
10 later like you do under FOIA, but upon request.
11 And secondly, what it says is that it should be
12 made available to the general public. And so
13 I'd like to just restate that if one of the
14 core underpinnings of the credibility of this
15 program, which is derived from what you do, is
16 please post the transcripts on your web site of
17 your closed session with appropriate redactions
18 at the same time you post the transcripts of
19 this open session that's held here today and
20 has been held for the last two days. I really
21 think you need to do it. And if you're going
22 to meet behind closed doors and you're going to
23 debate process, and you're going to debate how
24 you're going to resolve conflict, and you're
25 going to make policy decisions about processing

1 these dose reconstruction evaluations, and
2 you're going to set up foregoing review
3 processes, these aren't things covered under
4 the Privacy Act. Those are policy issues you
5 were discussing behind closed doors. But we're
6 locked out while you do it behind there and I
7 really think you need to have the light of day,
8 sunshine come in and let everybody see what
9 y'all were talking about behind closed doors.
10 The second thing I would like to suggest is a
11 process for how to resolve -- what was
12 remarkable to me just sitting in the audience
13 today was the debate going on over the site
14 profile. This was not a polite exchange. This
15 was people gritting their teeth at each other.
16 What's going on here? And is that what's going
17 on with the dose reconstruction audits, as
18 well? People are gritting their teeth at each
19 other? Is this how we're going to resolve
20 disagreements or questions about the scientific
21 credibility about what's going on? People are
22 hunkered down in their bunkers, firing facts or
23 mischaracterizing each other's positions so you
24 can knock them down. Is it one straw man for
25 one and one straw man for the other? Is this

1 how we're going to get to the credibility of
2 the issues? Is that -- is that what the tone
3 is? 'Cause from me sitting here and the
4 impression I've carried away from this meeting
5 is that the tone of the debate seems to be
6 quite adversarial, and I wish it wasn't.
7 Because it makes me question if people are
8 defensive about the facts or defensive about
9 how they interpret the science or that people
10 say one should not challenge whether or not it
11 is sufficient claimant favorable because the
12 law doesn't allow it -- I hear attacks about
13 the very basis for this Board, which is to
14 question NIOSH's application of science,
15 NIOSH's application of its discretion and how
16 it exercises its discretion. And when I see
17 the Labor Department and the NIOSH teaming up
18 to attack whether or not the audit can even
19 evaluate whether things are sufficiently
20 claimant friendly or not, I have to puzzle to
21 myself what's wrong here. What's wrong that
22 the Labor Department and NIOSH are teamed up
23 attacking the very cornerstone of this program,
24 which is that it's supposed to give the benefit
25 of the doubt and supposed to be claimant

1 friendly in the face of uncertainty, and in
2 this sea of the absence of data one has to make
3 a lot of value judgments. And what was so
4 troubling to me was to read the written attack
5 on the audit report from both agencies saying
6 you have no legal right to even examine whether
7 or not one can make claimant favorable
8 decisions. That's not what the law says.
9 What's wrong here?

10 I mean something from the outside looks funny,
11 because I don't know whether you've done it or
12 not, but I did a keyword search for the
13 hundreds of times I've heard the word claimant
14 friendly used by Dr. (sic) Elliott and by Dr.
15 Neton and the rest of the staff, claimant
16 friendly, claimant friendly, claimant friendly,
17 and all of a sudden we can't evaluate that
18 question. That's challenging the judgment, the
19 discretion that's being exercised here. It's
20 not a calculational error. We're not talking
21 about that. We're talking about the exercise
22 of discretion in the sea of uncertainty with so
23 little data and so many hard questions to
24 answer.

25 I think one of the things that troubled me was

C E R T I F I C A T E

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 14th day of December, 2004; 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 23rd day of January, 2005.

Steven Ray Green

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

