

TOWNHALL MEETING #3

RICHLAND, WASHINGTON

AUGUST 7TH, 7-9 PM

RED LION HOTEL RICHLAND

802 GEORGE WASHINGTON WAY

RICHLAND, WASHINGTON 99352

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The following transcript of the above-mentioned meeting was produced by Steven Ray Green, National Merit Court Reporter, of Nancy Lee and Associates, Certified Court Reporters.

TRANSCRIPT LEGEND

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1 In the following transcript a dash (--) indicates an
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7 response.

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often a proper noun, without exact spelling available.

9 In the following transcript (inaudible) represents a
portion in the proceedings where reporting became
10 impossible due to audio/technical difficulties.

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(7:05 p.m.)

1 **MR. ELLIOTT:** Hello. If you could just bear with us
2 for a few moments, we're trying to get everybody
3 seated and -- gee, I grew up in a good Presbyterian
4 church and everybody always tried to sit in the
5 back. I'm glad to see that that's not a culture out
6 here and y'all want to sit up front. But if you
7 could do this for me, please, if you're sitting next
8 to an empty seat, if you could move in toward the
9 middle, we have a lot more folks that we're going to
10 have to seat and we also are going to open up the
11 side panels over here and try to get some more room.

12 We truly did not anticipate this great interest
13 that you all have in this program.

(Pause)

14 **MR. ELLIOTT:** We're going to open up these side
15 panels so that we can get some chairs seated in
16 there. There are still a couple or three chairs up
17 here on the front, some in this row over here. I
18 see some over there.

19 If you haven't signed in, you don't need to worry
20 about signing in right now. Get everybody seated.
21 If you didn't sign in, you can sign in at your
22 convenience.

(Pause)

23 **MR. ELLIOTT:** Let me go ahead and start. We're

doing this quietly enough on the side, I think we 4
can get started and I think we do need to get
started. A lot of you have come a distance, I'm
sure, to spend a couple of hours here and learn
1 about this compensation program and the piece that
2 we're going to talk about tonight. So ladies and
gentlemen, I'd like to welcome you tonight and I
3 certainly do appreciate your interest and I'm
overwhelmed by your -- by the level of interest
4 you've shown.

This is the third meeting that the Department of
5 Health and Human Services has held to present its
notice of proposed rule-making that's currently
6 available for public comment on how additional
classes will be added to the Special Exposure Cohort
7 under the Energy Employees Occupational Illness
Compensation Program Act.

8 Let me introduce myself. I'm Larry Elliott. I'm an
employee of the National Institute for Occupational
9 Safety and Health, which is an agency within the
Centers for Disease Control, a part of Health and
10 Human Services. I'm also the director of the Office
of Compensation Analysis and Support at NIOSH, which
11 is the new office that's been given the
responsibility of doing dose reconstructions for
12 cancer-related claims and providing a -- you can't
hear me? -- providing a regulation on probability of
13

causation which the Department of Labor will use in 5
adjudicating cancer-related claims.

1 Those two rules, two regulations that we are
responsible for were promulgated on May the 2nd of
2 this year and we have been processing claims, doing
dose reconstruction on claims since they were first
3 announced back in October. We have sent over to the
Department of Labor about a total of seven claims
for final adjudication at this point.

4 Tonight we're here to talk about something
different. We're here to talk about another
5 responsibility that the Department of Health and
Human Services has, and that is how to develop and
6 design procedures for handling petitions that come
forward for classes of workers to be added to the
Special Exposure Cohort.

7 This, as I said, is the third meeting out of four
8 that we're going to hold to make this presentation
and to get comment, to answer questions about this
9 proposed rule. The next meeting will be tomorrow
night in Espanola, New Mexico. The public comment
10 period for this rule concludes on August 26th, and
so we're interested in hearing your comments,
11 concerns and your issues. They will be captured
tonight by this court recorder. The transcript of
12 this meeting will be located on our web site, and if
you have no access to the web, then you simply may
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ask us for a copy and we'll send you a copy. Okay? 6

That's why we wanted your name and your address,
your phone number at the back.

1 We're not here tonight to talk about individual
claims. We do not have the ability to do that. We
2 don't have the staff. We don't have -- this is a --
individual claims are a privacy issue and so we need
3 to have those kind of discussions separately with
each individual. We do have a 1-800 number that you
4 can call us to talk us about your claim. We have an
e-mail and a web site, as I mentioned, where you can
5 monitor the status of claims that we're handling.

And very soon you'll be able to monitor a claim that
you have in with us right from that web site.

6 If you send us an e-mail, we have a 24-hour response
commitment. We will send you a response to your e-
7 mail within 24 hours and answer your questions to
the best of our ability.

8 So that is a brief introduction of who I am and why
we're here tonight. We're here to make a
9 presentation of this proposed rule. Mr. Ted Katz,
who is a policy analyst with the National Institute
10 for Occupational Safety and Health, who essentially
was primary author in writing this rule -- and the
11 other two, as well, with some technical staff
support -- will make a presentation. And I'd ask
12 that we keep your questions till the end of his
13

presentation, and then we'll take questions for
clarification of what was said.

7

We'd like to hear your comments, and so we'd like to
offer everybody a fair opportunity to come to the
microphone and speak about what your thoughts are
about this proposed rule or whatever might be on
your mind tonight. But we'd ask you to be concise
and succinct and recognize that we have a large
audience here tonight. We'd like to give everybody
a fair opportunity to have their voice heard.

If you don't have the opportunity to speak or you
don't feel comfortable in coming to the mike, please
use our web site or our e-mail address, or our 1-800
number and get to us that way. Okay?

Now there's one other person I'd like -- two other
people I'd like to introduce here tonight. From my
technical staff, Grady Calhoun is a health
physicist. If we have issues or questions related
to dose reconstruction methodology, I'm going to
look to him. I'm going to serve as your moderator
tonight and try to keep us on track and keep us
moving through the evening, and obviously I haven't
done a very good job of that up to this point
because we're a little late and we still have people
standing, and I don't particularly feel very proud
about that.

The second person I'd like to introduce is Ms.

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Christie Long who is with the Department of Labor 8
from the Seattle District Office, so any claims that
would come out of this region would go to her
office. She's here tonight and I'm very pleased
1 that she's with us tonight to answer any questions
that are related to how DOL processes and
2 adjudicates a claim. That will be -- we'll direct
those to her. Okay?

3 So those are kind of the ground rules and as well
we're going to try to make a presentation, answer
4 any questions you might have about the presentation,
and then we'll open it up and if you could at that
5 point queue yourself up behind the mike and I'll try
to keep us moving through to hear your comments.
6 Before we start, any questions about what we're here
to do tonight?

7 Yes, ma'am?

8 **UNIDENTIFIED:** I don't know if anybody else is
having trouble hearing, but I can barely hear you.

9 **MR. ELLIOTT:** I'm sorry. Okay, we have the audio
staff working on that. This might be better. I'm
10 sorry.

11 Okay. Without then further ado, I'm going to turn
it over to Ted Katz, and he's going to have to speak
a lot louder than I am then.

12 **MR. KATZ:** So welcome, everybody. Can you hear me?

13 Now is that good enough or should I be holding this

up to my mouth?

9

UNIDENTIFIED: Hold it up.

MR. KATZ: Okay, I'll do that. How's this, is this better? I'm trying not to get too much feedback here.

Okay, I'm going to have to speak from here so I can change the slides on the computer. I'm going to run through this rule, not exactly how it's written, which is sort of technical -- legal approach to writing rules, but try to give you sort of the substance that's in the rule, how it works and so on, a little background up front. Now this background may be redundant, old news for a lot of you, but I'm not sure that everyone in this audience knows -- is starting from the same place, so just to make certain everyone understands where we're beginning here, I'm going to start at the beginning. So first of all, let me just talk about what is the Special Exposure Cohort. This was established by the Energy Employees Occupational Illness Compensation Program Act by Congress, so it was established by Congress. And initially Congress added -- had four groups to comprise the cohort. These are the three gaseous diffusion plants and a nuclear test site in Amchitka, Alaska. And the way it works for these is members of the cohort can be compensated for any of 22 what are called in the Act

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1 specified cancers, under certain conditions. For 10
2 example, there's issues of latency, whether they got
3 the cancer at the right time period. There's an
4 issue of whether they were working at the facility
5 for the required period. For the gaseous diffusion
6 plants they had to be working at the facility for
7 250 days to be part of the cohort, in effect. So
8 there were limited conditions.

9 But beyond those conditions, the important issue
10 with the cohort is that for members of the cohort
11 who develop a specified cancer, the Department of
12 Labor does not have to determine whether that cancer
13 was likely to have been caused by their radiation
14 exposure. In place of that, in lieu of that,
15 basically there's just a presumption that if they
16 have the right kind of cancer and they're part of
17 the Special Exposure Cohort, they meet the
18 qualifications for that, then they can be
19 compensated. Which is different from all other
20 cancer claimants who have to have their doses
21 estimated, first of all. And secondly then have to
22 have a determination as to whether it was likely
23 that those doses caused their particular kind of
24 cancer.

25 **UNIDENTIFIED:** What's the basis for specifying that
26 the workers at the gaseous diffusion plants incurred
27 cancers?

MR. KATZ: The basis for -- excuse me, can you 11
repeat that, please?

UNIDENTIFIED: Why do we think that they are a group
who might have gotten cancers from their work site?

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MR. KATZ: So I understand, so why did Congress name
those groups that it named to the Special Exposure
Cohort initially, why did they do that? Well, I
mean this was a determination by Congress and
there's some history that you probably have all
heard of of findings about what occurred at these
work sites, but Congress -- you know, Congress made
this determination. This wasn't a determination by
HHS, which now has the responsibility for adding
members to the Special Exposure Cohort classes, so
this -- the basis is -- you know, you can't find a
legislative history that really fleshes that out in
great detail, how that was gone about.

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So what's the purpose of this rule, though, which
leads right on from there? I mean Congress and the
administration which enacted this law -- and this
was the Clinton administration -- determined that
there may be other circumstances -- there may be
other workers at the sites or at the AWE's, the
Atomic Weapons Employers, for whom we are not able
to do dose reconstructions. And if we can't do dose
reconstructions, they should be considered for being
added to the Special Exposure Cohort.

1 So what they did was they required that the
2 President set up procedures for considering
3 petitions to add employees to the cohort. And the
4 President then delegated these responsibilities,
5 assigned these responsibilities to the Secretary of
6 Health and Human Services because Health and Human
7 Services is doing all the sort of scientific,
8 technical work related to this compensation program
9 specific to radiogenic cancers.

10 Now EEOICPA set out certain requirements. It didn't
11 simply say consider adding members, classes to the
12 cohort. It set out specific requirements that we
13 would have to consider in going about that. And on
14 a substantive level, the two requirements are, one,
15 that NIOSH can't estimate radiation doses of
16 employees with sufficient accuracy, so that is a
17 requirement that has to -- we have to pass that
18 threshold before we can consider adding a class to
19 the cohort. And second, that it's reasonably likely
20 that the radiation doses that that class, that group
21 of employees incurred endangered their health.

22 Now the law also set out some procedural
23 requirements we have to go through to add classes to
24 the cohort. First of all, the class -- the classes
25 have to petition to be added. Second, that HHS has
26 to obtain the advice of the Advisory Board on
27 Radiation and Worker Health in deciding to add a

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class to the cohort.

1 Now this Advisory Board is a Presidentially-
2 appointed advisory board. It includes
3 representation by scientists, physicians and
4 workers, and it is advising HHS on all its technical
5 responsibilities, on its dose reconstruction
6 program, as well as this. And it advised HHS on the
7 two rules that we already promulgated on dose
8 reconstruction and how to do probability of
9 causation or make this link between radiation doses
10 and specific cancers.

11 Oh, let me just -- one last point. They also
12 required that Congress have 180 days to consider a
13 decision by HHS to add a class to the cohort. So
14 once HHS decides to add a class to the cohort,
15 Congress wants that decision to rest with it for 180
16 days. I'll explain more about what the implications
17 of that are when I get to it.

18 So the HHS proposal, what guided our decision. Of
19 course you know we were given these requirements
20 that were set in the statute, as well as we
21 considered the existing procedures we have for doing
22 dose reconstruction and probability of causation.
23 Those end up being relevant and useful in this
24 process. Beyond that, our goal is very simple. We
25 want to have fair, openly-considered decisions. By
26 openly considered, in other words, we want you to be

able to see how we came to our decisions, what went¹⁴
into those decisions, and for you to have an
opportunity to be involved in that process.

UNIDENTIFIED: Excuse me --

1 **MR. KATZ:** Let me -- if I could carry through -- if
I could carry through the presentation, there'll be
2 -- if you can hold your questions till then, that
would be great. Thank you, sir.

3 Now this last point I just want to make is dose
reconstructions, adding a class to the Special
4 Exposure Cohort is a very important decision, for
one reason in particular. And that is, members of
5 the cohort can only be compensated for those 22
specified cancers. If you have a different cancer
6 -- for example, if you have skin cancer or you have
prostate cancer, it doesn't matter what your
7 radiation dose was, you cannot be compensated under
the Special Exposure Cohort --

8 **UNIDENTIFIED:** That's real nice.

9 **MR. KATZ:** -- law, and that is something that was
established by Congress and we're -- we have to live
with that. And so --

10 **UNIDENTIFIED:** We have to live with it?

11 **MR. KATZ:** -- so -- well, my point is is that we at
HHS has to work within that framework.

12 **UNIDENTIFIED:** We already went through this three
times. What are they trying to do to us now?

MR. KATZ: Let me continue on, and then really 15

there'll be plenty of opportunity for comment.

UNIDENTIFIED: How come you have to have cancer to
get compensated?

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UNIDENTIFIED: Really.

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UNIDENTIFIED: How about if you've got your body
full of heavy metals?

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MR. KATZ: Well, there's --

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UNIDENTIFIED: Okay? And they ask to release his
body so they can put it in transuranic waste when he
dies. Now is that fair?

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UNIDENTIFIED: No.

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UNIDENTIFIED: That you pay all these other people
for cancer --

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UNIDENTIFIED: No.

UNIDENTIFIED: -- and he's a miracle, a medical
miracle, but he's carrying heavy metal through the
marrow of his bones.

8

UNIDENTIFIED: And he was told by officials with
Rockwell that it had gone to the marrow of his
bones.

9

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UNIDENTIFIED: DNL* has even asked so they -- to get
his body so they can look at it and do autopsies on
it, because it's a miracle.

11

MR. KATZ: I think these are -- this -- you know,
that's clearly a very important --

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UNIDENTIFIED: It's a farce.

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MR. KATZ: It's a very important issue --

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UNIDENTIFIED: This is a big farce.

MR. KATZ: Our limitation is that we have to work within the framework given --

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(Applause)

MR. KATZ: Let me carry on, please, 'cause really --
I mean I think some people probably want to know about this rule, despite the problems that you see in the whole program. And it would benefit at least some of you, I think, to hear what this rule's about. It'll help you at least if you want to comment on this rule to hear a little bit more, I think.

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UNIDENTIFIED: I doubt it.

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MR. KATZ: So in our rule, first of all, who can petition on behalf of a class? We set the parameters as wide as imaginable, I think, possible.

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An individual worker can petition on behalf of a class. It's not like a class action suit where you have to get together people's names on a petition and get them to agree to petition. In this case, an individual worker or a individual survivor of a worker can petition on behalf of a class. And likewise, a union can petition on behalf of a class. And how do you petition? Well, you decide whether you can meet the requirements, which I'm going to get into, of a petition; complete and submit a

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petition form -- that's going to be on-line on the ¹⁷
web. You could complete it electronically, or of
course it's going to be available in paper version.

1 And NIOSH will be working with you to help you with
that process.

2 What are the petition requirements? The
3 requirements depend -- they're bifurcated. They
4 depend on whether or not you're already a cancer
5 claimant, you've already submitted a cancer claim to
6 Department of Labor and NIOSH was unable to complete
7 your dose reconstruction. That's the most important
8 sort of distinction for two different approaches to
9 petition requirements. So if you've already
10 attempted to have a dose reconstruction and we find
11 we can't do your dose reconstruction -- in effect,
12 the records aren't there to support a dose
13 reconstruction -- that's one situation.

8 And then if you have not been a claimant yet, if you
9 -- you don't even have to have cancer. No one in
10 the class has to have cancer. There are other
11 requirements that allow you to petition even though
12 no one in the class that you're petitioning for may
13 have incurred cancer yet. So you don't have to have
cancer to petition.

11 Now if you did submit a claim and we couldn't do
12 your dose reconstruction, your requirements for the
13 petition are simply to indicate that we were unable

to complete your dose reconstruction. There are no¹⁸
other substantive requirements. In fact, if we were
unable to complete your dose reconstruction, we're
going to come to you and notify you that --
encourage you to submit a petition, and we're going
to provide you with the materials to submit the
petition. We're going to encourage you to do that -
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UNIDENTIFIED: What kind of time frame are we
looking at for these dose reconstructions? How long
does it take? You said only seven out of 5,000.
How long does it take to do a dose reconstruction?

MR. KATZ: I'd be happy to get to that after we get
through this presentation. I think it's a very
important issue and we'll explain that at the end of
the presentation, if that's okay.

UNIDENTIFIED: No.

UNIDENTIFIED: No.

UNIDENTIFIED: We're tired of waiting.

MR. KATZ: Okay, let me just -- I can answer the
question briefly, if that's --

MR. ELLIOTT: Well, let me just -- we need to go
through this presentation. Okay? I know you don't
want to hear it. I can see faces that say you don't
want to hear it, but this is a very important aspect
of this program for you to understand, and then
we'll try to answer your questions. Okay?

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UNIDENTIFIED: Wouldn't it be easier to answer the 19
questions and then --

MR. ELLIOTT: We'll get bogged down and we'll never
get through this presentation, and I have a mandate
that we have to get through this presentation so
that the rule has been interpreted for you.

UNIDENTIFIED: We ain't going to get out of here
before midnight, then.

MR. KATZ: The other reason -- the other reason --
please. The other reason for you to hold off until
I've gotten through this presentation, which I could
do relatively quickly if I'm allowed -- the other
reason to hold off is because we really -- if we
don't get your name and if you don't speak into the
mikes, we can't record your comments. If we don't
record your comments, then they don't get considered
in -- when we have to revise this rule in any way we
have to before we put it out as an effective rule.
Now I mean of course if you're commenting on things
that don't relate to this rule, then I suppose it
doesn't matter, but to the extent that you comment
on this rule, it will matter for you.

UNIDENTIFIED: So what will it take to make Congress
stand up and listen to the rest of us? I mean hell,
you've got 300 people here.

UNIDENTIFIED: Right.

UNIDENTIFIED: More than that.

MR. KATZ: Yes, we do.

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UNIDENTIFIED: More than -- you've got over 100 left, at least. I counted 300 with no problem.

MR. KATZ: Indeed, and your -- your comments here will be recorded and part of a public record, so that's one way of letting your views be known, indeed.

UNIDENTIFIED: Well, I don't trust you by getting our names down.

(Laughter)

MR. KATZ: Well, and if you don't want your name recorded, I suppose you can withhold it and still make your comment to the microphones.

Let me carry on, really, because some people at least are going to lose by not hearing about this. So, I've told you the requirements for someone who's attempted to get a dose reconstruction. Now there's the other circumstance where perhaps there've been no cancer cases yet in the group that you're concerned about and you still want to petition to be added to the class. It doesn't mean you can be compensated until someone incurs cancer, but it makes you established as part of the class.

In this case there are three elements to your petition. One is of course defining the class, who is it you're talking about, who are you petitioning for. That needs to be defined in the petition. And

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then documenting the reasons that you have to believe that there was a health-endangering radiation exposure. And thirdly, documenting the reasons to believe that doses couldn't be estimated.

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And here we're not asking you to prove -- to have the burden here to say doses can't be estimated.

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That's our burden at NIOSH to do that. All we're requiring of you is that you document that an

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attempt was made to determine that records were not available and that indeed they weren't available.

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UNIDENTIFIED: File 13.

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UNIDENTIFIED: There you go.

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UNIDENTIFIED: You're covering up your --

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MR. KATZ: I'm sorry. Will your petition be evaluated is the next question. So in the first case, if we attempted to do your dose

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reconstruction, you're through the gate. Your dose reconstruction will be fully evaluated by the Board and HHS, and I'll explain more about that --

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UNIDENTIFIED: Can you get another mike? Boy, that one's sure breaking up on you out here.

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MR. KATZ: Maybe I'll try this one. How's this? Hello? It says on, but it -- I think I'm going to have to make do with this. It's --

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UNIDENTIFIED: That one there is really crackling away.

12

MR. KATZ: Yes. I'm sorry, but this is the best I

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can do. It's a question of how far it is from my 22
mouth.

1 So for other petitions, if there were no cancer
cases, you haven't already attempted to get a dose
2 reconstruction, you'll submit your petition. HHS
will look at that, see if it meets the requirements,
3 the basic requirements that I just laid out. If
not, we'll get back to you and we'll explain to you
4 whatever shortcomings there are and help you work
through those shortcomings. And then at the end of
that process --

5 Is this working now? It's still not working.

UNIDENTIFIED: Now it's working.

UNIDENTIFIED: There it is.

6 **MR. KATZ:** Hello? Hello?

(Pause)

7 **MR. KATZ:** Can everyone -- anyone hear me on this
mike?

8 **UNIDENTIFIED:** No.

MR. KATZ: How about now? Can anyone hear me now?

9 **UNIDENTIFIED:** No.

MR. KATZ: Can anyone hear me now?

10 **UNIDENTIFIED:** Yes.

11 **MR. KATZ:** Can everyone hear me now? Great. I'll
talk louder, too. Okay. This was --

(Applause)

12 **UNIDENTIFIED:** You've got better speakers back there

in the back than you have up front.

23

MR. KATZ: Sorry, this is much better. Okay. Let me turn me on here.

1 How does NIOSH evaluate your petition? It'll be
2 NIOSH's burden, not your burden, to go to DOE, to
3 speak of course with you, the petitioners; to speak
4 with co-workers, to go to DOE and get whatever
5 records are available or to the AWE in the case
6 where we have an AWE instead of DOE, and obtain all
7 the records available to get the basics of what kind
8 of radiation exposures occurred. And recall in the
9 case of a Special Exposure Cohort, we're dealing
10 with a situation where the information is poor, of
11 course.

12 And then we take that information and the first
13 thing we do is determine whether dose
14 reconstructions are feasible. Can we do a dose
15 reconstruction? And then the second step there is
16 to determine potential radiation dose levels and
17 whether they're likely to have endangered health.
18 And the third step is then taking all that
19 information to define the class or classes of
20 employees that result from that analysis.

21 Let me just explain that for a second. You may
22 petition on behalf of a class and we may find that
23 in fact it's not one class, it's several classes.
24 There's records -- good information available for

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part of the group that you've identified and not for
another part. Likewise, you -- we may get several
petitions for what are ostensibly different classes
and we may find in fact that they're all one big
class, not recognized by the individual, separate
petitioners. And NIOSH will report the results of
this research and analysis to the petitioners and
the Board.

Now let me just go in a little deeper on these
issues of how we do this. How will NIOSH determine
potential radiation dose levels? Again, recall this
is a situation with the Special Exposure Cohort
where the records aren't good. The information
isn't good. But what we'll be determining is pretty
crude facts here. The radiation sources potentially
present, their possible quantities, the possible
characteristics of employee exposures and the use of
radiation protection. We're not -- in a case that's
going to succeed as a Special Exposure Cohort, the
information is not going to be good enough to go
beyond that 'cause if it could take us beyond that,
we could be doing dose reconstructions.

Then NIOSH technical staff will judge whether the
radiation doses could have reached the level
determined to endanger health. And how do we do
that? What does that mean?

First of all, we've interpreted this, endanger

health, as likely to cause specified cancers. Why?²⁵

Because those are the only outcomes for which you can get compensated as a member of the Special Exposure Cohort. The Special Exposure Cohort doesn't cover any other health problems, only cancers, and only the specified cancers, as I noted earlier. And we have ways of going about determining this likelihood of cancers.

Now some of the important points to make. One, the minimum dose levels can differ for each petition because it's going to depend on the source and type of radiation. It's going to depend on the type of cancers related to the exposure. It's going to depend on characteristics of the class and other factors as to what -- so we're not talking about one dose level for all petitions. It's going to depend on your specific petition what that dose level would be, and NIOSH staff will calculate that.

And the most important variable or one of the most important variables in how we come up with that is which kind of cancers we consider for coming up with that dose level. Different kinds of cancers are differently sensitive to radiation, have a different likelihood of being caused by radiation. And what we'll be using is the cancer or cancers that are most readily caused by radiation to establish this benchmark. Right? We're establishing a benchmark.

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And if we judge that radiation exposures could have been higher than that benchmark, then that meets that qualification for being added to the cohort. So we're using the type of cancers that are most readily caused, caused by the lowest levels of radiation.

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We go through that, we produce a report. We provide that to you, the petitioner, as well as this Advisory Board I told you, and the Board will then meet in public to review that report to consider whether NIOSH has done all it should have done -- it considers it should have done to evaluate that petition. The Board may come back to us and say you haven't done enough now, you need to do more work on this petition. And if they do, that may be something we do. And this will all be done in public. The petitioners will have an opportunity -- these are public meetings -- to be in that meeting.

And these public meetings have an opportunity, just like this one, to comment on what proceeds during that meeting, as well.

At the end of this process, when NIOSH has done all the research that it ought to have done, the Board then has a role, a responsibility to advise the Secretary of Health and Human Services on whether or not to add the class to the cohort, and furthermore to define the class or classes and speak to the

substantive issues that it had to address to come to ²⁷
that decision. So that's advice from the Board to
the Secretary of Health and Human Services.

1 Based on the NIOSH report and advice of the Board,
the Secretary of Health and Human Services will
2 evaluate all this information and come to a
decision, a recommended decision whether or not to
3 add a class to the cohort. And petitioners, based
on that decision, will have 30 days to contest the
4 decision. Obviously this is a situation where the
Secretary decides not to add a class, petitioners
will have 30 days to contest that decision.

5 Once whatever that process of dealing with that
contest is finished, the HHS will report the final
6 decision to the petitioners, and if it's positive,
to Congress. This goes back to what I said earlier
7 about Congress's role here. Congress has 180 days
in which it can do two things. It could expedite
8 the decision so that the class could be added sooner
as opposed to at the end of the 180-day period. Or
9 it could reverse the decision. It could reject the
decision by the Secretary of Health and Human
10 Services.

11 At the end of that process, a class is added to the
cohort. NIOSH will then have a substantial role to
12 reach out to the class and let them know that
they're added to the cohort. And as you can

understand -- I mean there may be just an individual
 who petitioned for the class, but a large group of
 people who are part of that class, particularly in
 the cases where you have an individual who couldn't
 have a dose reconstruction done. Right? They
 petitioned based on their not being able to have a
 dose reconstruction, but we will have filled out
 basically the class, figured out who all the others
 are who are in their shoes who ought to be part of
 that class, as well. All those individuals will
 have to -- we'll have to try to reach them.

Now there's also a provision in this rule to cancel
 a cohort addition down the road. And this provision
 is here for the single circumstance where we find
 that there are records that nobody knew existed, and
 these records -- and this information and records is
 sufficient to do dose reconstructions. In a
 circumstance like that, once we know we could do
 dose reconstructions, we go through a process -- a
 public process again of explaining that these
 records are there, making a judgment about their
 availability. That would be done in public just how
 the petition's handled, in effect. The Advisory
 Board would have a say in this. At the end of that
 process, however, if we could do dose
 reconstructions, from that point forward that cohort
 class would no longer be a cohort class and they

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would be regular cancer claimants under the Act. ^{So} ~~29~~
they would have dose reconstructions and they would
have a probability of causation determination to
receive compensation.

1 When can you petition to be part of the class?

2 These procedures that we put out, these are the
3 notice of proposed rule-making. It does not have
4 the effect of law. We can't consider petitions
5 based on these because we need -- what do we need?
6 We need public comment on these as part of this
7 process, so we will have public comment by the end
8 of August. August 26th is the deadline and it'll
9 take through the fall to revise the rule and get the
10 rule cleared through the government and produce the
11 final rule that allows you to petition. And so, as
12 I say here, it's unlikely before early 2003.

13 Some final points just to make. If you have cancer
or you're a survivor of an employee with cancer,
then you should file -- be filing a claim now. You
shouldn't be awaiting these petition requirements.
The main -- a main point just to make about that is
if you do file and we attempt to do a dose
reconstruction and can't do a dose reconstruction,
you've already done three-quarters of the work for
evaluating that petition. You've gotten all that
work going now as opposed to having to wait -- to
delay. That would not be in your interests.

And finally, we want your comment, which is now why³⁰
I'm wrapping up here. Thank you.

(Applause)

1 **MR. ELLIOTT:** Okay. We could take some questions on
the presentation. I'm going to rotate this around.

2 You need to be at a mike. You need to announce
your name so that we get you on the record.

3 **UNIDENTIFIED:** I never spoke into a mike.

4 **MR. ELLIOTT:** Never spoke into a mike. Well, we'll
help you learn how to do that. Okay?

5 So why don't we start over here with this gentleman
right here. If you would, give us your name and
6 affiliation. There are a lot of people here tonight
so if you could be concise in your comments.

7 **MR. WERST:** My name is Ken Werst. My NIOSH number
is 1348. It's been over a year that I've been --
8 you know, sent the application in. I noticed on
your primary cancers you've got one here for
esophagus cancer, you've got one for salivatory
9 (sic) glands. How about cancer of the vocal cords?

10 There's some fellas out here that can't even talk
to you tonight because they don't have vocal cords.

11 Has that been considered or is that something
that's going to be --

12 **MR. ELLIOTT:** You're quoting from the cancers that
are -- the specified cancers for the Special
13 Exposure Cohort. There are 22 cancers there and

those are the only 22 that if you're in the special³¹
cohort you could receive compensation for. Tonsil
cancer, tongue cancer, that's handled as a regular
claim that comes to us for dose reconstruction.

1 **MR. WERST:** I'm asking you about cancer of the vocal
cords.

2 **MR. ELLIOTT:** That's my answer to your question.
Vocal cord cancer -- vocal cord cancer would come to
3 us as a claim from the Department of Labor to do
dose reconstruction on that type of cancer. Okay?
4 Over here, I think. We'll go from mike to mike to
mike. Okay?

5 **UNIDENTIFIED:** Go ahead.

UNIDENTIFIED: Go ahead.

6 **UNIDENTIFIED:** You sure?

UNIDENTIFIED: I'll get up there eventually.

7 **MR. GROFF:** Well, my name is Cliff Groff of
8 Kennewick and I worked out there 18 years. I was
all over that site for different things. How can
9 they know where I was? I doubt whether DOE or
Rockwell, where -- I worked for Rockwell,
Westinghouse, -- how do they know? How can they do
10 a dose reconstruction on somebody? I don't think
they could do it on most of these people.

11 **MR. ELLIOTT:** Well, that's a good question. It's
12 not one relevant necessarily to the rule that Ted
presented to you, but I will answer that question.

1 The dose reconstruction that we are doing at NIOSH 32
2 factors that in, that there might be situations like
3 yours where you may not have even had a badge to
4 wear for certain years. We allow you to conduct an
5 interview with us that tells us what your concerns
6 are in that regard. Tell us where you worked. Tell
7 us which years you didn't wear a badge. Tell us
8 which years they told you to park the badge at the
9 gate rather than wear it in inside to where your
10 workplace was. Okay?

11 **UNIDENTIFIED:** What about when they throw them away?

12 **MR. ELLIOTT:** When they throw them away, we want to
13 know about that. We're going to ask you in that
14 interview can you tell us some -- one of your co-
15 workers that can verify this and we'll get an
16 affidavit and it goes into the record. Okay?

17 Now we're going to move back to this -- yes, sir?

18 **MR. LARSON:** My name is Danny Larson. Two years --
19 I represent my mother. My father died out here and
20 two years ago she's applied. I'm wondering how much
21 longer are you people going to give us the runaround
22 and start cutting some checks. My mother'll be dead
23 before you ever get her any money.

(Applause)

24 **MR. LARSON:** Because Congress can 180-day us to
25 death and we're -- you know, let's get on with it.

26 **MR. ELLIOTT:** I appreciate your frustration, sir.

This program's only one year old as of July 31st --33

UNIDENTIFIED: No, no, no.

UNIDENTIFIED: No, we --

UNIDENTIFIED: No, no.

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MR. ELLIOTT: July 31st was the first time you could submit a claim through the system.

2

UNIDENTIFIED: No.

MR. ELLIOTT: July 31st it'll be one year old.

3

Okay? It typically takes, in a compensation program, a year to get a claim through. Look at the other compensation programs --

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UNIDENTIFIED: Are you going to --

5

MR. ELLIOTT: You have to give us the benefit of the doubt here in starting this program up, and I don't cut your checks, sir.

6

MR. LARSON: This money was supposed to have been given out in April.

7

UNIDENTIFIED: That's right.

8

MR. LARSON: Now are you going to respond to these people that have applied? And as far as your cohorts, what about our area here, our people here, you know?

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MR. ELLIOTT: If you feel that you have a class of workers --

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MR. LARSON: I don't care --

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MR. ELLIOTT: -- that dose reconstruction cannot be done on, you will be able to --

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MR. LARSON: We have submitted a form --

MR. ELLIOTT: -- petition.

MR. LARSON: -- for my mom a long time ago. I want you to respond to it. I want you to pay my mom and I want to get on with her life before she dies.

MR. ELLIOTT: I understand your comment. Thank you.

UNIDENTIFIED: Yeah.

UNIDENTIFIED: Yeah.

(Applause)

MR. HARTLEY: Hello, my name is Hank Hartley. I am office manager for the Hanford Building Trades Medical Screening Program. To date we have about 5,000 Hanford workers in our program. Primarily they are building trades construction workers. I have a statement to make and I do have a couple of questions.

The statement would be, I should think that the effort ought to be to support our reviews, that these proposals are complicated and would take a long -- far too long to help people with their claims.

Further statement is, it is also important to keep reminding NIOSH that the records for the construction work force aren't too likely to exist for the NIOSH analysis. Many workers out there, myself included, worked out there and I don't think you would ever be able to reconstruct my record as a

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construction worker or these two fellas right here 35

that are sitting beside me who are part of my

program. We don't have reconstruction available.

I've asked for my dose records and never got it.

My questions will start out with how much more time

will it take for this process to add to resolving my

claim?

MR. ELLIOTT: Do you have a claim in?

MR. HARTLEY: Yes.

MR. ELLIOTT: You have a claim in. Do you know if
the claim is with us? Is it in dose reconstruction
yet?

MR. HARTLEY: I'm not sure. I'm not speaking
specifically for myself, sir. I represent about
5,000 people and the general question would be how
much more time will this process add to the people
who have a claim? How much more time will it take
to resolving their claim?

MR. ELLIOTT: This process that we talked about
tonight, that Ted presented, additions to the
Special Exposure Cohort, won't add any time to those
claims that have already been submitted. If your
question is how much more time is it going to take
for a given claim to get through the process, which
is this gentleman's question and concern over here
and one I share with everybody I talk to of the
6,000 plus claims we have in our hands, we're doing

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the best we can. We have -- it's a legal process. 36

We have to treat every claim fairly and be as competent about the dose reconstruction as we can be. We're working toward that end.

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MR. HARTLEY: Well, the proposal does seem to be complicated. And it's difficult to understand.

2

My next question would be, if there is not job activity or radiation exposure records, what will happen under your proposal?

3

MR. ELLIOTT: I'm sorry, if there's not...

4

MR. HARTLEY: If there -- I'll read it again. I want to be clear. If there are not job activity or radiation exposure records, what will happen under your procedure -- under this procedure?

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MR. KATZ: Yes, wait, so let's take the first part -

7

MR. HARTLEY: Yes.

8

MR. KATZ: -- records on radiation exposure. Well, we will have information, we expect, from

9

individuals at least, even if there aren't records, about radiation exposures. What was the radiation

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source, characterizing the source, just to start with. So we don't have to have DOE records to deal

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with the situation. Okay? We're going to -- as I explained, we'll be taking affidavits if we need to

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from people who can inform us if the information isn't there.

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MR. HARTLEY: That's what I'm primarily concerned 37
with because oftentimes the DOE records are not
available or cannot be found. Or, as in the case of
many of my participants who have been in my program,
the records are in a cardboard box somewhere in
Seattle, and God knows where that's at.

MR. KATZ: Right, and we're --

MR. HARTLEY: And who can find it.

MR. KATZ: Right, and we are actually -- we've been
finding boxes of records as part of this process in
starting the dose reconstruction program exactly as
you say. We've been finding files and records.
You're right, there's all sorts of states of
records, from non-existent to inaccessible, even if
they do exist, and we have to deal with all those.
And in a circumstance where the records may exist
but we can't get to them, it's as good as them not
existing. Isn't that correct? So in those
circumstances, again, we have a situation where
you're probably looking at a Special Exposure Cohort
petition.

MR. HARTLEY: Well, Ted, I don't mean to take up so
much of your time. I do have another question. How
long is it going to take to do these dose
reconstructions? I mean do you have a clue on that?

MR. KATZ: And I think we have sort of a -- you
know, every dose reconstruction will require a

1 different amount of work. It all depends on how
2 complicated the work history was and the
3 availability of records, our ability to get those
4 records from DOE, how timely that is, our ability to
5 get those records and so on. And so it's going to
6 be all over the map from -- I mean NIOSH has a lot
7 of -- from our health research we have a lot of
8 records in-house, so certain dose reconstructions --
9 we're going to be able to get to certain dose
10 reconstructions very quickly. We're going to have
11 the sufficient records in-house. And as we go along
12 with this program, we're going to be developing a
13 record base that gets better and better and makes
these dose reconstructions more and more efficient
and quick. So it's -- if you look at it in a
snapshot of time, it's going to change as this
program progresses and we're going to get faster.
You know, at the front end of this program, if we
don't have any records, we're starting from scratch
and the records are difficult to get, it could
readily take six months for us to do a dose
reconstruction. It could take longer for us to do a
dose reconstruction.

The other thing I should just explain to you all is
that right now, as you know -- because it's been
reported in your newspaper article, for example --
we've done very few. The situation there is, we're

right now doing dose reconstructions with our limited staff of health physicists in-house. And as you all, I think, would recognize clearly, you can't run this program this way, with a handful of health physicists. Isn't that right? And so we've been working very hard and pushed the system as hard as it can be pushed to get out a contract to get a whole lot of help in doing the dose reconstructions and obtaining these records from DOE. DOE is also trying to get its house in order to be able to supply records where it has them and so on. All this sort of front end work of getting this program working -- this is what Larry was explaining, that there's a lot to do to get this program up and running. There was a lot to do.

We're at the end stage now of having our contract in place, and that contract in effect has a contractor getting to work right away. There's not a lot of lag time for the contractor to get going. But we've gotten our best and finals and analyzed those bests and finals, so we're actually reaching the point where we actually can start to do dose reconstructions at the volume that's required to be able to address your claims, so that your claims aren't sitting idle. And we understand how frustrating that is. I can't tell you -- you know, other than you, who know it better than anyone -- I

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mean the second people in line there are us who 40
suffer you being frustrated. That's not the kind of
service we want to provide all of you, but that's
the situation we're in without -- until we can bring
on board these other dose reconstructionists, we're
stuck in the situation with you.

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2 **MR. HARTLEY:** Thank you. I think that would
3 conclude my questions. I just wanted to remind you
4 again that many of the construction workers not only
5 worked at Hanford, they worked at Paducah, Kentucky;
6 Nashville, they worked -- not Nashville, I'm
7 thinking of -- Savannah River, Nevada test site,
8 Rocky Flats. My father and the speaker before me,
9 his father, were on all these sites. Some other
10 were these gentlemen sitting to my right. They were
11 in very many different places and I'm really curious
12 as to how you're going to be able to reconstruct the
13 dose records for these people.

8 **MR. KATZ:** That's right --

9 **MR. HARTLEY:** And it bugs me.

9 **UNIDENTIFIED:** They can't find the records.

10 **MR. KATZ:** That's right, and --

10 **UNIDENTIFIED:** They're incomplete records.

11 **MR. KATZ:** -- as we discussed, where the records
12 aren't there, we obviously can't -- if we don't have
13 information and we don't have records, neither,
that's where we lead to a Special Exposure Cohort

petition.

41

Oh, sorry, so does that --

MR. HARTLEY: That's --

MR. KATZ: -- answer your question?

MR. HARTLEY: It gets close to it.

MR. KATZ: Okay. Thank you. So -- yes, sir?

MR. SALINAS: My name is Eustulio Salinas. I'm a nuclear process operator at Hanford. I've been out there about 15, 16 years, worked at PUREX, uranium trioxide tank farms. I unfortunately was one of the people who came down with cancer. A little over two years ago Dr. David Michael and his whole entourage came to town, nice big circus banners flying, we're going to help you people. Unfortunately, we see how things get dragged down, and then the law gets involved and then we're really in trouble.

I happen to have caught -- contracted chronic lymphocytic leukemia -- unfortunately one of the ones you guys don't cover. Why is that?

(Applause)

MR. ELLIOTT: Chronic lymphocytic leukemia is not recognized scientifically as associated with radiation exposure. There is no risk -- cancer risk models that can be used to --

UNIDENTIFIED: Wonder if that's the same with asbestos.

MR. ELLIOTT: -- derive risk coefficients that could

be used in probability of causation.

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MR. SALINAS: Right here.

MR. ELLIOTT: I understand --

MR. SALINAS: Here's your model.

MR. ELLIOTT: I understand your perspective, sir.

MR. SALINAS: You know, I applied to the state and they tell me that it's hereditary. I come up from a family of nine sisters and three other brothers.

Not a single one has cancer. Well, it can jump a generation. Well, those answers are nice and well for you guys and that's a good way to explain it, but when you get an operator out there -- not just myself, anybody; and not just cancer, but like this other gentleman that was wheeled out of here, obviously very frustrated -- you know, you package this up very nicely, radiation. That's not all we deal with out there.

MR. ELLIOTT: I understand.

MR. SALINAS: All these other people at the diffusion plants and all, they did great work, too -- understandably so, but we're not running a lunch counter out there, either. A bunch of us got involved with some other work and a bunch of us are sick. Now you want to pare it down and you want to cut costs or whatever, say that. But don't come up with these rules that now you've got to apply for this cohort and now you've got to do this and now

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you've got to do that.

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(Applause)

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MR. SALINAS: The only thing in my favor, gentlemen, is that I'm only 47. Hopefully this disease doesn't get me, because although it's not recognized as a risk model for you guys, it's a very big risk for me.

MR. ELLIOTT: I understand.

MR. SALINAS: Thank you.

MR. ELLIOTT: Thank you for your comments.

(Applause)

MR. SWEITZER: My name is Gary Sweitzer. I'm here to represent my father. Out in 300 area he received a lifetime dose of cobalt. Now within six to eight months -- he died -- he had cancer in every part of his body.

UNIDENTIFIED: Amen.

MR. SWEITZER: I've gone through all of the paperwork. I sent it to DOE and I got a package about an inch thick and they were concerned about a band-aid on his finger. There wasn't another goddamned thing. I hope you have better luck. And I'll make you another offer. If you don't get it -- I will make a bargain -- we'll dig him up, you can check him. If he's hot, you pay for the digging and if he's clean, I'll pay for it.

(Applause)

UNIDENTIFIED: I want to ask you first, do you
recognize --

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MR. ELLIOTT: Could I have your name first?

MS. OGLESBY: It's Gaye Oglesby. I've lived here
for 43 years, worked at Hanford and my family worked
at Hanford and all that stuff. Do you recognize
this document?

MR. ELLIOTT: Looks like it's got a NIOSH logo on it
--

MS. OGLESBY: Uh-huh.

MR. ELLIOTT: -- what's the title of it?

MS. OGLESBY: It's called NIOSH summary of findings,
and it was written -- it was released January, 2001.

Let me just read you some of your responses and
I'll tell you why this is a waste of everybody's
time in here in coming to NIOSH 'cause you wrote
this. I didn't write it.

(Reading) Complete rosters of current and former
remediation* workers do not exist. Reconstruction
of rosters from multiple data sources at the site is
labor intensive, may exclude some groups of workers.

Although radiation exposure records appear to be
complete, the centralized responsibility for
chemical exposure assessment and other records has
led to gaps in exposure, work history and medical
data. The storage of data and records in hard copy
format on incompatible software platforms and on

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media-produced by now obsolete hardware has diminished the ability to identify workers and link them with their work history, exposure and medical data. The failure to standardize data collection and archiving both within and among DOE sites will hinder linkage of individuals to their data. The absence of worker rosters, the difficulty of creating such rosters with currently-available data, gaps in work history, exposure and medical data and data linkage problems limit the ability to conduct accurate and comprehensive studies of mediation workers.

The next question is, how many people are you working on 8,000 cases 'cause I was told -- my number's 586 on the NIOSH roster. I advocate for 150 people nationwide. You are working on the fifth number and you told him he's going to be another year before he gets a response from you.

Now that means that I'm going to probably not have a very good chance of staying alive 'cause I'm number 586 and this gentleman ahead of me was number 1,000-something. So why isn't it better for all these people in here to massively go to court and wait in court and this -- you know, get out of this mess, because then you have to use the fair rules of civil procedure and you have to go by the Ninth Circuit Court to set some precedents.

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Have you read the Ninth Circuit Court ruling, the 46
three-panel judge (sic)?

MR. ELLIOTT: I believe it's in a file that we have
in our office, yes.

MS. OGLESBY: Yeah, I sent it.

MR. ELLIOTT: And if I might remark, while you --

MS. OGLESBY: Wait a minute -- you know what? I
want you to just let me finish so I don't lose my
train of thought and then you can answer. You keep
everything straight.

UNIDENTIFIED: Good for her.

MS. OGLESBY: I'm going to give you a copy of
everything that's sitting in your boss's office, Mr.
Thompson. I don't know how long it's going to take
him to get through it, but in the records are --
it's been sent to the President and the Congress and
everybody else, and a lot of people nationally
worked on it. There's testimonials in there of what
went wrong here. It's called The Rise And Collapse
of the EEOICPA. And in those records are things
that you people have done to delay this situation,
like there's -- I'll give you an example of two of
the people that I work with.

They're people who are buried. After they -- not
buried, but they had autopsies when they died.

During the autopsy and into the grave, they
developed cancer. They were dismissed because they

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didn't have cancer before they died. That's what 47
the records say.

(Laughter)

1 **MS. OGLESBY:** Pretty silly, huh? Now I do have the
special cohort thing in mind. There's 20 people
2 and there's probably a lot of people and I want
people to come forward in a special cohort to match
3 this one, because I found 20 people already. We're
all special cohorts. It's just a matter of finding
4 somebody to match up to.

5 This man died of acute radiation poisoning. It's on
his death certificate. He was a function manager at
6 Hanford. There are 20 other people that had body
burns all over their body. One man was buried in a
7 confinement with his vehicle overnight and when he
came out he was burnt all over his body. I think
that's murder. And you know what? He died of heart
8 failure. That's what's on his death certificate.

9 He was acute -- and he's in the special cohort.

10 And so is a person that you have dismissed twice who
was -- came up with first, second and third body
11 burns and like everybody else. Nobody has paid any
attention to this special cohort and I know about
every one of them. And I also know the fellow that
was trying to get rid of the evidence.

12 Now everybody should know that this happened between
1951 and 1974, and you're all in the special
13

1 maintenance cohort. Now I couldn't find my record 48
2 tonight but I promise you I will. You've already
3 done a dose reconstruction and it was delivered this
4 year in front of a HHES* audience, the Yakima
5 Indians -- the Chief of the Yakima Indians and me.
6 They didn't know we were in the audience. You've
7 already done a dose reconstruction doing header on
8 all these people in here, and the down-winders, and
9 I have a copy of it.

10 **MR. ELLIOTT:** Thank you.

11 (Applause)

12 **UNIDENTIFIED:** I guess your comments are on the
13 record, Katie.

14 **UNIDENTIFIED:** Respond.

15 **UNIDENTIFIED:** Are you waiting to respond to her
16 questions?

17 **MR. ELLIOTT:** I have nothing to respond to them.

18 **UNIDENTIFIED:** Why not?

19 **MR. ELLIOTT:** Well, okay, I will respond, because
20 there was so many different points there and many of
21 them are confused. The first point that she raised
22 when she was reading from a NIOSH report is a report
23 about the clean-up workers across the Webbins
24 Complex and the difficulty in trying to do
25 epidemiologic studies on clean-up workers because of
26 the many layers of subcontractors that DOE employs
27 to do that work. We shed light on that. I take

pride in that. You guys should feel like we're
doing the right thing by saying those things.
That's what she was reading.

UNIDENTIFIED: Why don't you get it done?

1 **MR. ELLIOTT:** It's not in the Department of Health
and Human Services' or NIOSH's responsibility to
2 make that change. That's the Department of Energy,
3 if they feel they need to make that change. You
need to take that issue up with that Department.
4 Okay?

UNIDENTIFIED: It says DOE sites mediation workers.

UNIDENTIFIED: Your turn. Your turn.

5 **MR. ELLIOTT:** I don't know what dose reconstruction
6 she might be referring to, but it's not on
compensation, I assure you. It's probably the
7 Center for Environmental Health's work on the
Hanford environmental dose reconstruction survey
8 that was done on thyroid. That's not my work.
That's not a compensation dose reconstruction.
9 Okay?

10 **UNIDENTIFIED:** So it sounds like everything works
around in a circle and forget about the people who
are actually injured. But anyway --

11 **MR. ELLIOTT:** No, I'm very much concerned about the
people who are injured --

UNIDENTIFIED: No, you're not.

12 **MR. ELLIOTT:** -- and I'm much --

UNIDENTIFIED: None of you guys grew up here and 50
were raised here.

MR. ELLIOTT: Ma'am?

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MS. MIXON: My name is Teresa Mixon. I'm here
representing Pace International Union, as well as
myself. I am a Hanford worker. I've been out here
since 1990. My grandmother worked out here. My
grandfather, and they both died of cancer. I have
one question or comment regarding to -- to Hank's
comment. You keep saying that we're going to do
this dose reconstruction, each dose reconstruction's
going to get a little better, we're going to -- when
do you finally say you know what, we don't have
enough records to do any dose reconstruction and
therefore, you know, what -- why waste our time, why
waste the time of the people, why waste our money
and be a little bit more efficient and say hey,
look, let's go ahead and set up a second cohort.
When is not enough record enough to actually get
something done?

And along that same line, how can NIOSH accurately
reconstruct exposure doses at Hanford when neutron
monitoring wasn't done before 1988 and internal dose
estimates were not done before 1989? You talk about
the clean-up workers, that's us. You talk about the
nuclear weapons workers, that's us.

MR. ELLIOTT: We're aware of the dosimetry practices

over time at this site, and we are also aware of the
lack of dose information that was collected over
time and in certain jobs. Okay?

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MS. MIXON: Okay. Why is Hanford -- why are the
other weapons facilities -- DOE facilities being
held to a higher standard than the four cohorts that
are currently in the SEC's, the four members that
are currently in the SEC?

(Applause)

MR. ELLIOTT: All I can say to that is Congress made
a decision when they passed this law to put those
four groups into that special cohort.

MS. MIXON: Did Congress make a decision to exclude
other groups?

MR. ELLIOTT: By so doing the way they did it, they
set it up where we, the Department of Health and
Human Services, have a responsibility of putting
together these procedures, and that's what we're
here tonight to try to do, to try to share with you
our thoughts on them, get your thoughts before
they're final. That's why we're here.

UNIDENTIFIED: And then Congress under-staffs.

MR. ELLIOTT: Ma'am?

MS. HANRADY: My name is Jennifer Hanrady. My
father, Charles Hanrady, died of a disease called
myelodispostic* syndrome. Now my mom has not heard
back from you guys, but I imagine she's going to get

the same response that a fellow nurse -- I'm also a ⁵²
nurse -- that I work with at the hospital got from
her dad, who died of the same disease. They said
that myelodispostic syndrome is not considered a,
quote/unquote, cancer. Okay?

My dad knelt down on a rake soaked with strontium
90. As a nurse, with all the chemistry, all the
classes, I know what strontium 90 does to the bone
marrow. It takes about ten years to show up. They
sent him home. Boom, ten years later he develops
myelodispostic syndrome which he ends up dying of,
kills the bone marrow, stops producing red blood
cells. Why are you guys saying that it has to be,
quote/unquote, cancer? And why are you saying that
only certain cancers? As a nurse, I see patients
day after day after day who've had radiation
exposures and you prove to us that their radiation
or their working out there did not have -- cause
what they died from. And also, why are physicists
reviewing this? Why aren't there MD's there?

(Applause)

MR. ELLIOTT: Okay. First of all, it's not us.
It's not NIOSH saying it's cancer, only disease --

MS. HANRADY: Who is going to get money? Can you
give us a class case of somebody who's going to
qualify -- boom, boom, boom -- 'cause anything they
have, you're going to disqualify something so that

no money is going to have to be given out.

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MR. ELLIOTT: No, that's not true.

UNIDENTIFIED: That is true.

MR. ELLIOTT: That's not true.

MS. HANRADY: It is true.

MR. ELLIOTT: No, it's not true. Do you have any more comment for the record?

MS. HANRADY: No.

MR. ELLIOTT: Thank you. Sir?

MR. SAMSON: Well, my name's Ray Samson. I guess you can hear me.

(Laughter)

MR. SAMSON: And I been here three times and he says this just started last April. I remember two years ago over in the other building over there the same thing, going to promise this, promise that, get all your paperwork done and we'll get it sent in. Mine's been in a year and a half. I ain't never heard a word from nobody yet. Finally I got mad and I called Seattle. I said where's my paperwork, what's happened to it? Well, Mr. Samson, we sent yours back to Washington, D.C. That's fine, I don't want to get onto my problem. The problem I got is why can't we get some of these people, including myself, to get a little money to take care of the doctor bills? I've had five operations on my nose and they ain't no money left in Medicare or ARC*.

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They've spent it all. Now couldn't I get a little 54
bit of help or some of these other people? I'll
probably be gone in another six months anyway, so
what's the difference? They could still let me get
my nose looking a little better so maybe I could go
out and chase the girls a while.

(Laughter and applause)

MR. SAMSON: That's all I've got to say. I think we
should have money for these people that need it now.
They're going to take care of the medical anyway,
so let them have some of it. I think that's only
fair.

MR. ELLIOTT: Thank you for your comment. Sir?

MR. LEACH: Yes. My name is Bud Leach and I worked
on the Hanford project from 1947 to 1987, and in
1951 -- now if I'm off-base here, let me know right
now 'cause all I've heard about is radiation. There
are several people here that worked with materials
that were just as bad if not worse than radiation.
I became a glass blower, and from 1951 to 1987 I was
a glass blower, and on my bench, every day that I
worked, I had a roll of asbestos. Now I've never
heard anything about asbestos at any of these
meetings and I used it. We had to use it. It was
part of our equipment. You had to wrap some glass
in it that you didn't want to get hot while you were
working somewhere else.

Okay. Now what I have to say is that about -- oh, 55
four or five years ago, I got a phone call or a
letter from Seattle, and a regular chest X-ray will
not detect minor amounts of asbestos. And any time
within 30 years, I've been told, it can turn into
cancer or asbestosis. Are you aware of that?

MR. ELLIOTT: Yes, sir.

MR. LEACH: Okay. So I got a grid X-ray, and this
is the only way they can tell. So about the last
three times I've called -- and a grid X-ray is far
more expensive than just a common X-ray over here at
the clinic. I've asked for another grid X-ray and
that's from the university and you people, and you
say well, hey, you have one; the rest of them you
pay for yourself. Why?

MR. ELLIOTT: I can't answer you because it's not me
that said that to you. It's --

MR. LEACH: I know, but --

MR. ELLIOTT: It's not my department. Must be
Department of Labor's answer to you with that
question.

MR. LEACH: I don't know who it was, but --

UNIDENTIFIED: You're their representative.

MR. LEACH: -- I cannot get a grid X-ray unless I
pay for it myself after using asbestos from 1951 to
1987. Is that not a hazardous material now?

MR. ELLIOTT: It is a hazardous material. It is --

workers who were injured or killed in their service⁵⁷
to their country. They specified where they must
work, what they must have done, where they lived,
the different states. I have met all of those
requirements. Now you come along and introduce new
requirements. You're talking about classes without
even defining what you mean by the word class, but I
think from the context I can get the understanding
so don't take time to do that. But Mr. Katz gave a
clue to why things aren't going reasonably rapidly
because the system doesn't have a competent staff of
health physicists or whatever it takes to do dose
reconstruction. So don't be surprised, all of you,
if this program just dies on the vine.

UNIDENTIFIED: Uh-huh.

MR. DODD: He's already admitted it's a faulty
system, so why -- what good comes from a faulty
system?

Now in my own case, I'm wondering if I'll have to
establish a separate class for myself because the
two major contractors or employers for -- in my
service have written me they're sorry when I say I
got certain exposures. For example, the Nevada
atomic bomb tests in the early forties, the
laboratory director had mentioned that they're sorry
they did not keep exposure records back when I was
there. Now since I don't have the data to prove

that I got a multi-decade of rad radiation exposure⁵⁸
I had a dosimeter on and I remember -- and there's a
friend of mine living over on the west side in
Washington who was with me when that happened. Now
I'm serious about this. What do I do? Do I have to
get an attorney to sue the laboratory, the
University of California at Los Alamos? I wonder
what I might be required to do.

MR. ELLIOTT: What you're required to do is simply --
you've filed a claim evidently under the veterans
-- the atomic veterans --

MR. DODD: Right.

MR. ELLIOTT: -- program --

MR. DODD: Right.

MR. ELLIOTT: That's the one you mentioned earlier
about being --

MR. DODD: So why do we need more classes added to
that?

MR. ELLIOTT: We're not adding a class to that.
This compensation program is separate from the
atomic veterans. It covers all the Energy employees
that worked through the weapons complex. Maybe you
have coverage under that program, as well. If you
do, you should file a claim additionally --

MR. DODD: I was one --

MR. ELLIOTT: -- through that program.

MR. DODD: -- of the first who filed with the

Department of Labor here in Kennewick. It's been 59
about a year now. I haven't heard anything from
them. They writ and told me that it's in
Cincinnati, Ohio where they're setting up a program,
new models, mathematical models, to see if the kind
of cancer I had -- incidentally, you've named some
here tonight. I've never seen a list of kinds of
cancer that one must have. Could you tell me where
they are listed?

MR. ELLIOTT: They are listed on our web site. I
can tell you that it includes all cancer except
chronic lymphocytic leukemia, so any malignant
cancer --

MR. DODD: Those are ones it does not cover. I'm
asking you to say what kinds of cancer are covered.

MR. ELLIOTT: -- are covered. All cancers are
covered except chronic lymphocytic leukemia, so
cancer -- I'm sorry, for dose reconstructions.

MR. DODD: And is lung cancer for chronic smokers,
is that covered or not covered?

MR. ELLIOTT: Lung cancer --

MR. DODD: The original --

MR. ELLIOTT: Lung cancer is --

MR. DODD: The original law said no.

MR. ELLIOTT: Lung cancer is covered. If you are a
smoker, that is factored into your risk. If you're
a non-smoker, you don't have that risk associated

with the lung cancer.

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MR. DODD: Now when I worked for the Federal government directly, the Atomic Energy Commission at Idaho reactor test site in 1961, a prototype military reactor exploded, killed all three operators. I was in on the clean-up from that.

MR. ELLIOTT: SO-1.

MR. DODD: My employer, AEC Idaho, does not have a record of my exposure. The monitor with me refused to go up to the operating level. His instrument was off-scale. I had to go in to retrieve a dosimeter and now they tell me they have no record of that exposure. If that was added to my Nevada test site, I should have been retired -- or as the common expression is, I should have been put out to pasture and not have worked the last ten or 15 years of my career. And due to those exposures together, I'm sure that my early retirement due to failing eyesight is the effect of radiation. The law doesn't even mention that as a debilitating health condition, but anyone who doesn't know that radiation can affect the lens of the eye should not be in the business of evaluating health effects. It's one of the earliest known effects of radiation affecting the lens of the eye.

The Federal government even has radiation exposure limits for workers to keep their eyes protected from

radiation, so that proves that it's dangerous. So I
had to retire early and missed a lot of normal
income and virtually -- I'm in virtual poverty now
and I'm sure that nothing has happened in Cincinnati
on this dose reconstruction bit. Mr. Katz has
already told us that the program is improperly
staffed, so I just wonder why you're looking for
more classes. Maybe the class of '49 or '50 or
something like that?

MR. KATZ: Just to respond to that about what I
said, just to be clear. What I said is that we have
not had on board sufficient health physicists to be
doing -- keeping up with the volume of claims. But
what I expounded on was that we have to contract for
a lot of more help to do that and that we're at the
end of that process of contracting for more help.
So indeed, I am not saying that we will not be
competent. I'm saying exactly the opposite, that we
will have the resources to be able to deal with the
volume of claims that we are seeing here.

MR. DODD: I'm sure your excuse is budget, so nobody
gets what they think (inaudible).

MR. ELLIOTT: Yes, sir?

UNIDENTIFIED: My name's Daniel (inaudible) from
Benton City. I come here I guess under a
misconception 'cause I thought this was talking
about chemicals and radiation and all I'm hearing is

radiation. My question is, what's being done about⁶²
the cancer-causing chemicals that we have been
dealing with out there and that we're dealing with
daily? I know at least six people that are sick
from them now and all we're getting out there is the
runaround, so where does the cancer-causing
chemicals that we're dealing with fall into this
program, if at all? And is there a program that
they do fall into?

MR. ELLIOTT: There is an aspect of this program
that chemical exposure-related diseases fall under.

That's the state plan. So whatever your state
compensation plan covers in that regard, that's
where you would have to file a claim. We're here
tonight to talk about the Federal plan which covers
cancer. I'm sorry.

UNIDENTIFIED: There's a lot of chemicals that cause
cancer out there that we're --

MR. ELLIOTT: I understand that, sir.

UNIDENTIFIED: -- we're dealing with daily out
there. We're breathing the fumes of them. We're
coming in contact with them and they cause cancer.
That's a Federal site, that's not a damned state
site.

MR. ELLIOTT: I understand your point. Thank you.
Yes, ma'am?

MS. MILLER-COLLINS: My name is Barbara Miller-

hyphen-Collins and my husband, Alan G. Miller, a
Ph.D. chemist, graduated with his B.S. degree and
went to work out at Hanford as a young man and made
that his career until 1983 when he left
Westinghouse. And ultimately he established his own
business, Chem-Check Instruments. All the time he
was suffering with Hodgkin's disease. He built his
business, had two bone marrow transplants and all
the misery that goes with it. I'm humbled to listen
to the people. I'm not going to talk about that
anymore.

But the reason I want to get up here is 'cause I
want to go on record. I know a company manufactures
a trace uranium analyzer, and it's not looking at
radiation. It's looking at chemical toxicity, as
recognized by the EPA and the AESTM* methods, and
our uranium analyzer is in most of the DOE sites,
concern applied to clean-up of the waters and
drinking waters. And I just want to say that I
believe that it's in -- that this program should be
careful about just limiting this to radiation. I
want to go on record and say that chemical toxicity
of not only plutonium but americium, all of those
toxic chemicals that my husband has documented
research papers on, that he exposed himself to and I
believe that he ultimately became ill from that. He
died at 43.

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1 And when he died -- I don't mean to whine or
2 anything, but the company was so generous that they
3 made me take his \$5,000 retirement, and that just
4 sort of didn't sit too well. And now -- I thought
5 oh, wow, you know, I can't believe the generosity
6 and the good-heartedness of a move like this. And I
7 thought huh, I wonder why?

8 **MR. ELLIOTT:** Thank you. Yes, sir?

9 **MR. CHANDLER:** My name's Jim Chandler and I have one
10 of the covered cancers, and I filed a claim and my
11 files were sent to you people in March of this year.

12 And it says you're going to try to do a dose
13 reconstruction, and I'm wondering how you're going
14 to do that dose reconstruction when they weren't
15 exactly honest about our exposures out there.
16 Everybody that was on the elevator with me that
17 afternoon, our dosimeter -- they all went off-scale.

18 The howlers come on, control room operator ordered
19 us off the elevator. Yet when they checked our
20 TLD's, they told us we all got zero. We always got
21 200 to 300 on a normal job. When something went
22 wrong, we got zero. Makes no sense to me.

23 **MR. ELLIOTT:** That's why we think it's important to
24 have an interview with you and for you to tell us
25 about anybody else you think we should talk to to
26 find out about those things. Appreciate your
27 comment.

1 **MR. CHANDLER:** And I was wondering how much longer 65
before I hear about my dose reconstruction. You say
in here it could be a matter of weeks, but on an
extreme serious one, six months. And it's been five
months now on mine. I think mine's pretty simple.

2 **MR. ELLIOTT:** Well, we're not here to talk about
individual claims tonight. If you want to talk
later, I'll be -- I can meet you outside and we can
3 discuss your situation.

4 **MR. CHANDLER:** I just want to know how long do we
need to wait before we find out? This -- this says
I don't have to wait any longer. Where's the
5 answer?

6 **UNIDENTIFIED:** Don't hold your breath, fella.

7 **MR. ELLIOTT:** It says there -- I think you're
quoting from a -- you have my signature at the
bottom of that?

8 **MR. CHANDLER:** (Indicating)

9 **MR. ELLIOTT:** Oh, it's a Labor one. Maybe we don't
even have your claim yet.

10 **MR. CHANDLER:** It says you got my claim.

11 **MR. ELLIOTT:** That's why we need to talk to you
separately off-side. Yes, sir?

12 **MR. COOPER:** Good evening. My name's Richard
Cooper. I'd like to speak just for a minute before
I get into the -- your 42 83. I got this off your
web site on the 19th of July and it says that this
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page was updated on July 19th. And at that time you⁶⁶
had acknowledgement letters sent to 5,649 people.
That's probably the Labor Department that did that.

MR. ELLIOTT: No.

1 **MR. COOPER:** Was that you guys that did that? And
2 you had some dose information on 2,830 people, and
3 you had conducted phone interviews with 116 people
4 and you had done dose reconstructs on four people.
5 And I thought I heard you say seven now, so I don't
6 know when you -- how long it took you to get to
7 four, but July 19th, now if you've got three, that's
8 looking pretty good, you know. I mean you guys are
9 picking it up.

MR. ELLIOTT: We're not moving fast enough.

6 **MR. COOPER:** Really what I'm sort of curious about,
7 you talked about this -- this coming -- about
8 possibly around January, February or March of 2003
9 if everything goes well after this rule. Okay?

8 **MR. ELLIOTT:** Yes, sir. Yes, sir.

9 **MR. COOPER:** Now when this rule does become in
10 effect in 2003, January, February or March, and I
11 petition at that point in time, I'm not eligible to
12 petition at the moment, and which I would also like
13 to discuss if I can withdraw my claim and file a
petition because it's sort of a matter of timing.
And I'm not so sure but what -- how long will it
take from the time someone petitions, and if they're

successful from the initial petition, to the end? 67

Approximately how long a time frame?

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MR. KATZ: Well, again, that's going to depend on
your -- you said you were going to withdraw your
claim.

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MR. COOPER: No, excuse me. Excuse me. Forget that
for a minute.

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MR. KATZ: Okay.

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MR. COOPER: The question is, if a person petitions
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MR. KATZ: I understand.

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MR. COOPER: -- in January, February or March, once
this becomes enacted --

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MR. KATZ: Yes, sir.

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MR. COOPER: -- from the time -- and they have good
information --

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MR. KATZ: Yes, sir.

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MR. COOPER: -- there's no glitches, fast-track it,
how long before -- we know we got the 180 days at
the end. We know Congress can reverse that. If
Congress doesn't and runs the 180 days, how long?

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MR. KATZ: Right, that's what I understand, and the
reason -- what I was going to say to you, sir, was
that if it were a person who had already attempted
to get a dose reconstruction, it's one thing. If
it's a person who has not attempted to get a dose
12 reconstruction, it's another thing. If you'd
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1 attempted to get a dose reconstruction, at that
2 point we would already know that the records are
3 inadequate to do dose reconstruction. So you
4 remember I said there were two sort of criteria that
5 Congress gave us that we have to satisfy to add a
6 class to the cohort, and you would have already
7 satisfied that first criterion about we can't do
8 dose reconstruction. What we will be doing from
9 that point forward then is simply finding out how
10 many other individuals are in your shoes, how many
11 other individuals can't we do dose reconstruction
12 for, which is a lot simpler than finding out the
13 first issue, that is simply can't do a dose
reconstruction, and secondly, that that could have
endangered their health.

So how much time that could take, it could take --
depending on how much research we dredged up when we
attempted to do the dose reconstruction that we
failed at, I mean it could take weeks. It could
take a month.

UNIDENTIFIED: Nine months.

MR. KATZ: It could take -- it could take -- okay,
it could take nine months. I don't think in that
circumstance it would take nine months because we
already know we can't do dose reconstructions. You
know, the things that are going to eat some time in
this process beyond that -- 'cause our analytic

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process in effect, it's all about seeing who else is
in your shoes and whether the dose was -- could have
been high enough. But that could be taken care of
quickly. So the rest of the work is simply getting
this before the Advisory Board that I told you
about, getting the Advisory Board's advice to the
Secretary of Health and Human Services and getting
the Secretary of Health and Human Services to
recommend a decision. And if it's an affirmative
decision, of course there's no 30-day wait for
contest 'cause no one's contesting it.

MR. COOPER: No one would contest it.

MR. KATZ: So you have an answer and then you have
the 180 days. So it could take -- at a -- you know,
it depends on when the Board is meeting and so on,
but it could take months, it could take two months,
it could take one month, it could take six months, I
really can't answer you.

MR. COOPER: Okay, that's good enough. You know,
you've rattled on that a little while.

MR. KATZ: I'm sorry.

MR. COOPER: Now let me take you to a little -- get
a little more specific here. I'm looking for a
denial then. I'm looking for someone that's been
denied, and as soon as that person is denied, then
three-fourths of the work's done. Correct?

MR. KATZ: That's correct.

MR. COOPER: That's correct, so then we can move 70
forward faster.

MR. KATZ: That's correct.

1 **MR. COOPER:** Now most of the workers out here have
worked at more than one facility, so you could --
2 and in fact I believe if you worked at N* Reactor,
you could petition. If someone who worked at N
3 Reactor had dose reconstruct, they could petition
for a class of people that worked at N Reactor to be
4 inclusive for that. Only you could just class the
petition of all of Hanford or it could break down
5 into individual facilities throughout the place. So
the sooner a few denials comes in, the quicker that
6 the process can move along for the cohort law. Is
that correct?

7 **MR. KATZ:** That's completely correct. And just the
one issue to understand there is that -- well, you
8 could petition for all of Hanford, absolutely true.

9 But it may not be true that the record
availability's the same for everyone at Hanford.
10 Because in effect you're saying that there aren't
good enough records and information from the co-
workers and workers and so on to do a dose
11 reconstruction on anybody at Hanford, and that may
not be true.

12 **MR. COOPER:** That may not be true, but N Reactor may
be true, for example, with the neutron radiation and

stuff and you might go down that path. You might go
down multiple paths. The union, for example, might
-- might assume multiple paths to go down and be
successful on one path and then later get engulfed
by a larger -- by a larger group. Okay? And you
know, so it's looking across on this, of --

MR. KATZ: That's exactly right.

MR. COOPER: -- covering this right on down to, you
know, get it to happen.

MR. KATZ: That's exactly right.

MR. COOPER: Okay. I think that's about all I got
on that.

MR. KATZ: Thank you for the question.

MR. ELLIOTT: Yes, sir?

MR. CONAN: Joe Conan, instrument tech, been out to
Hanford for 17 years. I got one question is Federal
government's been doing campaigns about cigarette
smoke's got 1,001 -- or 101 chemicals, and they
spend money and they sue tobacco companies, but to
NIOSH standards in that, second-hand smoke is below
your standards anyway. There ain't nothing above
that would put anybody in jeopardy. But then where
we're working out there at tank pumps, you'd have
1,001 different chemicals that is above standards.
And why is the government's dragging its legs on
getting these people -- why do they even have to
worry about a dose rate? If second-hand smoke's

below the average, why do they have to worry about 72
dose rates? They worked out there at Hanford.

They're sick. Why ain't they getting the job done?

These people worked out there.

1 And then another thing is, with the stuff out there,
2 you have chemicals, you got Kingsford* and that's
3 very toxic that a lot of people's been exposed to
4 that. They didn't have MSDS's at the time. That
5 was a red oil. If you smelled it, you was over-
6 exposed to it, .1. Then you had asbestos in your
7 boots out there, in your high-back systems that was
8 ragged, so if you were in a building, you guys got
9 exposed to asbestos. And we all know we've been
10 exposed to radiation.

11 Now for some of these people who are sick right now,
12 I see that we're rebuilding some country to bomb
13 this quicker than what you're getting these guys
14 money. And I ain't blaming you guys, but somebody
15 needs to start helping these people out. Thank you.

MR. ELLIOTT: Thank you for your comments.

(Applause)

MR. ELLIOTT: Yes, sir?

10 **MR. STALEY:** Well, I don't have -- my name's Ken
11 "Steamboat" Staley. I looked around the room and
12 I've seen quite a few people here that recognize my
13 fat body. I've worked out there at this project
14 since 1946. I have worked in every one of their 100

1 areas. I worked in the P-10 project at 108-B in
2 1952. They have burned stuff off of me, cancer-
3 related, before the sun come up and got some. My
4 question is this. This highly radioactive 108-B
5 area where the P-10 project spread this stuff across
6 the river to the down-winders.

7 1953 I had a daughter born, after I had worked there
8 in this contaminated sweet ol' base. She's been in
9 a wheelchair with MS over 26 years, born the next
10 year, nine months.

11 One of her close girlfriends born the same time with
12 MS is buried. This gentleman right here and I have
13 attended every meeting from time one. There's
14 nobody -- nobody can tell you what has happened to
15 that or if it did happen from that, and I'm sure you
16 two standing there can't tell me, either. But
17 somewhere along the line these people out here have
18 worked in this contaminated stuff, and why have --
19 it's been two to three years for them to even be
20 compensated to get something done? You can't
21 answer, but that's why both of you are here, to try
22 and fool us.

23 You can't even get through to our Congress people
24 because they'll have someone else talk it and they
25 miss you. So the only way to do it is to go right
26 to the head, but that don't work either 'cause
27 there's too many people a-guarding them. Thank you.

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MR. ELLIOTT: Thank you.

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UNIDENTIFIED: Hey, Steamboat!

(Applause)

MR. ELLIOTT: Yes, sir?

1 **MR. SHAWTELL:** I'm Charlie Shawtell and I've worked
2 out there at Hanford -- I just -- 35 years. And oh,
3 in between -- sometimes I might not have been there,
4 basically when I was in the Army. But anyhow, I've
5 got my dosimeter records from the Department of
6 Energy and it's about like a Sears Robuck catalog,
7 that thick, for 35 years.

8 But anyhow, there's -- the time that I've worked out
9 there, six different times I've been involved with
10 people that's made mistakes and have got a lifetime
11 dose of radiation. And it never showed on my
12 dosimeter thing at all. But it wasn't me so it
13 didn't show on it. And this dosimeter badge that
they have that they talk about will not tell you how
much radiation that you took. And at N Reactor I
know I had hundreds of guys working on the valves in
the N Reactor and their dosimeter badge they had was
up here on their shoulder, and their radiation they
were taking was in their -- down in their stomach
and someplace other than up on their badge. So I
requested a hearing for my part of it, but it looks
to me like they're not going to -- not going to
allow it. But I guess they have it up at --

someplace up here in the college where -- up between ⁷⁵
here and Seattle, what is it, the college up there?

1 Anyhow, I would like to have a hearing on this
particular thing because there's a lot of people
2 that -- that are going to get turned down because of
the cancer because of the fact that they had it
3 after they retired. And if they don't -- that's the
reason I'd like to have hearing, so we could bring
those things to light.

4 And if we have to, I'll get my doctor to come along
and -- and another thing is, I may have to give you
5 the bill for the doctor, but still at the same time,
I think that this dosimeter badge, everybody's
6 putting their hats on that thing and saying well,
this is if you didn't have this, well, you didn't
7 have any. But that's not the case, not the case at
all. So I'd like to have a hearing so we could
8 bring that to light in front of this NOASH (sic) or
whatever they're going to.

9 **MR. ELLIOTT:** Thank you for your comment.

10 **MR. SHAWTELL:** You bet.

11 **MR. ELLIOTT:** Yes, ma'am?

12 **MS. STROUP:** Yes, my name is Cheryl Stroup and I've
worked here on the Hanford site for 23 years and I
13 had a question on -- is this form just for
radiation-induced cancers or can it be for
radiation-induced other diseases?

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MR. ELLIOTT: No, it's only -- this program only 76 covers radiation-induced cancers. It also covers beryllium disease and silicosis, so any -- any other diseases that you might be concerned with, chemical exposures, that has to be dealt with under the state compensation program.

MS. STROUP: Is the state compensation program also for radiation exposure-induced --

MR. ELLIOTT: I can't --

MS. STROUP: -- diseases?

MR. ELLIOTT: -- answer that question. You're --

MR. KATZ: Let me just -- this has come up so many times, let me just explain -- I'm not from the Department of Energy, but I understand a lot about the program that they're setting up and this answers a lot of questions that have been raised here about chemical-related exposures that result in cancer or other outcomes or non-cancer-related health outcomes related to radiation exposure. We've heard a number of these tonight.

And the Department of Energy, under this same law -- when Larry talks about the state program, what is he -- what he's talking about is the Department of Energy, because of how they performed over the years with respect to state workers compensation claims, they're required under this law to set up a new program that didn't exist before and it isn't

operating yet, but they're getting it operating now⁷⁻⁷

They're just finally getting approval now for a final rule so that they can proceed with this. But this is a program where they're going to have an independent panel of physicians that are going to look at -- they're going to look at your claim with respect to that you were exposed to either radiation or any kind of a toxic exposure -- and it doesn't have to be radiation and it can be a mixture of all these things, and of course many of you have had a mixture of exposures. But this physician panel, if you have an illness as a result of that, will look at the illness, look at the things that you were exposed to, all the things that you were exposed to and make a determination as to whether it is -- it could have contributed to your illness, contributed or caused your illness. And this -- then this physician panel, if it makes its determination, it is going to provide this determination to the state workers compensation program in your state, which will be of assistance because its finding then would be that your illness was related to your exposure -- toxic exposures, radiation, both, all the above. It could be -- which will help you get over the hurdle of getting state workers compensation, whereas in the past many of you have had no luck getting state workers compensation for illnesses related to your

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toxic exposure. So this is a new program. It's getting set up now and it's going -- and it was intended to address these non-radiogenic cancers.

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MS. STROUP: Thank you. I believe we do have that here in Washington because my claim is supposedly going to be reviewed under that, but I just wanted to make sure.

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MR. ELLIOTT: If you -- you should file a claim under both programs.

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MS. STROUP: This one?

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MR. ELLIOTT: The Federal program -- if you have cancer, you should file a claim under both programs.

Yes, ma'am?

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UNIDENTIFIED: I'm here representing my mom, who I believe is case number 538 --

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MR. ELLIOTT: Could I have your name, please?

UNIDENTIFIED: My mother's name is Anna Blair.

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MR. ELLIOTT: Your name.

UNIDENTIFIED: You told me before I didn't have to give it.

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MR. ELLIOTT: Okay, you don't have to give it. We won't have your name on the record, but --

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UNIDENTIFIED: That's just fine by me. Okay. Now I'm possibly, to everybody in here, going to sound just like a raving lunatic, and I apologize ahead of time for that because I have quite a few varied items and they don't look maybe as if they're going

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to come together, but if you think on it, pay 79
attention, maybe you're going to see that it's got a
little bit of a kind of a web and it does come -- to
congeal together. Okay?

1 I worked since '63 and I was out at GE, and then I
2 was for Douglas United Nuclear where my father
3 worked. My dad has been gone now for five years.
4 For 19 years and a half, he changed a bag every
5 three days. There was no more erection, and I don't
6 think Viagra could have corrected it because he had
7 a kind of a cancer that caused him to have a new
8 hole have to be built so that he could have his
9 urinary stuff. I'm supposing that this kind of
10 cancer, bladder cancer, is not covered on --

6 **MR. ELLIOTT:** No, it is covered.

7 **UNIDENTIFIED:** It is? Well, this one didn't kill
8 him. He lived 19 and a half years. He also had his
9 mouth cut on. He had his nose cut on. He had lots
10 of sores and stuff that were cut off on his head.
11 Now he got mesalithelioma (sic). Is that covered?

9 **MR. ELLIOTT:** Mesothelioma is generally caused by
10 asbestos.

10 **UNIDENTIFIED:** Yes, and I believe it was this
11 wonderful young man, Bud Leach, in here who spoke
12 about asbestos. And my father, in the early years -
13 - before he went to 105 N Reactor control room --
was sweeping asbestos up with a broom in the other

reactors, D, B, et cetera.

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1 Now, my own experience. This is a real aside, but
2 try to pay attention. I had a little bit of extra
3 help on filling out my secret documents, and it
4 seemed -- according to my manager back then -- that
5 the numbers that I had accumulated for the entire
6 month were a little bit higher than what some of the
7 other 184 stack emissions counted up to, so to be in
8 the competitive mode, he changed the numbers to
9 lower. What went up the stack, might I ask you, and
10 where did it go? I don't know, I was only 19.

11 The next thing, 1969 about, I worked at 313 building
12 in 300 area and the men enjoyed watching my legs
13 very much, and in the sixties we women -- a lot of
14 us, at least I did -- wore very short skirts. And
15 by noon hour one day, my nylons had dissolved off of
16 my legs. Now what was in the air that day, and did
17 it bother anybody? I don't know.

18 I had -- I got chronic fatigue syndrome in 1991. My
19 younger sister of a year got it five years ahead of
20 me. I'm sure that's not covered. But I've got two
21 aunts, one was 108 and one was 106, and I'm still a
22 bit of a pistol. And I was in bed for three years --
23 '91, '92 and '93 -- and I'm sure that some of that
24 DNA from those pistols is what's kept me kind of
25 going.

26 Now I wanted to say about the asbestos that that's a

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problem, and that is what killed my dad because that⁸¹
one cannot be treated any way at all. I wanted to
say that there were 50-year-old -- I'm 59 now, but
at 50 I lost several of the men that I went to
school with in Benton City. And they have been
putting their arms into solvents, and this is a
chemical issue, out at this project of ours, and
they're gone. And the one had varices, which means
he could have a little break in a blood vein
anywhere, anytime and just try to get something
caught like your throat starts to bleed or your
kidney starts to leak, and try to save a life from a
poor thing like that.

Now I've got an attitude, and I apologize for my
attitude. Okay? Because I know that an awful lot
of you people really need some of that money, and
this is a big carrot being waved in front of you.
And I got an attitude that because lots of records
can get altered 30-some years ago, that records can
still get altered. And I also have a bad attitude
because I don't have as much energy as I used to
have and my mom is pursuing this thing and she's
using up the precious energy that I have by having
me help her with this. And I don't appreciate
something that looks like now it's going to be a
whole bunch more paperwork to go and put it into
something called a class, which I totally don't

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understand. I'm not on the web. I don't intend to⁸²
get on the web, and I certainly am telling everybody
here that I believe that this is another experiment.
And the reason I want to say an experiment, also to
try to say that you're all guinea pigs and that
you're just turning all the information in they ask
for is because of thalidomide. And now you call all
call me lunatics if you please, but in '61 I was
pregnant with my son and I was vomiting for seven
months out of nine, morning, noon and night and I
was sick. And they offered me thalidomide and I
didn't take it, and the next year a whole bunch of
women in the United States gave birth to children
without arms and legs. They had feet coming out of
the torso and fingers and hands coming out of the
shoulder.

And after our young men and women went to the Gulf
War, here comes the Gulf Syndrome, and I'm familiar
enough with it because of my chronic fatigue
syndrome studies and I was involved in a lot of
information, being a support group leader at the
neurological center for 22 months for the tri-
cities. And all of a sudden, out of this Gulf War
we have this thing called Gulf War Syndrome. And
when some of these young men and women came back and
had children, they have had children that don't have
arms and legs.

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And may I top it off by saying I have a Funk & Wagnall dated something like 1954 and it says in 1888 they knew how bad asbestos was. Why was my dad still pushing a broom?

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MR. ELLIOTT: Thank you.

(Applause)

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MS. JOHNSON: I'm Fiora Johnson and I'm talking on behalf of John Gress. I don't know what year it was, but anyway, he worked out in the area and they took his boots away from him because they were so full of radiation, but it was never put down on record. Why?

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MR. ELLIOTT: I can't answer that question for you.

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MS. JOHNSON: He comes home in his stocking feet, and that -- to me, that should have been put on record because when we got all the information, absolutely nothing. And he's filled out all these papers and all this other garbage -- which I think is garbage.

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MR. ELLIOTT: Thank you for your comment. Yes, sir?

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MR. DAVID: My name's John David. I'm a sheet metal worker, and one of the gentlemen that got up here earlier, he talked about his father being exposed to plutonium and he offered you that -- to prove that he would allow somebody to exhume his father. So I guess that and all these other comments that we've heard here tonight are really going to I'm sure

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solidify the seriousness of this.

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1 Now you are from NIOSH and this study is conducted
2 with the Department of Labor and the Department of
3 Energy, so I'd suggest to you in the future when you
4 come here, you bring those folks so that you can't
5 say hey, it's the Department of Labor and they can't
6 say hey, it's NIOSH, and NIOSH can't say hey, it's
7 the Department of Energy.

8 **MR. ELLIOTT:** We have the Department of Labor here
9 tonight. The Department of Energy was invited.

10 **MR. DAVID:** Okay. They're not speaking, but thank
11 you for including that.

12 Now this lady that spoke to me previously, you're
13 talking to a lot of people here that are not
14 necessarily involved in the information age, so what
15 I'm suggesting to you is -- and I applaud you for
16 the fact that, one, you're saying you can e-mail me,
17 and two, you can look on my web site -- but you have
18 to get this information to people and make it
19 accessible to them in a medium or a method that they
20 can understand --

21 **UNIDENTIFIED:** Yeah.

22 **MR. DAVID:** -- so you're going to have to get in
23 your nog* and you're going to have to call people.
24 And when they put paperwork in to you and they send
25 this in, they have to be able to get some
26 information back from you and not get this continual

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circle of these other entities.

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1 Now if I was you and I was trying to get information
2 to people that were of the age of these people, I'd
3 be putting something on Kona* radio station. You
4 don't live here, but that's what that's called. I'd
5 be putting some information in the senior section of
6 the newspaper. I'd be calling those people up and
7 I'd be telling them that their claim went from the
8 office over here on Kellogg Street to NIOSH and now
9 it's at the Department of Labor. And I would be
10 sending them something in a letter form, because
11 that's the only way you're going to get to them
12 information-wise. And if you don't do that, you're
13 blowing smoke up their ass.

UNIDENTIFIED: Right.

UNIDENTIFIED: Amen.

MR. DAVID: Okay?

UNIDENTIFIED: Right.

MR. ELLIOTT: We are doing that.

MR. DAVID: Okay. Well, the last thing I'd like to
say is, one, I'd like to thank you for coming here.

But two, until you can actually show these people
that something is going to happen from their
efforts, you are going to be included in one
government program after another that is absolute
and total bullshit. Okay?

Now these people don't want anymore bullshit. They

want an answer.

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Now I'd like to thank you for the fact that you said that you're subcontracting this ability to be able to discern this information and get them an answer.

1 But somehow or another, you have to do something to help these people so that this doesn't go down as
2 another situation that is another program -- that
3 guy said he got started in 1990. Now I'm guessing
4 that he never got any compensation out of it. Now
5 that's not your program and I'll give you that. But
6 what is it that we can do to help you, 'cause you
say you have no staffing -- right? Now you say you
have a subcontractor. Okay? How is it we can help
you get this information so that these people can be
helped?

UNIDENTIFIED: That's right.

7 **MR. DAVID:** Now that's what we want you to also tell
8 us. As part of your closing comments, would you
please tell those -- these people that?

9 **MR. ELLIOTT:** Thank you.

MR. DAVID: Thank you.

10 **MR. ELLIOTT:** Thank you for your comments. Yes,
ma'am? And we're going to --

(Applause)

11 **MR. ELLIOTT:** -- conclude with these two ladies
right here.

12 **MS. ERICSON-MURPHY:** My name is Marie Ericson-Murphy

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and my father -- I'm a survivor -- who hauled
uranium in the forties. And I also came to speak to
a friend who wouldn't even come down here. He said
you're just wasting your time. His name was Reuben
Sheifley and he worked from '47 on into the fifties,
and when he was on the job his thyroid blew up. He
got into something he shouldn't have got into and
the nurse on the site said you have to have that
checked. And the next two or three days they
removed his thyroid. Then he went to labor and
industries because he had six children, needed some
help. He never got any help from labor and
industries. That was in the forties and the
fifties.

Well, anyway, now he has cancer and he should have
passed away seven years ago, but because of good
diet and prayer and everything, he's still here. So
as I say, I certainly appreciate you guys being here
and if I can help in any way to help this situation,
please ask me.

MR. ELLIOTT: Thank -- thank you very much. Okay,
this gentleman over here. We're going to have to
wind this up, so if you'd be brief.

MR. CARTER: My name is Roy Carter. I've forgot my
number. I am one of 92 people that have made it to
the reconstruction -- go to their list. I have not
made it through that. My original question was, how

do I help you get more people in the HP's or
whatever they want to be called today so that they
can hurry up the program so before I croak I -- my
wife gets some money? How do we do this?

1 **MR. ELLIOTT:** I appreciate that offer, and I assure
2 you, we're working as diligently and as hard as we
3 can to put this contract in place. I think in the
4 next six weeks we'll see that contract awarded and
5 then we're going to see a big turnaround in how many
6 dose reconstructions are done over the next few
7 months. And I appreciate you -- for your offer.

MR. CARTER: For the record --

5 **MR. ELLIOTT:** Have you had your interview yet?

MR. CARTER: Oh, yeah.

6 **MR. ELLIOTT:** Okay.

MR. CARTER: I'm up the --

7 **MR. ELLIOTT:** You're close.

8 **MR. CARTER:** I'm close. But for the record, there's
9 a whole bunch of people in here I recognize, which
10 is scary. We're all -- I don't know, I've got 20-
11 something years or whatever. We're all in a lot of
12 trouble. I've gone through -- I had to take my
13 401(k) out and ate that. For the people that are
listening to the tape on this, you guys try to live
without -- without any money for a while, and you
ought to cut the red tape. It's already been
straightened out through the Congress, and yet

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unfortunately there's a lot of middle men. We all 89
know -- all of us sitting in here know that hey,
it's another government project. Which if you work
for the government for a long time, you realize
you're had. We're just sitting around here because
we're curious. What has happened in the last couple
of years? The official statement was it was a year
ago. We knew about it a year before that. We even
knew about the Cold War Act.

But bottom line is, we're all dying off, and we
can't wait. And so whoever "they" are, which we've
gone through a lot of classes on who "they" are, you
guys have a good time, but hurry up 'cause we're
running out of time.

UNIDENTIFIED: Right.

MR. CARTER: And I appreciate it.

MR. ELLIOTT: Thank you, sir.

(Applause)

MR. ELLIOTT: Ma'am?

MS. ALECK: My name's Beatrice Aleck and I'm from
the Wanapum* Tribe. I come to -- I get nervous
talking when it comes to things like this. My
mother was born here by the White Bluffs area in
1936 and she was exposed apparently to cancer in the
thyroid. She was diagnosed November 3rd, 1998 and
she died January 3rd, 1999. And she's been with
this coalition with Hanford and she was afraid to

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speak because she didn't talk very good English.
She was a full-blooded Wanapum Indian and I'm sure a
lot of the tri-cities people are aware of the
Wanapum Tribe and she told me when I was -- first
moved home here, 'cause I just recently moved home
here in probably 1994. I grew up here as a child
from 1957 to 1963 and then my father relocated me to
the Yakima Reservation. But my mother, she had
dreams about this sickness that was coming to this
mother earth, we call mother earth, and her elders
was trying to teach that and it was just like the
chickenpox and stuff like that and then they found a
cure for that and she says well, some day you're
going to get really sick and nobody's going to cure
you or bring you back. And the only one that's
going to suffer is the ones that are left behind.
And I understand now what she means. No money and
no study and no disease is going to bring these
people back. And I had to learn this five years ago
-- probably seven years ago in 1996 when this
research was starting. My mother said that I don't
want you to work at Hanford. I don't care how much
protection they give to you and tell you that you're
exposed, and then a year or two later they send me a
letter with your emblem that you may be exposed to
asbestos. And I says well -- and I know I had a
poor attitude back then about it, that we're all

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going to go sometimes, and I watched my mother die.⁹¹

And I can see all these people dying. And I hope and pray that this coalition will, you know, get on its feet because you're running out of time. And that's all I have to share tonight on behalf of my mother.

(Applause)

MR. ELLIOTT: Thank you. Ma'am?

MS. JANKEY: I'm Elizabeth Jankey. My father worked out in the area in the late forties into the fifties. He died of stomach cancer in 1958, leaving seven children and a wife. I was two years old at the time. We've had our claim in for one year and I don't think we're up to the dose -- dose recommendation yet -- or reconstruction yet.

But I do have a question about the petition. First of all, I'd like to refer to your overhead about how -- or will your petition be evaluated, and it says it will receive a full evaluation by NIOSH, the Board and HHS. Who is the Board?

MR. KATZ: I'm sorry, that was the Advisory Board on Radiation and Worker Health, which is this group I discussed earlier that's appointed by the President and it includes representatives of workers. It includes scientists and it includes physicians and they advise HHS on its various activities, including which classes to add to the Special Exposure Cohort.

MS. JANKEY: And is this a nationwide Board?

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MR. KATZ: So it's a national -- right, it's a national Board appointed by the President.

MS. JANKEY: Okay. And the comment that I want to make for the record is that we've jumped through all the hoops that we were supposed to jump through. We've sent lots of paperwork and made lots of copies of lots of things. It was 1958. We were babies. We know nothing. And if -- and I believe it is true that some things maybe got swept under the carpet.

I am a little concerned that I have to file a petition when, in my opinion, if you cannot reconstruct the dose that you should pass that on --

UNIDENTIFIED: Yeah, uh-huh.

MS. JANKEY: -- and say this is one that we can't do by trying to get the dose information. It goes right here in this class. Why -- I don't understand why I have to fill out more paperwork to plead with you for this -- you know, more magic from the Federal government.

MR. KATZ: Just in terms of paperwork, there's really nothing to it. What you're doing is just giving a thumbs-up that you would like to petition on behalf of a class.

MS. JANKEY: But I think I've already said, by filing this paperwork, that I want the claim to go forward. And for the record, I'm not understanding

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why I have to put -- do anything else as far as 93
affirming that --

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MR. KATZ: Right, and let me just explain why that's
in there is because the law -- Congress required
that there be a petition on behalf of a class, by a
class, to consider a group to be added to the
Special Exposure Cohort. So it's just a legal
formality, but it was one established by Congress we
have to live with. It shouldn't burden you because
-- because in effect all you're doing is checking a
box saying I want this petition on behalf of the
class.

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MS. JANKEY: And you're going to send me the paper
that has the box on it?

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MR. KATZ: That's correct. That's exactly right.
We will send you the paper. Or if you do use the
web, you can do it without even seeing a piece of
paper, but -- either way. You're giving us a
thumbs-up basically to go forward with that class.

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MR. ELLIOTT: Thank you. We're going to try to
conclude shortly, so just try to keep your comments
brief.

MR. BELL: Certainly. I'm Norman Bell, Jr. and I'm
here on behalf of my father, Norman Bell, Sr., and
my mother, his wife, who (inaudible) in 1988. We --
I think that I -- Jankey, I think her name was,
asked some of the same questions I had. I sent my

1 first letter on June 22, 2001, the complete packet, 94
2 all the dose records that we had that my mother had
3 given to me over the years. I recall the days when
4 they picked up the urine from the front porch, the
5 bottles that (inaudible) here since '44. There was
6 acknowledgement that they received it and then an
7 acknowledgement that it was turned over to you, and
8 then I haven't heard anything since.

9 I have a couple of questions. One is has there been
10 any compensation yet to anyone?

11 **MR. ELLIOTT:** I can't speak on a site-specific
12 basis, but there's been about \$300 million awarded
13 in compensation across -- for employees across the
14 weapons complex. I don't know if --

15 **MR. BELL:** You don't know if there's been anyone in
16 the Hanford atomics works has been --

17 **MR. ELLIOTT:** I don't know that number (inaudible)
18 will have to give you that information.

19 **MR. BELL:** (Inaudible) the number, do you know if
20 there's been anyone?

21 **UNIDENTIFIED:** (Inaudible)

22 **MR. BELL:** Well, okay, so we don't know for sure on
23 the record whether there's been anyone at Hanford.
24 Is that correct?

25 **MR. ELLIOTT:** I can't give you that information.
26 (Inaudible) Department of Labor's responsibility
27 (inaudible).

MR. BELL: Well, it sounds like I need to just get 95
on the web and check a box. I was under the
impression --

MR. ELLIOTT: You can call us (inaudible).

1 **MR. BELL:** (Inaudible) the cohort since you have
2 pretty complete records since 1944 to 1978, and then
3 a couple of years after retirement. I don't know
4 what else you need. I guess I'll just check a box.

MR. ELLIOTT: We'll have an interview (inaudible).

MR. BELL: Okay. But one other question. How -- I
haven't heard whether (inaudible).

MR. ELLIOTT: You have a letter from me that says we
5 received the claim. And did that letter also tell
6 you what the next step in the process is, that we
7 request (inaudible) beyond what you supplied in your
8 claim -- from the Department of Energy. We review
9 (inaudible) --

MR. BELL: (Inaudible)

8 **MR. ELLIOTT:** -- that we needed from DOE to fill in
9 (inaudible). I'm assuming that that's the stage
10 your claim (inaudible). Once we get that back -- we
11 wait a certain period of time. If we don't believe
12 they're going to be responsive (inaudible) start
13 from that point on moving your claim forward.
Yes, ma'am?

MS. MORRELL: (Inaudible)

MS. LAIN: (Inaudible) The others had more

seniority. He wasn't exactly a new man. He might **96**
have got on about the time -- two or three years or
so later, you know, than they did. He went to work
in '54. And so he said to one of his friends, he
said -- he knew that he was going to lose his job.
Well, his friend said yes, you're going to lose your
job if you don't study. And my husband thought that
over. Well, he wasn't wanting to study, you know,
at his age. What's more, that man told him you'll
have to study. Well, to say it just before I
forget, that man died of cancer, I think it was.
Well, my husband got a job out there, being a
reactor operator, and he didn't tell us he had other
jobs to do. I never found that out until -- well, I
guess after he died. I called one of his friends
and he was the one that told me your husband had
other jobs to do besides running that reactor --
reactor operator. He was one of the top ones. They
had his -- great big picture of him in the paper out
on the job, how well everybody was doing, and that
was the first I knew about he had the other jobs is
when the man told me he does other jobs. And there
were other things --
Oh, yes, and he had cancer of the bladder and he
wanted to retire, and he knew that -- well, who's
going to hire a man that had disabilities. Of
course Congress or somebody passed that you've got

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to hire those guys and so he had to get back to work. He even tried to get disability. They said no, you can't have disability, so he had to go back to work.

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Well, he wasn't supposed to get in polluted places and so on. He wasn't supposed to have radiation, but he got it. They assigned him to work and what they told him to do, that's what he did. I never knew all that. I found all that kind of stuff out later. Very little did he say. Right at the very last he didn't mind speaking up, and somebody upset some polluted water and the boss -- I don't know who he was -- just -- he chewed him out for spilling that water. And I don't know what my husband said, but anyway, he said something about he didn't do that and somebody behind said he did it. I guess he wanted to keep him from arguing. My husband didn't mind speaking out being that he was going to retire pretty quick.

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And they still had him working after he didn't study. He was supposed to study every two years to keep your job at what he was doing, and he said well, I didn't take the test. I don't care, they told him, you get back to work. He was going to visit with everybody being as he was retiring in just a couple of days, so he got to -- he got to work some more. He didn't mind, I don't think.

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And he didn't even attend his own retirement party.98

He planned the party and then he didn't stay.

Well, I guess I've told it all except, like I said, I didn't know anything about what he was doing until after he retired, but -- in '82.

MR. ELLIOTT: Thank you. Appreciate those comments.

We recognize that there's been a culture here of not (inaudible).

MS. LAIN: He had the strength and energy and all that to work overtime and all that after his cancer operation the first time. He had cancer the second time, too, but he didn't get the second cancer until -- well, he didn't know about it yet -- '96 or somewhere there. He died in '97.

MR. ELLIOTT: Thank you, ma'am.

MS. LAIN: And it was -- well, I don't know what it was.

MR. ELLIOTT: Yes, sir?

MR. CALLAWAY: My name is Tim Callaway. I'm a second generation Hanford worker, and I've been pretty well blessed. I don't have any bad stories to tell right now, thank God. I do have a couple of concerns, though, that I'd like to testify in front of the -- in front of you guys. And I've read where the preamble to the rule states that if NIOSH can successfully reconstruct radiation dose -- doses of members of the class under the requirements of 42

CFR part 82, then the dose of the class members can⁹⁹

be estimated with sufficient accuracy for the

Department of Labor to adjudicate claims. Okay?

I have a concern with this and I can -- what I can

do is I can testify to one example that I've been

through out there. I didn't -- I forgot to tell you

that I've been out there since about 1988. I worked

for the -- at first for Battelle, worked for the

National Toxicology Program for a couple of years

and then I moved on to work for Westinghouse with

the Department of Energy as a nuclear chemical

operator for -- since '90 till present.

My testimony has to do with an experience that -- of

inaccurate dose reconstruction. Pretty much since

I've worked out there I've worked around transuranic

waste, mostly in barrels. When I -- like I say, I

started there in '90 and I worked with waste and

there was one particular project around the time

periods of 1994 through 1995 where I had to spend a

lot of time with some transuranic waste and I was in

close proximity to this waste for long periods of

time, I would say, for that -- you know, for that

period of a year.

At the time I only wore beta/gamma external

dosimetry. Okay? And what happened was that when I

got my dosimetry readings back, my readings were

unusually high. Okay? So our organization at the

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time did a little investigation and they came back¹⁰⁰
with -- what they told me was that I was getting
unusually high readings, according to the rest of my
class. I'm using my -- in my words right now, my
class being my organization that I worked with.

Okay?

Now they did a little investigation and they decided
that since I was only wearing beta/gamma dosimetry,
that what I should have been wearing -- kind of like
with the PFP operators wear -- I should have been
wearing -- I should have been wearing a combination
dosimetry, a neutron/beta/gamma PNAD -- personal
nuclear accident dosimetry, although it probably
wasn't that important. But still, you know, I
should have been wearing that. So after that
incident I started wearing -- this is not very far
back in the future, too, you've got to recollect.
After that I started wearing the whole PNAD. And so
this is just one example of how I have some -- I'm
skeptical of dose reconstruction.

Now one more -- one more thing and I'll -- I know
you -- we're all ready to go home. My experience
with the National Toxicology Program also has shown
me that there's -- as we all know that -- you know,
smoking, if we all -- and a lot of us probably have
smoked in this room -- that if you smoke and you're
exposed to radiation, it increases your risk of

1 cancer. Likewise, if you're exposed to chemicals 101
2 and you're exposed to radiation, it increases your -
3 - it probably increases your chance of cancer. My
4 experience with the National Toxicology Program has
5 been that hey, the combination effects of toxic
6 chemicals and radiation, it really intensifies the -
7 - or increases your chance of chemical exposure.
8 I've heard you briefly touch on the subject, but I
9 do have some major concerns that this is a new
10 program in the proposed legislation, but this is not
11 being addressed. I guess that's about it. Thank
12 you.

13 **MR. ELLIOTT:** Thank you. And yes, sir?

UNIDENTIFIED: Well, I don't know where to start. I
have beryllium, asbestos, cancer, and I've been
insulted and assaulted by all those who are supposed
to be representing me. I also have a broken back.
Now I have a very high pain threshold. I can stand
a hell of a lot of pain. But I am also proactive
and I try to mitigate the problem with the pain as
much as I can. I found that when the beryllium is
burning through your skin, you can take colostrum*
and knock the pain down and eventually it will close
up the lesions. I only have one little spot there
right now. Normally this whole back of my hand here
would be a good example.

Because I'm taking colostrum to kill the pain and

I've only got one positive beryllium test -- they go 102
for the test that shows that you have had a reaction
to it, and it's very obscure and it's a dumb test --
I could peel the skin off my hand right here and
1 peel out the membrane that's caused by the body
covering the beryllium and have that tested, I'm
2 sure -- somebody should be able to tell, put it in a
-- in something that burns it and tells you what it
3 is. I think that -- what do they call them, mass
spectrometer, something like that?

4 But the problem is, I don't like the pain and I have
taken the proactive -- 'cause I'm -- I couldn't wait
5 around for the government to come around and give me
help. You know how -- they don't ever give anybody
6 any help anyhow, I know that, but I have been
proactive and I'm being punished for it. I have all
7 these things in my body. And I -- I got a
wheelbarrow full of mail from -- I'm dealing with
8 ten different groups and they're threatening me.
Every time I turn around they're saying well, you
9 waited too long or this or that or the other.
They're not trying to help. You getting this? Now
10 what's your answer here?

11 **MR. ELLIOTT:** I can't answer your question, sir.

UNIDENTIFIED: No, you can't.

12 **MR. ELLIOTT:** You're talking about beryllium and I'm
not here to discuss beryllium tonight.

UNIDENTIFIED: Well, I've got -- I've got it all. 103
I've got cancer.

MR. ELLIOTT: Then you should file a claim.

UNIDENTIFIED: Well, nobody's told me I could file a
claim till tonight.

MR. ELLIOTT: Well, you have a resource center here
in town. I think you should visit that resource
center.

UNIDENTIFIED: But the people I'm dealing with -- I
mean they don't want to give anybody any help.

MR. ELLIOTT: I can't help you anything other than
that, other than direct you to the resource center.
They can help assist you in filing your claim.

Okay?

We're going to conclude over here with this
gentleman and then we're going to quit for the
night. Yes, sir?

MR. COLEMAN: Good evening. My name is Randy
Coleman, and I didn't realize how important it was
to come down here until I had to help a couple of
people fill out the paperwork for this. I'd like to
make a point that I've heard some discussion earlier
in the week from one individual said well, you know,
that really doesn't affect me because I worked at
Paducah so I don't have to go through what you folks
go through. It's a shame that all cohort records
are not being treated the same.

With regard to your dose reconstruction, you have a **104**

lot of confidence in how that's going to go and you -- you know in your mind it's going to work great.

Well, I've worked at Hanford since 1982 and I'm

confident that you could not accurately reconstruct

my dose. I think it was probably about '83 me and

another electrician were working on a project and

later that week they discovered that there was a

piece of equipment had an extremely high dose. They

pulled our dosimeters and they said no, it's okay.

Well, it's a coincidence that both of us during the

summertime were the only two on the crew that

experienced flu-like symptoms for about seven to ten

days. You know, we didn't feel very good about

that.

Also it was common to work in an area that had

equipment that had very high doses, a place called

Amsel*. Later on, in the late eighties, I found out

administrative (inaudible) confident in your dose

reconstruction, those things will not be brought up,

and I'm sure that other people are probably in the

same situation.

So when I listen to what you describe about dose

reconstruction, you're saying we can look where you

were at, we can see where you were at, see what type

of radiation was there. We can also take a look at

your work group and come up with some kind of

estimate and lack -- if we have a lack of records **105**
some kind of estimate as to what your dose is.

Well, that sounds like an average to me.

1 So that would kind of be like if the two of you were
to order a steak dinner medium well and one showed
2 up rare and one showed up burnt, you say hey, this
is not right. You send them back to the cook and
3 the cook brings them back, says you know, we -- we
reconstructed how we cooked them and that's on the
4 average. You're going to have to take these two
steaks. So that's -- I don't have the same
confidence with your reconstruction.

5 **MR. ELLIOTT:** I do. You'll just have to hold us
accountable and watch -- watch our work.

6 **UNIDENTIFIED:** Hold it. I want to answer your
7 question. I was the site and facility at large
coordinating chair. I am in the Special Exposure
8 Cohorts, every one of them, because I was around all
these workers and walked around with them while they
9 -- while they did their work. Okay? 'Cause you
said something while I was sitting down about that
10 that was just a maintenance group that you took the
survey on or something, whatever you said.

11 **MR. ELLIOTT:** You mentioned so many different things
in your account there, can you --

12 **UNIDENTIFIED:** Then it's up to you to listen. Okay.
Well, you know what? This is sitting on your

boss's -- your secretary's desk (inaudible).

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MR. ELLIOTT: Well, thank you.

UNIDENTIFIED: (Inaudible) so you can sit down.

Right?

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MR. ELLIOTT: Fine. Well, I appreciate everybody's

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patience and perseverance to sit through this all

night long, and we hope we've been somewhat

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informative and helpful to you. Please, if you have

any questions you didn't feel got answered tonight

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or you want to direct questions to us, you can give

us a call, you can go on line if you do have that

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ability. We have a 1-800 number. You don't have to

expend your money. We'll call you back. Just let

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us know through the 1-800 number that you need to

talk to us.

Thank you for your time.

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(Meeting concluded at 9:45 p.m.)

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C E R T I F I C A T E

STATE OF GEORGIA :

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COUNTY OF FULTON :

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I, Steven Ray Green, Certified Merit Court Reporter,
do hereby certify that I reported the above and
foregoing on the 7th day of August, 2002; and it is
a true and accurate transcript of the proceedings
captioned herein.

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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.

7

WITNESS my hand and official seal this the 15th day
of August, 2002.

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

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