



NIOSH Dose Reconstruction Project Review Meeting for the Idaho National Laboratory Site Profile

Meeting Date:

October 11, 2006, 9:00 a.m.

Meeting with:

Idaho Building and Construction Trades Council (BCTC), AFL-CIO, Pocatello, Idaho

Attendees:

Name	Organization
Willis Norton, Secretary-Treasurer	Idaho BCTC and International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers Local 732
Dan Obray	Medical Screening Program, Building Trades Department, AFL-CIO and International Union of Painters and Allied Trades of the United States and Canada (IUPAT) Local 764
Layne Gough	International Brotherhood of Teamsters (IBT) Local 983
Mike Schiess	Laborers International Union of North America (LIUNA) Local 155
Rod Fuger	United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada (UA) Local 648
Clay Atwood	International Union of Operating Engineers (IUOE) Local 370
Jerry Turner	International Association of Heat and Frost Insulators and Asbestos Workers (AWIU) Local 69
Brent Moore	Sheet Metal Workers International Association (SMWIA) Local 60
Robert Bodell	International Brotherhood of Electrical Workers (IBEW) Local 449
John Hoyrup	United Brotherhood of Carpenters and Joiners of America Local 808

Oak Ridge Associated Universities (ORAU) Team:

Daniel “Dan” Mantooh, Site Profile Team Leader

Susan Winslow, Senior Health Physicist

William “Bill” Murray, Worker Outreach Team Leader

Wilfrid “Buck” Cameron, Union Outreach Specialist

Mary Jo Zacchero, Senior Advisor

Mark Lewis, Union Outreach Specialist

Mary Elliott, Technical Writer

Proceedings:

Mr. Willis Norton, Secretary-Treasurer of the Idaho Building and Construction Trades Council (BCTC), opened the meeting at approximately 9:00 a.m. Mr. Norton introduced Wilfrid “Buck” Cameron, who is also affiliated with the Center to Protect Workers’ Rights (CPWR). CPWR is



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affiliated with the Building and Construction Trades Department, AFL-CIO, and is deeply involved in safety and health issues and programs for construction workers. The AFL-CIO Building and Construction Trades Department has a medical screening program for construction workers who were employed at these sites.

Mr. Cameron thanked the Council members for taking the time to meet with the Worker Outreach team from the Dose Reconstruction Project for the National Institute for Occupational Safety and Health (NIOSH). He explained that the team was present to discuss the Energy Employees Occupational Illness Compensation Program Act (EEOICPA). He stated that EEOICPA was passed in 2000 to provide compensation, and in some cases reimbursement of medical expenses, for workers who develop cancer or other illness as a result of exposure to radiation, toxic chemicals, beryllium, or silica related to employment at sites where nuclear weapons or energy research and development work was performed under contract with the U.S. Department of Energy (DOE). He explained that the NIOSH Dose Reconstruction Project is only involved in the radiation part of the program.

The Worker Outreach Team first met with the Idaho BCTC in April 2004 to discuss the Idaho National Laboratory (INL) Site Profile, a technical document that was prepared to support the radiation dose reconstruction effort for claimants who worked at INL. Mr. Cameron said that the Team had returned to discuss the current edition of the INL Site Profile, as well as to answer questions and hear comments about EEOICPA. The Team would also discuss the Argonne National Laboratory-West (ANL-W) Site Profile, which was completed after the April 2004 meeting. Many construction workers were employed at both sites during their careers.

Mr. Cameron stated that NIOSH dose reconstructions are performed only for those workers who file cancer claims for compensation under Part B of EEOICPA. To be eligible, a worker or former worker must have worked at a DOE nuclear facility and have become ill with cancer from radiation exposure related to his or her work there. Some survivors of deceased workers are also eligible to file claims. Because EEOICPA compensation is relative to the worker's radiation dose, there are many contributing factors such as the worker's age at first exposure, type of cancer, the type of radiation, and the amount of radiation exposure received over the length of employment. EEOICPA does not compensate workers for cancer related to radiation exposures that occurred at commercial nuclear facilities or while working at the Naval Reactor complex at INL.

Mr. Cameron stated that the Worker Outreach Team had brought along technical people to address any questions or comments that the Council members may have about EEOICPA dose reconstruction and the site profiles. The meeting would also give Council members an opportunity to hear about the INL and ANL-W Site Profiles and point out anything that may be inaccurate or incorrect. He encouraged the Council members to speak out at any time during the meeting regarding problems faced by construction trades workers at the DOE nuclear sites.

Mr. Cameron introduced Mark Lewis, the Union Outreach Specialist on the Worker Outreach Team. Mr. Lewis is a member of the United Steelworkers of America and a long-time employee of a DOE nuclear facility. While serving as his local union's health and safety officer, he became involved in a campaign by union workers for better medical benefits for sick nuclear workers from the DOE sites. Eventually, Congress passed EEOICPA to provide compensation and



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medical benefits. Mr. Lewis now serves as a liaison between organized labor and the NIOSH teams that write the site profiles and perform EEOICPA radiation dose reconstructions.

Mr. Lewis requested that members of the Council and the NIOSH team introduce themselves and sign in on the sheets that were being circulated among them. He also asked permission to record the meeting, stating that the recording would be used to ensure that comments and questions would be captured accurately in the meeting minutes.

Mr. Lewis briefly discussed the material in the handout folders, stating that it contained useful information about EEOICPA and the claims process. He emphasized that claims are filed through the Department of Labor (DOL) Resource Centers and come to the NIOSH Team for dose reconstruction only after the worker's case is verified. Only Subtitle B claims for cancers related to workplace radiation exposure are sent to NIOSH for dose reconstruction. He reviewed a sheet containing information about the Department of Labor (DOL) Resource Center in Idaho Falls that handles EEOICPA claims for workers from the INL and ANL-W sites. More information can be found on the NIOSH Web site: <http://www.cdc.gov/niosh/ocas>, including the Act and the INL and ANL-W Site Profiles.

Mr. Cameron added that Dan Obray, who coordinates the Building Trades Medical Screening Program in Idaho, is also a good resource for EEOICPA information and for getting workers' questions to the proper people.

Mr. Lewis stated that Site Profiles are tools used to reconstruct EEOICPA radiation doses for workers from the DOE nuclear sites. Other documents are also developed for use in the dose reconstruction process. The ORAU Team authored a special document, ORAUT-OTIB-0052, Parameters for Processing Claims for Construction Workers, to give dose reconstructors additional guidance for processing claims for construction trades workers who worked at sites in the DOE nuclear complex. This document incorporates workers' comments from Worker Outreach meetings on the Hanford Site Profile with the Central Washington Building and Construction Trades Council, AFL-CIO, and the United Steelworkers of America (USW, formerly PACE) Local 8-0369 at Hanford.

The ORAU Team has implemented a Conflict of Interest Policy to manage how project personnel can work on each Site Profile. Under this policy, project personnel who worked at INL can no longer be the primary author for the Site Profile for INL or perform radiation dose reconstructions on claims for workers from that site.

Since most of the information in the Site Profiles comes from the "official" records of DOE and its contractors, the Presidential Advisory Board on Radiation and Worker Health (ABRWH) recognized several years ago that it was necessary to "fill in the gaps" because the records were sometimes incomplete or inaccurate. The Worker Outreach Program began when the Advisory Board directed NIOSH to find a way to include the workers' perspective in the Site Profiles by getting input from workers about daily life in the nuclear weapons complex. Worker input helps to make the Site Profiles more accurate and comprehensive reference tools for the radiation dose reconstructors. Site Profiles may be changed at any time when new information becomes available that could positively impact the outcome of dose reconstructions. The INL Site Profile and several others have been revised based on workers' comments at Worker Outreach meetings.



Mr. Lewis gave a summary of the EEOICPA claims process:

- An employee or former employee from an eligible DOE nuclear weapons site files a claim with the U.S. Department of Labor (DOL). If the employee is deceased, the claim may be filed by eligible survivors.
 - Subtitle B claims are for cancer related to radiation exposure in the workplace.
 - Subtitle E claims are for other diseases related to exposure to toxic chemicals and other job hazards.
- DOL verifies the employee's work history at a covered facility and medical diagnosis for a covered illness (cancer). The claim is forwarded to NIOSH for a radiation dose reconstruction if both criteria are met.
- NIOSH requests the employee's radiation dose records, occupational medical records, and other pertinent records from the facility through the DOE.
- Claimants are interviewed by telephone to gather exposure history information on the employee.
- ORAU begins the dose reconstruction process using the site profile and other technical documents, as well as the personal information for the employee. A draft dose reconstruction report is prepared and forwarded to OCAS for review and approval. The approved dose reconstruction is then sent to the claimant(s) for review.
- After the claimant agrees that there is no additional information, they are asked to sign a form. The case is then forwarded to the DOL for a final decision on whether or not the claim will be awarded. If the case is denied, DOL adjudicates any appeal(s).

Mark Lewis – Question to Council members:

Were you badged when you worked out at the INL and ANL-W sites?

Response (from Council member):

Yes. I'm not sure if they were badged back in the 1950s and 1960s.

Response (from another Council member):

They were given S numbers (Site Numbers) but they didn't have TLDs (thermoluminescent dosimeters), probably because it was not "hot" when it was being built.

Question (Council member #1):

But once it was "hot," was there a period of time out there when they didn't issue dosimetry badges to construction workers?

Response (Council member #2):

I'm sure that they were badged if they were in the "hot" areas.

Response (Council member #3):

You can call Dosimetry out there and get your records.

Response (Council member #1):

If you can call Dosimetry to get your records of the radiation exposure that you received out there, then why do they go through that painstaking process to verify where you worked, who you worked for, when you were there, and how long you were there?

Response (from Council member #3):

They have to do that because your dose record doesn't have any of that information on it.

Response (Council member #1):



What good is that information if your dose record shows that you received enough to cause you cancer out at the INL site? What difference does all that other information make?

Buck Cameron:

Would that be a question for a Dose Reconstructor?

Susan Winslow, ORAU Team Dose Reconstructor:

Your total annual dose is just one piece of the information that we need to have when we do your dose reconstruction. The energy level of the radiation that you received depends on what radionuclide we're dealing with. Where you worked and the type of energy for the exposure that you received during that dose period will help us determine the proper set of parameters for your dose reconstruction – the correct energy range.

Response (Council member #1):

So you're saying that the dose record only tells you the dose, not the type of radiation.

Susan Winslow:

Yes, that is correct.

Buck Cameron:

These details can be very important. If a worker is at 49% POC, the little details can make the difference between 49% and 51%. Because it is an "all or nothing" program, those little details can make a big difference in whether or not you are compensated.

Question:

How many have been compensated? We don't know of many that have been compensated.

Susan Winslow:

There have been 737 Part B claims for INL. Of those claims, 115 have received compensation.

Buck Cameron:

Do we know how many of those were Building Trades people?

Susan Winslow:

I don't have those figures with me.

Response from Dan Obray, Medical Screening Program Director:

Only two that we know of have been compensated.

Buck Cameron:

There is a reason for that. It has been really difficult to determine how Building Trades workers' doses differed from those of people who worked at INL every day. It is fair to say that we have had arguments about that.

Comment:

A Building Trades worker gets "crapped up" real quick and sent home for the rest of the year.

Buck Cameron:

Maybe this is a good time to talk about a document that we brought with us. The Building Trades Department was really in the center of this. We put together a conference of people – from NIOSH and universities across the country – who know about radiation doses and how they are spread out. We said, "Building Trades people are not like the people who work out there every day. Their doses are going to be more and more varied." The result of this is a really complicated document called Parameters to Consider When Processing Claims for Construction Workers. I



told Mary not to put it into the packet, because I didn't know if everybody was going to want it. It is here if you want it. What it says is that, if you don't have reliable doses for these construction workers, we are going to take the average for the people who worked out there all the time and we are going to multiply it by a factor of 1.4 to be more favorable to the claimant. The Building Trades Department has some technical people working on that. Highly knowledgeable technical people such as John Dement from Duke University are looking at this to try and determine if 1.4 is high enough. But we need that number to get on with the process of settling claims for people who have made them. If you have a worker – or a survivor – who made a claim four years ago, they don't want to hear that we're still thinking about this. They want their claim settled. This document allows us to move forward in the dose reconstruction process so we can get these claims settled. If that factor changes – say they decide that 2, or even 1.5, is a more accurate factor than 1.4, the document will be revised. If that were to happen, any claims that were previously denied will be examined to see if the higher factor would make the claim compensable. But what we want to see happen with this is to get those people who worked out here and got a lot of dose compensated.

Mark Lewis:

NIOSH has held off paying claims for construction workers while this document was being written because they really didn't know how to go about doing dose reconstructions for the Building Trades.

Question:

If a Building Trades person applies and doesn't meet the criteria for compensation, do you send them a letter to notify them?

Mark Lewis:

DOL determines whether a worker's claim meets all the criteria. That sort of letter would come from them.

Buck Cameron:

As I understand it, there are several times during the claims process when the claimant receives letters asking if there is any additional information that needs to be considered. For example, if the dose reconstruction came back at 49%, the claimant would receive the dose reconstruction report asking if the information was correct and if the claimant knew of any other information that hadn't been considered. If the claimant said, "Yes, I also actually worked awhile at Hanford, too," the dose reconstruction would be re-evaluated with that additional information included and that could make the result high enough for the claim to be recommended for compensation. By the same token, an additional cancer could put the result over the mark for "at least as likely as not."

Question:

The dose record that you receive from the site just has your name and how many rems you got, not where you were or what type of radiation you were working in when you received them?

Susan Winslow:

We get fairly detailed records from INL. Sometimes it will give us an area code and we can reference that in the Site Profile. In other cases, we rely on the employee interview to give us the information about where the employee worked. Other things come out in the personal interview – for example, "I worked from 1965 to 1972 in this area, and then I worked over in another area



for the next five years. By the way, I didn't just work 40 hours when I worked there – I worked 50-60 hours a week.” When we do the dose reconstruction, we factor all those things from the interview into it.

Question:

Do you know what year you can go back to at the INL site that their dose records are worth even asking for?

Susan Winslow:

In the Site Profile, it says that in the early days they used pencil dosimeters and those were very claimant favorable. The doses from those are a lot higher than we would see today from a TLD. Then they went to a film dosimeter. Everything that we have obtained for the Site Profile so far indicates that they were really pretty good at monitoring people, beginning with the pencil dosimeters, then to the film badges, and finally to the TLDs. That is why we need any input that you might have that the Site Profile may be missing, because the Site Profile is what we are using to perform the dose reconstructions along with the individuals' records.

Comment:

The last project that I worked on out there was at the Tank Farm. You might not be diving every day, but you were working there every day. They didn't even count anything that was 150 mrem (millirems) or less.

Mark Lewis:

This might be a good time to get into “missed dose.”

Susan Winslow:

Do you mean that it wasn't counted on a pencil dosimeter or some other type of dosimeter?

Mark Lewis:

Do you mean that your badge showed “0” at the end of the day?

Response:

I mean that it didn't show up on the badge. This was back in the 1990s.

Mark Lewis:

Do you mean that was the minimum detection level (MDL) of your badge?

Response:

Yes. If you were working on the Tank Farm and you were getting 120 or 130 mrem a day, you were getting some exposure but it wasn't recordable.

Susan Winslow:

The Site Profile gives the MDL for each type of dosimeter that was used at INL over the years. If they read your TLD and it comes up with a “0” because your exposure for that period was under the MDL, we assign what we call “missed dose.” And for every “0” reading on your record, we assign you the MDL of the badge – the minimum that the badge could read.

Question:

What do you do if a worker claims that he worked in a certain area for a certain time period and the site has no record of the worker being there on the dose record? How do you handle something like that?

Susan Winslow:

Part of the interview also asks about who you worked with at the site. If there was no



documentation that you worked in a particular place, we would try to assign a co-worker dose based on who you were working with at that point in time.

Comment:

So when you get back to that 49%, the scale could easily tip based the information that you could give.

Susan Winslow:

The dose reconstruction is only as good as the information that we can obtain. There are actually a lot of assumptions that we can make, but we always err on the side of the maximizing assumption. The whole process is set up to be claimant-favorable.

Mark Lewis:

The information that a worker or a survivor gives during the telephone interview is very important – whom you worked with, incidents in which you received exposure, where you worked. It all can affect your dose reconstruction. The more detailed information you give, the easier it is for a dose reconstructor to understand the approach needed to do your dose reconstruction. Information about coworkers can become very important when a survivor files a claim, especially if it has to do with an incident. Let's say that you were standing by the roadside with a couple coworkers and a waste barrel fell off a truck. If that barrel broke open and splashed all over all of you and you were exposed, then that would probably add something to your dose.

Even the chest X-rays that you receive as part of your annual physical for your job count toward the dose. You won't find that the medical X-rays are added in any other program like this. However, X-rays that are taken because of injuries received on the job, such as a broken leg, are not counted in the EEOICPA radiation dose.

This is a process that is constantly evolving. A Site Profile is a "living document" that can and will be changed if new information is found that will positively affect dose reconstructions at that site.

Question:

Do you think that this document will result in more construction workers receiving compensation?

Buck Cameron:

The whole purpose of the OTIB-0052 is to get the claims through fairly. We could have moved claims, but it would have resulted in most people being turned down. Something we have to accept, though, is that there is a lot of cancer out there in the community. Most people die from cancer or heart disease. There are people who worked on a site that will have cancer not caused by radiation, or not likely caused. A doctor can't tell what cancer is caused by, just the likelihood of it. There are people who have worked out there a long time, who have cancer and whose claims will not be compensated. That is really tough for these people to accept – especially when the guy working right next to him for the same length of time who has a different form of cancer will be compensated. That is why having a really reliable process is so important. You're probably the guys who will have to look that person in the eye and say, "You know, I know you have cancer but here's the process that is followed," and then send them to the right people to get the answers.

Comment:

You said that 115 people have been compensated and only 2 of them were building trades



people. I worked at INL and Oak Ridge National Lab in Tennessee. I got “burned out” on December 21 and went home when everyone else working in the plant stayed. But, come January 1, I’m back in the plant working and by February 20, I was already done for the year. When that happens to a Building Trades worker, we get a pink slip for our thanks and we go home. That’s how it works. I just want to appeal to get these guys taken care of. It seems that 2 out of 15 is a pretty skewed result – or so it seems looking in from the outside. I just want to make that point.

Mark Lewis:

How long has OTIB-0052 been out?

Mary Elliott:

It was approved by NIOSH at the end of August.

Mary Zacchero:

They have been holding up the construction workers’ claims for the OTIB.

Mark Lewis:

That is correct. Maybe those numbers will change. The document is still being reviewed.

Question:

What types of cancers are most prevalent?

Susan Winslow:

Do you mean which ones are more common where the claims are concerned, or which ones have been more compensable?

Response:

I would like to know which ones are more common for radiation workers.

Response (from another Council member):

And I would like to know which are more likely to be compensable.

Susan Winslow:

The most common cancers that we see are skin cancers and respiratory cancers – lung cancers and other cancers of the respiratory tract. That and prostate cancer. Prostate cancer very rarely ever goes compensable because it is a very common cancer that happens frequently as men age. There are certain types of skin cancer that will go compensable more quickly than others and it has to do with the tissue depth of the cancer. A lot of the lung cancers depend on what kinds of intakes the person had. What tends to happen is that a uranium intake will help a lung cancer case to go compensable more quickly than strontium or even plutonium. It has to do with the energy of the radiation that is received by the organ of the primary cancer. All of the information gets plugged into a computer model that generates the POC. It takes into account all of the radiation biological studies that have been done over the years and which types of cancer are more radiogenic than others, as well as the dose types and all the information that we input, is what comes out as the POC.

Question:

In all these surveys, I’m sure that you have compiled information on different illnesses and other effects of exposure. Have you seen anything besides cancer, or maybe probable cause, to lead up to it?

Buck Cameron:

Yes. Again, John Dement has been studying this with us at Duke University. Every time a Building Trades worker has an interview with the Medical Screening Program, it goes directly into a computer. So we are able to go through – after people have their physicals – and look at



what conditions they have and what they were exposed to in their work. I was just looking at a study that John has produced that says, for example, that lung disease has probable causes of asbestos and silica. I can tell you that it is a very long list and there are very large numbers in each of those categories – not just from INL, but from the whole nuclear weapons complex. That is really important to us because if one guy works at a site and gets a disease, you can't say much about that. We know what causes mesothelioma and asbestosis. But if we have a guy who has peripheral neuropathy where his hands and feet are numb, did that come from the site? We don't know. But if you have 150 workers with that condition and you see what they worked with you can start establishing patterns which you can then use when that person goes for compensation to say, "There is a discernable pattern. This makes it more likely than not that it was caused by the solvents that these people worked with." In this case, it was mostly painters. So we have a pattern here. Or if it was all the insulators, and not just the people who worked with asbestos – we're seeing problems in the people who worked with fiberglass more than we'd expect. That's information that we can use.

Comment:

I'm inquiring about that because I know the situation with hyper- and hypothyroidism. I was just wondering if studies have shown that is caused by how iodine affects that gland.

Buck Cameron:

I don't know whether that has come up in our data, but because of Hanford and the iodine releases at Hanford, that has been a huge issue. The Fred Hutchinson Center did an enormous epidemiological study of thyroid conditions and they looked at the incidence of thyroid cancer. I'm not sure if they looked at hyper- and hypothyroidism in that study. We can get you information about that.

Response:

That would be interesting, because at the Tank Farm that (*name withheld*) and I were assigned to, there were three of us.

Buck Cameron:

If you give me your card before we leave, I will look that up for you. (*Note: Mr. Cameron corresponded with the Council member who made the above comment with information from the Fred Hutchinson Center study on the effects of iodine on the thyroid gland.*)

Mark Lewis:

I mentioned before how the Site Profile is a "living document" and I want to point out that parts of it have been revised since we were here two years ago. I'd like to ask Bill Murray to go into that.

Bill Murray:

We did put together some revisions based on comments that we got at our meetings here two years ago. We got some written comments back from the Steelworkers. Norman Rohrig, who was the document owner at that time, and I picked them out. There are several parts of this document. You will see at the front of each section that there is a publication record that will tell you the revisions that were made in that section based on worker input, as well as other types of input, too. The Site Description was changed due to comments that they made about INTEC and the ICPP (Chemical Processing Plant), which is a fairly extensive operation. We added more details about what was already in the Site Description, but we added more sections based on their comments, too. People out there were a little upset about a value judgment that was made in one of the sections about the dosimetry program being a "rigorous program." It is not NIOSH's



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position to judge the quality of the programs. We took out that kind of reference about the radiation safety program because they don't belong in the document. The document is about technical aspects of the programs, such as the detection limits, how often were the dosimeters exchanged, what types were used during which time periods, when did they do bioassay analyses or whole body counting. There are also some changes to the document under external dosimetry. There were a number of things that changed in that section due to worker comments at the Steelworkers' meeting. These documents are reviewed by a contractor for the Advisory Board on Radiation and Worker Health (ABRWH), as well as internal team reviews every two years, so they can be revised based on comments from these activities as well.

Mark Lewis:

There are six sections to a Site Profile. Four of those sections address the radiation doses that a worker may have been exposed to at the site: Occupational Medical dose, Occupational Environmental Dose, Internal Dose and External Dose. These sections are technical guidance for the Dose Reconstructors and fairly heavy reading for us blue-collar workers. The Site Description addresses the different buildings and areas at the site, as well as daily work practices, radiation sources in each area, and incidents or accidents that may have happened at the site. This Site Description is a little easier for us to understand and is where your input can be a big help to the dose reconstructors. When we were here a couple years ago, the Internal and External Dose sections were not done. The External Dose Section is undergoing its biennial review now.

Mark Lewis (to one of the Council members):

Did you say that you worked at Oak Ridge, too?

Response:

I worked at Y-12 in Oak Ridge and Bethel Valley.

Mark Lewis:

I just wanted to point out that any dose that you received at Y-12 would be added to your INL dose. The EEOICPA radiation dose is cumulative for the worker's work history in the DOE complex.

Buck Cameron:

We are asking you to look at these Site Profiles and comment on them. That is a lot for us to ask of you. I have looked through this and it is a very technical document that is out of our professional scope. It would be like me looking at the National Electrical Code or the Plumbing Code and trying to figure it out. I think that probably the best way to look at it is to just ignore the very technical stuff. I was just looking at this table and I have no idea what it is talking about, but the dose reconstructors do. The Site Description is about the buildings and activities – the Boiling Water Reactor Experiment #2 in 1954, for example. That may be going back a little too far for most of you. If you looked through this and said, "Okay, I worked on this Boiling Water Reactor Experiment #5 in 1964 and this stuff that it says here doesn't describe what I did or what I saw, that is really good input. We all have people that really get into details on this stuff when it relates to them. We have CDs of the document here for you. You could run this section off and say, "Have at it, buddy. Look at the details and tell us if they are correct." You don't need to look at this stuff that you have to be a physicist to understand. Physicists don't understand what your people did out there every day. That is the important stuff to get through.



Dan Mantooth:

In addition to the incidents, the other stuff that would help is if you look at these tables of the radionuclides. As you well know, these sites did some pretty weird stuff. If you think that you worked around a particular radionuclide that is not listed, we need to know that as well. We need to track that down.

Buck Cameron:

If you think you did?

Dan Mantooth:

Yes, we will track it down.

Question:

I have 25 years in the construction trades, from Oak Ridge to INL, etc., but the building trades people get more acute doses thanks to our thank you cards – our pink slips – because we've got the same dose in a short time as the people who are there being monitored for the whole year. We get ours in two months, and then two months later after the fiscal year we go back. Has it been your experience that building trades get more of an acute dose in general than the regular full-time people? I'm wondering because you're saying that the full-time people are different from the building trades people.

Buck Cameron:

People who work on a site full-time as building trades may be different than building trades people who come in for a particular job, like a change out of rods in a reactor. Those people can be lined up in a bullpen and they may get their quarterly dose in five minutes. They are in and out.

Response:

That is my point.

Susan Winslow:

We treat doses that anyone receives as acute doses. If your acute dose was higher than somebody else's, then that helps to raise your POC. We're treating every worker as if they got acute exposures, but if your total overall dose was higher then your POC would likely be higher. But then again, it depends on the type of cancer.

Buck Cameron:

Let's say that you have two people working at the site. One person works there every day and they come up with X dose for the quarter. A guy comes in and works five minutes and comes up with the same dose. All you see is those two doses for that quarter. How is that going to impact the building trades worker?

Susan Winslow:

Again, it depends. If you got your entire dose on the first badge cycle of the year and it is a monthly badge cycle, and you get another dosimeter for the rest of the year, then that one measured dose that you got for your first month is what you get. For the rest of the year, if you were onsite, but not necessarily working in the radiation areas, then we would assign an environmental dose from working around areas that had radioactivity, but not treating you as if you were in the middle of it because you wouldn't have been. Whereas, another worker might have the same monthly badge cycle but would have had dose spread out over the year. That worker is still going to get just that dose totaled up into one number for that year the same way that yours is done.



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Response:

That is where your work records would come into it. If you were only at that site for five weeks employed by a contractor, are you going to be able to go back and prove that there was an acute dose?

Mark Lewis:

You have the opportunity during the phone interview to talk about getting this acute dose.

Buck Cameron:

Everybody should call and get their dose records. If you worked out there all year and only got one reading and it is only for a quarter... Is that how they record it, in quarters?

Dan Obray:

It is broken down into years or number of years. It doesn't break down into quarters.

Susan Winslow:

So they're giving you a dose summary. What we get is the breakdown of every single badge you had. If you got 50 badges a year, we've got all 50. If you got 75, we've got all 75.

Mr. Norton indicated that there were other items on the Council's agenda and requested that the Team wrap up their portion of the meeting.

Mr. Lewis concluded the presentation, noting that the Site Profiles and other information about EEOICPA could be found on the NIOSH Web site. He emphasized the importance of worker input in the Site Profile process to make it a claimant-favorable tool for dose reconstruction. Comments can be sent directly to NIOSH by letter, fax or e-mail.

Mr. Lewis thanked the Council members again for allowing the Worker Outreach Team to be part of their regular meeting and concluded the session at approximately 10:15 a.m.