THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

convenes

MEETING 46

ADVISORY BOARD ON

RADIATION AND WORKER HEALTH

DAY ONE

MAY 2, 2007

The verbatim transcript of the 46th Meeting of the Advisory Board on Radiation and Worker Health held at The Westin Westminster, Westminster, Colorado on May 2, 2007.

STEVEN RAY GREEN AND ASSOCIATES
NATIONALLY CERTIFIED COURT REPORTING
404/733-6070

C O N T E N T S

May 2, 2007

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MAY 2, 2007

1:30 pm

P R O C E E D I N G S

WELCOME AND OPENING COMMENTS
DR. PAUL ZIEMER, CHAIR
DR. LEWIS WADE, DESIGNATED FEDERAL OFFICIAL

DR. ZIEMER: Good afternoon, everyone. We've had our customary 30 minutes of preparation, which is the sort of warm-up time where you get reacquainted with friends and colleagues, and now I will officially call the meeting to order of the Advisory Board on Radiation and Worker Health meeting here this week in the beautiful Denver area.

We're pleased to have a number of guests with us today and I would like to remind you, as well as our regular Board members and other staff people, to register your attendance with us. There's a registration book in the foyer. If you haven't already done that, please do so. For members of the public who wish to speak later today, there is a signup sheet and we ask you to avail yourself of that, as well.

There are a number of documents on the rear table of this room, including the agenda and other documents that will be used as part of the deliberations this week.

I should point out for the record that Mark Griffon will be joining us later this afternoon. He is out -- out, he's away momentarily, will be rejoining us in a little bit. Dr. Melius will be joining us tomorrow, is not able to be here this afternoon. And --

DR. WADE: Dr. Poston.

DR. ZIEMER: -- Dr. Poston will not be with us. But I'll call on our Designated Federal Official, Dr. Lewis Wade, to declare that -- I think, that we have a quorum and make other comments.

DR. WADE: We indeed have a quorum and a noble quorum it is, as well. As always I begin by thanking you for your service, members of the Board. It's -- it's hard work. I could seven SEC petitions on the agenda for this meeting. We knew we were coming into a phase when SEC petitions would be a big part of your work and I think this marks the -- the beginning of that period.

I bring you warm regards from Secretary Leavitt and Director Gerberding of CDC, and particularly from John Howard, NIOSH Director. They are all well aware of your efforts and add

their thanks to mine for your activities. Nothing more to say than that, Paul. Thank you again, and we need to begin.

DR. ZIEMER: I would add one additional comment, and that is really to thank the Board members who, working in various workgroups since our last meeting -- and I guess I'd have to go back to our own web site and count the number of meetings that we've had since the last full Board meeting, but I can tell you that these Board members have been extremely busy over the past couple of months meeting, and almost all of them are in two or more working groups that have been very active, addressing a variety of issues including dose reconstruction issues, including site profile issues, including SEC issues. So I -- I thank all the Board members for the extensive effort and time that they have put in in addressing those important areas.

Now we're going to move to our regular agenda. I do want to point out just for the record that there is one time-certain item on our agenda today. At 4:05 there will be a phone call from Senator Obama of Illinois. I think by phone

call it will not quite have the level of excitement as the personal appearance did when we met in Naperville, but that is a time-certain, so at that point in the agenda we will interrupt whatever we are doing so that we can hear remarks from the Senator.

DR. WADE: Stephan.

DR. ZIEMER: And Robert Stephan is just joining us here -- welcome -- and I was just pointing out that the -- the Senator would be calling later this afternoon.

NIOSH PROGRAM UPDATE
MR. LARRY ELLIOTT, NIOSH

Now we will have a program update from NIOSH, and Larry Elliott will present that. Larry, welcome.

MR. ELLIOTT: Thank you, Dr. Ziemer, members of the Board, ladies and gentlemen, members of the audience. It's a pleasure to be with you all again here in beautiful Colorado.

My program status report will be very -- same as you've seen in previous meetings. We will, however, add some new things that I hope will benefit the Board in planning your -- your work for the future meetings.

At your last teleconference meeting I made note

for you that the dose reconstruction program at NIOSH and the SEC petition processing program at NIOSH for this fiscal year, FY '07, we were -- we found ourselves in resource-limited straits, and I made comment as to why that -- that environment exists for us in this fiscal year. We had lost nine percent of our budget for the last three years to what is called a CDC indirect rate that is assessed to our budget. The Congress had -- and -- and OMB, in the appropriations cycles, had advised that CDC should not take that nine percent and had excluded the nine percent from our FY '06 and FY '07 budget. And yet we were -- we saw nine percent removed, so a total of 18 percent for each year for three years was lost to us, and now we are really feeling the effects of that. I would note at this point in time for you, for the remainder of this fiscal year, things are going to get very difficult. What do I mean by that? We will see a scale-down in our contracting support across the board.

The Battelle contract that some of you are aware of will end at the end of this month, at the end of May. It will not be renewed. There

is no more money to put into that contract and so Battelle and their efforts will conclude at the end of May.

The ORAU contract, which is due to expire September 11th of this year, we will only see enough money for that contract, the ORAU technical support, to maintain the capacity that we've enjoyed of late going through this month of May, and then they'll start scaling down in June and virtually stop work in July. So our efforts to support your Board work will diminish dramatically as we approach your July meeting. We will not see new funds come to us until the next fiscal year, FY '08. So I would just like to make note for that -- for you on that point, and if there are any questions, I'll be happy to answer them at the end of my -- my comments. But I think it's important for the Board to realize and understand what's going on budget-wise. The Board's budget of $4.5 million was requested each year and has been -- is in place, and you have carryover money from the prior years, so you should -- you know, Dr. Wade perhaps knows more about your individual Board budget. But as we put

forward a budget request, we include the Board's budget and it has not diminished.

DR. WADE: Possibly I could add some to Larry's comment. Yes, the money for the Board and its contractor are in place. It -- you could well see, though, the -- some of the pipelines that feed into your deliberations slowing, and that might slow the activities of workgroups and it -- it might slow the demands that are placed on your contractor, for example, if -- if we're not able to engage in sort of the six-step process with the timeliness we would like. But the impacts upon the Board and the -- and its contractor would be derivative effects, but you need to be mindful of them and, you know, we'll see how it goes.

MR. ELLIOTT: As of April 25th of this year the Department of Labor has forwarded 23,871 cases -- claims, individual claims -- to NIOSH for dose reconstruction. We have completed 83 percent of those claims, or 19,834, and those have been returned to the Department of Labor. As you can see here in this subset of bullets, there have been 17,800-some-odd claims returned to DOL with a dose reconstruction report.

There've been 599 claims that have been pulled from us by the Department of Labor -- again, for various reasons; an ineligible claim that was improperly inadvertently sent to us, they pulled them back. That ma-- that's the main reason.

There are 1,391 claims at DOL right now being evaluated for eligibility across the classes that have been added to the Special Exposure Cohort. This leaves about 16 percent of our case load at NIOSH for dose reconstruction or SEC claim processing. That equates to 3,813 claims.

We have currently, as of April 25th, 224 -- about one percent of our cases are administratively closed in dose reconstruction. This means that we are awaiting other -- additional information from the claimant or the signage of their OCAS-1 indicating they have no more information to provide us. And so we ha-- we see 224 of those standing right now.

In 2006 we reopened 57 claims and provided additional work on a reconstruction or we got the OCAS-1 and there was no more work to be done and we forwarded those 57 on to DOL for a

decision.

Here's a new little graphic for you. It's a pie chart, as you can tell, and it just shows the -- the distribution of the claims by these categories -- the cases complete, the cases pulled, those pulled for SEC consideration, those that have been administratively closed, those that are active, and those cases that are pending for various reasons -- various technical reasons, various demographic reasons relative to the claim. Maybe additional employment is being validated by DOL, maybe another cancer's being validated by DOL, or maybe there's a technical obstacle that we're working on to remove and resolve so that we can move the claim forward. Those are the pended cases.

Again as of April 25th we've sent back to DOL 17,844 dose reconstructions for decision, and you can see the breakout as to whether or not they were found by DOL to be compensable. Twenty-eight percent of those, or 4,934, were greater than 50 percent and were found to be compensable. 12,910, or 72 percent of the cases that we have reconstructed, were found to

be less than 50 percent in their probability of causation and were denied.

Another new graphic that we're sharing with the Board this -- this time is this distribution of probability of causation for all of the claims we have completed dose reconstructions for. There's a difference in numbers on this slide than the one you just saw. That's because the OCAS-1 claims that we're awaiting conclusion on are counted in this set of numbers. So we've broken out this distribution in deciles, zero to ten percent, 11 to 20, that was up to greater than 50 percent. And you can see here how the distribution looks if we look at it in a -- in the probability of causation for all those claims that have been completed to date. Of the cases that are remaining at NIOSH for dose reconstruction, we can break those down a little further and we show that 662 cases are currently assigned to a health physicist and are in dose reconstruction. There are 779 other draft dose reconstruction reports that are currently in the hands of the claimants at this point in time, and we're waiting the return of that OCAS-1. There are 2,372 claims

that have not yet been assigned to a health physicist and are waiting some development work before they can be so assigned.

We make special note of those older claims that are in our case load, and here we show you that of the 3,813, 42 percent or 1,586 are one year or older in age.

We continue to pursue with great strength and vigor our efforts on completing the first block of 5,000 claims. These are our oldest claims. And you can look at the bottom line here, the claims awaiting dose reconstruction in this first 5,000 are 66. The other numbers that you see here -- final dose reconstructions sent back to DOL in that first 5,000 are -- equate to 4,358. There are 55 administratively closed cases in this first 5,000. There were 246 claims pulled back from us by Department of Labor. There are 172 claims in the first 5,000 that are being considered or have already been considered and found to be eligible for a class in the Special Exposure Cohort. There are 24 dose reconstruction reports with claimants right now in this first 5,000 and we're awaiting their OCAS-1. And the DOL has

returned 79 cases out of the first 5,000 to us for additional work, mean-- it may be, again, work on -- because an additional cancer or additional employment has been found, or there's a technical aspect that have we (sic) been called to provide additional work in and consideration on.

A different type of graphic here to show you the full case load from -- split out in 1,000 increments of claims to show you where in that 1,000 increment the claims stand. The -- this -- I don't know what color that shows to you, it looks a little red or fuschia to me, and that's the cases that are pending. That would be this line through here. The yellow represents those SEC cases in that 1,000 set of claims, and the green are administratively closed claims in each block. The active cases within each block are shown in gray, and then -- this may be orange, I hope, or --

UNIDENTIFIED: That's red.

MR. ELLIOTT: Red, maybe that's red. And for those of you who are color blind, we apologize. One of my staff is color blind and I'm sure he's seeing purple, maybe, here, but -- we

tested this with color blind people and they said they could distinguish between the colors, they just couldn't tell you what color some of them were, so -- but at any rate, that's red, that's cases pulled. And then cases completed are in the blue.

Here we show by quarter the number of cases that have been received from DOL in blue, and this was our backlog; and the number of draft DR reports in green that have been sent to the claimants, and then in red we show the final dose reconstruction reports that have been provided to the Department of Labor. I call your atten-- again, this is by quarter, broken out by fiscal year quarter so you can see how the trends look. You can see a slight trend here on DOL submittals to us, it seems to have been going up since the last quarter in -- in FY '06.

Talk a bit about reworks in this particular slide. We received from the Department of Labor 2,197 claims total that they've asked us to do some level of rework on -- again, it can be a variety of reasons, technical or demo-- claim demographic reason as to why we're being

asked to do a rework. We've returned to the Department of Labor 1,810 of these claims. And you can see those we've received in red, by quarter, and those we've returned, in blue, by quarter. Again, this was as of March 31st. We broke it at the quarter -- fiscal quarter time frame.

As you know, when we receive a claim from the Department of Labor we immediately turn to the Department of Energy and we ask them for all available exposure monitoring information relevant to that particular claim. Right now, out of all of the claims that we have, we have 667 outstanding requests; 44 of those outstanding requests are greater than 60 days. As I've mentioned to you before, we follow up with DOE on a 30-day basis on where these individual requests stand, and we seek some level of response on how soon or how long or whether or not they feel they are going to find any information, or whether there's some unique set of circumstances around the claim that present problems that we need to be aware of. I can tell you that there is -- of these 44 that are greater than 60 days old in age at the

DOE, we don't see any particular trend or any problem. They all have individual circumstances around them. The highest number of claims that -- for a given site that they're waiting -- we're waiting on information is from the Oak Ridge facilities, all four -- all four or five facilities down there grouped together to total I think about 20 -- 23, some -- some-odd claims out of that 44.

We're also -- it doesn't show on this slide, but we're also in very close coordination and -- and work with Department of Energy on several coworker datasets that we really need for certain sites -- like Sandia, Los Alamos to name a couple. I don't -- they all don't come to my mind right now, but we are working with DOE to -- to pursue collection of those coworker datasets.

Talk a minute in two slides here about the Battelle activities which I mentioned are coming to close at the end of May, this month. Two Technical Basis Documents have been approved; one that describes the processing of uranium metal in the Atomic Weapons Employer facilities where there were similar operations

or aspects performed on that particular radionuclide, and also a Technical Basis Document on uranium refining processes. There -- associated with this are to be 16 site-specific appendices that will accompany these TBDs and allow us and allow the dose reconstructors to focus specifically on a given facility and understand from the appendix for that facility what other types of dose components need to be reconstructed.

If you recall when we awarded this particular contract to Battelle we did so because we had a block of claims that were essentially not receiving adequate attention. These were Atomic Weapons Employer claims, a lot of claims for -- a small number of claims per site for a lot of sites; 1,400 claims across 256 covered facilities, which represents 15 percent of the claims -- of our population at that time and 85 percent of the covered facilities that we -- that we were addressing. To date we've gotten 395 dose reconstructions that have been submitted for technical review, and we have turned over 308 dose reconstructions to claimants so that we can move those on. We're

starting to see the fruits of this labor from Battelle now.

As of April 25th of this year we've had 88 petitions that we have received. And if you try to add these numbers up below that, it won't come up to 88 because before our rule was passed we had five letters which weren't petitions but we have counted them as letters of interest or petitioning. And so we included that in this number, 88. Thirty-nine of that 88 petitions have been qualified for evaluation, and 17 classes have been added to date from those 39 petitions. Eight petitions are currently under the development for qualification to evaluate; 36 petitions did not qualify. There have been 1,391 claims that -- that repre-- are represented in those 17 classes that have -- we have added. Four sites have been added under the 83.14 process that -- that -- these four sites have been identified to be added under the 83.14 process. They include Y-12; Kellex Pierpoint, a Battelle site; MIT, Massachusetts Institute of Technology, also a Battelle site; and Lawrence Livermore National Lab.

The Y-12 piece, let me speak just a moment about that. That is an 83.14 effort that we're taking under way, not based upon a -- a identification that we can't reconstruct dose for a claimant, but as an identification of the previous class that was added and the language interpretation that that definition has been given by the Department of Labor. So we're going to provide them in this -- this 83.14 for Y-12, a clear understanding of what dose can and what dose cannot be reconstructed. If you recall, in our first attempt at -- at specifying that class at Y-12 and what dose could be reconstructed or could not be reconstructed, we said "other radioactive materials on site," and that's created some problems in how DOL's handling that particular class so we're going to correct that, we hope. There are, as I mentioned, 1,391 claims at DOL for class member eligibility determination and final adjudication, and I won't read through this, but these 17 classes are shown here on these next two slides, and the number of claims represented for each class.

We've talked to you before about Program

Evaluation Reports. This is where we've identified a change in our procedures or our methodology in dose reconstruction, or some change in applying our cancer risk models. And in that case, we need to go back -- according to our regulation -- and evaluate all previously-completed dose reconstructions that have been found to be non-compensable by the Department of Labor. That constitutes a program evaluation review and a subsequent report. And the reports that we've done in program evaluation review are listed on these slides. We've -- we've completed a Hanford bias factor, this -- these are all located on our web site. You can check them out. We've completed a -- the -- a misinterpretation of the dosimetry records for Savannah River Site dose reconstructions. We've completed a -- an error that was committed in the use of a surrogate organ assignment for Savannah River X-ray dose reconstructions. We've completed a photofluorography modification for the Pinellas Plant. We've completed an external dosimetry target organ for prostate cancer.

We've completed an evaluation of the effect of

the Revision 2 of the Bethlehem Steel site profile. And I might mention a little detail on this one since it will be taken up in your discussion at this meeting. This particular evaluation report, you can see it on our web site, we -- we've explained it to the petitioners and to the New York delegation staffers. There were seven claims that were previously -- be-- because of the changes that were made to the site profile as a result of our review, the Board's deliberations and -- and advice to us, these changes have resulted in seven individual claims that were previously compensable now being shown to have a POC of less than 50 percent. Department of Labor will decide what they do with those. There were three claims that are -- were reconstructed with the new changes from the site profile revision that would go over 50 percent now, and DOL will decide what they're going to do with those. We've advised them on those particular claims.

We've also completed a Program Evaluation Report on the target organ for lymphoma. We've presented this to the Advisory Board in your

previous meetings; I think you're aware of this one.

We've also completed the mod-- a -- an evaluation of the change in the NIOSH IREP lung cancer, another one that we've presented to you.

And finally, we've completed the -- an evaluation of the effect of the Rocky Flats Neutron Dose Reconstruction Project data and -- and looking at claims that were previously worked under reconstruction and found to be non-compensable. I think, just to summarize, since this was also on your -- your agenda for discussion, Rocky Flats, for this meeting, if you look into that program evaluation review I think you'll see that there were 88 claims found that, once the change was applied, it still didn't change the outcome of the -- of the claim. It was still found to be non-compensable.

Some of our program evaluation reviews are large efforts, and we have decided that it makes a lot of sense for us to put together a plan on how to go about doing the evaluation review, so we call these Program Evaluation

Plans, or PEPs. And a PEP is simply a description of the affected claimants, claimant population and the technical approach that -- that's used to evaluate those cases against the -- the change. Now I would make note here for you that not all program evaluation reviews are going to require a plan. Some can be done just straightforward. Others that are huge and require intensive amount of effort and resources will require a plan.

Currently we have six plans issued, and they're listed here. We're looking at the adoption of the revised risk model for lung cancer and what change that has made on some non-compensable claims. We're looking at the lymphoma target organ selection. Another one, the evaluation of insoluble plutonium compounds. The fourth one is an evaluation of the impact of changes to the isotopic ratios used in the Paducah Technical Basis Document. We're also now looking at a number five, the impact of the construction workers' T-- Technical Information Bulletin. And then number six that's currently a plan underway, we're looking at the incomplete internal dosimetry records that we

received from INEEL, Argonne National Lab East and West.

There are many program evaluation reviews that we have on our schedule ahead of us. These are just the ones that I can report to you today that are either completed or a plan that is on our web site showing the work that we're doing.

As you know, we have revised the conflict of interest policy. It has now been fully implemented. The policy was approved on October 17th in 2006. You can find it posted on our web site. The NIOSH employee disclosure statements are located at this URL on our web site, and a link under related links on our web site can be found for the contractors associated with this program and they'll take you to their web sites and you can see their disclosure statements.

There is a -- I know that ORAU is doing an internal assessment of -- of the implementation of this policy and their whole disclosure statements. That's coming up soon. I know that the conflict of -- conflict or bias officer at NIOSH is also taking -- starting to take a look at all of the assembled disclosures and trying

to decide, I think, himself how to go about assessing this implementation. Hope to have more to report on -- on those efforts at your next meeting.

Our Special Exposure Cohort ombudsman and counselor are scheduling outreach meetings. Denise Brock and Laurie Ishak Breyer have started to organize these meetings. They've got the first one set up for May 23rd and 24th in Idaho Falls for the INEEL site, and they're looking at Los Angeles area in mid to late June. Again, the purpose of these meetings is to discuss, with SEC -- potential SEC petitioners, the process and guide them through that process and to give them a better understanding of what it will take for them to be successful.

These meeting locations are determined essentially on -- based upon requests for such. So if you know folks who would like to have such a meeting, please contact Denise Brock or Laurie Ishak Breyer.

I give you some new slides here. You've seen one of these for the whole set of cases that have been reconstructed. But since you're

talking about certain facilities at your meeting, I thought it might be helpful for you to see these distributions of probability of causation for claims completed.

This one is of Rocky Flats, and there have been 1,210 claims received from the Department of Labor that have Rocky Flats employment; 123 of those claims are active right now; 21 of those 1,210 have been pulled back from us by the Department of Labor. We have completed 1,066 dose reconstructions for the Rocky Flats claimant population. We're 94 percent done through that -- that claimant population with our dose reconstruction efforts. We see here that 66 percent of those dose reconstructed claims have been found by the Department of Labor to be non-compensable, and 30 percent or 345 have been found to be compensable.

Let's move on and look at Bethlehem Steel. You're going to see a different shape of curve in each one of these. This -- this Bethlehem Steel represents, as you know, an exposure model. Whereas Rocky Flats, there's a variety of dose, a variety of -- of dose reconstruction scenarios it has to go through for each claim,

whereas at Bethlehem Steel it is an exposure model. And so you can see here that we're 97 percent done with the 740 claims that we have for Bethlehem Steel; 42 remain active, three have been pulled from us by the Department of Labor, 695 dose reconstructions completed. Fifty-five percent of these completed dose reconstructions are non-compensable, 45 percent have been found to be compensable.

We'll move on to the Los Alamos National Lab, and in this similar slide you'll see a different curve -- 848 claims have been received from Department of Labor; 145 remain active. There have been 236 claims pulled from this -- this group of claims, and 467 dose reconstructions have been completed, or 60 percent of the LANL claim population completed. Of those, we see 79 percent less than 50 percent or non-compensable, and 21 percent have been found to be compensable.

The distribution of POCs for Chapman Valve is shown in this next slide -- 127 claims have been received; 52 remain active, one has been pulled. Seventy-four dose reconstructions completed, which represents 76 percent of the

cases done; 64 percent of these are non-compensable and 36 percent are compensable.

W. R. Grace, we have had 62 claims from W. R. Grace; 33 remain active, four have been pulled. Twenty-five DRs have been completed. We're 43 percent done on this particular site. Seven of these 27 have been found to be non-compensable, or 26 percent; and 74 percent, or 20, have been found to be compensable.

Sandia National Lab at Livermore, we've had 79 claims; there are 40 active, five have been pulled. Thirty-four DRs have been completed, and I'm sorry, I didn't break down the numbers for that slide. I just didn't get ri-- didn't get to it on the plane, evidently.

I don't have a chart similar for -- as this for the other site that you'll be talking about, and that's Dow Chemical. There've been two out of 118 claims reconstructed, both of which were shown to be compensable. So as we get into that site we will -- as we -- as we reconstruct non-presumptive claims, if that's the way it goes, we'll develop one of these charts for that site.

That's the end of my slides for today. I'd be

happy to answer any questions you might have.

DR. ZIEMER: Larry, let me begin the questioning by asking you a question relating to the budget issue that you raised. As far as immediate impact on NIOSH, does the budgetary problem mainly impact on the work rate, or do you anticipate layoffs as well -- staff reductions or -- or both or --

MR. ELLIOTT: Well, cer-- certainly the technical --

DR. ZIEMER: I'm just talking about the NIOSH piece now.

MR. ELLIOTT: Okay. Okay, the NIO-- the contr--

DR. ZIEMER: I'm not talking about contractors.

MR. ELLIOTT: -- contractors are going to feel this -- feel the brunt of this. The NIOSH staff we don't envision seeing a layoff. We -- we maintain our personnel support budget to -- to maintain as much work as we possibly can with that core staff, so they will still be in the traces working.

DR. ZIEMER: Other questions at this time?

(No responses)

Okay, thank you very -- oh, yes.

MR. STEPHAN: Thank you, Dr. Ziemer. Robert Stephan -- last name is S-t-e-p-h-a-n. Larry, can you tell us about the Battelle contract along Dr. Ziemer's question in terms of the budget impact? If Battelle's contract is finishing up and the budget is going to -- reduction's going to affect the contractors, it's going to affect Battelle. Are there things that are not going to be getting done by Battelle that would be if they had -- if you had that nine percent -- or 18 percent, I guess -- and if they are, what -- can you describe what they would be?

MR. ELLIOTT: Sure, sure. The -- Battelle's contract ends the end of this month, May. There is no money to put into that contract to continue them and they will not have any money left at the end of May. They will essentially go away. The remaining work will be dose reconstructions on those sites. There are some AWE sites in that list that are probably going to go 83.14 and those require what we call professional judgment documents developed. What -- if they don't have those dose reconstructions done, the professional judgment

documents done for the 83.14s -- and a third component would be any of these appendices, of the 16 appendices, that are not completed -- that work will be shifted over to either another contractor or my staff, the OCAS staff.

DR. ZIEMER: Board members, any other questions?

(No responses)

DOL PROGRAM UPDATE
MR. JEFF KOTSCH, DOL

Okay. Thank you very much, Larry. Next we'll have a program update from Department of Labor. Jeff Kotsch is here with us today. Jeff -- oh, is Jeff -- yes, here he is.

MR. KOTSCH: (Off microphone) (Unintelligible)

(Pause)

MR. KOTSCH: Good afternoon. If you haven't had enough numbers, we'll -- we'll do some more.

The program is divided into two parts. The Part B program -- oops -- the Part B program became effective in July of 2001st and that's basically the program that NIOSH dose reconstructions deal with. It's the portion of the program that deals with cancers, chronic beryllium disease, beryllium sensitivity,

silicosis and the RECA claims for the -- for the uranium miners, millers and ore transporters.

Of that, we've had 57,087 cases, and that corresponds to 82,183 claims. For those who haven't heard this before, there's always more claims than cases because in the -- for the cases that have survivors, there may be more than one of those, so there will always be more survi-- claims than cases. Of that number, 36,938 are cancer cases and 23,864 of these have been referred to NIOSH. Now I think we're getting better, but we still can't get all our numbers to -- to match up betw-- we have this every time, and I -- I give this caveat, or whoever presents, every time. Our numbers are a snapshot as of April 25th, but it's just the -- it is idiosyncracies of our -- I think of our -- the way we just account for these cases between our two systems, but I think we actually get -- get better. I know we share some of the numbers between ourselves and we try to synchronize them as much as we can.

The other portion of the program is the Part E program, that's the old Part D program that

came over from DOE. The Act was amended in October, 2004 to give Department of Labor this portion of the program, which is the toxic -- toxic exposure portion of the program. That became effective in June, 2005, with the transfer of 25,742 cases from the Department of Energy. Currently there are 46,186 cases and the corresponding 63,040 claims that are associated with that number.

To date the Department has issued $2.5 billion dollars in total compensation, $1.9 billion of that is in Part B compensation and of that, $1.4 billion is cancer claims, $229 million for RECA, and the remainder would be the -- you know, the -- the chronic beryllium, the silicosis-type cases. $636 million are Part E awards and 142 are for the medical benefits that are associated with those claims.

There were 29,305 program payees as of April 25th, and 23,951 of them were Part B payees. Just looking at the pie chart, the cancer cases account for 35 percent, RECA 16 percent, other Part B -- again, the chronic berylliums and silicosis -- are 21 percent, and Part E claims are 18 percent of that total.

This chart is probably better read from the bottom up. We have a total of 36,938 cases having 56,187 claims. The way the process works is the claims come in, they're -- they're -- they're developed for medical conditions, they're developed for employment, survivorship, things like that. So starting at the bottom, we have 2,966 cases that basically are in the pipeline, the front end of the process. They're in for DOL initial action, the development of the case. Then they get passed on to NIOSH for dose reconstruction and we have 4,514 cases in that category. Then next, after the cases are -- or after the dose reconstructions are returned by NIOSH, our district offices, our four district offices write up recommended decisions based on those, so we have 2,282 cases with recommended decisions, but they're not final yet. That process is left to our Final Adjudication Branches to -- to do. After the recommended decision is given to the claimant, they have the opportunity to either waive objection to it or to object to it, ask for a review of the written record and/or -- or a -- an oral

hearing. FAB reviews that information and renders a final decision. For -- as of April 25th we have 27,710 cases with final decisions. This chart is just a breakdown of the final decisions -- 10,073 have been approved, 17,097 have been denied. The bars to the right on the -- on the right side are the general distribution of the -- the general categories of why the cases were denied. The yellow bar is the non-covered employments. Those are 2,841. The green bar, the 10,434, the ones -- the dose reconstructions with POCs less than 50 percent. The light blue is 2,391, insufficient medical evidence to support the cancer claim; 1,129 non-covered conditions, which in the early days of Part B were conditions -- it could be anything other than a cancer, respiratory-type conditions, cardiopulmonary type things -- things that now basically, for the most part, are covered under the Part E side of the program. And 302 ineligible survivors -- cases.

Quick overview of the referral status for -- for -- to NIOSH. We've had 23,864 referrals, 18,114 have been returned from NIOSH. We've

withdrawn 1,420 for -- for reasons primarily -- in the early days, because there were elements of the case we couldn't support. More recently they've been withdrawn because new classes of SECs have been identified and we withdraw the case to review those to see whether we can just go forward with the SEC award. 16,694 dose reconstructions have been -- have been provided, 757 reworks were needed. This number is total -- totally unsynchronized with the NIOSH numbers, and I -- I know that the number's somewhere in between there, but I don't know exactly why -- why those numbers don't agree. And we have 4,267 initial referrals at NIOSH.

The dose reconstruction case status shows 17,351 with dose reconstructions. Those are dose reconstructions and reworks, in our accounting system. We've had 14,768 final decisions; 1,912 recommended but no finals; and 671 pending a recommended decision. That is, we have a dose reconstruction back, the district office is -- is -- are working on the recommended decisions. So that's 85 percent are in final decision status, 11 percent

recommended but no finals, and four percent pending action.

Related to the new SEC classes, we've withdrawn 1,183 for SEC review. Again, if they meet the -- the criteria for the class, they go forward as an award. If they don't either meet the -- for -- for whatever reason, primarily it would probably be the 250-day requirement at this stage -- they'd go back to NIOSH for a -- to continue the dose reconstruction. 843 final decisions have come out of this, 784 of those are approvals, 59 are denials. We've had -- we have 124 recommended but no final decisions, and 132 are pending the re-- the initial review back at DOL.

So related to NIOSH compensation for -- for -- I'm sorry, for NIOSH cases for dose reconstructions, $729 million have been paid in compensation. That's for 4,882 cases. That breaks down as $632 million for dose reconstructed cases, which would have been 4,232 on our accounting system; and $97 million for the additional SEC classes, or 650 cases.

The next couple of slides were developed just to give you a feel for sites that will be

discussed at this meeting and the activities that have -- that are related to those sites. Rocky Flats total cases, both Part B and Part E, we've seen -- or we have 5,149 cases; 1,043 of those have NIOSH dose reconstructions. Final decisions under Part B are 2,070; Part B approvals, 684; and there are 656 Part E approvals. Total compensation is -- as of April 24th -- $95 million.

The Los Alamos National Lab -- I'm not going to go through all of these, but 4,256 cases, 468 dose reconstructions. We've had 221 Part B approvals, 233 Part E approvals, for a total of $33 million.

Bethlehem Steel has 1,338 cases. NIOSH did 696 dose reconstructions; 285 Part B approvals for $41 million. The Part E doesn't apply to -- it only applies to DOE facilities; it does not apply to -- by statute, does not apply to AWE or the atomic worker (sic) employee -- employee facilities.

Sandia National Lab, this would be Livermore, 924 cases, both Part B and E; 114 dose reconstructions, 29 Part B approvals, 27 Part E approvals and $5 million in compensation.

W. R. Grace, there were 64 cases, 15 dose reconstructions, 13 Part B approvals and -- which translates to about a million -- a million dollars for the Part B only.

Dow Chemical Madison, 277 cases, two dose reconstructions, two -- two Part B approvals and that's a hundred -- I'm sorry, that's $300,000 in compensation.

We had Y-12 here. I think when the slides were developed we were -- we thought it might be on the agenda. It's not, so we'll just -- we'll skip over that one.

Chapman Valve, 215 cases, Part B and E -- I'm sorry, Part B; 73 dose reconstructions, 34 Part B approvals, $5 million in compensation.

I put this slide in to remind me that we had promised -- Mark's not here, but we had promised, when I was on a call for the working group for Chapman Valve, to provide a status update. NIOSH had send DOL and DOE a letter saying that they had received information or gotten information from employee -- worker interviews indicating the potential presence of enriched uranium at the Chapman Valve site prior to the covered period, which is '48

through '49. The status of that is -- is that DOE -- or DOL is -- when I left, anyway, the letter back to NIOSH was in the final signature phase, basically asking NIOSH to provide all the available documentation and information so that we could go through the formal review process. DOL and DOE designate and determine the -- and DOL determines the covered periods for facilities, so we need that information. It's not me, it's other people in our organization that -- to look through that information and weigh the -- weigh the evidence to determine whether the covered period should be expanded.

The other issue that I was asked to bring up was that Larry had mentioned the PEP for evaluation of insoluble plutonium compounds. This recently went up on the NIOSH web site, I think within the last couple weeks, and any time things go up on the NIO-- NIOSH web site, we -- claimants that are observant and appear to read these things daily and start asking us questions, but aside from that -- but that's the -- the general nature of the beast, with all the -- all the things that go up on either

of our web sites. But as an example for this one, in response to the PEP that was issued, that PEP defined 38 sites as potentially affected by the -- what we call super S or the insoluble plutonium compound issue. DOL did a -- pinged our computer system and determined that there were about 1,000 cases -- it's less than that, but there were about 1,000 cases that were in the process, had not yet reached the final decision, and the decision was made that all those cases will be remanded -- returned to NIOSH for reworks because we can't proceed with adjudication in instances where something has been identified that would affect the final outcome. In this case it's the determination by NIOSH that there is some impact of -- or -- or could be some potential impact of a change in that situation.

We also identified another 7,000 claims among those 38 facilities that are potentially affected that were denied previously, and those cases we will -- and I'll just read, those ca-- for those cases that were final decision denials for those 38 sites, the Department of Labor will work with NIOSH to get each

potentially-affected case evaluated by NIOSH for its impact. DOL will do this in a manner that is least burdensome to the claimants, is most efficient for the Department of Labor and NIOSH. This is a situation we found. We've been working with other -- on other PERs and PEPs. Recently we just -- NIOSH completed giving us the lymphoma -- cases that were affected by the lymphoma change, the target organ risk models, and we are in the process of completing -- what we have to do then is develop a bulletin so we can implement in the field the impact of that change in that case. I forget the numbers, but there were a significant number of them that became compensable, so we're in the process of then we would then have to remand those -- send them back for reworks so they can be -- basically a -- you know, given compensation, but we have to go through the process of -- you know, the logistics of doing those things.

I think Larry mentioned Bethlehem Steel. There were five that -- there were eight affected by that change. Five went from compensable to non-compensable, which are technically

overpayments. I think the Department has a -- I don't know how we're going to -- hasn't actually determined how we're going to handle those yet, but also three were -- went from non-compensable to compensable, and they're in the process of being submitted for rework so they can have a rework done and a dose reconstruction formally done and then com-- compensation will be paid. But that's how -- that's what happens with all those PER/PEP type things -- things like the prostate cancer change had no effect ultimately so we just required documentation to put in each case file that was affec-- that was evaluated so that the case files were consistent and -- and then stood -- you know, stood as far as historical record, the fact that things were evaluated and reviewed and potentially could have been affected but evaluations determined that they were not.

Anyway, that's the shape of things to come, and unfortunately the -- I mean a -- I guess a source of -- of recurring work for -- for both NIOSH and DOL as we cycle some of these cases. That should have been questions. Any

questions?

DR. ZIEMER: Board members, any questions for Jeff?

(No responses)

MR. STEPHAN: Dr. (sic) Kotsch, can you help me understand page 4, your top slide there, talking about total amount of money paid out on SECs, the $97 million on added SEC cases? So we're talking here about SECs that have been passed, but not including the original SECs in the original legislation.

MR. KOTSCH: No, it doesn-- yeah, it doesn't include those.

MR. STEPHAN: Okay. So since then, the ones that have been passed, $97 million.

MR. KOTSCH: I'm sorry, I'm sorry, it does incl-- where -- am I at the fourth slide?

MR. STEPHAN: It's page 4, the -- the top slide there, titled "NIOSH CASE RELATED COMPENSATION," so it's the -- about fifth bullet point down there on the bottom.

DR. ZIEMER: It's labeled as "added SECs," I --

MR. STEPHAN: Cer-- certainly that doesn't include the original ones.

MR. KOTSCH: No, I -- if -- I'm not finding it,

but if it's the added ones, that's -- I know we've had -- yeah, it's -- I'm sorry, yeah, it's just for the added SEC cases.

MR. STEPHAN: Okay. Okay. We -- we just want to make the point that, you know, there's been a lot of concern expressed about the -- particularly with the Department of Labor -- by the Department of Labor about the runaway costs potentially of the SECs. And so -- certainly, you know, we have several SECs before the Board that are, quite frankly, expensive. But you know -- and $97 million is a lot of money, no matter how you look at it, but comparatively, it's -- it's not all that much when we look at the concern that has been expressed about, you know, the cost of SECs by the Department of Labor, so I just want to point out that, you know, there -- there seems to be some dis-- some discrepancy between the -- just anecdotally, I'm adding -- some discrepancy between the concern expressed and actual amount that's been paid to date. I understand we have several before the Board now, but -- so I just wanted to add that.

MR. KOTSCH: Oh, okay.

MR. STEPHAN: So thank you.

DR. ZIEMER: Okay. Thank you, Jeff. Did you have a comment?

DOE PROGRAM UPDATE
MS. ELIZABETH WHITE, DOE

We'll also have an update from Department of Energy, and Libby White is with us today representing the Department. Libby, we're pleased to have you back with us today. Welcome.

MS. WHITE: Thank you very much. Can everyone hear me okay?

DR. ZIEMER: Now -- now you're on.

MS. WHITE: Okay.

DR. WADE: Get close.

MS. WHITE: I am here today and speaking really on behalf of Glenn Podonsky*, who was our chief health, safety and security officer, and unfortunately could not be here this afternoon due to a hearing that he has on the Hill. So he sends his regards and his regrets.

I have no overheads, but I do have two fact sheets which are in the back of the room on the table and also should be in the Board members' materials. One is on the Los Alamos Medical Center and one is on the Mound records issue.

Glenn wanted me to mention that in his position as chief health, safety and security officer for DOE, one of his highest priorities is ensuring that the Department provides thorough and timely records, research and retrieval activities in support of this program. DOE is now, as I think you all know, in purely a support role, and we want to ensure that -- that we're as responsive as we can be, and that will include being more timely with those 44 outstanding requests that we have from NIOSH that are over 60 days old.

This program continues to be an extremely important activity, not only within the HSS organization -- that's Glenn's organization -- but within the entire DOE complex. To this end, management and staff throughout our organization are engaged in -- in activities related to this support work that DOE does, and I'll just mention a few.

Glenn and Pat Worthington, who is my supervisor, have worked with our budget organization to secure significant increase in funding for fiscal year 2007 over what we thought we'd have. We were really in danger,

because there's a year-long continuing resolution, but they were able to find more funding. We really desperately needed this to ensure that we can continue responding to both the individual claims requests and large-scale claims requests in a timely manner.

The office of classification at DOE has led an effort with our program offices and the DOE sites to resolve some issues regarding the transmission of official use -- official use only information that's needed for both the -- the DOL site exposure matrix projects and also other projects. And we also continue to work to assure that classified documents that are requested by the Advisory Board, SC&A, Congressional delegations, NIOSH and the public can be reviewed both in their classified form by individuals with clearances and in their redacted form by individuals without.

In fact, just last week there was a review set up in Glenn's office of a document -- classified document from Los Alamos on non-destructive testing of uranium. And it was thought that this -- this document might provide insights on dose reconstruction for

employees of Granite City Steel. We -- we had a member from the Board, SC&A and also NIOSH at this review. And then it's my understanding that Senator Obama's office will be sending an individual this Friday to review the document. We are working -- Larry mentioned the coworker data and the information that DOE is -- is -- rather NIOSH is waiting on from DOE, and we're working with our general counsel's office to make sure that the sites understand that they can submit this identified information and that they need to do so in a timely manner. I understand it's Los Alamos that we -- we really sort of need to still get you some information on, but I think the other sites are -- are doing okay.

Regarding the one fact sheet that I mentioned, the Los Alamos Medical Center, we continue to work with the New Mexico Congressional delegation, with the Los Alamos Lab, organizations within DOE and then the private hospital -- which is the Los Alamos Medical Center -- to plan for DOE to take possession of records that are currently owned by the hospital but were once owned by the Atomic

Energy Commission. We believe these records may be useful to LANL rec-- LANL workers who are filing claims under EEOICPA.

In terms of specifics of progress, we do have a tentative plan in place. There are a couple of things we're -- the Department is working on, and thanks to Michele, who's in the back of the room, we -- we're addressing some of the issues. She submitted a letter on behalf of Congressman Udall to DOE, which is with our general counsel's office, regarding questions about scope of this review. And so we are working -- I hope that the general counsel's office will get something back to the New Mexico Congressional delegation within the next week or two.

What we are in agreement about is that the pre-'64 records -- pre-1964 records which were once owned by the Atomic Energy Commission, those definitely can be repossessed by DOE. We are also fairly certain that records that were created when Los Alamos has referred people to this medical center over the years, that we can obtain copies of those test results if we don't already have them. In some cases we did sort

of a mini-review of -- of worker records and found that in some cases we've got the complete file; in other cases we do not. And so we're going to work on trying to get copies of those, as well.

But there are some other questions that -- that Michele and others had had which we're working on -- on responding to.

Also we are worried because they're anticipating a Hantavirus outbreak in New Mexico, so we're working with a Hantavirus expert from University of New Mexico to make sure that the protocol that we have for decontamination is truly appropriate, given the fact that this outbreak is expected to -- to occur.

We're working on a radiation sampling plan, and we are -- we're using plans that have been used throughout the complex in the past, and should have that pulled together shortly.

Another -- the other issue that I had mentioned was the Mound records issue, and that is records buried at Los Alamos that were -- Mound records buried at Los Alamos. The fact sheet in the back goes -- summarizes all the detail,

sort of the history and where we are today, and I'll just mention a few key things that Glenn wanted me to bring up today.

And that is that both Glenn and Pat, my supervisor, are very concerned about this issue. They certainly want to ensure that workers do not lose the ability to obtain deserved compensation due to inacces-- inaccessibility of records to support their claims. Unfortunately there's no detailed index of the records that were buried, and so we -- we won't know with 100 percent certainty whether there are any critical records in that collection for which copies are not also accessible from Mound or other locations in the DOE complex.

What we do know, however, is that there is already a significant amount of information available to NIOSH within the DOE system. And NIOSH has indicated that it believes it has the information it needs from these DOE records collections to complete dose reconstructions for the Mound employees.

So where do we find ourselves at this point? Glenn is reassessing the situation. He hopes

to make a determination within the next month or so on how to proceed based on the information and input that we are receiving and that we have received to date. We've shared this fact sheet that I mentioned with the Board and, you know, we are open to continued input from -- that -- that any of you may have -- or questions, certainly.

The other thing we're doing is we're working to actively ensure that -- that this doesn't recur in the future, situations such as this. We've begun coordinating more closely with the DOE chief information officer, with the records officers and EEOICPA implementers throughout the complex. And these are individuals who regularly assess current records disposition authorities and modify them as needed to assure that -- that appropriate records are preserved. So we want to make sure that we're more actively involved in this process.

We're also soon going to issue a memorandum that reminds individuals of the 1990 epidemiologic moratorium and the fact that it's still in effect. The moratorium was expanded in 2003 to include additional categories of

records that were potentially useful for EEOICPA, and we want to just make sure that -- that individuals throughout the complex are reminded of this.

And as we're doing currently, we will continue to assist DOL, NIOSH, the Advisory Board, SC&A by providing copies of all existing records and information needed to support the adjudication of claims and the large-scale records retrieval activities.

In closing I want to reiterate DOE's commitment to this program and the workers served by this program. We certainly look forward to our continued work together, and I'd be happy to take any questions that you have on any of the specific items that I -- that I mentioned.

DR. ZIEMER: Thank you, Libby. Let me ask a question pertaining to the Los Alamos records. You indicate under "next steps" a number of what are called anticipated roles. Is there a formal memorandum of understanding in place that delineates specifically these various roles; have the parties agreed to them or is this still sort of in the planning stages?

MS. WHITE: Specific memorandum of

understanding between -- sorry.

DR. ZIEMER: Well, there's a number of agencies that have anticipated roles. I'm basically asking have they all agreed to those roles, or is this still in the planning stages. For example, do we know that the Medical Center of -- Los Alamos Medical Center is not going to destroy any records before this gets into place?

MS. WHITE: They have agreed that they won't destroy any of these records before this --

DR. ZIEMER: They've agreed --

MS. WHITE: -- is in place.

DR. ZIEMER: So there's some kind of an agreement in writing that --

MS. WHITE: We do -- we do have a memorandum of understanding in draft between the --

DR. ZIEMER: Okay.

MS. WHITE: -- Medical Center and DOE.

DR. ZIEMER: Okay, that's a start.

MS. WHITE: Which -- which is a start. We haven't finalized it yet because there's one question that we still have, and that is whether the actual review of the records will be done at the Medical Center -- once the

decontamination takes place -- the Medical Center had offered that we do the review at part of their facility that's not currently being used. There's some concern that if there's a Hantavirus outbreak --

DR. ZIEMER: Right.

MS. WHITE: -- maybe we should be a little more cautious and do this review elsewhere, but we haven't come up with a location, but there is a draft memorandum of understanding in place.

DR. ZIEMER: Thank you.

MS. WHITE: And we'll make sure that's finalized before we proceed.

DR. ZIEMER: Yes, Phillip.

MR. SCHOFIELD: (Off microphone) (Unintelligible) question for you. What about the individuals who are claimants or potential claimants filing for their records -- medical records that are probably in that trailer? Say I want to file for my medical records that are there --

DR. WADE: Real close, Phillip, real close to --

MR. SCHOFIELD: -- (on microphone) how is DOE

going to handle this?

MS. WHITE: What -- do you mean once this review is complete?

MR. SCHOFIELD: Yes, or in meantime, can a person get a hold put on those records so they cannot be destroyed because they want to use them for their -- potentially look at them for a potential claim?

MS. WHITE: In the short term, before the decontamination and review takes place, I'm not quite sure how that would be handled because the records -- I -- I just don't know how -- how the Lab is currently handling that. I'd have to -- I'd have to check into that. But they're under the ownership of the Medical Center currently, so presumably the Medical Center would be responsible for -- I don't know, for trying to look for those records. After, though, the decontamination takes place, then DOE takes possession of the records. Again, they will go to the Denver Federal Records Center and we will have an index of every individual whose records are included in that center and be able to access the records at that time. Either -- if an individual

directly requests -- requests the records or the claim is sent -- and a request sent by Department of Labor to Los Alamos, and that request is made to -- to pull all the related records that exist. Does that answer your question?

DR. ZIEMER: Thank you. Josie?

MS. BEACH: Was there any determination made on the Mound records? Are we going to uncover those, unbury them, or have we decided not to pursue that?

MS. WHITE: Sorry not to have been clearer about that. That determination has not yet been made. We are -- Glenn is looking at the information that we've received to date, and over the next month we'll make a determination as to how to proceed.

MS. BEACH: Thank you.

MS. JACQUEZ-ORTIZ: Chairman Ziemer and members of the Board, Michele Jacquez-Ortiz with Congressman Tom Udall's office -- thank you, Mr. Elliott -- just want to touch on -- first of all, Libby, thank you very, very much for your ongoing advocacy and persistence in dealing with this complex and difficult issue.

One thing that I just wanted to add to the report, and this goes to the question that was raised, which is the other stakeholder, the Department of Labor. Up until now the Department of Labor has not taken an active role in this assessment, and there will be a need for their assistance in terms of notifying the claimants of their right to retrieve some of these records and request them from the Medical Center. So we will be, as a -- as a follow-up step, we will be formally requesting the Department of Labor's advocacy in that regard. And I just -- I feel like that's a really important piece here.

DR. ZIEMER: Thank you. Good point, because they aren't mentioned in the list of anticipated roles here, so that's a good added component.

MS. WHITE: Thanks, Michele. We had actually talked late last week and she had brought that up, and I neglected to update this fact sheet.

DR. ZIEMER: Okay. Others?

(No responses)

Okay, thank you very much.

MS. WHITE: Thank you.

SELECTION OF 8TH ROUND OF DR'S
DR. PAUL ZIEMER, CHAIR

DR. ZIEMER: The next item on our agenda is a report and recommendations from our subcommittee on dose reconstructions. That subcommittee met this morning in formal session. The chairman is Mark Griffon. Mark, we'll give you the floor for both recommendations and other comments.

MR. GRIFFON: Yeah, many of you were here this morning. We had a subcommittee meeting and we -- we brought -- we were able to pass two motions in the subcommittee unanimously, and we -- we bring them to the Board for the Board's full consideration. They're both before you. The one is regarding DR guidelines, and we discussed these at the past meeting. And these are these -- DR guidelines are instructions that are used as -- as sort of templates or -- or -- I -- I guess templates is the best word, to assist the dose reconstructor in how to approach a certain case and they're -- for most of the large DOE sites, they -- they are available, sometimes several of them, addressing external and internal dose, for

instance, for many of the sites they -- they -- they don't seem to be available, they don't use that approach. But we felt like, from a case review standpoint, these would be very beneficial for our review process to have these available for the cases that we're going to -- that SC&A is reviewing and that the Board is reviewing. So this -- this motion is -- is made to sort of address that going forward, and also for at least all the current outstanding cases that we have in the hopper. That would be anything from the fourth set of cases onward. And I -- you want to -- should we read the record for the motion or --

DR. ZIEMER: I think we need to read it into the record. I don't know if we have copies available for the general public yet. The Board has copies.

DR. WADE: And they're on the table.

DR. ZIEMER: There are copies on the table. I simply suggest, Board members, take your pen out and write a date at the top of your paper because a year from now you're not going to remember --

MR. GRIFFON: Right.

DR. ZIEMER: -- when this piece of paper first showed up in your files, so -- but I'll ask Mark to read the motion into the record and then we'll open it for discussion.

MR. GRIFFON: Okay, the -- the motion reads as (reading) NIOSH should make DR guides, parentheses, guidelines, instructions or similar documents, close parentheses, available to the Board for all future cases, parentheses, included as part of the analysis record, close parentheses. Additionally NIOSH should make appropriate versions of DR guides, parentheses, guidelines, instructions or similar documents, close parentheses, where possible available to the Board for all cases currently under review by the Board.

DR. ZIEMER: That is a recommendation from the subcommittee. It does not require a second since it comes as a formal recommendation from a committee. And it is on the floor for discussion and action.

DR. WADE: Wanda.

DR. ZIEMER: Wanda Munn.

MS. MUNN: We do need to assure that, on the permanent record, "DR" is spelled out as "dose

reconstruction."

MR. GRIFFON: Thank you, yeah.

DR. ZIEMER: So we'll take that as a friendly amendment, the first sentence will read "dose reconstruction guides." And I'd like to ask perhaps Stu Hinnefeld or --

MR. GRIFFON: He's the...

DR. WADE: Here comes Stu.

DR. ZIEMER: -- I was going to say or -- or someone else from NIOSH, in terms of implementing this, are there any -- other than the fact that your budget squeeze is on, any -- any impediments to implementing this?

MR. HINNEFELD: Well, it'll -- I have to -- it'll have to -- contact our contractor to really -- in fact, that's what I was doing was sending an e-mail to the contractors to see, you know, what does this sound like in terms of implementation. You know, what's this going to do and is this going to be particularly difficult because these guides are -- you know, they're contractor-prepared, they're instructions to the contractor employees. And so I don't really know, sitting here today, you know, the difficulty. It doesn't sound as if

it would be particularly onerous. I mean if there was a particular instruction that the dose reconstructor is following -- I mean it must be out there in some format, and since we aren't going to be too worried about the format of this -- it can be a Word file or an e-mail message or whatever that would probably be put in the DR development folder. So it doesn't sound to me, on the face of it, to be that difficult, but I don't know that I can speak definitively along that...

DR. ZIEMER: Okay. Okay, other comments or questions --

MR. GRIFFON: We --

DR. ZIEMER: -- on the --

MR. GRIFFON: We also just -- we did consider that this morning, Paul, and the -- the second sentence we added in that phrase "where possible" for the cases going backwards, just -- just because of that because some of these cases we've reviewed were probably done in the early periods of the NIOSH program and they may not be able to find the correct version or --

DR. ZIEMER: Right.

MR. GRIFFON: -- whatever, so --

DR. ZIEMER: Understood.
MR. GRIFFON: -- we understand that, as well.
DR. ZIEMER: Okay. Board members, are you ready to vote on this motion? It appears we're ready to vote.
All in favor, say aye?
(Affirmative responses)
Those opposed, no?
(No responses)
Any abstentions?
(No responses)
Then the motion carries.
DR. WADE: For the record, unanimously.
DR. ZIEMER: Proceed.
MR. GRIFFON: Okay. The second motion that -- that we came up with from the subcommittee is regarding the blind reviews, and basically we -- in the original scope of work we did task SC&A with doing some blind reviews. We thought that we needed a -- a little more defined instruction on how to proceed on that, the purpose of the blind review as well as the mechanics of how we're going to do the blind reviews. And we -- we -- we've yet to select any cases -- today when we looked at the 8th

set, we did not yet select any blind review cases -- but we at least outlined an -- an approach in this motion of how to proceed. And I think that's -- I guess I can read this for the record, as well?

DR. ZIEMER: Please read the motion, then we'll discuss it.

MR. GRIFFON: Okay. (Reading) The purpose of the blind review is to determine if required assumptions, application of tools, interpretation of data and treatment of data yield consistent and scientifically-defensible results for the dose to the organ of interest. The Board will select cases for the blind review. NIOSH will provide the Board and SC&A case information on a CD for review. The Board and SC&A will not ac-- will not access the NOCTS database or any other claimant databases for such review.

The blind review will be conducted using available tools developed by NIOSH/ORAU but without any case-specific analytical files. These blind reviews will be focused on best estimate cases, to the extent possible.

DR. ZIEMER: Again, this motion comes from the

committee and does not require a second. It is open for discussion. I'd like to ask a question. Mark, where -- it says the Board and SC&A will not have access to the claimant database. They will have information -- well, what -- what information will they have in terms of -- they certainly have to know the time since exposure, there's -- there's certain pieces they --

MR. GRIFFON: Yeah, they'll be provided certain claimant files, but they won't be -- usually in a DR file that's on the NOCTS or -- or the R drive on the da-- on the server, they have the -- all the DR development tools, including the IREP input files which would give all the specific doses by year, IMBA runs that they've done, all those analytical tools. They'll also have the -- the workbooks that they use to calculate various types of doses and for this analysis I think we'd say that on a CD, SC&A would get that workbook, but it would be a blank workbook. It wouldn't have anything in it. So then it's up to them to -- you know, how to use the workbook.

DR. ZIEMER: Right. It would have the basic --

MR. GRIFFON: Right.
DR. ZIEMER: -- information on the claim, what the nature of the claim --
MR. GRIFFON: So they're getting the raw data and the tools, but none of the -- none of the -- the -- how to fit the raw data into the tools or how -- what assumptions to make in fitting those things together. That's basically my understanding.
Stu or John, if you want to clarify that, I don't know.
DR. ZIEMER: Stu.
MR. HINNEFELD: What I envisioned would be that whatever was in the claimant file at the time the dose reconstruction was prepared -- you know, before the actual dose reconstruction is done --
DR. ZIEMER: Whatever a constructor would start with.
MR. HINNEFELD: Right, whatever the dose reconstructor would have had available when they did the dose reconstruction would be copied onto the CD, so that would include any response from DOL, any correspondence from DO-- let's see, well, response from DOE, any kind of

referral information or -- or amended information from DOL, any correspondence --

MR. GRIFFON: With the claimant, correspondence -- yeah.

MR. HINNEFELD: Yeah, including -- I mean we can put everything in there just by date, you know, up until the date. The claimant interview of course would be in there.

MR. GRIFFON: Right.

MR. HINNEFELD: So -- just whatever the -- whatever would be available to the dose reconstructor when he did it.

DR. ZIEMER: And I think, in fact, what we'll have to do is -- is try a number of these and determine whether or not we think we're really doing a blind reconstruction, and we'll know that fairly fast, but --

MR. GRIFFON: Yeah.

DR. ZIEMER: -- this sounds like the right approach.

SC&A, did you have any input on this at that point? You understand what we're talking about here, too?

DR. MAURO: Yes, I do, I -- I'll just have one observation and I'll certainly ask Kathy

Behling if she has any other comment, too, since she's very close to this, but when you say that the tools will be provided, typically when a dose reconstruction is done by NIOSH and a -- and a workbook is used or a -- normally that workbook is available for that particular case. What I'm hearing is -- and it's usually populated --

MR. GRIFFON: Right, I'm saying not populated (unintelligible).

DR. MAURO: And so -- so what we would have is a workbook that would -- that was -- so the only information that goes above and beyond what I would say DOE would provide would be information that yes, in fact NIOSH did use a workbook in this particular case and this is the workbook that was used, but it would not be populated.

MS. MUNN: Yeah.

MR. GRIFFON: Right.

DR. MAURO: Okay.

MR. GRIFFON: That's my understanding, yeah.

DR. ZIEMER: Well, I -- I would even ask whether you want to tell them that or have -- I mean where does the dose reconstructor start?

Who -- who decides what workbook to use to start with? May-- maybe you want to -- maybe you want the --

MR. HINNEFELD: It might be more blind if we -- if the library of available tools was made --

DR. ZIEMER: Here's the --

MR. HINNEFELD: -- available to SC&A.

DR. ZIEMER: -- tools; you -- you decide what -- I mean that -- isn't that what happens for the --

MR. HINNEFELD: That's what happens with the dose reconstructor.

DR. ZIEMER: Yeah, somebody doesn't hand him the workbook and say this is the one to use.

MR. HINNEFELD: Right.

MR. GRIFFON: Okay.

DR. ZIEMER: Right, so can we do it with that understanding? It seems to me he's got to start from the same place --

MR. GRIFFON: I think -- I think so, as long as the -- the library of tools is -- is readily available -- findable, I should say. I'm not sure those are always --

DR. ZIEMER: Well, yeah, we don't -- we don't want them to spend their whole time trying to

figure out where the tools are.

MR. GRIFFON: Right, right, right.

DR. ZIEMER: You know, here's where the first clue is, and --

MR. GRIFFON: Yeah.

MR. HINNEFELD: I think that maybe when I get a better idea of what exactly the library looks like and where it is, we can develop a place, make sure it's well understood what -- the tools are available and where they are.

MR. GRIFFON: And I -- and I agree, Paul, that I think we need to do a couple of these, the first round, and just see if we really are getting what we think we're getting --

DR. ZIEMER: Yeah.

MR. GRIFFON: -- you know --

DR. ZIEMER: Yeah.

MR. GRIFFON: -- so...

DR. ZIEMER: Okay, so we'll -- we'll take that as sort of the sense of the motion as we proceed.

MR. GRIFFON: Yeah.

DR. ZIEMER: Other comments or questions?

(No responses)

Okay, I think we're ready to vote then. All

who are in favor of this motion, say aye?

(Affirmative responses)

And those opposed, say no?

(No responses)

And any abstentions?

(No responses)

Okay, ayes above the noes, as they say.

DR. WADE: Unanimously.

DR. ZIEMER: Uh-huh.

MR. GRIFFON: I think the -- the next items, I -- in the subcommittee I -- I did give an update on the status of our reviews. And just for everyone's purposes, we -- we had a subcommittee meeting in Cincinnati in between the last meetings and we did make progress on the fourth set of reviews and the fifth set of cases, which would be up through 100 cases. And we haven't closed them out completely so we're still in the resolution phase for both of those matrices, but we have -- the fourth set, we have some very -- we -- we have some cases where NIOSH has agreed to -- to come back to the subcommittee with some detailed written responses. These are questions that couldn't sort of -- couldn't be quickly answered in a

matrix spot on -- on the matrix and we need a little more detailed backup analysis to support their argument in the matrix. So we're hashing through those.

And in the fifth set, at the last meeting we took our first run-through of the matrix and we had some first discussions after NIOSH's response. We had SC&A's findings and NIOSH's response, and then we took a first crack at a resolution. I've -- I've edited that matrix and -- in draft form, certainly. It still has some question marks from my own notes, but I will circulate that, but those two items are still outstanding and the -- and I imagine we'll just proceed in the subcommittee. We're working through those matrices. I hope to close both those, the fourth and fifth set, out by the next subcommittee meeting, which I -- I plan to schedule in between the next -- this meeting and the next Board meeting, so I think that works well for going through the details is to have the subcommittee meeting in Cincinnati to work through that matrix level sort of information, so I think we'll plan to do that again.

DR. ZIEMER: Let me ask a question also at this point. On set seven, during our last phone meeting, we were trying to get the teams identified for that. I want to make sure all the Board members now have got the team assignments which Lew and I actually did with Kathy's help after the meeting since we had some issues on how the cases were numbered. Is there anyone that did not get the final set of assignments? Apparently --

MR. GRIFFON: Stu didn't.

MR. HINNEFELD: I don't think I got them.

DR. ZIEMER: Well, we're -- we're trying to keep this from you, Stu.

MR. HINNEFELD: It would make my life simpler.

DR. ZIEMER: Last -- last (unintelligible).

MR. HINNEFELD: It would make my life simpler, but to burn the CDs to get the case files to those -- to the Board members --

DR. ZIEMER: Right, I -- I will hand you some of the copies here today yet. Yeah, thank you.

MR. GRIFFON: Okay.

DR. ZIEMER: Okay, proceed.

MR. GRIFFON: And then I guess that brings us to the eighth set, and this morning in the

subcommittee NIOSH, Stu's group, generated two lists again, similar to what we did last time. We have a -- and I assume everybody has copies of these.

DR. WADE: Yes.

MR. GRIFFON: One of the spreadsheets says full internal and external, and the other one is titled "Random Selections," and we took a first crack at the subcommittee level of going through and selecting cases. I think we came up with 43, is that --

DR. WADE: Forty-three.

MR. GRIFFON: -- 43 cases. Our goal is -- now this is the -- we -- we're proposing this two-tiered approach again where we have 43 cases here. If we agree on these at the Board level, then we'll ask NIOSH to go back and give us that more detailed information, which included like information on the DR approach. If you recall, we asked the -- that -- that more detailed information. After we get that back, my -- my goal would be -- assuming we have another Advisory Board phone scheduled, then we can make a final determination on that phone call meeting with the full Board selecting the

final. And our goal is to get 32 cases out of these 43 for the full eighth set.

DR. WADE: The phone call is scheduled for June 12th.

MR. GRIFFON: June 12th, so in -- from now till before June 12th, NIOSH will be able to give us a more detailed matrix with the other information, and then we can select our 32 from these 43, assuming that these are accepted by the full Board. So I would say if we can indicate which ones we pre-selected, everyone on the Board might want tonight to look them over like we did last -- at last meeting and then we can maybe vote on them tomorrow or whatever, you know.

DR. WADE: Uh-huh.

MR. GRIFFON: You want -- Lew, do you have the numbers?

DR. ZIEMER: That would be good. Do you want to go through and give us the -- the --

DR. WADE: I'm going to start with the full internal and external, and I'm going to only read you the last three numbers in the selection ID. That's to save you time.

DR. ZIEMER: These are all in reverse order.

DR. WADE: Yeah, they're --
MR. GRIFFON: They're -- they're not in numerical order, so it takes --
DR. ZIEMER: Well --
MR. GRIFFON: -- it's a little harder to follow when they're not --
DR. WADE: They're in some reverse order, sometimes they get a little bit out of order but that's part of life.
So on page one --
MR. GRIFFON: Yeah.
DR. WADE: -- of full internal and external --
MS. MUNN: Dr. Wade, before you continue, for the rest of the Board that was not privy to our conversation this morning, it might be helpful for them to understand what our rationale was as we were going through these. We -- would you like to give that --
MR. GRIFFON: You can go ahead, Wanda. You're right. I'm sorry.
MS. MUNN: Because of the statistical information that we had received from our contractor just last week --
DR. WADE: And that's all in front of you -- hard copy in front of you at your workplace.

MS. MUNN: Yes -- they had made it very clear to us that we were off of our goal a little bit on some of the initial percentages that we set out to achieve. Whether those are going to hold to be accurate and what we want to continue to do in the long run is questionable, but for the time being, because there were shortages in some of these arenas, very particularly we -- there was a shortage in our review of POCs between 45 percent and 50 percent. We hadn't done quite enough of those. Nor was there an adequate number for work periods that began in the '60s, '70s, and '80s. So as we were going through these, we were looking primarily at those two items rather than at sites or at type of cancer, which we've reviewed in the past.

DR. ZIEMER: Thank you.

MR. GRIFFON: Thank -- thank you, Wanda. I forgot to...

DR. WADE: And also along the -- on the altar of stage-setting, we have 60 reviews a year. This year we decided to do them in two bites, so we did 28, now we're looking at 32. The blind reviews are over and above those 60, and

Mark will talk more about those later.
So now I'm going to try and read you 43, from which 32 need to be drawn. And again, starting with full internal and external, on page one, starting at the top, 295. Next, 289 -- if you get bingo, just yell it out -- 260 --
MS. MUNN: What's the page?
DR. WADE: -- 257, 254, 249, 240, 239 --
MS. MUNN: Next page.
DR. WADE: -- 236, 227, 226, 224.
MS. MUNN: Next page.
DR. WADE: On to the next page, 210, 209, 195, 187. On to page 5, 172. On the bottom of the page there are three, 157, 156, 155. On page 6 just one, 153. On page 7, 120, 101. On page 8 just one, 083. On page 9 just one, 045. None on page 10.
We'll then move on to the matrix headed "Random Selections," on page 1, 690, 684, 678. On to page 2, 666, 661, 649, 644. On to page 3, 632, 627, 623 and 613. On to page 4 there's just one, 588. On to page 5 there's just one --
DR. ZIEMER: 588 is -- oh, no, that's one of those. Okay.
DR. WADE: Yeah, some -- sometimes they're out

of order. On page 5 there's just one, 562. On page 6, 551, 545, 528 and 525. And the last, hopefully, of the 43, on the last page is 514.

MR. GRIFFON: Okay.

DR. ZIEMER: Okay, therefore from this group then, this is 43 total. Correct?

DR. WADE: I believe.

DR. ZIEMER: And we -- we'll need to select 32 and the suggestion Mark has made is to do this during our working session later in the week, after you've had a chance to look at these in more detail.

DR. WADE: Mark --

MR. GRIFFON: Yeah, we want -- we want to know if these 43 are acceptable to then give to NIOSH to get more information. Then we'll --

DR. ZIEMER: And then you would --

MR. GRIFFON: Then we'll go --

DR. ZIEMER: -- select the 32.

MR. GRIFFON: -- to the next step, right.

DR. ZIEMER: Okay. So basically we'll be looking for perhaps two things. One is anything that you don't -- any of these that you don't think should be on the list, and do -- you want others that someone may wish to make

a case for adding to the list. So this -- this'll come as a recommendation for feeding back to NIOSH for that additional information.

MR. GRIFFON: Right.

DR. ZIEMER: And we can take action on that then later. Any questions or comments?

DR. WADE: And the expectation is that once NIOSH brings that information back, then on the Board call on the 6th of -- the 12th of June, we'll finalize those 32 and then SC&A will have their 60 for the year. And then, Mark, you'll be requesting information --

MR. GRIFFON: Yeah --

DR. WADE: -- on blind reviews.

MR. GRIFFON: Yeah, we were going to -- Stu actually recommended this so I want to make sure I get it right, but the notion would be then after we select those cases out of this -- these available best estimate cases, they could give us another matrix of best estimate cases, but this time give us ranges of POCs so we don't have an exact POC number output, and then we can use those to select the blind cases, I think -- is that -- that's sort of the sense, Stu?

MR. HINNEFELD: We can do it however -- however you want.

MR. GRIFFON: Yeah.

MR. HINNEFELD: But what I -- what I thought I'd suggested was we could -- since you're interested in cases that are essentially close to the cut point, is to generate the list of all the 40 to 50 percent cases that have not already been selected from the full internal and external list, and then remove the POC from the table --

MR. GRIFFON: Yeah.

MR. HINNEFELD: -- and then make that entire table available for the blind selection.

MR. GRIFFON: That's fine, too. Yeah, either ranges or just -- just all the 40 to 50, that would just --

MR. HINNEFELD: I could -- I could put --

MR. GRIFFON: -- make it even simpler, you know.

MR. HINNEFELD: Yeah, we could put in there just what decile -- you know, like ten to 20 or 20 or 30 --

MR. GRIFFON: That's what I was thinking.

MR. HINNEFELD: -- we can do that, as well.

DR. ZIEMER: For the blind reviews?
MR. HINNEFELD: Right.
MR. GRIFFON: Yeah.
DR. ZIEMER: Well, I'm going to -- I'm going to raise a question as to whether you even want -- that's a clue.
MR. GRIFFON: Well -- well --
MR. HINNEFELD: That does --
DR. ZIEMER: That's a peek through the blindfold.
MR. HINNEFELD: Yeah.
DR. ZIEMER: If it's full blind review, the you don't want --
MR. HINNEFELD: Okay.
DR. ZIEMER: -- you don't want the contrac--
MR. GRIFFON: We got around to how do we select cases then, that's the question, but -- go ahead, Larry.
DR. ZIEMER: You know, I -- I guess I would argue as a starter, you might want to do it completely at random and then -- I don't know, but as soon as you put a constraint like okay, here's -- here's the ten to -- what will happen, the contractor knows that in advance and if they don't get that answer, guess what

happens -- well, maybe not.

DR. WADE: Maybe if they do get that answer, that's (unintelligible).

MR. GRIFFON: Yeah.

DR. ZIEMER: Well --

MR. ELLIOTT: I suggest -- I suggest that you take it beyond 50 percent. Don't stop at 50 percent, because we're talking about best estimates --

MR. GRIFFON: Right.

MR. ELLIOTT: -- and if you go to 52 or 53 or 55 POC, let's say you take ten -- a ten-point spread, 45 to 55, when we put everything on the plate for you there, that gives you a broader spread, but we can do it however you want. But I wouldn't stop at just 50 because if you're looking at how -- how well we've done our job --

MR. GRIFFON: Right.

MR. ELLIOTT: -- why not look at the 51s as well.

DR. WADE: Or all best estimates.

MR. ELLIOTT: Or all best estimates.

MR. GRIFFON: That -- that's what I was getting down to was all best estimates, and maybe just

leave the POC out of it completely.
MR. HINNEFELD: That's okay with us.
DR. ZIEMER: Well, even knowing all best estimates gives another clue. I -- here -- here's another idea -- to think about; we don't have to decide this today -- but suppose we say okay, Stu, give us like -- what -- what number are we talking about, total number?
DR. WADE: Six.
MR. GRIFFON: Six.
DR. ZIEMER: Si--
MR. GRIFFON: Maybe for the first go-round, probably two or three, I think.
MR. HINNEFELD: That they would actually review, but what about selection pool?
DR. ZIEMER: I'm going to use the number ten. Give us -- give us seven best estimates and three that are something else, but don't tell us which are which --
MR. HINNEFELD: Uh-huh.
DR. ZIEMER: -- and so the contractor has -- they may know that most of them are best estimates, but wouldn't know which ones they were, so that --
MR. GRIFFON: Then you're --

DR. ZIEMER: -- they've got to --
MR. GRIFFON: -- then you've got NIOSH picking the cases?
DR. WADE: Or randomly selecting, I guess.
MR. GRIFFON: Or randomly selecting, based on those fields, best estimate or --
DR. ZIEMER: Well, you can instruct Stu on --
MR. GRIFFON: Yeah.
DR. ZIEMER: -- on something -- I'm just trying to figure out a way --
MR. GRIFFON: I know.
DR. ZIEMER: -- to make it a truly blind thing. If it's truly blind, we don't even know what the -- what the range is.
MR. HINNEFELD: Right, wouldn't know what the range was.
DR. ZIEMER: But we could instruct -- give us a certain percent of these and a certain percent of those, but mix it together.
MR. HINNEFELD: Uh-huh.
DR. ZIEMER: I don't know. Think about it.
MR. GRIFFON: Yeah, I don't even know how easy that is for NIOSH to select, 'cause as we've seen, sometimes when it says best estimate on -- in that one field, it can mean different

things, you know --

MR. HINNEFELD: It can, it can mean dose model and it can mean other --

MR. GRIFFON: Right, right.

MR. HINNEFELD: -- things as well, so...

MR. GRIFFON: And we -- we also wanted to get -- it is difficult, yeah.

MR. HINNEFELD: Well, if we make it -- if we make it truly blind, then the reviewing -- SC&A would have -- you know, this is what the dose reconstructor faced when they did, you know, the dose reconstruction --

DR. ZIEMER: Yeah.

MR. HINNEFELD: -- not knowing what decision they made, not knowing if they decided to do an overestimating approach for efficiency. I don't know if you want them to --

DR. ZIEMER: It would --

MR. HINNEFELD: -- have that in their repertoire.

DR. ZIEMER: -- it would just seem to me you would want them to go through the whole process, to decide which it is, to -- you know, what -- what do I do with -- think about that.

MR. HINNEFELD: Okay, whatever (unintelligible)

--

MR. GRIFFON: I -- I -- I don't think we have to select the cases today, but that -- it -- it -- it -- yeah.

DR. ZIEMER: No, we don't, I just want to -- you know, if it's blind but you're peeking around the corner, then that's not quite blind. Okay.

DR. WADE: If we look forward then, we have a call on the 12th --

MR. GRIFFON: Uh-huh.

DR. WADE: -- and then we have a face-to-face Board meeting in July. I mean this issue could be discussed again on the 12th and moving toward selection of the blind cases at the July meeting. Is that acceptable?

MR. GRIFFON: Yeah, I think that's --

DR. WADE: Is that acceptable, John?

DR. MAURO: (Off microphone) (Unintelligible)

DR. ZIEMER: Okay.

MR. GRIFFON: We wanted to push the ball forward. I know there's some -- some things to work out, but we'll get there.

DR. WADE: It's a good discussion.

MR. GRIFFON: Yeah.

DR. WADE: It's a discussion that needs to be had.

MR. GRIFFON: Yeah.

MS. MUNN: Do a Monte Carlo selection.

DR. ZIEMER: Okay, any other -- anything else from the subcommittee, Mark?

MR. GRIFFON: I think that's it. Other subcommittee members have anything else to add?

MS. MUNN: No.

MR. GRIFFON: I think that covers it.

DR. ZIEMER: We're going to go ahead and take our break here in a minute. Do we have any other housekeeping items we need to --

DR. WADE: I don't --

DR. ZIEMER: -- address?

DR. WADE: -- think so. I mean I think it might take a little bit longer for the workgroup reports so I'm glad we have some time, and we do have Senator Obama at 4:05, so I think (unintelligible) --

DR. ZIEMER: Let's come back promptly at 3:45 so we can get underway and be -- be into our work at least before the phone call.

MR. PRESLEY: (Off microphone) (Unintelligible)

DR. ZIEMER: Well, we're scheduled to resume at

3:45.

DR. WADE: Be ready to work at 3:45, in your chairs ready to work.

MR. GRIFFON: All right.

(Whereupon, a recess was taken from 3:15 p.m. to 3:45 p.m.)

DR. WADE: Back in session.

WORKING GROUP UPDATES
WORKING GROUP CHAIRS

DR. ZIEMER: Our -- our session this afternoon is going to involve some updates from our various working groups. Some of the working groups are going to be involved in reports relating to SEC petitions later in the meeting, so those will come up as they occur on the agenda later. For example, the Rocky Flats working group and others. So we'll confine this to the working groups that aren't part of those other action items later. Lew, do you have the list there of --

DR. WADE: I do.

DR. ZIEMER: -- working groups? And may-- maybe we could start with Dr. Lockey's group, even though it's not necessarily first on your list, but he has a definite report for us.

DR. WADE: Okay. This is the workgroup to

review SEC petitions that did not qualify, chaired by Dr. Lockey, members Roessler, Melius, Clawson and Munn.

DR. LOCKEY: Thanks. Our working group met on November 9th and again on March 28th. The last meeting was in Cincinnati and we have summarized our findings and our recommendations. It was sent out to the working group as a final summary a number of times. We refinalized it again last week and it was sent out and accepted by the working group.

Generally what we found in relationship to this was that NIOSH seemed to be -- was doing a good job in relationship to this particular subject. Our recommendations were -- a number of recommendations were to make it more user-friendly. Other words, make it more accessible to the population that we're trying to serve, make the language more user-friendly, et cetera.

What I can do, if you'd like, is review each of these points in detail, or summarize each of the points if you'd like. Chair, I'll leave that up to you.

DR. ZIEMER: Before you do that, let me make sure -- Board members, do you all have a copy of the -- hard copy of Dr. Lockey's report? And this is on the table in the back for members of the public. There's a number of specific recommendations. I think most of the Board members had an earlier version of this --

DR. WADE: That's correct.

DR. ZIEMER: -- also, so I -- I ask you, Board members, do you want Dr. Lockey to go over these specifically in detail? Basically this comes as a recommendation from a workgroup. It constitutes a motion before us --

DR. WADE: That's correct.

DR. ZIEMER: -- for approval and so I'm going to interpret it as that. And then if you wish to either hear all the individual recommendations, or to ask questions about specific points, we can do it that way. I'm inclined -- I'm inclined to not have you reiterate every point since the Board members have had this in advance and have had opportunity to look at it, but we -- we can certainly do that if -- if the assembly so wishes. We'll make sure everybody's got a

copy.
I believe we had an earlier version of this -- perhaps at our last meeting.
DR. LOCKEY: Does an-- does any member of the Board have any questions about our points and recommendations? In our last meeting we had the ombudsman participate, Laurie as well as --
DR. WADE: Denise.
DR. LOCKEY: -- Ms. Brock, and that was very helpful in finalizing this and adding some additional points to our recommendations. We found particularly that Laurie and Denise concurred with our recommendations, and through their input we added a few additional ones at our last meeting.
DR. ZIEMER: Okay. I'm looking around to see if -- if the sort of lack of comments means everybody is satisfied with the report or they're so stunned with your recommendations they're unable to react.
DR. WADE: No, it's the former. It's the former.
DR. ZIEMER: Many of the -- many of these points are simply statements. For example, phone consultation by NIOSH personnel,

consultations were comprehensive, informative and well-documented and so on. They are not requiring action, they are simply observations. Others are recommending certain things to make the process more user-friendly.

It's my impression that many of these have already been incorporated into the -- the process by NIOSH. Is that correct?

DR. LOCKEY: That's my impression, too. Larry is --

DR. WADE: Maybe LaVon can come up. LaVon, can you join us?

DR. ZIEMER: Is there -- are there any recommendations here, LaVon, that are so difficult that you just aren't going to be able to do them?

MR. RUTHERFORD: Make sure this is on -- no, none of them. In fact, we -- we were very much in agreement with the working group recommendations, and we are implementing those now.

DR. ZIEMER: Thank you. If -- if there are no other comments, then the Chair is inclined to ask the Board to endorse the working group's recommendations here by an affirmative vote.

All in favor of this report, please say aye?

(Affirmative responses)

Are there any opposed, no?

(No responses)

Any abstentions?

(No responses)

Then the Board endorses this report. We thank the working group. In -- in essence, this completes the work of that working group. We hate to see working groups fade away, but --

MS. MUNN: No, we don't.

DR. ZIEMER: -- Dr. Lockey, I declare that the work of your working group is done and you need not meet further, at least under this guise.

DR. LOCKEY: We appreciate that. Thank you.

DR. WADE: Hear, hear.

MS. MUNN: As agreed, hear, hear. Yes. We are officially disbanded. Good night.

DR. ZIEMER: Okay, let's proceed down the list. Lew, could you just --

DR. WADE: All right, I will --

DR. ZIEMER: -- go through the roster there?

DR. WADE: -- skip the subcommittee on dose reconstruction as we've heard their report earlier. Next is the workgroup on the Nevada

Test Site site profile chaired by Presley; Munn, Clawson and Roessler.

MR. PRESLEY: We have met twice, once in person and then as a -- on a conference call, since the last Board meeting. What we are in the process of doing -- we're going to group some of the 25 issues into subgroups. I guess two of the big things that has gone on -- SC&A has agreed with NIOSH's presentation on the resuspension model -- with a few modifications, and I don't think there's anything on there that we can't live with -- so that will be done.

The other ongoing problem that we had was with monitoring -- people not wearing their badges. And as I understand it, this is going to be a site-wide problem or a complex-wide problem and that each case is going to be dealt with individual, as a case-by-case-based issue.

And the last thing that we have ongoing is interviews. We have had a -- five to eight interviews done sometime back from -- NIOSH interviewed some people and we're having a problem kind of getting those passed on to SC&A and then back to us and giving SC&A time to

comment those interviews, so we're waiting on those interviews -- comments from SC&A, and then we will be ready to hopefully come with some type of a recommendation to the Board. Any of the Board members or working group members have any comments on this?

MS. MUNN: I have one question, whether we have a feel for when our next meeting can occur once we've cleared the air on these latest interviews?

MR. PRESLEY: If we can find Arjun and find out where he stands on the -- on that, then we can come up with a date for an interview (sic). We'll try to do that this -- this -- in the next two days.

MS. MUNN: He's in the building. Maybe we can put that in our -- our --

MR. PRESLEY: Some -- we can -- we can find out when we get that done.

MS. MUNN: -- housekeeping issues on Friday.

MR. PRESLEY: And then we can come up with our next meeting. Anybody have any questions? Mark.

MR. GRIFFON: Just one on that -- the second item, I think you mentioned the --

MR. PRESLEY: Badging.
MR. GRIFFON: -- policy of badging, yeah, and -- and I think -- I think you're right, there is a site-wide approach being developed. You mentioned that it was going to be handled case-by-case basis, though? I'm not -- not sure I understand what that means or --
MR. PRESLEY: Jim.
MR. GRIFFON: -- Jim can follow--
DR. NETON: I think -- testing. I think we -- we are addressing this as a complex-wide or, as you'll see on Friday, we're calling them global issues now. But you know, we're still in the process of doing that. It would be applied on a site-by-site basis once the -- once the technical position has been fleshed out.
MR. GRIFFON: A site-by-site?
DR. NETON: Yeah, site-by-site, not case-by-case.
MR. GRIFFON: Okay, not a case-by-ca-- okay.
MR. PRESLEY: I'm sorry.
MR. GRIFFON: That clarifies, thank you. I'm sorry.
DR. ZIEMER: Thank you.
DR. WADE: Go ahead.

MR. PRESLEY: That's all I have, Lew.
DR. WADE: Oh.
DR. ZIEMER: Next.
DR. WADE: Workgroup on the Savannah River Site site profile chaired by Mike Gibson; members Clawson, Griffon, Lockey.
MR. GIBSON: We haven't had any other meetings yet. We were still waiting around for the notes that were taken during the classified records review to be finished, looking -- Savannah River Site, the classifier to look over them and get them back to the -- the authors of those notes. I understand that -- I believe they've been sent back to NIOSH rather than to the different subcommittee members or working group members, and so we're looking into that. And once we can get the notes back together we plan on getting together and trying to update the matrix and we should have a little bit more for the Board at the next meeting.
DR. ZIEMER: Thank you. Questions for this workgroup?
MR. GRIFFON: I -- I can actually just -- just to add on, what -- we did go down to Savannah

River for -- to review, which -- a database which I guess could have been or is considered classified right now, and I -- and I haven't gotten these notes back to Mike yet, but we did have a series of actions in addition to -- we -- we took some notes which had to be reviewed, certainly, and Mike's correct on that. But we did have a series of actions to sort of move along on -- on clarifying -- it -- it was apparent that the database we were looking at was not the database we thought we were going down there to see, so we have documentation that doesn't seem to be consistent with the actual physical database that we were looking at, so we're trying to sort out, you know, exactly what databases -- sort of the universe of databases that exist and make sure we can find the -- the -- the one of most interest, so it wasn't quite -- it -- you know, it wasn't a complete successful trip, but I -- you know, we're -- we're -- we've got a path forward for sorting out that concern over the database and I'll -- I'll get those notes to you, Mike. I'm a little tardy on that.

DR. ZIEMER: Well, I -- I'd like to ask either

Mike or Mark, is this going to be an ongoing problem with the Savannah River Site? Are there going to be other sets of data that are going to require this kind of classified review? The classified review process seems to take long, simply logistically, and then the issue of figuring out what can be shared with the workgroup and so on. What -- what do you see down the road? Is this going to be a continuing issue there or is this a one-time thing?

MR. GIBSON: I'd -- I'd probably defer to some of the members that have the clearance that have seen the database.

MR. GRIFFON: Yeah. I -- I mean I think we might need another trip down there, but my -- my sense, and I think -- I don't know if -- Sam Glover's not here from NIOSH, I don't think, but you know, my sense is it was sort of a -- it -- the database we were looking at was -- was termed classified for precautionary purposes and -- but I really think that we did do some queries to sort of ascertain what we were interested in and -- and narrow down the request, and then I think that requested

information can be declassified fairly easily. I -- I actually don't think most of the stuff we're interested in even is classified, but -- so that was -- that was our goal was while we were down there to try to do some searches on this database, even though it wasn't the one we were looking for, see if there was anything there of interest and try to keep the search narrow enough so that anything we wanted to request we could have redacted fairly easily and -- and simply and not be a massive volume of -- of -- of -- you know, of records. So I -- the answer is I think maybe a limited amount of additional classified review, maybe one more trip down there to -- to do a final figure-out on which databases we're looking at, and then I think we'll have what we need and it'll be declassified.

DR. ZIEMER: Thank you. Pick up one more.

DR. WADE: Okay, now we're going to skip to -- we have the workgroup on Rocky Flats site profile and SEC petition. We'll be hearing from that workgroup tomorrow. Then the workgroup on Chapman Valve SEC chaired by Dr. Poston, we'll hear from that workgroup

tomorrow, but Gen Roessler will be presenting as Dr. Poston's not with us.

Then we have the workgroup on SEC issues, including the 250-day issue and a preliminary review of 83.14 SEC petitions. That's chaired by Melius; members Ziemer, Roessler, Griffon. Melius is not with us now. We can either wait his report until he's with us or, if you would like to, Dr. Ziemer...

DR. ZIEMER: Well, the workgroup has not met since our last meeting, so I have -- I have nothing to report. Dr. Melius may have some additional comments, and we might want to hear from him tomorrow as well.

DR. WADE: Okay. Similarly, the workgroup on the Hanford site profile chaired by Melius; members Clawson, Ziemer, Poston, I assume we'll hear from Dr. Melius either tomorrow or during the Board working time. And also Schofield is a member of that, I'm sorry.

Then we have the workgroup on conflict of interest policy for the Board chaired by Dr. Lockey, who's looking for work now, along with Melius, Ziemer and Presley. Dr. Lockey, what are you going to do for us now?

DR. LOCKEY: I appreciate that. We have a meeting scheduled I think --

DR. ZIEMER: Next week.

DR. LOCKEY: -- next week. I was going to look at the date and I didn't have it with me.

DR. ZIEMER: It's --

DR. LOCKEY: We have a meeting scheduled --

DR. ZIEMER: -- May 11th.

DR. LOCKEY: -- May 11th. That's our first meeting, and all the information has been already sent out in a working folder for the working group members to review prior to the meeting.

DR. WADE: We have three minutes before our speaker joins us. I -- I'd like to raise a question that will come up later, and possibly now is the time to put it on the list of this workgroup. The Board has its operating procedures for how to deal with members who have conflicts, and we -- we all know what they are. The Board has not dealt with the issue as to whether or not a conflicted member can be on a workgroup that relates to that site. We have one case where we have a conflicted member on a workgroup. The Board has no policy on that.

Since workgroups don't make motions, they don't vote, there's no need for exclusion. But I think that might be something to have this workgroup look at.

DR. ZIEMER: Sure.

DR. LOCKEY: No, I would agree with that.

DR. WADE: Okay. So I think it would be wise to --

DR. ZIEMER: Add that to the agenda.

DR. WADE: -- to put that issue on your -- on your list.

Next we have the workgroup on procedures review chaired by Ms. Munn; members Gibson, Griffon, Ziemer, Presley as an alternate.

MS. MUNN: The procedures review group has not yet met. We have been postponing our first meeting until some of our larger projects that the working groups were involved in were -- would be at a point where they wouldn't be taking quite so much time. It's my expectation to pull that group together for the first time if not this month, then certainly early in June. So we have -- have before us a list of material which the contractor has already completed review for, and we'll have plenty of

meat for our plate at that time. So we will be perhaps looking at a good date on Friday when we do our housekeeping issues.

DR. WADE: You might want to ask if the Senator's with us.

DR. ZIEMER: My watch shows that we are at five after 4:00. I wonder if Senator Obama's office is on the line yet.

(No responses)

Apparently not.

UNIDENTIFIED: (Unintelligible)

ADDRESS FROM SENATOR OBAMA
SENATOR OBAMA

DR. ZIEMER: Hello?

(NOTE: This telephone connection was somewhat muffled and, although great effort was made by the reporter to capture every word, accuracy required some portions to be deemed unintelligible rather than guess at the Senator's words.)

SENATOR OBAMA: Hi, this is Senator Barack Obama.

DR. ZIEMER: Oh, thank you for being with us. We appreciate your taking the time to comment again to the Board, so the floor is yours, Senator. Thank you very much.

SENATOR OBAMA: Well, thank you so much. First of all, we thank you for the opportunity to speak to you today. I also enjoyed meeting with the Board last September in Naperville. At that meeting you may recall that I expressed my support for the Dow Chemical workers in Madison, Illinois, many of whom I've met with personally. My office, together with Congressman Shimkus and other members of the Illinois delegation and Southern Illinois Nuclear Workers group, has invested hundreds of hours investigating what went on at the Dow plant. I know NIOSH has, as well, and I think we can all agree it was a dirty, dangerous place to work. This is why I want to commend NIOSH for recommending to the Board that we felt the workers should be compensated, and I urge the Board to approve the Dow SEC petition before you without delay. The workers have waited long enough. The evidence is clearly (unintelligible). Now we need to do the right thing and give these workers the small measure of justice our country owes them for their service.

These men and women responded to the call to

duty during the Cold War. They sacrificed their health to defend us, and they've spent decades without recognition of their sacrifice, decades without compensation to help pay for their treatment. All of you have the opportunity to (unintelligible) ease the burden on these workers and families and acknowledge the (unintelligible) and dangerous work (unintelligible).

(Unintelligible) urge the Board to look closely at extending coverage -- extend the coverage period from 1957 through 1960 to 1957 through 1998. This extension will allow for the coverage of at least 23 more workers who were exposed to residual contamination that were not (unintelligible) covered under the Dow SEC petition you will vote on tomorrow. I hope you will consider (unintelligible).

My staff will provide a more detailed explanation tomorrow for the extended coverage period. Also I understand that the Department of Energy has not produced one single document which establishes why the covered facility description is drawn the way it is. It would be unfortunate if you failed to compensate

these additional workers simply because you've heard only (unintelligible) assertions and not the testimony of these workers, the very people who know more about -- more than anyone else about what actually happened at Dow Chemical -- Dow Madison. And that troubles me, and I will simply urge the Board to (unintelligible) compensation program in the first place.

In closing let me briefly touch on an issue that I also addressed last December in Naperville. That is the issue of timeliness of this (unintelligible). I appreciate your willingness to put this (unintelligible) on your agenda for this week, but I also hope that you consider implementing changes that will provide closure to (unintelligible) workers and their families as quickly as possible. I think that we as a nation owe them (unintelligible). With that, thank you very much for taking the time to listen to me, and I wish you well in your continued work. Bye-bye.

DR. ZIEMER: Thank you very much, Senator. Again, we're -- we're pleased that you took time to address the Board today and we will be, as you know, working on this issue tomorrow and

we'll be in close touch with your staff as well in that process.

SENATOR OBAMA: Thank you so much. Okay, talk to you soon.

DR. ZIEMER: Thank you. Now we'll return to our -- oh --

DR. WADE: Robert, did you want to say --

DR. ZIEMER: -- Robert, additional comments?

DR. WADE: It's not necessary.

MR. STEPHAN: (Off microphone) (Unintelligible)

DR. ZIEMER: Yeah, we'll catch you tomorrow.

MR. STEPHAN: Thank you.

WORKING GROUP UPDATES

DR. ZIEMER: Thank you. We'll return now to our agenda item, which is the workgroup reports and updates. Let's continue.

DR. WADE: Workgroup on the Blockson Chemical SEC, chair Munn; members Roessler, Melius, Gibson.

MS. MUNN: The Board will recall that the site profile was withdrawn for revision, and at that time we had anticipated that revision would be forthcoming fairly promptly. To this date it has not been. The working group cannot continue until we have that document in hand so

that SC&A can review it. I sincerely hope that the budget problems that we're having are not going to in any way affect the completion of this particular document since it seems to me to be -- we've reached the point where time is of the essence.

DR. WADE: I think you were talking of a petition evaluation report --

DR. ZIEMER: Dr. Neton --

DR. NETON: I could shed some light on the status of the revision to the site profile that the working group is waiting for. It is in draft form. We have -- I've reviewed it internally and we expect it to be ready for release fairly shortly, within a matter of a week or so.

MS. MUNN: Good.

DR. NETON: So it's very close to being finalized.

DR. ZIEMER: Thank you, Jim.

MS. MUNN: Thank you. We will convene a meeting of the working group as soon as that document is in hand, and SC&A has promised a very rapid turnaround of their review.

DR. WADE: For the record, we're speaking about

the Blockson Chemical SEC petition, but you're -- you need that site --

MS. MUNN: Site profile, yes.

DR. WADE: -- profile to do your work. Okay, thank you.

Next we have the workgroup on Fernald site profile and SEC chaired by Clawson; members Griffon, Ziemer, Presley and Schofield.

MR. CLAWSON: One of the things we'd like to bring up now, and I think maybe I could refer this to John, because what -- what we're in the --

DR. WADE: Microphone, please.

MR. CLAWSON: -- what we're in the process of right now is, since we've made this an SEC petition, SC&A's got to go through and they're creating a whole new matrix dealing with those issues. NIOSH has not yet been able to review that at this time. As soon as we do, then we'll convene. Is that fair to say, John?

DR. MAURO: Hans Behling is our lead on the full-blown SEC review for Fernald. He is -- last I spoke to him, he's in the home stretch. Soon as that document is drafted, it will be made available as our standard work products

are made available. Of course it has to go through, in this case, the PA process. But you will receive it at the sa-- at the same time, according to our procedures. Part of that work product will have an attachment to it which will have a new matrix specifically geared toward the -- the SEC review that's going on right now.

DR. WADE: Thank you. Next, the workgroup on the LANL site profile and SEC chaired by Griffon; members Beach, Presley, Munn and Poston.

MR. GRIFFON: Yeah, we -- we've yet to convene -- I have yet to convene this workgroup and -- but it's -- it's going to be a high priority, pending tomorrow's activities. Rocky Flats occupied a lot of time for a lot -- for several of us, so -- but LANL will be high on my priorities after that. I expect a meeting May to June -- a first meeting maybe. I think we need to -- we do have -- we do have at least a preliminary review from SC&A, I believe, so I don't know if -- I -- I'm looking to John to know where -- what the status of your review of the site profile is for LANL. I know we

have...

(Pause)

MR. FITZGERALD: Yeah, we -- we certainly -- the site profile has been submitted and there's the, you know, this issue resolution associated with that. The issue of reviewing the SEC evaluation and certainly we've reviewed that, but we haven't gone any further than that at this point, I think just pending, you know, the -- the wishes of the workgroup and what the workgroup would like us to do. So we're -- we're not moving, I think, until we've had a chance to have that interchange, but we've looked at all the documentation and have in fact provided the site profile. That's been issued already.

MR. GRIFFON: Okay. And -- and -- yeah, I -- I think once -- after tomorrow's discussion on the LANL --

MR. FITZGERALD: Yeah.

MR. GRIFFON: -- SEC petition, we might have better direction for a path forward for the workgroup, as well, so...

DR. WADE: Okay. Workgroup on the Linde site profile, chair Roessler; members Beach, Lockey,

Gibson. Gen?

DR. ROESSLER: Thank you, Lew. Before I start on my brief report, I'd like to find out if Antoinette Poncinore* is on the line.

MS. PONCINORE: Yes, I am.

DR. ROESSLER: Okay, I'm glad -- glad you could make it, and did I -- would you pronounce your last name?

MS. PONCINORE: (Unintelligible)

DR. ROESSLER: Okay, my name is Genevieve, but that doesn't mean I can pronounce French very well.

Antoinette is with Linde Ceramics SEC Action Group, and she has been corresponding with us by e-mail. We're keeping her up to date on our meetings and on her actions.

Our working group met in Cincinnati, or at the Cincinnati Airport, on March 26th. We had I think a productive meeting with Steve Ostrow representing SC&A; Chris Crawford, NIOSH; and then other ORAU people working on the project on the telephone. We discussed items in the matrix. I think the biggest item that we discussed is that there have been 700 newly-found bioassays, and NIOSH will work with ORAU

on this to develop a new exposure model. This model will supersede the use of air concentration data for internal dose estimation.

The fact that this came up resolved maybe 50 percent of the items that were in the matrix. Another item that NIOSH and ORAU are going to look at is the use of a geometric mean of a distribution versus the 95 -- 95th percentile values.

And then there are a number of other things that need to be looked at and resolved. There's quite a bit of work here for ORAU to do. I understand that ORAU is assigning their resources as available to work on the -- this bioassay information and other issues.

The working group has been told that we should get a response to this from ORAU/NIOSH by June 29th, or at least ORAU will have it to NIOSH by June 29th, and then it'll come to the working group. We're committed then to have a working group meeting as soon as possible after that. I will have to -- I looked at the schedule. I'll be at a Health Physics meeting in early July. We have our next Board meeting July 17th

through the 19th, so I'm not sure that we'll be able to hold a working group meeting after we get the information from ORAU and before the Board meeting. We'll try, if -- if we can do that.

So I think that brings you up to date then on the Linde workgroup progress.

DR. ZIEMER: Good, thank you. It sounds like the Linde group has made some good progress since our last meeting. We appreciate that.

DR. ROESSLER: Yes, with the help of NIOSH and ORAU, and SC&A, too. We've had a good working group.

DR. ZIEMER: Okay, questions, Board members?

(No responses)

Okay, then let's proceed.

DR. WADE: And then last, the workgroup on worker outreach chaired by Mike Gibson; members Beach, Schofield, Munn.

MR. GIBSON: We've not -- I have not had the time to schedule a meeting for this working group. I've -- just based on the other workgroups we got going, but it's in the pipeline.

DR. ZIEMER: Remind me, though. On this one,

Mike, was your group going to be reviewing the existing outreach program or -- I'm trying to recall what sort of the charter of this one was.

MR. GIBSON: That was to be part of it.

DR. ZIEMER: It was pretty open-ended, but --

MR. GIBSON: Right, that -- that was to be part of it. It was also to include how workers have input into the process of -- of site profiles and to what extent they've been involved in having their -- their knowledge put in the process.

DR. ZIEMER: Right, and -- and to what extent has the input from the workers impacted both the dose reconstruction process and the site profile descriptions and so on. I guess it was pretty comprehensive from that point of view.

MR. GIBSON: Correct.

DR. ZIEMER: I -- I think that task probably is more difficult than it sounds at the surface. That is, assessing not only what's been done but what difference has it made.

MR. GIBSON: Right.

DR. ZIEMER: I suspect it's going to be important for this group to get together pretty

quickly and maybe set forth a process by -- I -- I think -- I think this is a -- this is a tough one. Our other -- our other workgroups -- we sort of know what to do 'cause we've done it before. We know how to review a site profile. But how are you going to go about doing the assessment, and I sort of want to challenge the -- who's on that workgroup? Okay, Josie and --

DR. WADE: Beach, Schofield and Munn.

DR. ZIEMER: -- Schofield -- okay, Munn. I -- I think -- I think that's a real challenge for you to come up with a method for assessing not only what's being done, but what difference does it make; is it having an impact on -- on how things are -- are done, how decisions are made, how we evaluate SECs and site profiles and dose reconstructions; are -- are we utilizing to the -- to an optimum -- in an optimum way the input from our workers. I know there's been a lot of input. We have it on the individual cases. We have it at -- when we go to meetings. There's a lot of information collected, but how well are we utilizing it, so that's -- that's my challenge to you.

MR. GRIFFON: Yeah, I -- I wonder just -- I know in the site profile documents, the various revisions, a lot of times at the front of it you'll -- you'll see, you know, a -- a revision and -- and it was modified based on comments from so-and-so and the essence of the revision was -- and they describe it a little bit. I wonder if the worker outreach meetings are -- are ever sort of targeted in those. I mean that might be one thing maybe to look at. I don't even know if those have been used in that way, if -- if -- in other words, if a site profile Rev. 0 was out and you had a worker outreach meeting, and then Rev. 1 actually considered some of the stuff said in the worker outreach meeting and was modified based on that, would that be accounted for in that sort of cover page where you -- where you note why a revision was made, so...

DR. ZIEMER: Okay, Brad and then Josie and then Phil.

MR. CLAWSON: If I understand right, one of the things that this workgroup was set up for was many times as petitioners and so forth they felt like that their comments were not making

it into the site database. And if -- if I'm not mistaken, part of this -- it's like when Wanda went to the worker outreach up there -- to be able to actually track to make sure that this is getting -- the information is getting put into the database, the technical database of -- and that it's being used.

DR. ZIEMER: Josie?

MS. BEACH: And I guess one of my questions I asked at the last meeting was where would I go to find documentation on exactly what Mark was saying, how worker outreach is used. Where would I find it if I wanted to review procedures or -- 'cause I don't know at this point, so you raised a good question.

MR. GRIFFON: Well, the -- I mean I -- I think -- someone from NIOSH can probably pinpoint to you where on the NIOSH web site there -- there are -- all the worker outreach meeting minutes are there -- correct, Larry?

MR. ELLIOTT: (Off microphone) (Unintelligible)

MR. GRIFFON: It's just a matter of finding the right subfolder, but Stu can --

MR. HINNEFELD: Well, I might suggest that I believe we have a database of worker outreach

comments and resolutions, which would be a place to start.

DR. ZIEMER: Yeah.

MR. HINNEFELD: I mean that, coupled with the minutes from those meetings, you can see from the minutes has really an attempt been made to capture the -- the comments from -- from those meetings and is there a satisfactory resolution of those comments systematically. And I believe there's a database that would -- that contains that.

DR. ZIEMER: Okay, Phil.

MR. SCHOFIELD: One thing I've been doing is trying to let people know that I'm available to them. I've gone to several different meetings, met with different groups about how -- what the Board actually does and about -- that their input is important and about how the SEC process is actually carried out. So in that respect, by having the Board -- let them -- a lot of people don't realize that they can have input to the Board or to NIOSH, so I -- I've kind of tried to establish -- to let people know that I'm free to call, e-mail -- I have this advantage of not being a working person

anymore.

DR. ZIEMER: Okay, thank you. Well, my -- my challenge then to the workgroup is to get going on a brain-- I think you're going to have to do some brainstorming and say --

MS. MUNN: Oh, yeah.

DR. ZIEMER: -- just how are we going to go about this task, 'cause that's got to be the first step. But I think it's a -- a challenging thing. We kind of know intuitively what we're after, but I think you need to set forth a kind of road map, so Mike, that'll be in your hands to I think get this group underway and -- and you have a kind of different challenge than the other workgroups, but there's a lot of information there you can look at and make at least an early assessment of -- of whether it's been effective. And -- and once you do that, then you'll be in a position to -- to make some good recommendations on what else can be done to assure not only that we get the input, but that we have some good solid ways of putting it to use and -- and feeding into the system, so I simply challenge you to -- to do that, and keep

us posted as you go along. I think that will be very useful.

DR. WADE: I think the good news is that under Mike's leadership this workgroup has passion for the issue and -- and I think that will go a long way towards making this a very productive workgroup.

DR. ZIEMER: Okay, Lew, I think that completes our reports --

DR. WADE: Right.

DR. ZIEMER: -- from the working groups except for those that we will hear from tomorrow in connection with the various SEC petitions. We're going to have a public comment session beginning at 5:00 o'clock. We're going to take a little break before that just to allow you all to catch your breath and --

DR. WADE: We might could use a couple of (unintelligible).

DR. ZIEMER: -- we'll have -- yeah, we'll give you a couple of minutes here, Lew, and I'll need to get the list of individuals that are going to speak.

I do want to point out, although the -- the agenda says that it's 5:00 to 6:00 o'clock, I

have assured members of the public who've expressed concern to me that that perhaps is not a lo-- enough time, particularly for some of the Rocky Flats folks who may wish to speak, that we're not bound by that time frame. I'm quite willing to go beyond that to allow all those who wish to speak this evening.

Now keep in mind also that tomorrow during the SEC petitions session there will be additional opportunities for the petitioners to officially make presentations, as well as individuals that they may designate to provide supporting statements. But we do want to be flexible tonight and allow as many to speak as they are able to, so -- Lew, some additional comments --

DR. WADE: I just --

DR. ZIEMER: -- before we take a break?

DR. WADE: Just in the three minutes left, to tee up an issue possibly for you to talk about on Friday during your work time. There has been a proliferation of workgroup meetings, and -- and with that, the demand on having transcripts available in a timely way has grown. What we've tried to do is a common-sense approach to -- to meet everyone's needs

as best we can. And if there -- if a workgroup feels that it needs its transcript very quickly and therefore they would move ahead in the queue of some other workgroups or a Board meeting that has taken place, then we -- we've done that. I don't know if the Board wants to develop more rigid rules about that. Right now I think the court reporter is doing a marvelous job and we're trying to use common sense to make these materials available. Sometimes that means that a meeting that happened in May will not have its transcript available as quickly as one that happened in July, and it's just because we're making assessments as to the importance of those materials. So something for you to think about and talk about during your work time.

DR. ZIEMER: Thank you very much. We're going to recess then until 5:00 o'clock, at which time we'll begin the public comment session.

(Whereupon, a recess was taken from 4:35 p.m. to 5:00 p.m.)

PUBLIC COMMENT

DR. PAUL ZIEMER, CHAIR

DR. ZIEMER: We’re going to start in just a couple of minutes. There's still others

registering. Just take maybe three or four more minutes and we'll get underway. Sorry for the delay, but...

(Pause)

DR. ZIEMER: Good afternoon, everyone. This is the public comment session of the Advisory Board on Radiation and Worker Health. I've been asked to announce that our session this afternoon is being videotaped by CBS and by Denver Post On-Line. Apparently if we have a good program here we'll replace American Idol or something, but... -- or CSI, right.

I'd like to ask if there are any members of the Congressional delegation -- Colorado delegation here tonight?

DR. WADE: Staffs?

DR. ZIEMER: Would -- would you just quickly identify yourselves for the folks that are here?

MR. THIELMAN: Jason Thielman with Congresswoman Marilyn Musgrave's office.

MS. MINKS: I'm Erin Minks with Senator Ken Salazar's office.

MS. BOLLER: Carolyn Boller with Congressman Udall's office.

MS. ALBERG: Jeanette Alberg with Senator Allard's office. Thank you.

DR. ZIEMER: And...

MR. (UNINTELLIGIBLE): My name's Greg (Unintelligible) with Congresswoman Marilyn Musgrave's office.

DR. ZIEMER: Thank you. Any others? And we thank them for being with us tonight, as well. I'm Paul Ziemer. I serve as Chair of this Advisory Board and I want to remind you all that this is an advisory board. We are -- we are not part of the government. We are independent individuals that have been appointed to this task. We are not the ones that make the decisions on dose reconstruction compensation. We are advisory for the program. One of the things we do is we do give advice, for example, on whether or not there should be addition to the so-called Special Exposure Cohort, but we do not make that determination. We are one of the groups that give advice to the Secretary of Health and Human Services. So your input to us helps us in giving advice. We're not the guys that make all the decisions. Sometimes we're glad we're not; sometimes we

wish we could, but we do have the opportunity to provide input to the program, particularly the dose reconstruction program and the Special Exposure Cohort portion of the program that's administered through Health and Human Services by the National Institutes for Occupational Safety and Health.

But the individuals that you see before you here are individuals who are not connected with those agencies. We do not work for them. We've been appointed separately by the President of the United States to serve in this capacity.

The Board recently established a time limit for public comments, a ten-minute per person time limit. Now that's -- that's sort of an upper limit. It's not a goal to be achieved, necessarily. I have over 30 individuals who have indicated that they would like to speak this evening, so you can do the math. And although our agenda says that we are meeting from 5:00 to 6:00, we are quite willing to stay here much longer, if needed. But if we stay here, we want you to stay here, too. So we ask that those who are speaking -- that you be

cognizant that there are others.
I'm -- I'm usually not a very nasty guy, but I'm going to try to be nasty in the sense that I've asked Lew Wade -- Lew is a Designated Federal Official. And although the rest of these are Board members, appointed Board members, Lew is the Designated Federal Official. He does work for the government, and all of these boards are required to have one of those government guys around. But I have to put him to work and make him earn his money, so he's going to help me keep track of the time tonight. And when Lew nudges me and says ten minutes are up, I'm going to try to stop you if you're still talking. I hope I can be somewhat successful without hurting your feelings, but -- in fact, if you have 20 minutes worth, we're willing to give you the other ten at the end of the line, so you know, you can do half and half -- if anyone is still around to hear you at that time.
But nonetheless, be cognizant of other individuals who may wish to address the Board. In general, we looked at this as -- as it's called, a comment session, simply for you to

make your comments. Some of you have provided written material for the record. Everything that -- all of these comments are transcribed by our court reporter. They will go on our web site. Everything is -- is open to the public. This Board does not do anything in private, so any comments you make will be on the web site very soon for all the world to see, as well as your written comments.

So I'm just going to go through the list in the order given. You can come here and use the mike, and if you need any assistance, let us know. We do already have handout materials from some of you. If others have materials for the Board members, you can make them available at that time.

So we'll begin with Kay Barker, who's a Rocky Flats claimant. Kay, you can kick us off this evening with your comments. Welcome.

DR. WADE: I'll point out that there are chairs up here, too, if people need to sit. We have some chairs up here.

DR. ZIEMER: Additional chairs in the front. We're -- we're running out of space. I don't know, the fire marshal's probably cringing

somewhere, but -- and maybe -- maybe NIOSH is, too -- or the OSHA people, but anyway, we're -- we're packed in here, but there is room -- if you're standing and want to sit, there are seats back...

MS. BARKER: Thank you, Dr. Ziemer and members of the Board. Thank you -- thank you for allowing me these few minutes to speak. I'd like to address the one Board member who hates to hear from the same claimants offering the same comments Board meeting after Board meeting. If you would listen and try to understand what we are saying rather than shutting us off, we wouldn't have to continue saying the same things over and over again. You think we like having to repeat ourselves all these times? No. But until you accept and understand we are telling you the truth and that we have proof, we'll have to continue. My repeat comment is that there is a conflict of interest here in allowing NIOSH to go forward with the dose reconstruction project per the ORAU OTIB-0058 effective January 8th of 2007 that was released on March 30th, 2007. As I told you in September of 2006, the NDRP was

written by Roger Falk, co-authored by J. M. Aldridge and Nancy M. Daugherty, all of whom once worked for Rocky Flats and have a major conflict of interest on anything that has to do with Rocky Flats.

Approximately 2003 NIOSH developed a COI policy which stated that no person who worked at the site would be involved in performing dose reconstruction or authoring technical documents used in the dose reconstruction, yet you have Roger Falk, Jim Aldridge and Nancy Daugherty, who did just what NIOSH said they wouldn't allow.

I understand that it is NIOSH's policy not to have health physicists who have testified against employees in a Workers Compensation claim participate in site profiles where the claim originated. Well, I would like to bring to your attention that Roger Falk was an expert witness for Rockwell International and Travelers Insurance against George Barrie's Worker Compensation claim in 1996, which is another conflict of interest that NIOSH said it wouldn't allow.

In any science field this would be considered a

conflict of interest. How many of these conflicts do the Rocky Flats claimants have to accept that are SEC issues that NIOSH said they would never follow? The NDRP is not only a conflict of interest, it is not accurate. NIOSH never had the NDRP independently reviewed before accepting and using it for dose reconstruction. Dosimety (sic) records are not complete nor present for 1997. Now isn't that the definition of an SEC petition?

The NDRP, under 2.0, Application and Limitations, states except for the application of the NDRP ratios as described in section 4.1.6, the methods described in this TIB apply only to workers at Rocky Flats Plant plutonium facilities during the period of 1952 to 1970. There are three important cavets (sic) or limitations. The final NDRP neutron dose for 1997 may not be accurate. Recorded dosimeter data was not always complete. The gamma dose information for 1997 may not be present. The information on gamma dose was collected only when applicable to the NDRP effort.

If the original NDRP lists these cavets (sic), how can NIOSH assume they can use it for dose

reconstruction?
I gave each one of you a copy of my late husband's NDRP showing that he has doses for two years before he even started working at Rocky Flats, which in itself makes the NDRP inaccurate. Not only does his report show the two years before, but of the 316 incidences, 15 of those exposures were for years he wasn't at Rocky Flats. How can Lawrence's NDRP be accurate, or anybody else's as well? I'm still waiting for an answer as to why my late husband's – Lawrence Barker -- NDRP is so inaccurate.
The second area I wish to address tonight is your allowing NIOSH to have answers for all the zeroes in the claimant files, claiming they are applying claimant-friendly dose. In Lawrence's dose reconstruction NIOSH has listed, under external dose, 143 dosimeter cycles recording zeroes for a 30-250 keV photons. They also listed his missed neutrons as having 163 dosimeter cycles of do-- zeroes, yet NIOSH feels they can give him accurate, claimant-friendly dose for these missed cycles when they don't even know where he was working during a

missed cycle as his work required him to be in the plant all the time and not just sitting at the desk that was in another location.
Lawrence worked in the hot -- following hot buildings: 991, 771, 776, 777, 778 and 444.
You don't even know why the cycle was missed.
According to Brian with NIOSH, who stated -- during my final interview before NIOSH rendered its first decision to DOL in November of 2004 -- that Lawrence's file seemed to have a lot of missing data. I would agree with this, considering he has a total of 306 dosimeter cycles reporting zeroes.
In SC&A's report on the completeness of records there is a chart on page 4 and 5 of the report which I've enclosed in the packet you have been given. As you know, they found that for 1969 and 1970 approximately 36 percent of the records are missing. However, this is also noted in the report. From 1977 onward to 1989, the percentages of missing data are equal to or greater than the ones for '69 and '70. 1981 has a whopping 63 percent missing. SC&A has not investigated the reasons for so much missing data. You cannot reconstruct dose with

reasonable accuracy without reliable data.
On Friday, September 1, 2006 I e-mailed Mr. David Sundin of NIOSH a FOIA request asking for a search of the logbooks in NIOSH's possession for a copy of each entry, including badge destruction, contamination incidents, trip to lung counter, references to contaminated scrub-downs and any other entries the logbooks might show. On that same date at 10:56 a.m. Mr. Sundin replied, stating we will respond to your request when we obtain images of the logbooks, which I am told will be very soon. I am still waiting for this information and today is May 2nd, 2007. I'm wondering how much longer I'm going to be waiting for this information.
My third and final comment is that, without good reason, you accept the credibility of NIOSH/ORAU, but yet you refuse to accept the credibility of the very people who worked at Rocky Flats. They know what they did, where they worked, what chemicals, toxins, solvents and metals they worked with or around. I know all of them would be more than happy to tell you about some of their frightening experiences and what it was like to work at Rocky Flats.

Yet you refuse to accept their word, but would rather take the word of somebody who never set foot on Rocky Flats soil.

I hope you will give the Rocky Flats workers your full attention and be open to what they have to tell you. I hope you will really listen and take the witness seriously. If you do, I believe you will understand why you should vote in favor of the Rocky Flats SEC petition.

In closing I want to remind you that the NDRP is a conflict of interest, as well as a conflict of NIOSH's own rules, which makes it an SEC petition issue and a positive vote for the SEC petition. Also you can't reconstruct dose with reasonable accuracy without reliable data. This makes it an SEC petition as well. Thank you.

DR. ZIEMER: Thank you very much, Kay. Next we'll hear from Dr. Charles Milne, representing a claimant. Dr. Milne.

DR. MILNE: Thank you. I'm glad to be here. I got my PhD in entomology from Ohio State University. My master's is in genetics from the University of Washington in Seattle. I

worked with [Name Redacted], Nobel laureate, and he is now the current head of the Fred Hutchinson Cancer Institute. I teach biology at Mountain State University in West Virginia, so I'm a long way from home. I teach human genetics and genetics, as well as some other biology courses, and one of the topics I do cover is the relationship between cancer and genetics.

I'm the son-in-law of Allen Lahti, who was a contract worker at Rocky Flats from 1963 to 1991. He died of male breast cancer in 2005. His [Identifying Information Redacted] and I attended his first hearing because he was denied compensation because of a calculated probability of causation of 36.36 percent. He did have exposure to radiation. It was documented in the few radiation records that they have, dosimetry readings.

There's a number of other known risk factors for male breast cancer. He didn't have any of those, but he had exposure to radiation. The incidence of male breast cancer in the white American population is eight in a million males. And if you take the -- I don't know how

many people actually worked at Rocky Flats. If we just assumed 20,000 workers at Rocky Flats, half of them male and only eight in a million get male breast cancer, that would be only an eight percent chance that a male at Rocky Flats would contract male breast cancer. You'd have to have 12 Rocky Flats facilities spread across this country to reach the probability of having one person die from male breast cancer. That's how rare breast cancer is.

Now I'm a scientist and I've been looking at the dose reconstruction, the assumptions, the models, and I -- I'm not an epidemiologist, but I have the ability to look at these kinds of things and to study them and to make some comments.

The reason we're here today is because the government wrongly assumed that there was no threshold for exposure to radiation. There has been no proof that there is a threshold. A threshold would mean there's a level below which you can be exposed to a certain amount of radiation and not have a detrimental effect of some -- of some kind. Government assumed there was a threshold. There's no proof that there

is a threshold. In fact, a threshold would be very difficult to measure because you'd have to expose a large number of individuals to radiation and then follow them to find out what fraction of them might have contracted cancer. That experiment would actually be fairly unethical to run on humans. If we did it on lab rats, you may be able to get enough rats to do it and to run it, but it would be questionable as to whether you could take that an apply it to humans being exposed to radiation.

But I would argue that actually the U.S. government's actually done the experiment at Rocky Flats of taking a large number of individual humans and exposing them to radiation. I'm not an epidemiologist. I've not looked at the known cancer rates among the U.S. population and among workers at Rocky Flats. Is it higher than the normal population or is it the same? I don't know. But if it's higher, that would indicate that the experiment has been successful in showing that there probably isn't a threshold for radiation exposure.

Now I want to address dose reconstruction, the whole process. Missing doses -- the previous lady addressed missing doses. Apparently they exist. They exist for Allen Lahti's exposure record, and they just assumed -- as far as I can understand, assumed claimant-favorable averages that were among individuals at a facility. But that ignores the fact that individuals at the facility -- I never worked at Rocky Flats; I'm a university professor -- but those that worked at the facility did different jobs and they had different exposures. That ignores that entire fact and making assumptions like that is -- is really unwarranted.

Let's look at the models of how we are able to arrive at -- after dose reconstruction to be able to say an individual had enough radiation exposure to say there's at least a 50 percent probability that it was caused by the -- by the radiation exposure. To do that you must develop what's called a -- a dose response curve, and it's a curve for a cancer that represents how much dose and the chances are of causing that cancer in a population of

individuals. And then when you determine how much dose an individual had, if you can do it accurately, then you just -- you'd use the curve and determine the probability of -- of causation from that curve.

The dose response curves are arrived at by looking at a cohort of individuals that survived the atom bomb blast in Nagasaki and Hiroshima. And first of all, their doses -- they weren't wearing badges, but their doses were estimated based on the distance from ground zero. But again, that's an estimate based on how far they think they were from where it hit. That's not that accurate.

They also are -- have a different genetic makeup than do the U.S. white male population. I refer to white males because -- not because I'm one, but because my father-in-law was one, and the cancer rates in different populations -- such as Japanese-Americans, Filipinos, white Americans -- are going to be different for different cancers. And that's not taken into account in this procedure.

The radiation that was received through those atomic bombs was probably different than the

radiation that was received by different individuals at Rocky Flats, and we're trying to compare apples and oranges here.

The NCI/CDC working group to revise the 1985 NIH RadioEpidemiological Tables wrote that, quote, “The choice of the transfer model involves considerable uncertainty. Transferring information about the Japanese cohort to American workers involves considerable uncertainty.

And also it's possible that the workers that were -- that survived the atomic bomb might be healthier than the average American that was exposed and working at Rocky Flats. We're taking average Americans and those that survived. They may have been healthier and that's the reason they actually survived.

After locating this group of individuals that survived the atom bomb blast, they were followed for a period and determined basically the rates of occurrence of various cancers. The dose response curves that were developed were for a massive, acute dose of radiation. My father-in-law, and other individuals that worked at Rocky Flats, most of them had chronic

exposure, low levels of exposure over a long period of time. We're trying to compare massive exposure to chronic exposure. There's no evidence that acute and chronic exposure to radiation are equivalent, or that dose response curves for cancers developed from acute exposure cohorts are appropriate for chronic radiation exposure. You need proper dose response curves for chronic exposure to be able to really calculate any accurate probability of causation.

Probability of causation calculations are based on a large number of assumptions. And for a scientist, the more things you assume, the less certain your result becomes. And there's a large number of assumptions in the calculation of reconstructing the dose -- I don't care if it is claimant favorable; we're talking about assumptions here. The calculation for the probability of causation for a cancer involves numerous assumptions for dose, and assumptions in the model which render the calculated PC value one with great uncertainty.

Also there's a whole principle of anytime you measure anything in science, it has an error

that's associated with it. I don't care if it's weighing a lab rat, it's going to have a certain amount of error associated with it. The more error you have in calculating an end result, the more error that end result has associated with it.

I took my -- the matrix of exposure, went to the IREP -- the NCI web site, put it in and calculated my own probability of causation based on the values that was provided from the dose reconstruction. His matrix had over 1,000 input variables, each with an associated error, and there are numerous internal values. The probability of causation that was calculated -- 36.66 percent in mine, 36.36 -- has a huge error associated with it. You have to understand that 36.36 is being used to deny my mother-in-law's claim, and yet it has a tremendous error. There's no confidence interval given on this value. Is it 36 percent plus or minus two, or 36 percent plus or minus 40? That is a serious shortcoming in the calculations.

There are also -- somehow, I'm not sure how, but there's uncertainty distributions involved

in calculating the probability of causation. And those are also part of the uncertainty, assumptions and errors that goes into calculating probability of causation.

It's -- with -- with the numerous assumptions made, compounded errors and uncertainties that are used, the calculated PC value has little confidence, in my mind, as a scientist. I'm not trying to disdain those scientists that came up with the science behind it, but you have to understand that every value that's calculated has a certain amount of confidence associated with it. It just doesn't convey any confidence to me as a scientist.

I have two quotes to read. I'd like to read two quotes. One is from the 1985 Oversight Committee report by the National Academy of Sciences, National Research Council, 1984. They held that the ratio called the probability of causation applies to populations and not individuals, and cannot be interpreted as a probability that a given cancer was caused by a given radiation exposure. You cannot -- according to these individuals that developed the probability of causation, you can't use it

to determine if an individual's cancer was caused by it.

Here's another one. The NCI/CDC working group to revise the 1985 NIH RadioEpidemiological Tables wrote that the PC is not intended to represent the probability that a particular individual's cancer was caused by his or her radiation exposure, but rather the fraction of cases of a particular kind of cancer in a populations (sic).

The PC calculations were never intended to be used this way. It is scientifically inappropriate to use the PC calculations to calculate and to deny the claims of individuals. I'm addressing this to the whole approach that NIOSH uses. It's scientifically invalid. And of course Special Exposure Cohort -- these apply also. Thank you.

DR. ZIEMER: Thank you very much. Next we'll hear from Richard Olds, a claimant. Richard.

MR. OLDS: Thank you. My name is Richard Olds. I'm the owner of NIOSH [Identifying Information Redacted]. Basically I'm probably rehashing things that you've already heard. I started work at Rocky Flats in 1984. I worked as a

security guard. I talked with the Department of Labor and everything else about the numbers that NIOSH came up with. I told them I had no argument with that. I said they had their numbers, where they got them, what they -- how they used them. They knew what they were doing. The only part about it was that it didn't take into effect all of the other areas of exposure that we dealt with, that we didn't have dosimetry badges. We were in offices, we were in hallways. We were in cafeterias. We were in break rooms that were right next to contaminated areas. We picked up background radiation that you people wouldn't want. We -- the exposures, even to myself, I wanted to tell somebody about -- I sat in a hallway as a security guard, with a conveyor belt running over my head that took contaminated parts from one building to the next building. My job was to get off -- get up off my chair and turn the alarm off, so I -- obviously I was exposed. Another job that I had was sitting in a hallway, supposedly a cold hallway, which meant there was no radiation in that area. We didn't wear dosimetry badges. I leaned on a wall for

about three and a half to four years. Then somebody decided to check the wall and found out it was low level contamination from the americium that was behind the wall. So, I get the cancer.

Right now I'm sitting on basically a -- my claim has been deferred. Eventually it may be heard. Probably some of that depends on your -- ladies' and gentlemen's -- decision to forward their recommendations.

The other numbers -- if they're missing data and the other information that's necessary, that's not even in their info-- in their data or other exposures, I can't see how you can use their information. Thank you, I'm -- take up your time.

DR. ZIEMER: And thank you, Richard. Then next we have Terrie Barrie. Terrie.

MS. BARRIE: Good evening, Dr. Ziemer and members of the Board, and thank you once again for listening to our public comments that we feel that -- must be -- keep on going.

Tomorrow you will be tasked with deciding the Rocky Flats SEC petition. There are so many issues that need to be addressed -- tenth-hour

discovery of documents, NIOSH is adopting NDRP without independently verifying that the data is valid, not accepting affidavits as the truth from the workers.

But I'm going to focus basically on just one issue tonight, and that issue is I get very upset and disturbed when I hear that an issue discussed among the working group is not an SEC issue but is rather a site profile or TBD issue. An excellent example of this is the thorium issue. Now I have a whole lot of issues going on in here.

SC&A's report, as far as I know, says that this is an SEC issue. The reason for this decision is that NIOSH stands by using the NUREG-1400 as the model to reconstruct dose for thorium workers. NIOSH objected to the status as a SEC issue, and there was quite a lively debate on April 19th working group meeting. NIOSH and some Board members thought that this issue was resolved and that it would be designated a technical bulletin issue.

I wonder if you realize what it means to have an item classified as a TBD issue. Once the scientific debate is over and NIOSH and SC&A

come to an agreement, with the Board's approval, claims will need to be reopened. I'm aware of two such revisions, the NDRP and the target organ for the lymphoma procedure. These revisions were finalized at two separate times, the NDRP I believe in 2005 and the target organ for lymphoma this year.

Theoretically, a claimant who worked in the early years who has lymphoma, has had his dose reconstructed three times already -- once by submitting the original claim, once again -- once to have the NDRP applied, and lastly to have the target organ procedure applied.

Hanging out there of course is the concern of the OMB pass-back memo, the memo that wanted to control the cost and growth of benefits for this program. Has any federal official considered controlling the growth in administering this program? Do you realize how many times the claims will need to be reopened each time NIOSH revises a procedure? For the high-fired oxide calculations that was agreed upon, if the thorium issue is ever resolved, when someone finally realizes the Building 881 did have a foundry in it. I have, by the way,

a copy of a DOE document about this.
It sounds to me and a lot of other claimants now because it -- there's a pretty nice bureaucratic empire that has been set up. According to the *Rocky Mountain News* article last Saturday, approximately $4 million per month goes to ORAU to reconstruct dose. Yes, let's make most of these issues TBD issues that have nothing to do with the SEC petition. Let's have prolonged scientific debate on which methods are the best to use to reconstruct dose. And yes, let's be very, very thorough. God forbid one person who worked 250 days at Rocky Flats is allowed to receive compensation that may not deserve it.
And while this debate goes on, workers die. This program was not set up to give job security to dose reconstructors and the administrative personnel. It was set up to compensate the workers. If any document used in dose reconstruction is in error today, and there are, then NIOSH cannot reconstruct dose with reasonable accuracy. That is true now, as well as when the petition was first filed. Please, vote yes tomorrow to compensate all the

workers who have one of the 22 cancers from the Rocky Flats facility, and make them an SEC cohort. Thank you.

DR. ZIEMER: Thank you very much, Terrie. I'm hesitating here because I don't want to mess this name up too much. I think the last name is Padilla --

UNIDENTIFIED: (From the audience and off microphone) Judy Padilla.

UNIDENTIFIED: (From the audience and off microphone) Judy Padilla.

DR. ZIEMER: Okay, you guys know who it -- who it is, okay. And yes, that -- that -- I got to work on my -- maybe my Spanish pronunciation, Padilla -- Padilla. I stand corrected -- it's P-a-d-i-l-l-a, for the court reporter, who probably is worse than me in Spanish. No? Okay. Thank you.

MS. PADILLA: Hi, I'm Judy Padilla. I worked out at Rocky Flats for 22 years. I saw this written on a wall during the demolition of Building 771, considered the most dangerous building in America. We walked with the dust of plutonium, which cannot be shaken away. It lives deep within us for we've breathed it

every day.
I think that I'm one of the fortunate ones. My cancer was diagnosed early, and so far I'm a survivor. But with a lot of people, by the time their cancer is diagnosed, there's nothing they can do because it's terminal.
As a nuclear worker at Rocky Flats Plant, I was a Cold War veteran. I feel that I sacrificed my health, even my life -- like the soldiers in Iraq are doing -- and we got no acknowledgement from our government, no thank you. We don't even get the courtesy of a flag on our coffin when we die.
I would like the advisory panel to know my story. In 1983 I came to Rocky Flats as a metallurgical operator in Building 707, the foundry. The first six years I handled thousands of grams of weapons-grade plutonium on a daily basis. My specific task was to put pure plutonium buttons in tantalum crucible and place the loaded crucible in the melt coil of a Stokes* furnace. After the temperature of the furnace reached the classified degrees, the molten plutonium metal was poured into a graphite mold to cool. The plutonium ingot was

then broken out of the classified-shape mold and transferred via a chainveyor into a storage vault, or to the rolling mill for processing. These operations were performed in an inert gas, oxygen-free atmosphere glovebox. Glovebox work consisted of placing your hands and arms into lead-lined gloves fixed onto a box so that you can manipulate the radioactive material safely. Your face and chest are pressed against the window inside of the box so that you can see what you're doing.

Due to the fissile nature of weapons-grade plutonium, high gamma and neutron exposures were created. We were expected to turnover each furnace at least three to four times per shift, three shifts a day. These were production days, and we had a tight schedule to maintain. The interior of the furnaces were regularly cleaned of splashed metal particles and oxides with carbon tetrachloride and perchlorethylene chloride, perc, known carcinogens.

Two coworkers, [Name Redacted] and [Name Redacted], died from brain stem tumors. My foreman, [Name Redacted] had breast cancer --

very rare in men. He has also passed away. My cancer was diagnosed in June, 1998. I had worked there for 15 years. I had a radical mastectomy, which is an amputation, of the right breast and I had aggressive chemotherapy. I returned to work in eight months, March of 1999.

You may wonder why I would go back to work there if I thought my job had caused this cancer. Well, my husband [Name Redacted] and I had three children in college, so I went back to Rocky Flats Plant and I stayed there till they demolished the whole plant in 2005. I received genetic testing twice for the BACR4 gene, with negative results. My oncologist, stated that [Name Redacted] my ductal carcinoma in situ was most probably linked to my radiation exposure.

It is well known that Rocky Flats Plant records were notoriously sloppy, and the results of our dosimetry badge analysis were frequently returned stamped no data available. The RCT training manual states, on page 1.08 through .09 in the biological effects section, and I quote, cancer is a non-threshold disease.

Which means stochastic effects, those in which the probability of the effects occurring, increases with dose, without a limit or threshold. Any dose, therefore, no matter how small, has a certain probability of causing the effect. Carcinogenic cancer inheritable effects are examples of stochastic effects. Cancer may be shown to exert an almost universal carcinogenic action, resulting in tumors in a great variety of organs and tissues. The main sites of solid tumors are the breasts in women, thyroid, lung, and some digestive organs. These tumors have long latent periods, approximately ten to 30 years, and occur in larger numbers than leukemia. Leukemia has a much shorter latent period, and I close quotes.

But I'm singing to the choir here. You are all scientists and doctors, so you know these facts to be true. If -- if not, why would they be taught to all radiation control technicians as part of their DOE training?

Realizing these facts to be true, I applied for the compensation for nuclear workers in August of 2001. Imagine my surprise when a mere four

and a half years later my claim was denied. My dose reconstruction was determined to be 43.19 percent, 15 years worth of exposure. What kind of bogus statement is "as likely as not"? How can there be a 50 percent limit on a non-threshold disease?

I appealed this decision, but was told that NIOSH has the final say in these matters, another denial. I have read that dose reconstruction is an inexact science. It is also hugely expensive, and NIOSH takes many, many shortcuts, with only 80-- 88 quali-- semi-qualified employees. How can this scientifically-invalid equation stand up to scientific scrutiny? Ask yourself, is it really worth it?

Put yourself in our shoes for one moment. Is it worth mere money to be cancer-free or pain-free? How much is it worth to be able to see your children grow, to graduate or get married? Boy, what some of us would give to be in your shoes. You have your health and you have all that power. Our lives and peace of mind rest in your hands. We -- we're like the men on death row waiting for the governor's phone

call.
I believe in my heart that people are basically good. And given the chance, they want to do the right thing. But I have a few questions for you. Is there any truth to the newspaper article of February 18th, 2006 in the *Rocky Mountain News* that the Bush administration has proposed a 44 percent reduction, $686 million, from the program for the sick nuclear workers? Can you honestly say that that's fair?
And just who were the lawyers that got $350 million for the property owners downwind of Rocky Flats Plant? Are we less than property? And who will be the one with the integrity to step up to the plate, the one with true honor, who loves his fellow man as much as himself, the real American? America is watching and waiting and wanting a hero. Is it you? Will you give yourself an honest act of courage? Will you take the -- or will you just take the coward's path? Is the American spirit still alive, or have we been corrupted beyond all hope? This is a priceless opportunity for a selfless act. What goes around comes back to you. We Cold War veterans did the right thing

for America. Now it's your turn -- all of you, it's your turn.

In conclusion I would like to say that I feel my government has stooped to a new low to prey on cancer victims, to promise compensation, delay for five years, and then to deny claims based on trumped-up estimations. It's not only cruel, but it's also criminal.

The Reverend Martin Luther King once stated everything that Hitler did was legal, but it was still wrong.

Your conscience will tell you the truth. You'll be able to look at that person in the mirror with clean, clear vision. And when accounting for your life you can credit yourself with a pure act of genuine generosity and kindness, a real American. Let us live so that when it's over we can all look each other in the eye and know we have acted honorably.

Judy Padilla, nuclear worker, Cold War veteran, cancer survivor and American citizen. Thank you.

DR. ZIEMER: Thank you, Judy, and very well said, with great passion.

And now we'll hear from Robert Carlson.

Robert's a claimant. Robert, welcome.

MR. CARLSON: Ladies and gentlemen, in 1961 -- my name is Robert I. Carlson. In 1961 when I came out to Colorado, I quit drinking and quit smoking, so that has no effect on the cancer I had. I worked at Rocky Flats for 27 years. I worked as a janitor, assistant chemical operator, monitor and experimental operator. I worked in every building they had out there. When I first put my application in for a job at Rocky Flats, I had to pass a test consisting of math, chemistry, physics and mechanical aptitude. If you passed this test, you had to get a Q clearance, that was the top secret clearance in the country. If that -- if you had any kind of a act against any law in the country, you would not be hired. At a place in Michigan where I worked I -- the government checked everyone that I worked with back there. There was about 28 people. So the people at Rocky Flats were the top of the working class. They did not lie, they did not steal. They -- even today they do not lie or steal. What they tell you is the truth.

What we have in our body is like a stick of

dynamite, and each one of us seems like it's going to explode at any time. This dynamite is plutonium.

In a square mile -- in -- in a -- in a square mile, in each square inch there is a 149 trillion, 956 billion, 796 million, 500 thousand, 357 atoms if one gram of material was spread evenly over this square mile.

[Name Redacted] and [Name Redacted], head of health safety and environment, trained the monitors and said it was far worse to have internal contamination than external contamination.

I have 50 disintegrations of plutonium per second in my body and five disintegrations of americium in my body. That is 3,300 disintegrations per minute. That is 188,000 disintegrations per hour. Disintegrations means that an alpha particle is given off, so in an hour 198 (sic) alpha particles are given off in your body. An alpha particle is an ion. It extracts two electrons from a body cell and kills that cell. Killing body cells cause cancer, according to four cancer doctors on Charlie Rose last week.

Working at Rocky Flats for 27 years as a monitor for more than 17 years, I was exposed to many accident, fires and alarms. Every time plutonium was in a building, accidents happened. Reversal of fans, gloves stood out straight, no vacuum on a dry box, more contamination. I was there. Glovebox burned off and fell on the floor contaminating room 149. I was there. Holes in dry box gloves contaminated yourself. I was there. Changing filters on the incinerator all upstairs of 771 building got contaminated. I was there. Nash pumps leaked and caused contamination. I was there. Snake pit or the infinity room where Nash pumps leaked was highly contaminated. I was there. Floors in 771 building were contaminated and I threw a lot of booties away when I was a monitor when they were over 20,000 counts per minute. SAAM alarms went off frequently in 771 building, indicating plutonium was in the air. 776 building, trying to take tape off the underside of a dry box contaminated a large area of 776 building, including three workers and myself. They had insulation on a dry box in 776 building, and

they were trying to remove the insulation, but it was foam. And every time you touched that foam, the SAAM alarms went off. I was there. 776 fire contaminated all of 776 building and could have contaminated Denver if it wasn't for the fire department, the monitors, guards and helper -- helpers. I was there. Drums outside the helicopter pad leaked plutonium and oil in the ground. I was there. The evaporative ponds outside had plutonium in them and -- because I checked a bulldozer that was -- had 10,000 counts on the tracks from mixing this sludge in this pond. This was outside now. It was like a big egg beater. Someone missed the stainless steel cans that was brought over to the monitor station at 776 being to smeared out (sic). It was highly contaminated and it contaminated me and the person I was training, along with our desk and monitoring equipment. More internal contamination.

I was there and got contaminated 100,000 counts per minute on my head and face in 71 -- 771 building, and breathed some plutonium. I was taking drums to 80 building. It was named something else later on. And my film badge was

overexposed and health physics told me not to go back in the 80 building, but the supervisors made me an exception because I knew where everything was in 80 building. I went back into 80 building, even though health physics tell me not to go back in the building.

If you got contaminated, you washed off what you could in the building you worked in. You couldn't get the rest off, you were sent to medical where they washed the rest of it off with Clorox. I was there. The original amount was not noted because the -- it could be infinity. Only the contamination you couldn't get off in the building where you worked in was recorded.

They were checking the film badges by the color of the film for gamma, and had to actually count the tracks for neutrons on the film. How accurate was this? I was one of the first people to check out the new TLDs for accuracy. I followed the worker around all day, testing him for radiation, comparing it to the TLDs. I was there and did everything that was required of me. When I first worked at Rocky Flats they had Frieden calculators that were

mechanical. I ran a computer program later on in 865 that the results were very critical in every unit that left Rocky Flats.

I had to stop at a place that Rocky Flats had that had in Broomfield and was amazed by what I saw. There were items that had purple tags on them that were contaminated. How did they get to Bloomfield? Purple tags meant that they could not get out of the building. How did they get out of the plant site?

Every chemical that they had at Rocky Flats I was exposed to. You can look at the list I have.

When wearing respirators for any length of time, you could dump liquid out of the respirator. If you were in an area where plutonium was in the air and a SAAM alarm was ten feet away, you could inhale some plutonium before the SAAM alarm went off. If you coughed wearing a respirator, you swallowed what you coughed because you couldn't take your respirator off. This is how plutonium got throughout your whole body. Thank you.

DR. ZIEMER: Thank you. And Bob, do you have a -- could you provide our court reporter with a

copy of your remarks?

MR. CARLSON: Sure.

DR. ZIEMER: That would be helpful. Thank you. The next person will be Laura Schultz.

(Pause)

Would you like to use a chair there, Laura, or -- you're okay? Okay.

MS. SCHULTZ: It's -- I have something quick to tell you. My name is Laura Schultz. I worked the majority of my working life at Rocky Flats Plant. I started in the process engineering and design, and later become a technical support for Building 771. I spent a lot of time in the process buildings. I found out that my designs would be successful if I did extensive field work and met the users, the people that installed the equipment specified in the designs.

While my records may say that I was an engineer, I was really a 771 resident. I had numerous medical problems. I've had cancers that are li-- covered listed. I applied for compensation under this program in May of 2003. I have been denied.

It is not normal for a woman my age, I'm 49

years old, to have all the medical problems. The NIOSH model apparently says that my radiation and chemical exposure had nothing to do with my current condition. I got 39 percent -- 39.9 causation. Do you believe that they are current -- the current model is biological -- system, a human body was -- with bad missing data. I certainly do not.

NIOSH has gathered a wonderful group of mathematicians and scientists together to model an extremely complex set of daily exposures to both radiation chemicals. Listening to them on the teleconference yesterday you can tell that they really enjoy technical challenge and their work, and each other. They seem to really like their jobs. Unfortunately, they never set foot on Rocky Flats Plant site. They can only guess at what it's like. What they didn't seem to realize is that there are human beings associated with these calculations.

We have been more than patient and understanding. Two years for dose reconstruction? Sure, why not? By now, years later, we see that DOL has a plan to deny our benefits because of the high cost of paying

claims to so many people from Rocky Flats. We waited many years assuming that you would not (sic) deal with us fairly. We are now approaching the point we cannot believe anything that you say.

We come from a very secret, private community. We are the invisible fighters of the Cold War. When something in the plant was broken, we fixed it. When there was a fire, we put it out. When there was a spill, we cleaned it up. Our weapons were needed to defend our country. Do you believe that our plant was 100 percent cleaned after a spill or a fire? Our health was affected by the past and present events. We were trained to do our jobs safely. We were given equipment to protect us from the hazards of the workplace. We were surrounded by support personnel whose sole job was to monitor our safety. We were told that we were safe. I guess they were sadly wrong.

Years ago I never would tell anybody about the working and the operations of the plant. We were all part of a working -- a very difficult and dangerous job. If something went wrong, we considered it to be our business on the plant

site, and we fixed it. Why would we involve our neighbors or the press, or who would co-- who were against us?

Today the table is turned. My friends and family are getting sick and are denying -- are dying at an alarming rate. My own government has offered me compensation for unknowingly giving me cancer, but is turning to weasel out all their promises. They have gathered a group of high-dollar scientists to prove that the DOE is innocent and that our cancers are just a big coincidence. They have us beat.

They have people who speak in babble, a language that only the people in their fields, the years of experience could ever understand. I believe they are wrong. Unfortunately, it would take a lifetime for me to come to up a speed (sic) in their field to try to show them that their calculations are wrong.

The claimants do not have an unlimited amount of time and budget like NIOSH does. When NIOSH is informed they have a problem with the neutron dose recalculation, the answer is simply make the claimants wait another six months and give us more guys and money and

we'll work out the problem.

Well, claimants are faced with a problem. DOE is not our friend. NIOSH is certainly not our friend. Our plant has been flattened. Our friends are res-- and our colleagues are sick and dying. What do we do next?

Our senators and congressmen say they're trying to help us. The press is very interested and compassionate about our dilemma. I think I have no choice but to start telling the really embarrassing stories about the plant that the public really never needed to know. It's time to seek legal help and counsel class action suits against the government and operating contractor. If we had been dealt with fairly, this probably -- subject would have never came (sic) up. The public has a right to know how many people from that plant has been sick and are dying across this country. Well, let them decide who is at fault. Thank you very much.

DR. ZIEMER: And thank you, Laura, for taking the effort to be with us today.

MS. SCHULTZ: Thank you, Dr. Ziemer.

DR. ZIEMER: Jeff Schultz -- Jeff, you also have -- oh, okay.

Kevin Newby, and I think I have some written comments also. Kevin, I'll distribute these.

MR. NEWBY: I want to start by thanking the -- you for giving me the opportunity to share this story. My name is Kevin Newby and I worked at Rocky Flats for 22 years. I was 25 years old and very healthy when I started working at Rocky Flats. I had various jobs throughout my 22 years with the Flats. I worked in buildings 883, 865, 444, and in gloveboxes in 707, and also at the warehouse.

On January 21st, 1994 and April 20th, 1994 and March 6th of 2001 I had positive blood tests showing beryllium ac-- sensitivity. This entitled me to enter into the beryllium program. At that time I had no idea the price I would pay for working in this environment.

In June of 2002, on a routine visit to my beryllium doctor in Philadelphia, I had a CAT scan that concerned my doctor, nothing serious. He did a blood test the day of my procedure that came up negative, which meant I was not showing beryllium sensitivity in my blood. But the doctor thought it was a good idea to do a lung biopsy, as long as I was okay with it.

The procedure is called a bronchostomy (sic). This is only true way to prove chronic beryllium disease. When they do the blood work, they have both false negative and false positive readings. This is the only way to diagnose beryllium sensitivity, even though the test is flawed and false readings, they have not come up with a better way to do this. The bronchostomy (sic) or lung biopsy did show lymptocycius (sic) in my BAL cells. The conclusion is I have chronic beryllium disease. Remember the day of this procedure I had a negative blood test.

When I got back from Philly I filled out the paperwork and a claim under Section B. This was in 2002. And of course I was denied. They did not feel disease was far enough along to entitle me to compensation under Subsection E (sic). My problem was I was still alive.

In 2004 I resubmitted my claim and all the same information and I was approved.

In summary, I -- had my doctor not offered the lung biopsy, I never would have been found out that I had chronic beryllium disease. There's only a certain stage that they can do the lung

biopsy. This is not a standard procedure. Remember, the blood test for beryllium sensitivity is flawed with false negatives and false positives.

Had I not had the fortune to persevere, I still would be sitting there thinking I was denied. We worked in a adverse situation. If you, like me, were exposed to metal poisonings, you need to know. This does not just affect you. This affects your entire family and down the road when they take care of you and you can come incapacitated. Being in the program has opened many doors that would otherwise have been closed. The average doctor does not understand metal poisoning. You need a specialist, and they're expensive.

I'm not advocating the system is set against you. All I'm saying is that most health care situations you need to be your own etiquette (sic). Get informed, don't settle for no.

The moral to this story is persevere. I felt it was my moral obligation to share this story with you. Please do not give up hope. If I can help anyone with their paperwork, please let -- feel free to call me. Thank you.

DR. ZIEMER: Thank you, Kevin. Next, Walter Mobley. Walter Mobley.

MR. MOBLEY: Good evening, and thank you for taking the time to listen to us. I began working at Rocky Flats in February, 1991. Before we had any training, my foreman took myself and three carpenters down to Building 991. We were uncleared at that point. He took us down a hallway and told us to build a scaffold. We started building the scaffold. He left. A yellow light started flashing and an alarm went off. We continued building the scaffold for another five, ten minutes before I walked down the hall to find someone to ask them what this yellow light meant. We were told it was a faulty SAAM alarm, that there was no problem. The SAAM alarm was the problem, not that we had actual airborne radiation. We didn't know what that meant at that point anyway.

I did receive extensive training over the next year, teaching me how safe Rocky Flats was. And they convinced me that Rocky Flats was a safe place to work.

A year and a half later, it was about August or

September, 1992. We were working in the vaults. We were working in high radiation areas. We were receiving dose greater than 100 millirem per hour. I, as a carpenter, did not work in there a lot, but I did do some work. The electricians in our group worked in there a lot. They were getting close to their annual dose limit. We came to work one morning. In the pre-evolution briefing we were told all of the dosimeter records have been lost. Your dosimetry reading is zero. Go in and go to work.

One of those electricians was [Name Redacted]. In 2004 [Name Redacted] was diagnosed with stomach cancer, and he was dead in three months.

I thought the electricians might have been over-reacting a little bit. I was still new at Rocky Flats. I'd been there for a year. They were way below the -- the DOE annual dose, and the Rocky Flats annual dose is half of that, so I think they're just making a mountain out of a mole hill. Well, I find that that's not true. In 2001 I contracted non-Hodgkin's lymphoma. I began doing a lot of research on my own. I

found that the Department of Energy, on their web site, admits that they do not know what the biological effects of a chronic low dose of ionizing radiation will do.

I was more fortunate than [Name Redacted]. I had a pain in my back. I had this pain for five months before I went to the doctor. When the doctor found out where I worked, he began looking for cancer. He wasn't looking for other medical problems; he began looking for cancer. I don't believe that was a lucky guess. I believe that was an educated diagnosis. He found my cancer on the first visit. Because of the early detection, I am in remission right now. But I don't know when it's going to come back.

All through my medical treatment the nurses and the doctors that I talked to all agreed that there was a good chance that I contracted lymphoma because of where I worked, at Rocky Flats.

I applied for compensation through the EEOICPA in 2001, shortly after the program was initiated. After five years I have become fatigued with the bureaucratic process,

constantly asking for more information, asking for phone interviews. After five years I was denied. I appealed the denial.

On the notebook that we signed up on tonight it asked if we had a written statement to submit. I didn't know that was going to be on the form. I feel like I have submitted my written statements more than once.

Six months later, after my first appeal, I was denied again. A year later I was denied again under Part B. I believe that DOE, DOL, NIOSH, Oak Ridge University -- I believe pretty much all of them have probably spent considerably more denying my claim than it would have cost to pay my claim and let me enjoy my life.

Thank you.

DR. ZIEMER: Thank you, Walter. Next I have Ron Buffo.

MR. BUFFO: Thank you for letting me speak before you tonight. My name is Ron Buffo. I'm here to speak on behalf of my father, William Buffo, who worked at Rocky Flats from 1952 until 1987, one of the original guys who started out there. He was a machinist. He was a tool grinder for at least 23 of those years,

those first 23 years, and he worked in buildings 44, 881, 776 and 460.

He has had prostate cancer. He has skin cancer. At this point he's 75 years old. And just to sort of reiterate some of the things that some of the other people have been saying, and I think it's very basic stuff -- I mean this -- this isn't global warming. This is -- these are real things that we know are happening to these real people.

My father was a machinist working with uranium and working on a lathe where he was shaping uranium. Uranium has a tendency to catch on fire without proper ventilation, and when it caught on fire he was breathing in the fumes, of course, and I think certainly has shown the effects of what's happened with that.

Along with that -- he was exposed to that on a daily basis, but he was also exposed to a thing called perchlorethylene, a cleaning solvent. He cleaned machines every day when work was done, with his bare hands and this cleaning solvent. And we know that to be carcinogenic in nature, as well. He also lost his hearing because there wasn't adequate hearing

protection. So I mean there are just a variety of things that -- that all of these -- these wonderful people had to go through.

I will tell you this. A true patriot, like all of these people. When I was growing up in Lewisville, not too far from Rocky Flats, I knew my father worked at Rocky Flats, but I'll tell you what, I didn't know what he did until about five years ago. He said no, that's -- that's -- I don't talk about those things, I signed a security clearance. And I had no idea. Kids at school would ask what does your dad do? He's a machinist. Oh, yeah? I don't know what he makes, but he's a machinist, that's for sure. It was strange coming to my house when I -- you know, I'd go down to the bathroom and I saw all these little bottles down by the toilet and I -- what the heck is that stuff for? I had no idea. You know, the fact of the matter is, very few of these people in the early stages, and I'm sure for many, many years, really had no idea what radioactivity could do to them. I really believe the safety training programs were inadequate. These men and women were not told

what these kinds of things could do to them, and today they are suffering because of that. So I'm here on behalf not of just my father, but -- but of all these people. You know, we talk about the bureaucratic red tape that is -- that has been going on for years now. He made a claim five years ago. Last fall he was denied. We wrote a letter back to the Department of Labor -- and I'm not kidding you, we got a response back in one week on the appeal -- denied. It took five years to get that first one, but it took about a week to get that second one. And when I -- I helped my father sit down and write the letter, and what we said was, you know, you need to look at this. You're denying our claim. You say that prostate cancer is not caused by his exposure to radiation. We don't agree with that, and that's why we are not going to sign this claim. We consider our case to continue to be active and we're going to see what happens here. Two months later he got a phone call from a man with the Department of Labor who said hey, what's this letter all about? My father said it's about my claim. And he says well, you

know, where you going to go with this? He goes well, it's pretty obvious I can't go too far with it, but he said I'm not signing it. And that's the way that it's going to be. We are going to stay with this and we're going to stay the course on -- on fighting for what we think is right, and these are from people who are very patriotic. They have no huge beefs with their patriotism and what they've done for this country. These are the original Cold War warriors, and -- and we have to honor them and we have to show them that we are responsible for the things that they were exposed to. And I think -- when I look at all these wonderful people here, I think we have to ask, if not us, then who? And if not now, then when? Thank you.

DR. ZIEMER: Okay. Thank you, Ron. Next I have Charles -- Charles Milne -- didn't we have a -- I think we already had Charles Milne, somehow got on the list twice.

Dennis Romero -- is it Romero?

MR. ROMERO: Romero.

DR. ZIEMER: Correct.

MR. ROMERO: Yeah, I'm pretty short. My name's

Dennis Romero. I worked out at Rocky Flats as -- four years as a building trades pipe fitter, 18 years as a steel worker. I've had three job classifications out there, as a production welder, chemical operator, radiological control tech at the end.

My first job was 444 as a production welder. Worked with beryllium, uranium, stainless, titanium, machining it -- not machining, but welding it, plating it, coatings. While working in that building we would often have air reversals because we'd have a power (unintelligible). Instead of the air coming out of the main vents, it'd be coming out of the return air vents that were filthy. We'd have dust everywhere. We'd get the evacuations and evacuate the back area because they don't know what's in the air.

We'd have fires, just like the gentleman mentioned about uranium. They'd have uranium -- 55-gallon drums where the machines would throw the shavings in there. Occasionally they'd throw a hot chip in there. When they would machine this uranium it would glow red, red under the liquid. That's how hot it was.

And they would throw a chip in there that's too hot, it'd catch on fire and then we'd have a fire in the back area and they would say if you're not in immediate danger, stay where you're at; if you are in danger, evacuate the area. Be smoke in the air.

I worked in that building about five years as a production welder and then went down -- 707 as a production welder. Worked with plutonium, beryllium, uranium assembling the pits that we used for final product to ship off site.

Every month we'd have a thing we'd call IP, that we'd meet a certain quota every month to get parts out. If we didn't get the parts out on time, management would say well, we're going to lose our funding, maybe be layoffs, so we'd have to work the overtime to meet our quota every month.

At times our dosimetry badges would be peaking out, and if they peaked out they would pull us out of the area and then we couldn't meet our product every month. So naturally management would make a suggestion -- put your TLD in your back pocket. Don't have it up on your chest where it's getting the right exposure; put it

in your back pocket. Or there were times when we'd leave them in our lockers because management did not want to lose their funding, did not want the trucks not to be able to come in and DOE would be unhappy with their progress. So we would do whatever we could to meet IP every month, and that went on for years out there until they finally shut us down.

When I was done being a production welder, I went down to 771 as a chemical operator. Our job down there was do (unintelligible) inspections, decontaminate floors, gloveboxes, tanks -- basically the cleanup people for the building. That's our job is to clean up, decon workers. We'd go in the back area, we'd have a spill. Of course everybody knows 771 was (unintelligible) with all kinds of chemicals -- hydrochloric acid, sulfuric acid, nitric acid, numerous other chemicals been on my shirt right here.

When we'd go back in the areas and decon the floors 'cause there'd be a tank leak, spill. Recontainments on the valves were leaking, flanges were leaking, gloveboxes were leaking because everything's been taken out of service,

wasn't maintained. It was set -- 'cause they thought they were going to start back up, but it never did happen so we'd have to go back there and baby-sit the place.

We'd go back there in a full-face respirator, particular air purifying filter, cleaning up chemical spills. The only people in the building that had chemical respirators were the painters, because they did the epoxies.

Workers in the back area were doing decon coverage, did not have chemical respirators. We'd have a particulate and that was it.

Times we'd have SAAM alarms. 771's notorious for having a lot of SAAM alarms. Problem with 771 during thunderstorms, we'd have a high concentration of radon. The SAAMs would not be able to distinguish between radon buildup or plutonium particle, so it would go off and we'd have to deal with that. We'd go out in the hallway and wait for RCTs to come, see what the problem was.

At that same time I had went across to be an RCT so I'd learned a lot more. I went through rad con training, radiological training, and they -- what we'd do is we'd have SAAM papers

that were contaminated with Pu or radon. We would let them sit for four hours. We'd count them initially, wait for four hours, take the people's names that were in the rooms at the time the SAAM went off 'cause we didn't know if they were positive or negative SAAM alarms. We'd wait for four hours, wait for the decay, see how much decay would happen on that sample. If there wasn't enough decay, we'd give it another four hours. There was times they would wait up to maybe a day and a half to two days to count that sample to see if enough decay would drop out so we could blame it on radon, because the room was posted and the workers were having a hard time getting the work done because working in a full-face is hard. Management wasn't happy with that scenario, they'd make us go back and do additional air samples so we could de-post the room and get it down to less than a tenth of a DAC. A DAC was a Derived Air Concentration of plutonium in the air. It had to be less than a tenth of a DAC. One DAC equates to 2.5 millirem.

When we started doing D&D out there, we had procedures -- even production had procedures.

Full-face respirators, 50 DAC; you exceed it, you shut the job down till you increase your engineering controls, your PPE controls -- keep it down to less than 50 DAC because the respirator's only certified up to 50 DAC. Anything above that, they couldn't quantify how much of it was getting in your respirator. They needed to be, we'd go to PAPRs, PAPRs were good for 1,000 DAC. We couldn't keep it down below 1,000 DAC, supplied breathing air, in-line supplied breathing air was used. That was still 1,000 DAC protection factor.

When management couldn't control the back areas properly when D&D happened because everything was going on, piping's being cut, gloveboxes being dropped off, the DAC started going out of control. It would exceed 50 DAC. They just changed the RWPs to warrant what they wanted to get done, because our training told us anytime you exceed protection factor respirator, a certain amount was getting in the respirator. When we exceeded 1,000 DAC on PAPRs, that happened quite often -- they'd be 100,000, 200,000, maybe even up to 500,000 DAC on an air sample they would be counting. We was told in

training that for every DAC that you exceeded -- the protection factor 1,000, for every 1,000 that you exceeded at, one DAC was (unintelligible) be in your respirator. So if you're in a DAC atmosphere of 500,000, you tell me how much DAC was probably -- how much plutonium might have been inside your respirator.

They would wear these respirators on 10, 12-hour days. There was a job going on in 774 that guys were in DAC atmosphere about 100,000 DAC. They were cutting out these four large tanks, using a plasma cutter. They used liquid -- a fixative to spray on the linings of these tanks, the gloveboxes, to try to keep the airborne concentration from going higher than that. The problem with when you're using liquid, spraying in the atmosphere where using a air-purified respirator, it's a paper filter. That paper filter starts degrading when it gets wet. And they would use liquid or water to try to keep the concentration of the plutonium down.

Workers would come out of the back area after a 12-hour day, take their filter cartridges off

their respirators, dump the respirator in a bin, dump the cartridges. They would look in their cartridges on the inside of that cartridge where -- that's the closest part to your face and a lot of times they'd be green. That was the color of the fixative they were using inside the tanks. So if that respirator was filtering, how much of it was it really filtering?

We would survey respirators on a daily basis so we could send them back off to laundry. Wasn't no -- no big deal to find 10,000, 500,000 on the outside of the respirator. Was that person given a PI factor worksheet to find out how much of it they got inside their lungs? Was any incident reports done?

Management, towards the end, starting not documenting things because of a thing called Price Anderson out there. Price Anderson was a group that went around when companies could not do radiological control practices safely, they would fine them. People have skin contamination, internal contamination, they would get fines. Well, in order to not get fines, you don't do the documentation, so you

didn't have the PI factor worksheets. You didn't have the radiological deficiency reports. You didn't have any logs to denote that this stuff happened on the job. There's so much more information that your dosimetry cannot tell you because a lot of the information wasn't done -- or it's scattered all over the place, 'cause we did records. We did DAC hour tracking whenever the DACs were too high. But my question is to you people, of all the records you got, do you have all of them? I don't believe you do. Thank you.

DR. ZIEMER: Thank you. Thank you, Dennis. Now we'll hear from Richard Olds -- Richard?

MR. PRESLEY: He's already spoken.

DR. ZIEMER: Maybe he -- yes, was --

UNIDENTIFIED: (Off microphone) (Unintelligible)

DR. ZIEMER: Yeah, he's ended up on the list twice, too. Sorry.

Let's see, then next I have Larry -- Larry Pazier or Pazier -- P-a-z-i-e-r.

MR. PAZIER: That's close enough.

DR. ZIEMER: Close enough? You can give us the correct pronunciation, Larry.

MR. PAZIER: It's Larry Pazier.
DR. ZIEMER: Pazier, thank you.
MR. PAZIER: My wife Cheryl was a Rocky Flats employee, and I -- I'm not a Rocky Flats person, and all I did was hear these things second-hand, but I know that she was exposed at least twice. Five years later after she was exposed, she was diagnosed with colon cancer and two months ago she passed away.
She was a vegetarian. No -- no cancers in the family, went to the gym five or six days a week, only exposed twice. And I hear the probability and the statistics that some of the people are saying, including a doctor, but what does it really mean? One in a thousand? What if you're the one? One in 100,000, what if you're the one?
My -- my concern is really not for what's going on here today. The money, sure, is going to help the people out that are living, help them with their doctor bills, et cetera. What I would like to do is suggest and somehow get out to the public that there needs to be more testing done. It's my understanding that -- you know, that they had testers -- test

indicators that give you an idea if you've been exposed. But when the people leave working for a nuclear facility, are they getting PET scans and CAT scans to test, if they have been exposed, if they have cancer? If this could have been done, it may have saved my wife. The other thing I'd like to say is, you know, to -- to just -- to get the word out to other workers in nuclear facilities of the risks they're taking. I don't believe that they understand the total risk that they're working under. Thank you.

DR. ZIEMER: Thank you. I have what I think is Larry -- Ramos?

UNIDENTIFIED: (Off microphone) Rands?

DR. ZIEMER: Or Rand, maybe it's Rand -- Larry Rand, yeah. Okay.

MR. RANDS: Hi. As Paul said, my name is Larry Rands. I spent 20 years at Rocky Flats. I had the opportunity last year to provide you with a summary of my jobs on the site and my lung cancer that was diagnosed in 2003. I donated a lung to the cause, went through chemotherapy after and I'll play with the side effect of the chemotherapy the rest of my life.

It's my understanding that you folks are an advisory board to tell health and safety or someone to -- that's going to make a decision on the outcome of the future of the workers of Rocky Flats. And I thank you for that opportunity to talk to you last year, and I'm happy to be able to be here this year. I would ask, and I implore you, to unite to advise the people that are going to make the decision for the efforts that are being expended and for these people that have suffered and are suffering, please help them. Thank you.

DR. ZIEMER: Thank you. Then Cheryl Meaney.

MS. MEANEY: Hello. My name is Cheryl Meaney and I worked at Rocky Flats for 21 years. At the present time I am not ill due to working at Rocky Flats. [Identifying Information and Name Redacted], also worked at Rocky Flats for 32 years as a security guard. He couldn't be here this evening so he asked me to come and speak for him.

In 2005 he was diagnosed with thyroid cancer. As a result, he had surgery to remove his thyroid that same year. His physician says there are only ways to get thyroid cancer.

Heredity is the first reason, and the other is radiation exposure. There isn't any known thyroid cancer in my husband's family, so one must assume that his cancer is the result of radiation exposure at Rocky Flats.

He is missing quite a lot of his dose records due to poor radiation record-keeping at Rocky Flats. Records show he worked in Building 123 for the majority of the time, but that was only his base building. He went to Building 123 every day to change into his uniform, get his gun and have his morning meeting for the plan of the day. His regular job duties consisted of the following:

He walked routes throughout the entire complex, including the radiation and contamination areas. He was required to sit on the docks in close proximity to all radioactive material as it was loaded onto trucks for shipment. He was required to watch people and guard material in the various vaults. Even if the alarm sounded, he had to stay to guard the vault he was assigned to. Everyone else could evacuate. He was part of the team that loaded trucks for transport to other facilities. This material

was the completed product, so it was very radioactive. He had to crawl on and around the radioactive drums in order to secure them properly. He also had to transport radioactive material samples in his security vehicle right in the seat beside him.

All of this was done without wearing a lead apron or shielding of the samples.

He took great pride in the job he did to protect our national security, and now hopes his government will take care of him. We pray that [Name Redacted] cancer does not reoccur. But if it does, it would be helpful for him and his family to have a little financial security to help cover the medical bills as a result of his radiation exposure in his work at Rocky Flats.

Please vote yes and give all Cold War veterans peace of mind. Thank you.

DR. ZIEMER: Thank you, Cheryl. Next, Juan Abilu -- Abilu?

MR. ABILA: The last name's Abila, A-b-i-l-a.

DR. ZIEMER: A-b-i-l--

MR. ABILA: A.

DR. ZIEMER: --a.

MR. ABILA: Right. I really don't have much more to say, other than what everybody else has said. The only thing that I would like to ask is why are we having to prove what, in most cases, a DOE or Rocky Flats doctor has verified or diagnosed us with? I think -- I think everybody else has covered what I had to say and I appreciate it and thank you.

DR. ZIEMER: Thank you. Okay, thank you, Juan. And then Jack Weaver.

MR. WEAVER: Good evening. Thank you for letting me speak. I also want to thank the people that are here in the audience, my brothers and sisters that worked with me at Rocky Flats.

This is an emotional time for everybody that's here, me included. I happen to be in fairly well -- fairly good health, but I have some relatives that worked at Rocky Flats for a number of years that -- that are not in such good health, so hopefully I'm here to represent them.

I -- I started to work at Rocky Flats September the 5th, 1961. I left there June 5th, 2002, so you know I've been there a long time. I worked

in just about -- well, I did work in every building on the plant site at one time or another in some capacity. I worked 12 years as a hourly individual and the rest of my time was spent in various supervisory positions, all the way up to a deputy AGM under EG&G, so I've been the gamut from all the way at the bottom to all the way to the top.

I also participated in -- in -- starting in 2001 on the oversight committee for the ORISE dose reconstruction. I was asked to come and participate in that, and after talks with Joe Aldridge and his group, I decided I would do that. And the main reason I participated in it was because the people -- very intelligent, very smart individuals -- didn't have a clue about Rocky Flats, and my job was to try and make them understand, teach them what we did, how we did it, why we did it and what the consequences of some of that stuff were.

Just like everybody said, I -- I understand that there are missing pieces of information in the -- in the dose and stuff. I think they did the best they could with what they had, they just didn't have everything, as -- as people

have said before.
The other issue that I have that -- that doesn't seem to get across at these meetings is that Rocky Flats was a chemical processing facility to recover plutonium from scrap and to produce the final product, pits. Okay? The plutonium processing in these buildings was -- was a -- a -- primarily a nitric acid process, although there were a lot of other chemicals. And when we were doing the cleanup in -- in the '90s, or preparing for the destruction of the plant, one of the things that we did was a -- was a chemical inventory -- and at the time I was working in 71 building; I spent 32 years in 71 building. And I have this document. I provided it to the -- to the group last year when we met. It's a 53-page document of excess chemicals. It has 5,700 containers listed on it of everything imaginable.
And with [Name Redacted] permission -- I was working in the building with [Name Redacted]. She was doing part of the -- the inventory. We were working on the inventory with [Name Redacted] and a lot of other people, names that you are familiar with. Exposure to these

chemical -- I mean there were things that -- that -- I'll give you a for instance. One of the things that -- that people don't associate too much wi-- or don't know about at Rocky Flats from the outside is hydrogen peroxide. Most people think of hydrogen peroxide to be put on -- on a cut on a finger, color your hair or something like that. We used hydrogen peroxide in the plutonium processing to make plutonium peroxide precipitate. We used 50 percent hydrogen peroxide. That's the same stuff they use in rockets to fire them off, you know? And after a couple of explosions, we went to 35 percent because it wasn't quite as volatile.

But we had numerous ex-- explosions. We had fires. We had everything you can think of under the sun. And as these people have already stated, and I don't -- I don't think you want to hear all my war stories 'cause you ain't got enough time left in this week to hear all the stories that I could tell you about Rocky Flats and 71 and 371 and all those.

I just want to say that -- that Abe just made a very good point. We worked under the AEC, IRTA

and DOE, and yet when it comes down to this issue that we have here on the table today, the burden of proof is on these people here to provide something.

Now when I went to work at Rocky Flats you were supposed to keep records, and I always thought there should have been a place where all the records that were kept -- everything from a piece of paper that somebody scratched on, a note or something, all the way up to plans, procedures and everything -- should have been kept in a place where they could be gotten to. That never happened, so a lot of stuff got lost. And all these exposures to -- to radiation and the exposures to chemicals, they're -- there are missing records for -- primarily with the chemicals, because there was no -- there was no activities on the site until 1986 when we put in an HF monitor to monitor hydrogenfluoride gas, there was nothing that monitored releases to the atmosphere of chemicals. So these people were exposed to concentrated nitric acid, hydrochloric acid, hydrofluoric acid, everything you can think of. And to me, that's just as dangerous as the

plutonium.
So I'm not going to stand up here and spout a bunch of war stories right now 'cause you don't need to hear those tonight. I've taken up enough of your time on that. I'd just like to say that Rocky Flats provided a service to the United States of America during the Cold War, and we handled a lot of the most dangerous chemical in the world, as the -- as it's been called, plutonium. What we pushed out the door was a product for the government to use as a deterrent to keep the rest of the world away from our doors. Some of those were used at Nevada for tests. I recently read in the paper where Nevada got their SEC. Those people handled the final product, had very little radiation connected with it. And when I go to Nevada and talk to those people, and I have many times, they're scared to death of anybody from Rocky Flats 'cause they know that most of the people at Rocky Flats were exposed. You know? So they -- they don't understand why we ever did what we did and why we would continue to work at Rocky Flats when -- they thought they had issues; they don't even begin to

compare to Rocky Flats.
So I'd just like to say please consider what all of these wonderful people have told you about their experiences at Rocky Flats. And as I told the people last year when we met and I gave them the documents, you've got my name and address and phone number. If you want to hear any story from the time I got there, 1961, to the time I left in 2002, I'll be glad to sit down with you and tell you any of it. I was involved in the fires and the cleanup and all that. I have an extremely large -- for most people -- radiation exposure. But I'm just one of hundreds of people that had large exposures -- larger than what was allowed by the DOE regs. Those -- those, to me, aren't being considered.
The arbitrary number that's been set is -- is another thing that's of great concern to me because -- again I'm going to use [Name Redacted] as a -- as a for instance because we worked side by side. What affects me maybe not affects her. What affects her maybe does not affect me. Our genes are different, our backgrounds are different, everything. So how

can you set an arbitrary number on somebody who's had the problems that she's had?
I thank you for your time.
DR. ZIEMER: Thank you, Jack. I -- I want to find out how many would like about a ten-minute comfort break or -- we have quite a few folks to go yet, but --
UNIDENTIFIED: (From the audience and off microphone) (Unintelligible)
DR. ZIEMER: Shall we keep going? We'll keep going, and individually if you feel like you need to slip out -- Board members, too, just don't stay out long -- but we'll keep going then. Okay. I -- I don't want any of you to feel like you -- if you really need to slip out, please do that.
Hannah Marschall.
MS. MARSCHALL: Hi. I'm Hannah Marschall. This is the first time I've been in front of a board like this, so don't have any notes. I worked at Rocky Flats from the early 1980s until they -- Kaiser Hill declared physical completion in 2005. I think all of us that worked out there knew that we were working around danger-- dangerous materials. However,

we trusted our government to keep us safe. And I -- I just think it's incomprehensible, to me, that our government now is making those of us that are sick grovel for such a stippance (sic) of money. There aren't that many of us left, and it's not that much money. And it just seems as though the government could take the high road and admit that possibly they put us in harm's way and those that -- of us that only have a couple years left to live, that they could approve our claims and allow us, our spouses and our children to have whatever time we have left to live it with dignity and with some peace of mind.

DR. ZIEMER: Okay. Thank you, Hannah. Mary Ann Rupp.

MS. RUPP: Hi. I also want to thank you for the opportunity to address this Board.

DR. ZIEMER: Mary Ann, pull the mike down just a tad. Thank you.

MS. RUPP: Thank you.

UNIDENTIFIED: Us short people got to stick together.

MS. RUPP: I want to thank you for allowing me to address the Board, as with everyone else. I

am here tonight on behalf of my husband, who could not be here as he died 11 years ago at the age of 49 from lung cancer. I've had a hard time with this because when he was diagnosed his diagnosis was -- the primary site was lung. However, it metastasized to the brain.

I'm here to put a face to his claim tonight, because he was a vibrant man, a family man, a patriotic man -- as with everybody else in this room -- and he believed in what he was doing, also.

He was diagnosed and he was considered terminal as soon as we had his diagnosis. He was a man who -- he -- he was active, and I -- as I said, vibrant. He lost his ability for speech. He wa-- suffered paralysis. We spent a lot of time playing charades because he couldn't communicate with the family like he wanted to do.

I have here which is what many of these people have heard from NIOSH and it's called findings of fact. The evidence of record does not establish that exposure to toxic substances experienced at the DOE facility was a

significant factor in aggravating, contributing to or causing the lung cancer of Martin C. Rupp. Therefore, Mary Ann Rupp is not entitled to the benefit because she did not establish that he developed a covered illness through the toxic substance at the Department of Energy facility, pursuant to 42 USC 7385S-4. And I'm sure many of you are familiar with this very same letter.

This is my third appeal, and I'm not only appealing on behalf of my family, but on behalf of everyone in this room. You can do little to help my husband now, but you can do a lot to help the people that are left here.

I just basically wanted to tell you how I came to this. Martin worked at a pipe fitter out at Rocky Flats. He was also out there as a field engineer and an iron worker. He was there from 1983 till approximately 1992. The first two years that he was on site he had absolutely no dosimetry monitoring. We've -- you know, we received -- I, as the other lady did, talked to David Sundin, requested all the dosimetry records, and I received a partial list -- and I do stress "partial". He was there for nine

years and the dosimetry records I have consisted of approximately three pages, the majority of which said zero because there was no monitoring, as I said, for the first two years.

What brought me to this was that Martin was exposed while he was working on the plant site. He was not in a building. He was working outside of building 776, along with a coworker. They unearthed some contaminated items there. And I had not realized this had happened until this whole program started and his fellow worker, a [Name Redacted], who was the [Identifying Information Redacted]for pipe fitter Local 208 out of Denver, came to me and he says I think you and [Name Redacted] who was the wife of the other exposed worker, need to put in a claim. And then he told me why.

And when I first started the whole process with NIOSH, you know, I went through the interview. I told them that I -- I had come to this for this reason, that I'd found out of his exposure, and it was never considered a valid reason. In all the times that I spoke with NIOSH, all the interviews, all the letters,

other meetings I've been to, I -- I always told them that this was what was in the forefront. This was why I was here. But they never once investigated it, which to me is unbelievable. And I'd like to read to you just basically what I've sent to them, and hopefully, as I said, it'll put a face to my claim and help put a face to many of the other claims and that the -- that you will consider Rocky Flats for the SEC.

I am again objecting to the fact that my husband was on site from July of 1983 to September of 1992, as corroborated by the District Office of NIOSH. Information obtained from the Freedom of Information Act on partial dosimetry records -- and I stress partial, as I have supplemental badge reports that were not listed on the dosimetry badge report in the dosimetry and radiation monitoring. Those records, which I have included, state that they absolutely had no monitoring data for -- in 1983 or '84, and the first dosimetry readings on Martin did not begin until September of 1985. The two -- the two full years without dosimetry monitorings of any type.

I am also objecting to the lack of investigation of an incident that initially prompted me to file the claim in 2003. It involved both my husband and another employee, whose wife has also filed a claim on his behalf as he is also deceased. They died approximately a year from one another. [Name Redacted] cancer was cancer of the brain, brain was primary site; Martin's was lung that metastasized to the brain.

The incident of exposure was witnessed by their supervisor/coworker, who is also [Identifying Information Redacted] of the pipe fitter Local 208 in Denver. No interview regarding the incident was ever conducted. It appears to have been totally disregarded by NIOSH investigators.

During my telephone interview of March 3rd, 2006 in which I stated in section six, radiation incidents, that yes, there had been an incident of contamination; and in section eight, identify coworker and other witnesses, in which I identified the coworker and also his former owner and operator of the company for which he had worked. He was one of the

subcontractors who Martin worked with at Rocky Flats for many years and had detailed information on job sites and locations, which specified buildings and specific duties. According to the NIOSH report of dose reconstruction under dose from radiological incidents, the record of the telephone interview was evaluated carefully, and while the telephone interview was used to assist in determining whether Mr. Rupp worked there, there had been no mention of any incident of exposure -- which was not true, I had mentioned that several times. The events of the contamination were mentioned several times throughout the course of the process. The job of NIOSH was to investigate any and all forms of the -- throughout the course of the process, phone interview and witnesses to look at all the data, gather from all possible sources and then determine its validity. Without adequate investigation into this incident and without interviewing the witnesses who could give insight into the circumstances of exposure and the background to Martin's activities while employed at Rocky Flats site, I don't feel the

claim was given credence it deserved.
NIOSH has based its evaluation of potential exposure on inadequate and incomplete information supplied by Rockwell International, a company that was allowed to plea bargain out of their culpability into alleged environmental crimes to the tune of $18.5 million, to forever seal from the public the information uncovered by a grand jury in 1992.
I have attended several of the neighborhood meetings that have been held by the Department of Labor, and the same information rings true, that Rockwell International has falsified information regarding dosimetry readings of former Rocky Flats workers. Over and over I have listened to individuals tell their own experience of -- of readings from wrist dosimetries that were never assigned, and reports that for many years they were required to wear their dosimeters under lead aprons, with no reading to cover their heads and extremities.
Martin worked on the water main building in 771, the plutonium production building, which has been labeled by the Bulletin of Atomic

Scientists in 2001 as the most dangerous building in America. Microscopic particles of plutonium were extremely toxic if inhaled. Martin and his coworker were both exposed when working outside of Building 776 while digging a trench with a backhoe, and they unearthed something hot -- a direct quote from my witness. According to the EPA Superfund record, USEPA Region 8, Congressional District Number 2, EPA ID number 890010526, bore hole data indicated that radioactive contamination is generally contained in the top 12 inches of native soil. That plutonium, uranium and americurium (sic) contaminated soil in the central and eastern portions of the site, with the most contaminated areas being on the eastern edge of the industrial area. That alone should have strongly suggested that further investigation of the incident of contamination should have been conducted.

It is also stated that significant amounts of plutonium were in liquid form contained within the deteriorating piping systems, which is what Martin did as a pipe fitter. He also worked on process piping systems, water heaters, flumes,

exhaust fans, heat exchangers, steam conversions, cooling towers, plenums, heating and air conditioning.

I respectfully ask that -- that reconsideration of my claim -- claim be seriously reconsidered due to the lack of investigation into incident of exposure and all the areas that Martin worked in on plant site.

I am not confident in the fact that NIOSH has estimated his exposure adequately without investigating all the facts I have submitted.

I believe that many of the people in this room have the same problem. I have dosimetry readings that were scrawled on pieces of paper, just handwritten, no scientific data, nothing to back it up. And I believe that along with my husband and everyone in this room, they deserve the right to have everyone consider this and take it out of the hands of NIOSH and the Department of Labor, and please consider their claims. Thank you.

DR. ZIEMER: Thank you, Mary Ann. Next we'll hear from -- I think it's -- could it be Chet Stickelman? I'm have a little hard time reading the first name -- Stickelman?

(No responses)

Okay. Yvonne Garrimone -- Garrimone? Yvonne? Okay.

MS. GARRIMONE: Hi. Yes, my name is Yvonne Garrimone and I'm here to speak on behalf of my [Identifying Information Redacted], who passed away [Identifying Information Redacted].

He started at Rocky Flats in October of 1981. There he was a NDT tech, and I only know these things second-hand and just through talking through it with his coworkers, speaking with people from the steel workers' union and trying to do research on my own through the incomplete records that was provided to me and my mother from the Rocky Flats Plant.

Every time -- he first -- when we first found out he was ill, it was April, 2001. After an extensive stay in the hospital in ICU and trying to recover, he placed his claim for -- with -- with NIOSH. He -- we -- we actually received his dose reconstruction I believe a month after he had passed away and to which my mother got a phone call asking her if she wanted to stay with what [Identifying Information Redacted] had gone on record as

what he believed, which we do believe, what he was exposed to. And just having to go through this fight and be denied time after time after time is a slap in the face, not only to us, the survivors, but to people who are living with the illnesses and various diseases that they got through their exposure at Rocky Flats doing their job, doing what they thought was right to protect, you know, not only their country, but to protect their families and to provide for them.

I know that not only did [Identifying Information Redacted] -- was he diagnosed with pancreatic cancer, but two other people in his group, as well. He never once, through the whole ordeal that he was put through, complained. But the one thing that he did make me promise and as well as [Identifying Information Redacted] is that we would fight, not only for him, but for everyone else that has been put through this whole ugly, ugly mess.

The only thing that I really want, more than anything else -- not the money. It doesn't matter. But for [Identifying Information

Redacted] to be able to see his ten-month-old granddaughter, to see everything that he's missing. When [Identifying Information Redacted] died at the age of 47 from pancreatic cancer, and I will tell you, that is the most horrible way to watch somebody die. [Identifying Information Redacted] was a very active man, and that ugly disease took him away from me, my mother, my sister, his grandson and everybody else who loved him and knew him. And I did not mean to get this emotional, but please, for -- not just for me, but for everyone else and anyone else who gets sick from this place, pass the special cohort status for these people so that we don't have to do this fight and get slapped in the face every single time. Thank you.

DR. ZIEMER: Thank you, Yvonne, and for being brave enough to share that.

Don Saber.

MR. SABEC: Sabec?

DR. ZIEMER: Could be Sabec, S-a-b-- S-a-b-e-k, is it?

MR. SABEC: C, c, c.

DR. ZIEMER: B-e-z.

MR. SABEC: S-a-b-e-c.
DR. ZIEMER: Okay, S-a-b-e-c, get it on the record here correctly. Thank you.
MR. SABEC: My name's Don Sabec, as you well know now. I started at Rocky Flats in April of 1961 and I retired the end of June of 2004. What I want to talk to you about is these dose recalculations. You know, it -- it took 33 years before I finally got a true dose assessment. And July 28th of 1994 they notified me that they did a dose reassessment on me and had to add 30-- 36,108 millirem to my exposure. And at the time I had a calculated dose of 71,415, and when you add it all up I ended up with 107,523 millirem.
But 23 years later is -- or 33 years later, excuse me, is just a little too late on -- on that. And during that calculation they happened to add in two years that I missed Rocky Flats -- I got to go to work for the Department of Army for a couple of years -- and they did give me a dose for that. And I brought it to the attention in the meeting -- the summer meeting at Jefferson County Airport that they added that two years that I wasn't

even at the Rocky Flats, and I don't know what -- the numbers they come up with or how they come up with it. And there was a gentleman there from NIOSH that heard me make that statement. Well, again, I was down at the Marriott with -- with [Name Redacted] last -- in the -- in the -- I guess it was the fall that we went in there, and said something about it when I made a testimony again, and he got me after I made my testimony and says Don, he says, I -- I remember doing yours 'cause I remember the two years that you said that you had an exposure from Rocky Flats that you weren't even there, he says, and I did a dose recalculation on you. But he said I had to add another eight rem to your exposure. And I said well, that -- not too good. He said -- and I thought he was going to mail me a -- a copy of that -- that exposure value. I never received anything from that, and I kept telling everybody I'm pretty lucky, I haven't had any symptoms at all from Rocky Flats. Until October -- it was early October they found cancer in my eye -- I don't remember the date. Anyway, October 11th they removed it and I -- I

don't know, I go back tomorrow to see if it's coming back again, but when I talked to the Department of Labor when I -- I made a claim. That's the first time I've ever done anything like that, and I told them it wasn't malignant; it's very hard to get malignant cancer in your eye, they said well, if it's not malignant, we don't even compensate you for it. But I did have an interview over the telephone, thought everything was -- they would contact me and make -- have a hearing. That -- that didn't happen. They -- they sent me another form to fill out that they want to know my entire history of the jobs I performed.

Well, in 44 years of work out there, I don't know if anybody could remember the jobs -- all the jobs they performed. I -- I was a chem op for seven years. That's when the -- I probably got my -- most of my neutron excess, but -- and I really feel that this dose recalculation thing is -- is just about like a dart board effect. You -- you throw a dart, hit a number and that's what you're going to get, because there's so many incidents that we had that was not reported -- spills, contamination. We'd

take them in -- in 771 we'd taken them in there if they had their hands contaminated and their face contaminated, we -- we'd wash them down in the area in a decon room and there -- most of the time there was never even a record made of it. So I -- I don't know how you people can make an intelligent decision on the exposures of people at Rocky Flats, when -- when I can't even get records -- I -- I had to really cry the blues to get my own records. Rocky Flats -- when I retired I requested a copy of them. It was two and a half years before I even got anything from them.

So I just want to say that the dose reconstruction is -- is almost impossible for -- for the lack of record keeping Rocky Flats did because the number one game was production. When you're in production, you know, it's damn the torpedoes, full speed ahead. And -- and the same -- same criteria, same mentality, was the same way when we're in D&D. That's one of the reasons I got out as early as I did 'cause I felt very healthy and felt I could keep working, but the way things were going, I thought -- you know, somebody's going to

really get hurt -- which they didn't; they lucked out.

Anyway, I appreciate you people coming down here and looking at this and -- and hopefully that you -- you can come up with something that is going to compensate people for what they really deserve. Thank you.

DR. ZIEMER: Thank you. Then Jack -- is it Blakeslee -- Blakeslee, or --

UNIDENTIFIED: (From the audience and off microphone) He left.

DR. ZIEMER: Oh, he left? Okay. How about Dale Tinkle? Dale?

(No responses)

Michael Logan.

MR. LOGAN: I just want to thank you for hearing us and all, and hopefully we can get things squared away. But I started at Rocky Flats in October of 1978, worked there until June 19th of 2003, got laid off and took the early retirement. In the meantime, in '94 I left for ten months and then came back, take care of some family business. And there's so many stories you can hear, you know, starting out out there.

For example, I started out as a janitor, then I progressed to a service attendant, working in the garage servicing the fleet vehicles. And then I went to a metallurgical operator working in the foundry with the plutonium and dealing with all the castings and material with stuff like that.

Some days we'd have SAAM alarm go off probably ten, 15 times. The way they did the air flow is that the air may be flowing towards you, the SAAM alarm's behind you, and by the time it goes off you've already got an uptake. A lot of times if you request to go to body count, if you're fortunate enough to let someone agree to send you up there, it come back as background. But yet if they do nasal smears or anything like that, it comes out that you've got an intake.

Far as the radiological records, I've been fighting for three months now trying to get mine and I keep getting the runaround. I talked with a gal in Washington, D.C., her name's [Name Redacted] at Rad Records, and she keeps referring me to someone else, they refer me to someone else, but I -- I keep getting the

runaround. I don't know what else to do. A lot of the people here have very, very viable complaints, issues over it that needs to be addressed. You know, we hope everything will come out okay and everything's done right. You know, it's kind of like when I was brought up as a kid, you know, you -- you're taught to do right and do the right thing, but it doesn't appear that it's either, one, it's the system or the people handling the system.

Every time I get on the computer I just -- I get real angry, looking at the different issues with Rocky Flats. [Name Redacted] has diagnosed me of having asbestiosis (sic). National Jewish says it is inconclusive, but all the symptoms are there as far as the thickening of the pleural lining of the lungs, which also has the same consistency as berylliosis, which I've worked with that also. Now [Name Redacted] also wrote an article on the beryllium testing, the program, and gone into great detail on how it works. But there was another partner with them, another doctor, and this kind of scares me to death, he was a doctor of veterinarian medicine. Now either,

one, he does have some knowledge of the background of radiation or beryllium; or two, were we guinea pigs? I mean I don't mean to sound nasty, but there's a lot of inconsistencies of them losing records, records come back incomplete, or they're changing our dose to zero when we've been in the area. So what you're saying is by waving the magic pen, we don't -- we automatically don't get any radiation, we don't have no dose?

Right now I'm fighting with a tumor in my spinal cord. I haven't had any comment back on that from the Department of Labor. Far as the asbestos of that, I've been denied the financial. They say they would like to do the medical surveillance on it, but I haven't seen anything on paper.

I had to fill out some paperwork the Department of Labor sent me far as have I ever filed a suit against any labor department or workmen's comp or do I have any claims pending, which I don't. We FAXed it to them. I get a call today, where -- where's the paperwork? Well, you guys have -- it's been FAXed to you. I have the paperwork that shows that you have it.

I hate to see it, it's kind of scary, but either, one, they're hiding stuff, which I would not like to believe; or two, somebody's just not doing their job.

I don't think we're asking for every -- you know, there's no way that DOE can come up and just wave their magic wand and everything's right. We want them to stand up and at least make an honest effort. You know, at first, when I was really scared and mad about the tumor in my spinal cord, I thought that the Department of Energy didn't care about us. I thought we were just a piece of meat and a number, but a piece of meat's a precious commodity. I'm not sure, we were just doing our job, what we were told to do. We were also told that the radiation exposure that we got by going to the dentist or having a couple of X-rays a year -- you know, chest X-rays -- you know, you get more radiation exposure there than you did at Rocky Flats in a full year.

I'm still at the point now, there's only two things they've told us: Lies, and more lies. If I was to go out and get drunk and run over somebody, I'm held accountable. But is our

government held accountable for what they do? It's got to be a two-way street. I was brought up to do things right and do the right thing, and I've done my best to do that, working for Rocky Flats doing what I felt was in the best interests of my country. I cared. And a lot of these people here, you -- you won't find a more dedicated group of people. We're a honest bunch of people, and more caring. Thank you.

DR. ZIEMER: Okay. Thank you, Michael. Cheryl Hewitt-Ballou.

MS. HEWITT-BALLOU: Good evening. [Identifying Information Redacted]is why I'm here. His name is [Name Redacted] and he was diagnosed with berylliosis chronic disease and asbestosis. He was one of the first people that actually helped build Rocky Flats in the late '50s and going through the '60s and into the '70s. He's been in every single building on the facility. His job was working for the sheet metal workers Local Number 9. He would crawl in and out of ductwork that had been contaminated with beryllium dust. He had it covering him. There was no security. There was no OSHA, if you will. There was nothing to let him know that

the dust that he carried home to his family was actually radioactive dust, and that he had inhaled it, he had also ingested it. He had it all over his lunch pail.

As a child growing up and watching [Identifying Information Redacted] come home from this facility, I would of course greet him when he came home with loves, kisses and hugs. He also had a little trick that he did every day for me. He'd always leave a little tidbit in his lunchbox for me to eat. Well, I did this every single day that he brought home his lunchbox. This box was covered with dust. We had no clue as to what the dust actually was until many years later.

Now I am as mad as hell, and I don't want to take this anymore -- if I may quote a famous actor in a movie. He yelled out the window. All of these people that are here, and the ones that did not get the information that this meeting was being held this evening due to lack of correcting themselves and making sure that you address the people the correct way with notification of ample time to get them here to this meeting. One newspaper article isn't

enough.
These people are sick and they're dying. I'm sick and I'm dying. I went through a double mastectomy at the age of 49 years of age due to the beryllium poisoning that I have in my system. I documented this beryllium poisoning in my system when I was pregnant with my son that is now 16 years of age, because I was so concerned of it being transmitted. I realized [Identifying Information Redacted] had brought the dust home. I realized that we had contact with it physically, by inhaling it and ingesting it. I was so concerned I went to National Jewish Hospital with [Information Redacted] on a specific appointment, and I asked the doctor specifically, is this transferable to my child that I'm carrying. And of course he could not answer me. But now at this point of my life, at 51 years of age, after going through a double mastectomy, I am now looking at where it's involving my liver and my kidneys and my lungs.
Now these beautiful, wonderful Americans stood by the country and they did their job. They were screwed. I'm sorry, I'm not very polite.

I like to put things black and white. They've been screwed by the government by lack of keeping records, by lack of truth, by lack of supplying ample, complete records for them to be able to go to doctors that should be supplied by the government to take care of them. They did nothing wrong but to do their job.

We're not asking for any miracles because we already know that we've been contaminated. We already know what our outcome is. You're not one of those people. You're being paid to sit here and listen to the sob stories and then you'll walk away and you'll dismiss it, just like all the rest of these meetings have done. All of these years we've talked, we've begged, we've pleaded and we've asked nothing but to do the right thing by these people, the Americans that supported the country that we believe in. I don't think that's too much to ask.

The families have been affected so much that they've been basically put back on the shelf, shut up, nothing to do about it, the government will eventually get their act together. Well, you know what? I don't believe that the

government's going to actually get their act together. And the reason why? You haven't done it yet. How many more years do you wait? You'll wait long enough for every one of these people and their family members to die, and then you'll go oh, guess what? I guess we were wrong. Thank you.

DR. ZIEMER: Thank you, Cheryl. Diane Jensen? Is Diane with us?

MS. JENSEN: As you stated, I'm Diane Jensen. I spent 22 years out at the Flats, and my first eight years I spent as a chemical operator. That meant hands-on processing with plutonium. And as a chemical operator, we went through progression period. That meant we learned how to handle plutonium in a liquid form, a solid form, a metal form. We bagged in, we bagged out. We touched it hands-on every day, moving it from one glovebox to the next.

The remaining years I spent in technical support in a production building. I was always within 50 feet of the production area.

In 2003 I was diagnosed with breast cancer. I'm currently in -- was in remission. I now have a growth on my thyroid.

I want to thank you very much for this venue to tell you about our concerns, the inaccuracies that I've found in struggling with this huge system. I want to address my concerns to you because you are the audience that can make the decision. You are the decision-makers for our future, so that we can quit fighting and get on with our lives.

Special Exposure Cohort status is extremely important to those of us who have been ill, but I need to let you know that the system that's in place is broken, how it is broken, and that the administrators of the program cannot fix it. They do not have the expertise, the ability or the resolve to handle the issues.

The Department of Labor is currently tasked with administering this program. They have no knowledge of radiation. I spent some time with a hearing officer for the FAB board. My report from that meeting lists my exposure, measured in grams. Now I was under the impression it's millirem, rem -- again, they have no concept of radiation.

The hearing officer is not the least bit concerned that they don't understand radiation,

because NIOSH is the determining factor. They are only in place to make sure that the NIOSH determination is enforced. And they hide behind that law. It is on-- and it is the only tool they have to make their determination because NIOSH is the rule that determines least as likely or not. It is not their job to understand, but only to implement. They have no idea of the relevancy of radiation dose. And to make it more frustrating, you cannot question the methodology. You cannot question the numbers they use, because only NIOSH can handle that. They can send questions back to NIOSH, but they can't address concerns, and they forbid you from questioning the methodology because NIOSH is the governing body.

Well, I have many questions, and they have a common theme for many of the people here. I have missing doses. I have zero readings, and I have inaccurate readings.

NIOSH also makes assumptions about the readings they have, and -- for example, they assume that if you have a zero reading, or if you have a missing dose, that the dose was too low to

calculate, so they apply a small value to your dose to say this accounts for the missing dose. Well, they had it wrong. The assumption is wrong. They are adding a small value, when in actuality the dose that is missing is high. Many doses that I have missing in reality came back as no data available from times that I spent inside vaults, times that I've spent looking for cans or buttons that we had to find during inventory, so you spent hands-on time in a room that has 400 millirem for exposure. And your dose comes back zero or no data available? I'm sorry, that's wrong.

This statement also translates into a statement they put on your dose reconstruction that says everything applied is claimant favorable, so this small factor that they added for a dose that was too high to calculate was used to say it is claimant favorably (sic) because they added something for that zero.

These statements are also like a narcotic to the claims administrators. Though they have no knowledge of the questions about radiation, they falsely believe that the system is built to compensate the employees with a foreseeable

air factor, and that it's been applied. They're confident this mechanism's in place. I also have concerns about the inaccurate reading due to the process, the procedures to subtract background from actual readings. What if an employee actually received background? In 1991 when I was an office worker, my dose went down drastically from when I had hands-on experience. My dose for the year was 46 millirem. But to be claimant favorable, they gave me 100 millirem. My office was room 101 in building 771, and my wall -- my desk was on -- was adjacent to the abandoned americium line in 771. In 1993 the Department of Defense said hey, we have 300 millirem at the badge board, and this has been adjusted downwards for 2,000 man hours. One, we worked 50-hour weeks, so there's no concept of 2,000 man hours. And my office is here, between the source and the badge board. A badge board's 300? The source is constant. Tell me how I got 46. I don't know a physics book that comes up with numbers like that.

In the mid-1990s the operator realized that had issues with dose in 771. They'd placed metal

shielding in the wall for what was my office. We had people here who'd mentioned the guard posts, the vestibule in 771. The radiation dose coming off the americium line, the abandoned americium line, was so high it was setting off my monitors. They had to install metal shielding. Give me a break. How can you tell me I got 46 millirem?

This affects all office workers in production buildings. By definition of the term "office worker", someone who was not required to wear a badge, we were assigned 100 millirem because, by definition, we were supposed to receive less than 100 millirem.

In the mid-1990s Building 371 housed the majority of the plutonium on plant site. (Unintelligible) said it was 12.9 metric ton. And you can move that plutonium all you want. You can move drums from one location to the next to change doses in areas, but you still have office areas exposed to dose because the office areas are adjacent to the vaults and are positioned directly above the vaults.

I actually brought with me tonight things I would like to submit, which are dose records

for 1996 and 1997, and the dose records for the office areas in Building 371 and 374 you will note significantly the bottom mark is 100 millirem. The bars on the right are 371 and 374 office areas, doses ranging from 200, 300, 400, 500, 600 and 700 millirem, office areas. Us office workers got credit with 1,000 (sic) millirem to be claimant favorable. There's an error here. Something is wrong. We were short-changed. NIOSH's assumption is not claimant favorable. The numbers are wrong, whether intentionally manipulated to meet corporate bonus structures, due to company policy to bring them down to 2,000 man hours, or the natural inclination to disbelieve your indicators when you have high doses. No matter what the reason, the result is the same: The numbers are wrong.

Office workers got significant dose. The numbers they use are not claimant favorable. And the Department of Labor is not experienced enough to know the difference between a gram and a rem. I have very little confidence in their ability to administrate the system.

When you're voting tomorrow, please consider

the accuracy of the numbers that were used to determine our destinies. Think of the false assumptions that contributed to our assigned dose. Think about the consequences of your decision. Special Exposure Cohort status will not make us well. We do not want sympathy. I want acknowledgement. I want to get on with my life. I don't want to spend it fighting the system. So tomorrow please vote yes on the Special Exposure Cohort status for Rocky Flats. Thank you for your attention.

DR. ZIEMER: Thank you. Thank you, Diane. Next, Dennis Virgil (sic). Just for planning purposes, folks, we've got Dennis and then Jerry Mobley and Liz Huebner will complete our list. So Dennis...

MR. VIGIL: Members of the panel, workers -- hi, cuz -- my wing man, another wing man. Not real good at this kind of talking. I'd like to thank the Board. I appreciate your patience. I don't know that I would like your job, either -- paperwork and all that's involved.

Dennis Vigil, I was a Navy electrician and a Seabees lineman, and I came to work. I wor-- and we're part of elite groups, construction,

mine workers, maintenance people, production, monitors and operators. We are the band of brothers and sisters. We learned our trades and did our jobs well. Rocky Flats, we gave you the best years of our lives. Along with other families, I was a lineman electrician at Rocky Flats. I have a blood brother that was a 'lectrician at Rocky Flats. He lost a kidney to cancer. I myself have been learning medical terms as far as lung nodules, nodules in the lung, cysts in the kidneys and the National Jewish Hospital has brought some of these records out. Our claims have been denied. All I ask is that we take time so that America, you need to hear our cry. Thank you very much.

DR. ZIEMER: Okay, and Jerry Mobley? Hi, Jerry.

MR. MOBLEY: Hello. First I want to compliment all of you. I'm almost amazed that you have eye contact with the people talking. None of you have fallen asleep or become bored, that I have seen. I've been watching you.

DR. ZIEMER: Well, I hope we don't start now then.

MR. MOBLEY: In a minute, with your permission,

I'm going to ask for a raise of hands of the people -- I don't know if it's appropriate or not, but I will.

DR. ZIEMER: Depends on how embarrassing the question is, I think.

MR. MOBLEY: My name is Jerry Mobley. I was a stationary operating engineer in Building 371 for 13 years. I came down with a skin cancer on the scalp -- the worst kind you could have. Then it went into my lymph nodes as mestastic (sic) malig-- anyway, it went into my lymph nodes.

DR. ZIEMER: Right.

MR. MOBLEY: Shortly after that, I had a real balance problem. I still have a balance problem. But they did a CAT scan and discovered I have a ping-pong-sized tumor in my left cerebellum. When the doctor came to the house, which was unusual, to tell us about this, that I was going to have to have some -- see a brain surgeon the next day, he told my wife and I that we needed to get my affairs in order. And my wife said so then this next month we should, you know, get things set up. And he said no, this week, before the surgery,

'cause he's not likely to make it. Well, I'm still here, thank goodness.

It wasn't a tumor. You know what it was? Severe radionecrosis. When the surgeon came out to tell the family after the surgery -- which lasted one-fourth of what it was supposed to last in time -- the surgeon was quite baffled. He said how did -- Jerry hasn't been exposed to radiation. And what did my family say? What did my family say? Yeah, he's been at Rocky Flats. And the surgeon says huh? 'Cause this is his first radionecrosis that he'd ever seen as a brain surgeon. They thought it was going to -- they were going to find mestastic (sic) malignant melanoma in my brain.

Well, anyway, to make a long story short, they didn't.

Now, I'm still here, thank goodness. But this last January I had to file bankruptcy. I have been fighting medical bills -- every time I go for a PET scan, they want $400 from me. When I went to work at Rocky Flats, one of the benefits was you're going to have lifetime medical. They're going to take care of all

your medical bills. Has that happened?

THE AUDIENCE: No.

MR. MOBLEY: No. $86,000 I had to file bankruptcy on last December. I told the doctor last week when he wants to do another PET scan coming up 'cause I'm having breathing problems, where's the $400 going to come by? He's working on it. Hopefully he can come up with it. I don't have it anymore. I'm busted.

Now, what I wanted to ask for a raise of hands was, there are 12 of you here, the exact number that was in my group in 371 for the 13 years. They weren't all the same group, but when we finished up there were 12 SOEs. Of the 12 SOEs, five have skin cancers, the worst kind. But wait a minute, that doesn't fit the profile for natural skin cancer according to NIOSH because I'm not even supposed to have skin cancer from radiation. It doesn't happen. Right?

Okay, the numbers are telling me something different. Now when I was going to ask for a raise of hands, how many of you are from -- not from Denver here in Colorado?

DR. ZIEMER: Not from Denver -- not from

Denver.

MR. MOBLEY: Not from Denver.

DR. ZIEMER: Not from Denver.

MR. MOBLEY: If you were told when you came here that if you go to this Denver, you're going to have -- five are you are going to come down with skin cancers -- oh, but it's not connected with anything up here; it's just that the probability is so high if you go to Denver -- would you come?

When I -- no, you -- right, you wouldn't. You wouldn't take that risk. I wouldn't take that risk if I'd known what was happening. We didn't know we were coming -- all coming down with skin cancer until all of a sudden it's happening.

And so when you vote tomorrow, a yes -- I don't know if it's going to affect me because they say melanomas are not covered, even though it's cancer. This doesn't make sense. And severe radionecrosis isn't on the list because it's not supposed to happen, but I hope that -- I doubt honestly that I will ever see any of the benefits. I don't think I'm going to live that long. But I would hope for my wife, who has

supported me completely, will be able not to have to sell the house. We've mortgaged the house to the hilt to try to -- 'cause I feel that -- I've always felt that I want to take care of my debts. I never wanted to go out and establish a debt and then walk away and say you figure out how -- so with that, thank you.

DR. ZIEMER: Thank you. Okay, Liz Huebner. Liz?

MS. HUEBNER: I -- I'm Liz Huebner and she's helping me here because the other day we made some posters that we were going to put around on our behalf and I started at Rocky Flats February of '98 and halfway through the '98s the doctors told me that my body was starting to be the body of a 90-year-old and I had a lot of things happen and a lot of muscular and different things. And I worked in 883 building and [Name Redacted] came in and said well, the chairs don't match, we have to take them away. And so we sat on the uranium ingots and the LIPS project and all that and the engineer came through and says well, you shouldn't be setting on that because that affects your production organs and so I've had a full hysterectomy and

all that.
But a couple things I'd like to bring up about this reconstruction is we have MSDS sheets, which everybody knows is material safety data sheets, and for chemicals and all kinds of things. That stuff on there gives you things that it affects in your body. Now these manuals were written and so I don't understand why all of a sudden these manuals are in question about chemicals and how they affect your body because some of the chemicals we used, like say in 883 building, when the fans went down the chemicals caused a -- it was as tall as this -- it was a white wall, to turn yellow, and we were told to continue working. We never had respirators. It was a uranium facility and when we left the building for breaks, we had to take all of our clothes off -- we had our boxer shorts and our T-shirts -- and then we'd go to break. But all the carpets would come up hot all the time and so forth. And another thing is when we went to body count working in the uranium -- and they had beryllium in there, also, because it was the foundry building -- we took two showers to get

body counts. We had to take one at the building, and we had to take another shower at the medical building before we took our body count because they knew that the dust would be on us and the dust got in the offices on the second floor. They had to replace the carpets many times because they would come up hot. And so like -- I don't understand the reconstruction part.

The same with radiation. The radiation -- they had standards for those radiation things, and it gave what effects it does on your body. And some of the medical problems I had at the time, I would bring this up and they would say oh, no, it can't be that. Now I know they say it was chronical (sic) over a period of time, but during production periods people got acute doses. You take the doses over a whole working time, that doesn't matter. They should be taking the times when we got the high doses. When I worked in 707, every other month I had to be taken out of G module because I'd get 100 millirem. They'd take you out a month, then they put you back the next month. You'd get your next 100 millirem, then you're out a

month.
Another thing was they used air flow patterns for wearing respirators, so when we worked in D module, if a SAAM alarm was going off at one end of the building, at this end we would continue to work in the gloveboxes and not required to wear a respirator because the air flow supposebly (sic) kept all the radiation at that end of the building, so we continued working.
Then we had another time when the bellows had been leaking, and nobody knows how long, in one of the gloveboxes. And one day they had the janitors come in and do the floor, so they were supposed to clean the floor, and the procedure was supposed to be that you had the floor surveyed first. Well, the survey was not done. The floor was swept. And that one sweeping contaminated the whole room because there was a bellows leaking that nobody had any inclination that it had been leaking all this time. And once it got spread around the room and we had to decon 24 hours straight for three days we deconned that room.
A lot of procedures were in place but not

followed, and we were told to go ahead and do the work anyhow. Things -- I was an inspector out there in the machine shop. I worked all the buildings except of course 111 and 115 -- I didn't work those -- but all the others, and we had training as inspectors and I was an RCT. I was in the labs. In the labs we were working without gloves and that happened to be the time I had my hand surgery. You know, I was getting a lot of radiation exposure to my hands, but they said no, you know, that can't be. But yet you look at the books and the books say with this amount, this can cause this kind of health problem.

So I do not understand. They wrote manuals. They were supposed to be god. We were supposed to follow them, but all of a sudden these manuals are incorrect and they're not to be used.

The dose out at Rocky Flat was spread among all the people, not just the workers, but they took everybody on site so they would keep our dose down per individual. So all the workers -- you're getting high dose.

My husband -- he was diagnosed with the Be, had

the lavages, and he couldn't -- he wasn't supposed to, during the days of -- of decon and cleanup, he wasn't supposed to work around beryllium. And he was on the beryllium program. Now the last lavage they tried to perform on them, they couldn't finish it 'cause they couldn't extract anything back out. Now here all of a sudden he's not in the program. He has to start over. They say you're not in the program now, we -- you have to reapply. And then they said well, your papers aren't original, they aren't this and that, and we're finding that papers are getting shredded, documents, documents that were legal according to the law. I just don't understand how all these documents can be denied.

And I'd like to bring up about a man out there. He lives in Ohio now because he used to be a machinist. He worked in 707 with me and one night the machine got some plutonium in his arm. He waited over 45 minutes for the rescue -- or the rescue team to come and take him up to medical. He now has MS so bad he's wheelchair-bound and nobody's putting anything together for him. I -- I feel that with all

the muscular things that went on, those should be considered also because bones and muscular were in the books, too.

And let's face it, Rocky Flats did a lot of things that were illegal, 'specially at the end. I had people that I checked out on the step-out pad that had infinity on the respirators and on their clothes, yet they were not given nasal/mouth smears. There was no record kept of this. I said aren't you to get one? They said it's not required in our work package. So there's all these young people said oh, when I get sick down the road, I'll come and claim. I said there will be no company.

So I just want to make a point that you had things in writing, and they were connected to things, yet you sweep them under the carpet. Everybody was put in one pot and things were split among 5,000, 6,000 people, when the people who got the exposure -- it -- sure, you know, they say it's chronic over a long period. But there was a lot that was right then and there and it was acute, and that was overlooked.

How can just one month being out of a room help your dose? You get 100 millirem. Okay, we'll keep you out a month, then go back. I mean the things were black and white, yet now they have to be reconstructed and I just don't understand how the government is two-faced.

But anyhow, that's -- oh, one other thing. Bioassay was never taken seriously, either. I had positive bioassay. I never found out for four or five months that I had been in positive bioassay. And so there's so many things, so many loopholes that were made out there that are not being put in the reconstruction, and the workers that were out there -- we were made to look like we were saints, that we came to church, we just did our thing, no harm was there, yet there was harm all around us.

A bag-out that was done, over 100 millirem of material bagged out and just left to set. The rules were -- were supposed to be in place, but towards the end they weren't, and people were getting acute, not just chronic doses, and we're paying the rest of our lives.

I pray that I don't live to be very old. I don't want to suffer anymore. I live on

morphine and pain pills and this and that. I go every two months to get shots in my spine. I don't want to live old. But still I think people should be compensated. We thought we were helping keep America safe. Those bombs were to keep America safe, and now it's like it didn't matter. We're just like the soldiers that they throw aside, too. We want to be considered just like soldiers 'cause that's what we were. We were civilian soldiers, but we were like soldiers. We were keeping America safe.

Thank you for your time.

DR. ZIEMER: Thank you, Liz. Now I had indicated that Liz was the last on the list, but now I have another list. There -- there are a few more, if you'll bear with us. Henry Mosely? Is Henry still here? There you are. Henry.

MR. MOSELY: I'm a little bit unorthodox so you'll have to deal with me. They're used to it, you're not. Everybody stand up. Every once in a while during this lecture to these people, a few of you sit down. The ones that are sitting down are the ones that are dying.

I want you to look at these people up here. I don't want you people to look at me. These are the people we're talking about. These are the people that, rather than the government say no, we're not going to help you -- excuse my language -- go to hell, you come up with a dose reconstruction. It's BS. I know it.

Everybody else -- shake your heads when you agree with me -- it's bullshit.

You can't -- everybody out here worked at the Flats. Very, very few people did the same job day after day. Very, very few people did the same job from 9:00 o'clock to 10:00 o'clock.

To say this is the dose they got that day, you don't know. Nobody knows. We don't know. I was an RCT out there. I was supposed to know. I tried to know. There's no way. There's too many buildings. There's too many different procedures. There's too many bosses that didn't care. There's too many people that just went and did what they were told to do, whether it hurt them or helped them. So dose reconstruction -- that's a joke.

You need to consider this. Now look at these people out here. These are the ones that

you're saying no, they're just here to whine. Well, I'll tell you what. We worked out there -- I worked out there a long time. I probably met 20,000 people, the same 20,000 people that you'll meet through your life, but the number of people that are sick, the number of people that are dying, the number of us that are going to die, the percentage is so much greater than what you'll ever see in the 20,000 people you'll meet in your lifetime. To say okay, let's do a dose reconstruction -- just tell us no. That's a lot -- that's a lot more humane than to say okay, get out there and work, get out there and do this job. We need to close this down. We'll take care of you. And then when we come up sick, to say, you know, we're going to do a dose reconstruction. You know, that's wrong. I think it's wrong. I think my cohorts think it's wrong. And I think you think it's wrong.

Vote the way we need it to vote tomorrow. Thank you.

DR. ZIEMER: Okay. Thank you for a very articulate presentation, Henry. Donna Quinlan? Is Donna here -- uh-huh.

MS. QUINLAN: Yes, I'm Donna Quinlan. My husband survived World War II, but he didn't survive Rocky Flats. Dick, as he was commonly known, worked out there for 27 years. He was in industrial engineering. I knew he did -- he was an industrial engineer, but I had no idea what he did. I didn't know what Rocky Flats did, and I still don't know. All I know is what I've heard from these people at -- a couple of times, some of them.

Dick was a very active man all his life, in extremely good physical condition. He was a loyal employee, he worked hard. He -- I never heard anything from him about Rocky Flats, other than it was where he worked. That's all I knew -- until it came out in the newspapers. And even after that, he didn't talk about it. He didn't ever discuss anything. All I have learned is -- trying to fill out this paperwork, I talked to fellow employees and learned some horrible things after his death. He, as I said, was very active, very physically strong and was into everything -- skiing, bicycle riding, motorcycling, running. He could outrun a man half his age. He was still

very -- going strong until 70. Then he began to -- I don't know, what's going on with me, you know; I'm sure feeling my age. And then toward the end of his 70th year really had trouble. He'd go out biking and come back and say I can't imagine what's wrong with me. He says it's so hard just to ride a bike anymore. And so -- and this goes on for a while.

Anyway, then in the early -- his early 71st year he -- that's when he was experiencing the problems with bicycling and walking, everything, and just not himself. This is the man who could figure out how to do anything anytime. And yet when he was trying to get ready for our children to all come back and we were all going up to Pearl Lake for a week, we had rented a cabin, and he couldn't even figure out this -- he'd finished a bathroom, except the shower door. And all of a sudden he couldn't understand the directions, what he was reading. And he just wasn't himself. He just kind of was off in his own world and every time I'd turn around he'd be lying down someplace in the house on the floor asleep.

So we went to the doctor. He sent us on to a

neurologist. The neurologist sent us that day for an MRI but without contrast, and called me that night saying that Dick had a brain tumor, and he had probably had it for 26 years. Dick had worked at Rocky Flats at least 26 years -- up to 26, whatever. Anyway, he could have had it for a very long time because it was on a silent part of the brain. It was on the part that affected his coordination and balance, and thus his problems with all he'd been having problems with.

And so then he sent us on to a neurosurgeon and he -- oh, he said it looked bad. So he sent us on to a neurosurgeon. He took a look at it and said he would have to send us right on for another MRI, with contrast, but he was sure that it was malignant -- a tumor in the last stages. And that's what we found when I carried the X-rays to him.

He had scheduled that -- first appointment, he scheduled -- this was on August 5th he -- that he was -- the -- the first MRI. He set -- scheduled surgery for August 12th and it was very lengthy surgery, and he had said that it was just so far advanced, he told Dick all he

could do was buy him a little time. There was no way he could get it all. It was too dangerous and surgery was very lengthy.

And anyway, Dick -- he pulled through. He was then put on steroids, which kept him alive for a while. We had hospice that -- home care, and the steroids made him -- at first made him bounce back, you know. He was doing -- the hospice advised him to live his life as fully as he could, so -- he still had problems all the way, though, and this, like I say, was August 12th when he had the surgery. Hospice said he would never make it to December or even Christmas. And he says oh, yes, I am. He died January 1st.

I forget what I was going to say. Anyway, my family do-- our family doctor had a very large practice in Arvada at the time, and he told me -- after Dick was diagnosed he said, you know, he says every single patient who has prostate cancer works at Rocky Flats -- and he had a very large practice. So he didn't tell me any numbers, but he said that he hadn't kept -- he hadn't done any studies, but it made him very suspicious and other things.

So in all this, Dick never talked about it. He never gave any reason. But in talking to a former worker, he did have occasions where he was exposed and he -- in his early years out there all he did was time studies, at first, because he was in training. He hadn't gotten his degree as an industrial engineer yet. He did go to school at nights for years and years and years. Anyway, he -- he was not in the big fire and I -- I don't know, I'm not familiar with terms, I think it was Building 71 or 76. Anyway, but talking with his coworker, who also has very serious cancer, lives in Texas, said that yes, they were not in the fire that day, but they were in there next day. And it's been proven in the cleanup it was in the ducts, it was everyplace, so how did this keep from affecting everybody all the time? And yet he -- he was working in all the hot spots all those early years.

Anyway, I just ask you to seriously consider all these things these people have said. I don't know where to go. The last line of the NIOSH claim said you can reopen or you can -- you -- you cannot -- you cannot reopen unless

you have medical facts. Where do I get these medical facts? I don't have any access to records.

And I have another thing. Listening to all these people at other times, every single one of them say yes, that first NIOSH dose reconstruction was nearly 50 percent. The second one is way down. And that's exactly what happened with Dick's.

And another thing. Later, after I had filed, then later I thought, after -- I don't know how many interviews I had, there were several -- after I hung up I thought oh -- so I called back and said Dick was sent to several plants over the years. I don't know what he did. I don't know what he did there, but he was sent to Oak Ridge, he was sent to Albuquerque, Los Alamos, Lawrence Livermore -- those are the ones I can remember, yet -- so they reopened. They did another -- they contacted all those facilities. There's no record of his even being there.

So anyway, please consider SEC for Rocky Flats. Some -- Las Vegas was just -- is it, Nevada or someplace was just given this status. Rocky

Flats should, too.
My grand-- my kids miss my husband, their grand-- their father. My grandkids miss their grandfather. My great-grandkids will never know him. Thank you.
DR. ZIEMER: Got two more folks here, Leslie (sic) Britton and then Richard Gaffney. Leslie?
MR. BRITTON: Lessie.
DR. ZIEMER: Okay.
MR. BRITTON: Lessie.
DR. ZIEMER: Okay, I -- L-e-s-s-i-e, I --
MR. BRITTON: I'm just sort of a newcomer. My name is Lessie Britton and I worked in Building 707 in G module, and I contracted beryllium there. And the gentleman the put the beryllium in the building, or helped put it in (unintelligible), he's sitting outside there, he told supervisors and managers that we need tiebacks and PAMPRs (sic), and he told them like for six months every day. It never happened.
But see, for me, I have a two-fold thing about the people in this country and the people that run things in this country. The first one,

then I'll get back to the last one, is that there were Viet Nam veterans. Okay. Now when we come home, we were the only veterans that got spit on and talked about. All right? When we came home from this war. Saw a lot of my friends die.

Okay. So like I go to Rocky Flats to help close it down, and same thing. I don't understand is that when you have people that go and put their lives on the line to help this country do something, help people in -- that run this country do something good -- other words, like close the plant site down or where they get rid of some of the nuclear waste -- you throw them away.

Why do you throw them away? I mean I -- this thing about any of your children or your uncles or uncles or dads or aunts was any of these positions, would you want to throw them away? But you do. And it doesn't make any sense to me. And you sit on a board and you sit and you talk. Now it be somebody on that board going to say one thing, they knew the job was dangerous when they took it. Now that didn't run across everybody's mind in here.

But anyway, being patriotic and being part of America, you want to try to help do things right, but we do people so badly once they get a job completed, once they put their lives on the line for this particular job, and then you turn your back on them. I never understood that.

And I never understood anybody that sit in a high place to dictate policy that haven't done any of this, haven't been in any of the wars or haven't come out and went to these plants and been exposed to any of this junk that we created.

I asked an engineer one time, I said well, you know that that piece of plutonium has a half-life of 21,000 years. And the first thing come out of his mouth -- well, we had a cold -- we had a war going on. You didn't think about how you're going to get rid of this junk when you invented it? Never crossed your mind. But then when you have people to put their lives on the line to get -- or to try to neutralize it some kind of way, you know, you throw them away, or you hide them or you kill them.

I been fighting the VA for ten years. But I

surprised them. I'm still alive. I'm 62. And they're wondering when are you going to die. Only when God says for me to die.

But like when you get ready to vote on anything, you think about how folks have sacrificed themselves, you know, and how people are sitting in places that make decisions and write policy have not participated in any of these dilemmas, you know, just sit and talk about it and have your -- your peons or whatever sit off to the side there, get a earful and come back and give you information. You are not going to get all the information that you need.

And this lady said that her husband went to six different facilities. Now we have to sign in and sign out, some of them with computers, and all of a sudden you're not listed? I mean just think about it, now who -- who is the jackass here? You know -- you know, I'm serious. You know, how can you lose those records, and how can you be so proud to stand up and say that, well, like, you know, something sharp or smart about that they knew the job was dangerous when they took it.

But then all of a sudden, like this gentleman up here the way he -- he asked -- he made one statement, why do you have to prove something that's been already designated that you have? Why do you have to do that?

I've had two bronchoscopies. The last one I had was in January. I call it a wash and dry, but the (unintelligible) -- the first one didn't hurt, the second one did. And like, you know, this young doctor, he made a statement about being forgetful or having hallucinations, and he's 39 years old, he was talking about his mom. I said, you know, your mother has to love you because you're an idiot, you know. We tell you something is wrong with us and it hurts us, but yet we're hallucinating. I don't know what happened to this man's neck, but I know he's in pain sometime. I have no idea what happened to him, and I'm going to sit and look at him and say oh, you just got that around your neck to look cute, you know, and try to draw some money.

People sitting in this chair -- when I left Liz -- Liz, she was walking up straight. She used to watch over me. She was RCT. Charlene

(unintelligible) back here, that lady took care of me, literally took care of me. She worked there 35 years, from what I understand.

Tonight I asked her, I said are you sick? She said no, ain't nothing wrong. She got blessed. But you have people to take care of -- we took care of one another as best we could with what we had, and then we have people sitting in high places that's going to throw us away.

However you vote, think about how you got here. Think about why you're here, and look at the people around. You've got folks dying like flies.

Now one other thing I just don't understand, and I'm going to leave it alone. You spent $93 million on some paperwork. Tell me what -- about that paperwork. How did that happen? When they first started this thing about -- during -- trying to get the paperwork together for the people that had beryllium and whatever, berylliosis, you spent $93 million for people sitting on their behind shuffling papers? I'd like to know who -- I'd love to have that job because you're making good -- you threw away -- you threw away good money on some BS, and you

lose records purposely. You deny yourself the things you shouldn't deny yourself. You lie to yourself, and how do you do that, I don't know. So whatever you decide to do, you know -- because I figure that God will keep me around here. Whatever you decide to do, think about your -- think about your country. Think about when you wake up in the morning and shave your face and put your lipstick on or whatever it is you may do, look in the mirror and look at yourself. And when you walk -- if you -- all of a sudden you grab a hand and all your hair come out. That's not happening to you, but it happened to your friend or somebody you know. Think about what you're going to do. You know, you need to tell these people that's in charge of this stuff you all are BS-ing the public. Very serious. You make bad decisions and you stand on it and you compound it with bad decisions.

Only thing I ask you is don't throw us away again. You did that in '65.

DR. ZIEMER: Thank you, Lessie. Richard Gaffney. Richard?

MR. GAFFNEY: Yeah, hi. My name is Richard

Gaffney. I spent 23 and a half years at Rocky Flats. I started out as a chemical operator and moved up into management and managed maintenance and utilities. I was probably one of the last production managers before production shut down in Building 771.

And first of all, I just want to say to all you guys here, I really love you and, you know, I don't know if anyone else in the world appreciate us but I just appreciate the hell out of you guys for the incredible job that you did. And I got to tell you, thank God you guys were doing that job and not the people that have been supposed to been taking care of you, or we'd have lost the Cold War and we'd be speaking Russian right now.

Yeah. You know, I am -- other than Jack Weaver, I think I'm (unintelligible) people that can say that I'm not sick -- at least, you know, not right now. And you know, knock on wood or -- or whatever -- thank you, Jack. He was pointing out the wood for me. We -- 'cause we have -- every, you know, two or three months we'll have a party and all us old guys'll get together, and everybody's sick. You know, it's

not, you know -- you know, like your regular place that you go to, you know, that you socialize where this person's sick or that person's sick. Everybody's sick.

And the whole idea -- you know, I'm just a simple country boy, but the idea of a dose reconstruction, when you're talking about tritium, uranium, plutonium, a whole bunch of other things that are classified that I can't talk about, thousands of different chemicals used in hundreds of different conversation, I'm not too bright but I can tell you a dose reconstruction is impossible. And anybody with an eighth-grade education can tell you that. You know, I mean it's just impossible. I can sit down and just, you know, start doing the math with, you know, trying to combine a hundred -- can't be done.

The second thing is, we are sending our stuff to the wrong agency, 'cause I got to tell you, I wrote a check for $10,000, sent it to the IRS, it was taken care of within a week.

The -- and then -- I was a shift manager, shift tech-- you know, a technical advisor. People probably remember me from 771 and 991. It was

my job to determine whether a job was safe. And if I shut down a job, which I did many, many times and people here are probably still mad at me for that, but if I shut down a job, I could take a look at my watch and it wasn't two minutes before a vice president or a manager, you know, a building manager or facility manager would be in there wanting to know why I shut it down. And you know, that was a lot of pressure -- that was my job. I got paid to do that and basically if I shut it down I just could look at the requirements and say this is why.

And you guys all remember the work packages. Right? Okay.

UNIDENTIFIED: (From the audience and off microphone) (Unintelligible) you used them.

MR. GAFFNEY: Yeah. Well -- you know, 'cause I -- you know, someone would bring (unintelligible) that packages and there -- there would be signoffs for nuclear safety and radiological engineering and health and safety. And I got to tell you, maybe one in a hundred packages, if that, you know, do I personally believe that anybody read. They just signed

them off because I would look at the job that was going to be done, and I kind of knew what all these people would be doing because I've probably personally handled enough plutonium to blow this world up two or three times. I'd go -- do you got any idea what you're sending these people in to do without having properly reviewed this work and the safety controls. And it was -- it was not, you know, like, you know, one out of a hundred package. It was like the majority of the work packages that were done, the reviews were incredible. I mean it was just non-existence (sic) because people -- I don't know if anyone ever got to be in one of my closed-door meetings when I pulled somebody in from health or safety or radiological engineering and our nuke safety and did the old famous ass-chewing, but it just -- it just didn't -- it just didn't happen. The controls weren't there then, and obviously they're not there now because I can't believe we're talking about reconstructing a dose when everybody knows, that's got any kind of brain at all, that's impossible, can't be done. But I'll tell you what, you know when you have

emphysema. You know when you've got cancer. You know when you have an autoimmune disease. And this is just a point. Everybody knows that's been working there, they're -- you know, they're -- probably got a little time bomb clicking. Ain't nobody saying this is what you could do now to be proactive to keep me from getting sick.

And I got to tell you, I will never file a claim. If I got a cancer and my doctor says you've got two years left, the last thing I'm going to do is waste my precious time trying to get benefits that are obviously impossible.

So that's all I've got to say, and like I say, love you guys and I hope we all see you at the next get-together because we're dropping like flies here.

DR. ZIEMER: Thank you. Okay, there's a couple of individuals who've already spoken that maybe have a question or comment. We need to, with respect to everybody here, respect the time. But go ahead, a quick question or comment.

MR. ROMERO: My name's Dennis Romero. I've already talked once, so --

DR. ZIEMER: Yes.

MR. ROMERO: -- bear with me. We talked about our stories and stuff happened at work. 444 building, prior to me getting there, people had berylliosis, for whatever reason. They used to eat, smoke and drink in the back area of 444 at their work stations, and then they'd take the stuff home to their kids and families. Like the one woman said, her daddy's lunchbox was -- BE on it. Well, there's why. We used to have this stuff in the back or you'd eat in the back area.

771, 750 cafeteria, 771 cafeteria, 371 cafeteria, the locker rooms -- Don could access (sic) to this -- these areas would predominantly come up contaminated. Somehow somebody got the rooms contaminated.

Common work areas, people working there don't even go in the back, they went to the cafeterias and they went to the locker rooms. They took the stuff home.

There's been numerous times, you don't see it on TV, people's homes were gutted, people's cars were taken away because they found contamination in their homes and their cars.

DR. ZIEMER: Okay.

MR. ROMERO: What kind of doses are you going to give the people and their families for that?
DR. ZIEMER: Thank you.
MR. ROMERO: Oh, I got one question. I forgot to mention my medical problems. I've had two prostrate (sic) surgeries, two knee surgeries, reconstructed shoulder surgery. In year 2005 when I had to leave the plant I came down with Graves disease. I want to ask Dr. Lewis, can Graves disease be caused from working at Rocky Flats? I want an answer.
DR. ZIEMER: He doesn't know.
MR. ROMERO: Is that your answer? Can Graves disease be caused from working at Rocky Flats?
DR. WADE: I don't know.
MR. ROMERO: That's all I want to know.
DR. ZIEMER: Okay.
MR. LOGAN: Mike Logan, I've already spoken before, but when I left for ten months and went back to work for British Nuclear Fields, which is part of the national conversion pilot program, a private firm, upper management -- not all management, we had some decent managers out there, but some of those select upper ones had a really bad attitude about the hourly

workers. They didn't really care. And one of the British guys from British Nuclear Fields -- and I'm going to quote word for word -- the American worker is the most unsuccessful, unmotivated, laziest bastard on the face of this earth.

UNIDENTIFIED: (From the audience and off microphone) (Unintelligible)

MR. LOGAN: Yeah, we do. Now we had to clean up places of nitric acid baths that had dried powder in the bottom. They put us in full-face with chemical respirators, all the proper anti-Cs. And you're cutting it up with wood saws that's got metal blades in it, and after five minutes you're going -- you're tasting it in your mouth. The people who manufactured those respirators, the full-face -- or anyone, even a chemical, whatever it is -- it will not protect you. The only thing that'll protect you is supplied air. They wouldn't do it because of the money.

Now why is it now -- okay, they've got it closed. They got it done ahead of schedule. Certain management got up to $3 million per person bonus, but yet the hourly people who did

the job, who were in the trenches, got maybe between $1,000 and $4,000 a year for maybe four years as a bonus. Isn't the success of any company, any business, is the people in the trenches?

DR. ZIEMER: I hear you.

MR. LOGAN: Why do we get kicked to the curb? I mean the whole key -- doing things in life is attitude.

DR. ZIEMER: Yeah.

MR. LOGAN: How can you expect to have a good attitude when we keep getting beaten down, getting turned down and getting treated like second-class citizens?

DR. ZIEMER: Okay.

MR. LOGAN: I mean put yourself in our shoes.

DR. ZIEMER: Understood.

MR. LOGAN: I mean I'd sure love to be able to stay around and watch my grandkids grow up --

DR. ZIEMER: Yeah.

MR. LOGAN: -- see my great-grandkids. Wouldn't you folks?

DR. ZIEMER: Sure. Sure.

MR. LOGAN: I mean -- but we've been put down.

DR. ZIEMER: Okay. We've got another -- try to

make it quick, want to respect people who haven't had a chance to address us yet.

MS. RUTTENBER: My name is Margaret Ruttenber and I'm a research scientist, epidemiologist, who studied this worker cohort for the last ten years, from 1990 through 2000 -- both my husband and I did. And I don't really want to address the dose reconstruction. I think enough has been said about that.

What I would like to address is a missed opportunity that the Department of Labor had, and just give you one example of several, and I'll be brief.

Two years ago Brady White from the Department of Labor came to my office and asked for my assistance in doing a new match with the cancer registry at the State Health Department to identify those workers from our -- the Rocky Flat cohort, of which we have the database for it -- who were -- who had cancer, and then also do a match with our vital records department at the health department to make -- to see who -- you had to do a mortality match to see who was still living so we would not -- we were sensitive to the issues of either contacting a

worker or survivor. This was two years ago. We concer-- we designed a letter. It was to be sent through the University of Colorado Health Sciences Center to the workers. We contacted them several times and have heard nothing more from the Department of Labor.

I was contacted by a reporter last week questioning what I knew about the worker study and -- and you know, I've done the definitive study on this cohort, as I said, with my husband as well. And it appears that the Department of Labor has kind of dropped the ball in terms of communicating. And if they really wanted to identify and connect with these people, they've had many opportunities, both through our databases with the registry. Today the director of our cancer registry came to me and said didn't that letter already go out? And I said no, it never did. So there are certainly -- probably a large number of people aren't even aware of this compensation program, but they -- both NIOSH and the Department of Labor have been given ample opportunity and access to our data and information and have not chosen to use it.

Thank you.

DR. ZIEMER: Thank you. Very quickly, a comment here, and then I think we need to come to closure. Go ahead.

MS. NORMAN: My name is Joan Norman and I worked for Rocky Flats for 21 years. I, like the rest of us, voluntarily went to work for Rocky Flats and the United States Department of Energy. Ironic that three of us in this room have had -- been diagnosed with breast cancer, and breast cancer happens to be on the list of no pay, no claim.

And in 2005 I was diagnosed with colon cancer. Again, the doctors had asked for medical proof that this was related. I did receive information from my gastroenterologist. I will read one sentence, and it says this is based on a scientific review journal article by a Dr. Sandler in gastroenterology in 1983, volume four, page 51, radiation-induced cancers of the colon and rectum, assessing the risk, and I was told this is merely a study.

Excuse me, but as I said, I'm not repeating what everybody else said because what everybody else said here is true. We gave of ourselves.

We gave to the government. Why is the government not supporting us? I am going to continue to be a little gnat on the government's head, and I will not go away until the government -- until we get our justice.

DR. ZIEMER: Thank you.

MS. NORMAN: Please vote for us.

DR. ZIEMER: Folks, I want to remind -- oh, I'm sorry, do -- okay.

UNIDENTIFIED: (From the audience and off microphone) (Unintelligible)

DR. ZIEMER: You'll have to use the mike. We have a -- everything's being recorded, so we need to be able to hear you through the ear phones here. Give us your name and...

MS. BOWIE: My name is Marie Bowie and I'm here as a representative for Albert Echels, who was my father. He worked for Rocky Flats from January of '58 until September of '73.

In 1979 he was diagnosed with pancreatic cancer, and within nine months he was gone. He went through two major surgeries, bypass surgeries, because the pancreas was unable to be removed and the first bypass didn't take. He was only able to go through one session of

chemotherapy treatment due to the fact that his body had deteriorated so badly from the penetration and the continued growth of the cancer cells throughout his body. By the time they did his second surgery, which was two weeks after the first one, it had already infiltrated into his lymph nodes.

So he passed away in 1980 and unfortunately the program was not initiated until 2000. Along with that information, by the time 20 years had gone by, there was very little access to additional medical information, other than what I could get from Pacific Records.

We just received the first denial of my mother's claim on behalf of my father, and his dose reconstruction -- that took time to do -- was at 43.77 percent probable cause, which was exclusively done just for the pancreas itself. I would like to know how I could possibly get that extended, with the limited time that I have, to continue his claim with the infiltration of the cancer to the other organs.

DR. ZIEMER: We have some NIOSH people here, they may be out in the corridor, but we can -- we'll -- after the meeting we'll hook you up

with someone who can help you with the next steps for you --

MS. BOWIE: That will be great.

DR. ZIEMER: -- to follow that up. Yeah.

MS. BOWIE: I also have a couple of articles in here, the very first one when President Clinton was the one who initiated --

DR. ZIEMER: Right.

MS. BOWIE: -- the program.

DR. ZIEMER: Right.

MS. BOWIE: And also of a family that, together combined, has 130 years of service out at Rocky Flats. And in the article that was written they said that in the beginning, in the '58 into the early '60s, the only protection the men had in -- going into hot spots -- my father was a maintenance person, pipe fitter -- was double coveralls. So --

UNIDENTIFIED: (From the audience and off microphone) (Unintelligible)

MS. BOWIE: Yeah, exactly. So I just -- you know, I'm hoping that -- that this Board will vote for the people, all of them here, all of them that have gone beyond that are family members hoping to be benefited in some form or

fashion for the loss of their loved ones. My father served eight years in the Navy. And hope that you guys will see that this gets pushed through for us. I know that other plants that are still standing have been given this benefit, and it would just really be nice to see Rocky Flats get that benefit as well.

DR. ZIEMER: Thank you very much. Folks, I want to remind you that tomorrow morning at 8:15 this Board will begin the official deliberations on the Rocky Flats SEC petition. So -- and that -- that part of our agenda will consume most of the morning. That will be presentation from our workgroup. There will be presentations from the petitioners, as well as from NIOSH, and then deliberations by the Board. So -- and the -- the meetings are open, so you're welcome to be back at that time. Thank you all very much for being here tonight.

(Whereupon, the meeting was concluded at 9:00 p.m.)

CERTIFICATE OF COURT REPORTER

STATE OF GEORGIA

COUNTY OF FULTON

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of May 2, 2007; and it is a true and accurate transcript of the testimony captioned herein.

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

WITNESS my hand and official seal this the 15th day of July, 2007.

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STEVEN RAY GREEN, CCR

CERTIFIED MERIT COURT REPORTER

CERTIFICATE NUMBER: A-2102