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Dose Reconstruction

Excerpt # 17

Regarding the dose reconstruction review, ANWAG questions the approach of simply reviewing the work conducted by Advisory Board on Radiation and Worker Health (the Board). The Board has only sampled 100 dose reconstructions. However, to date, 25,676 dose reconstructions have been completed by NIOSH. A review of less than 1% of the completed dose reconstructions cannot possibly provide NIOSH with any semblance of a comprehensive evaluation of the conclusions reached by the Board to date. ANWAG recommends either a greater sampling size for review by the Board or that NIOSH personnel supplement the review already completed by the Board to increase the dose reconstruction sampling size that NIOSH will ultimately analyze for the Ten Year Review.

Additionally, ANWAG agrees with the concerns raised by Dr. William Richardson regarding the fact that whole sections of the dose reconstruction review report appear verbatim in the report on timeliness. Significantly, as Dr. Richardson noted, the similarity between the two documents raises a concern that the opinions and conclusions in both documents are not independent products; which in turn poses question regarding the overall integrity of the review process. Moreover, the author of the review appears occasionally to apologize for NIOSH's failure to reconstruct dose in a timely fashion versus offering a neutral critique of the program. We do wish to note, however, that we agree with the author's conclusion found on page 39. We appreciate and welcome the inclusion of the Table delineating how many claimants have died while waiting for their dose reconstruction to be completed.

Excerpt #18

It is NIOSH's unofficial policy to impose significant delays for any re-works or re-dosing of previously denied claims that have been appealed either administratively or through federal court litigation. Regarding the ongoing SEC evaluations of the Linde SEC petitions, NIOSH and the HHS Office of Legal Counsel have indicated that the Technical Basis Document for Linde may be revised by the end of the year, at which point the dose reconstruction should be re-visited for previously denied claims.

This inexcusable delay and uncertainty penalizes individual dose reconstruction claimants and violates the claimant's right to have their denied claims evaluated in a timely manner. The goal of timely compensation is abandoned simply because SEC petition evaluations often uncover significant deficiencies in Technical Basis Documents. This policy is antithetical to the evaluation of all individual dose reconstruction claims pursuant to a claimant friendly paradigm. When such extreme uncertainty prevents DCAS from revisiting previously denied claims because the Technical Basis Document needs re-evaluation, DCAS should be required to recommend the approval of an SEC petition under section 83.14. A recommendation for the approval of an SEC petition under section 83.14 should be predicated on the very fact that a dose reconstruction rework cannot be completed under any semblance of a reasonable time frame.

Generally, this NIOSH delay tactic stands in direct contradiction to Dr. Howard's recent directive to DCAS staff to complete old dose reconstructions by July 1, 2010. DCAS cannot be permitted to create endless uncertainty as to when and if they will revisit and re-evaluate previously denied claims. Specifically, regarding the Linde Ceramics

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site, DCAS's policy of favoring the individual dose reconstruction program over SEC approval is unfairly penalizing individual claimants that deserve to have their claims re-evaluated independently of the SEC evaluation process. Again, this directly contradicts Dr. Howard's directive as it relates to revisiting previously denied Linde claims.

These claimants should not suffer inexcusable delay simply because DCAS is on a mission to recommend the denial of SEC petitions at any cost.

I respectfully request that NIOSH re-evaluate how and when previously denied claims will be revisited when an ongoing SEC evaluation process delays when and if DCAS will eventually revise a Technical Basis Document. Moreover, I urge NIOSH to recommend the approval of an SEC petition under section 83.14. The Linde workers have waited far too long to have their claims evaluated in a fair and timely manner.

Excerpt # 19

I have tried several times to submit comments to the Ten Year Review .. and perhaps I will make it this time.

My husband's claim has been in the DOL/ DOE/ EEOICPA claim process for 9 years..... 6 cancers, 4 or 5 dose reconstructions, 3 hearings, and numerous remands. He is now deceased.

From the beginning, files were lost.... resent, lost. ... and over 3 years for the first denial....Now almost 7 months since last remand.... which was to have been reworked immediately as it was the same type of cancer in different area.... which DOL accepted as a separate cancer.

Corrections have NEVER been made. We have submitted multiple papers, EE-4s, etc. radiological proof and job description for a fireman in a nuclear site..... and He is still classified as a "low exposure position".... No fireman in the nation is a "low exposure position".

In the hearing transcripts and denials, no acknowledgement or changes have been made when we tried to correct.

One NIOSH employee told me that my husband was given less POC than a outside citizen driving past the gates. This is a sad situation.

This Co-worker data is not with firemen.... NIOSH stated it could be from any site or area.... This is not an accurate assessment of exposure.

Oncologist, Cancer Surgeon, and neurologist all wrote they believed in their medical opinion his cancers were caused by radiation and/ or toxic chemicals. These are the doctors who treated the claimant.... they know more of the situation than a computer or a claims examiner and their statements are not accepted.

The claim for my husband (now my survivor claim) and others could have been paid over and over for the amount spent to deny. 18 firemen in the same Oak Ridge National Laboratory, Oak Ridge, TN. have cancers ... most below the waist.... 9 have been paid as far as I have records.... others denied. There is no reasoning behind the calculations of the Dose Reconstructions.

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Administration of claim, 4 or 5 dose reconstructions, several remands, and 3 hearings..... where is the reasoning in denials? These costs alone could pay the claim.

I have found that several times the record has been remanded and it has ended up in Storage ... and once in an office for closed files.

This is incomprehensible to claimants, how many mistakes can be made over and over. The continued delays are not acceptable to claimants.

There is no possible way the dose reconstructions can calculate the amount of exposure for a First Responder, a Fireman, EMS, etc. They are first on the scene... sometimes first to find a problem. My husband found himself standing in liquid nuclear material early on in his employment and was told to not write it up..... He also went to the nuclear waste burial grounds every day he worked... as all firemen did on a continual check for fires. A couple of years ago 70 mason jars were found with nuclear waste... still active. The men ran ... and the equipment was left as contaminated. This is a definite high level exposure area.... to go into without Protective Equipment.... which is the norm.

DOL claims no exposures for his claim (all zeros) ... but an International Certified Health Physicist as found proof in the DOE system that the zeros mean "not adequately monitored". This HP has worked in Hanford, ORNL, Savannah River, etc. and has full working knowledge of the system. This has been presented, but not acknowledged. With dosimeter cards having notations of "failed abundance", and numbers written out from the zeros in pencil... this is difficult to reconcile.

My husband's records are missing... for 32 years of work at Y-12 and X-10 there are a scant 8 years of records. (last years at ORNL X-10).... and for his "zeroed out dosimeter cards"..... they are all there from 1974 to 2000..... EXCEPT THE YEAR 1987.... The year he had two emergency call ins on his normal days off..... "come ASAP --your dosimeter reading is off the charts"..... 4 plus hours later.... each time.... that year is missing. Very suspicious....as we reported from the initial claim. NIOSH wrote that he did not work a monitored job in 1987... but we sent numerous documents to show he did.... then told error in reading.... Two times..... not likely.

When NIOSH will not accept 7 radiological badges, letter from the Fire Chief, co-workers, plus a job description for a fireman ---stating working with hazardous materials, listing Radiation and toxic material Is THIS IS A MAJOR PROBLEM.....

NIOSH has stated that the badges were for years 1998 to 2001..... and that did not prove he worked a radiological job for 27 years..... letters from Chief were not accepted.... We have tired to explain that the badges are renewable..... always the practice and continues.

How can 18 cluster cancers be ignored.? Paying some and not others in the same job position is unjust. Firemen in the early claims (when my husband's file was lost for 2 years) ... and we continued to resubmit --numerous times ---were paid. The firemen since the DRs came into play, have been denied...The Dose Reconstruction Module is a gross injustice.

And when rems have gone from 30.263 rems on bladder cancer to less than 2 rems --and the operator who answers the telephone at NIOSH tells you "you know when you refile for another cancer, your percentage will go

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down." Well, they did -every time. Sad state of this program. The denials always have the words that when refiling your probability will go down. Where is the common sense in this?

The Government brought the contamination to these sites and should accept responsibility for the illnesses and death.

Many claimants are struggling to keep their homes.... when medical bills are draining their 401Ks. We did our part to help with the Cold War and the actual wars..... are we no less important to America than the people killed on 9/ 11? The firemen went in when others were running out... and time has shown the numerous health problems with the firemen. The same situation is with firemen and others working in the nuclear sites.

When the hospital where the firemen took the ambulance and exposed workers is named an SEC (which could include anyone working in the hospital --even in OB/GYN -)-and are paid and the firemen working in the site are not... something is definitely wrong.

The Veterans and Sick Workers have gotten a slap in our faces for doing our job to keep America safe.

We have had a major problem with the interviewers.....not knowing one thing about the sites, the job positions... and not able to answer questions. One man answered just like a robot....yes, no, yes, no ... I don't know. I don't know....

How can a claimant get help? Even the resource centers have given us multiple answers...

The Claims Examiners are the same... Lack of knowledge... not cross referencing jobs from one site to another. I was told no firemen in DOL SEMS jobs data base for ORNL... but they were there for Y-12 and K-25..... She said she could not approve. Then after questioning this I was told she should have cross referenced..... Since that time in 2008, I have gotten 3 classifications for firemen at ORNL put into the SEMS...

The SEMS and other data bases are wrong by omissions for job categories, building information, functions of the buildings.. and even denying the 19 buildings (*as no buildings) in the 6000 area of ORNL.

We have had 17 plus claims examiners... Each making more mistakes and no one ever corrects. This program is definitely not claimant friendly as touted by the administration.

My husband asked me on his death bed... "don't give up.... get my justice". Many times when he was denied... he would say "they are slapping me in the face for doing *my* job".

As with him and myself, we worked out jobs... and only in the late 80s and early 90s was any safety information given.... and I was allowed to go into labs, Radiation areas, etc. ... where the men working in labs had on protective clothing... but me going in to collect time cards was o.k. I would ring the buzzers.. and they would let me in

Even now the 400 plus buildings on the Demolish and Destroy list for Y-12 and X-10 have workers in the buildings. The fire department building 2500 being on that list from the beginning..... When a fire truck is contaminated... and clothes are taken.. and the fireman is kept in a "clean up room".... something definitely happened..... but the rule is and has been confirmed by many firemen even at our hearing.... if it is not written

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down... it did not happen. This is an injustice to the workers from early years and the practice still continues.

Please acknowledge the inconsistencies.... accept data from the workers, the data from doctors that treat the claimants.... not from a computer module that has changed several times over the years.

America --governmental agencies.... help the sick workers and their families --do away with the DRs.... give money to claimants with cancers and other illnesses.

Excerpt # 20

1. Post documents used during Advisory Board meetings on website so people participating by phone can have access to the same materials that people physically attending the meeting have.
2. There has been much discussion about the super-s classification of high-fired plutonium. What about other high-fired radionuclides? Do they share the same super-s category?
3. It does not seem scientific for NIOSH to ignore the lesser used radionuclides in dose reconstructions, particularly during a SEC period. Example: a worker with Hodgkin's disease who worked during an SEC period proved exposure to an additional 50 radionuclides. NIOSH evaluated the worker for just the few radionuclides that were common at the site for which the worker had some monitoring data and ignored the additional non-common 50 radionuclides. Claimant was told the dose reconstruction was adequate and that it covered the additional radionuclides because of the overestimate.