

National Institute for Occupational Safety and Health (NIOSH)

Town Hall Meeting for Brookhaven National Laboratory

Meeting Date and Location: September 24, 2008, 2:00 pm, Shoreham, New York

NIOSH Worker Outreach Team:

Laurie Breyer, National Institute for Occupational Safety and Health (NIOSH), Office of Compensation Analysis and Support (OCAS), Special Exposure Cohort Petition Counselor
Grady Calhoun, NIOSH, OCAS, Health Physicist

Mary Elliott, Advanced Technologies and Laboratories International, Inc. (ATL), Technical Writer/Editor

Mark Lewis, ATL, Senior Outreach Specialist

Wilfrid "Buck" Cameron, ATL, Senior Outreach Specialist

Also Attending:

Nancy Adams, NIOSH, Office of the Director, Contractor

Trese Louie, U.S. Department of Labor (DOL), Division of Energy Employees Occupational Illness Compensation (DEEOIC), Office of Ombudsman

Sharon Lave, DOL, DEEOIC, Cleveland District Office

David San Lorenzo, DOL, DEEOIC, New York Resource Center

Proceedings:

Laurie Breyer opened the meeting at approximately 2:00 p.m. She explained to the small audience that the National Institute for Occupational Safety and Health (NIOSH) had hoped to involve more people in the program. Although there have been many employees at Brookhaven National Laboratory (also "the Lab"), NIOSH has not encountered a lot of claims activity from current or former employees. Ms. Breyer explained that the intent of the meeting was to provide information for people who may be eligible for benefits under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA or "the Act").

Ms. Breyer stated that she is the Special Exposure Cohort (SEC) Petition Counselor at NIOSH. She asked representatives of the U.S. Department of Labor (DOL) agencies involved with the program to introduce themselves. Trese Louie introduced herself and stated that she works in the DOL Ombudsman Office for Part E of the program. She explained that she was present to answer questions about Part E claims, since Part B claimants often also have a Part E claim. She explained the difference between Part B and Part E: Part B deals with radiation exposures at the covered facilities, which involve dose reconstruction and Special Exposure Cohort; and Part E deals with exposure to all toxic substances. Mr. Calhoun stated that NIOSH only handles Part B claims for cancer. Ms. Breyer added that Part B also covers claims for beryllium and silicosis, but that those are handled by the DOL. She stated that the DOL representatives could assist anyone interested in filing a claim for either Part B or Part E.

Sharon Lave introduced herself as a representative from DOL District Office in Cleveland and stated that she was present to answer any questions about claims.

Ms. Breyer stated that the meeting would be informal since it was a small group. She introduced

Grady Calhoun to make a presentation on Part B of the EEOICPA. She explained that the program can be confusing because of the separate subtitles and the division of responsibilities between the DOL, and the U.S. Departments of Health and Human Services (HHS) and Energy (DOE). NIOSH is part of HHS. She added that questions are welcome at any time during the presentation.

Grady Calhoun stated he is a health physicist at NIOSH who has been involved with the program almost since its inception. He explained that NIOSH received thousands of Part B cases from DOL before the dose reconstruction procedures were approved so many claims were pended until the procedures were available. He stated that he had worked at the Department of Energy's (DOE) Fernald uranium processing facility in Cincinnati for 11 years, so he has a good idea of how the DOE works or does not work. He also worked at a commercial nuclear power plant after that, and has been with NIOSH for 7 years. He has responsibilities in technical basis document development and with dose reconstructions, "touching" about 75% to 80% of all dose reconstructions. OCAS has received more than 27,000 cases for dose reconstruction and has completed about 23,000 of those.

Mr. Calhoun explained that the compensation program is administered by DOL. NIOSH performs the dose reconstruction and administers the SEC petition process. NIOSH also developed the probability of causation guide.

Mr. Calhoun presented an overview of the Part B claims process:

- The claim is filed with DOL by a worker or survivor(s) of the worker (spouse, children, or grandchildren).
- The DOL verifies the worker's employment and medical diagnosis and forwards the claim to NIOSH for dose reconstruction.
- NIOSH requests the worker's records from DOE for internal dosimetry monitoring, external dosimetry monitoring, X rays, and information on radiological incidents in which the worker may have been involved.
- While waiting for the DOE records, NIOSH conducts a telephone interview with the claimant(s). A claimant may be the worker or his/her survivor. During the interview, the claimant is asked questions like: Where did you work? What kind of job did you do? What radionuclides were involved? Were you monitored? Were you involved in any incidents? The interview is completely voluntary.
- OCAS uses the interview transcript in conjunction with the worker's records from DOE to reconstruct the worker's radiation dose.
- When the dose reconstruction is completed, OCAS sends the draft report to the claimants and schedules a closeout interview. In this interview, OCAS talks with the claimant about how the dose reconstruction was done.
- The claimant is asked to sign the OCAS 1 Form stating that he or she has no additional information that is relevant to the claim. The compensation process cannot go any further until the form is signed.
- Once the signed OCAS-1 Form is returned, the final dose reconstruction is sent to the claimant and to DOL.
- The DOL ultimately determines whether the probability of causation is greater than 50%..

OCAS uses all the available information for the worker's dose reconstruction. First, they look at the individual's dose record. OCAS knows that dosimetry practices and equipment changed over the years, and may not have been as accurate in the 1950s as they are now. OCAS takes that into consideration and applies uncertainty values to increase the assigned dose. OCAS also looks at the potential for undetected dose and applies a "missed dose" to take that into account. For example, the worker's dosimeter record may show a "0" dose. If the minimum detection limit for the film badge was 25 millirem (mrem), OCAS assigns half of that amount for each "0" reading on the worker's dose record.

Dose reconstructors also use information in the site profile. Site profiles exist for most of the major facilities and include information on the site's history, the type of dosimetry that was used, the limits of detection for internal and external dosimetry, the types of occupational X rays and their frequencies, and the errors that OCAS should expect with the dosimetry, accuracy, etc.

OCAS also uses documents from the International Commission on Radiological Protection (ICRP) and the National Council on Radiation Protection & Measurement (NCRP) and other health physics calculations when they do the dose calculations.

If OCAS does not have individual monitoring data, they may use area monitoring data for radiation or airborne radioactivity. Many sites used TLDs (thermoluminescent dosimeters) or film badges around the facilities or around the accelerator buildings to monitor for radiation. Health physics staff sometimes used neutron monitors around the accelerators to monitor the neutron dose. OCAS also uses air sampling data that was collected inside the facilities and around the operations to calculate a distribution of the radiation dose so an external dose can be assigned for unmonitored workers. They will typically err on the high side if they do not have individual data. OCAS also uses source term data to calculate a worker's external dose for exposure to radioactive materials such as uranium or plutonium.

OCAS uses a standard script in the telephone interviews that has been approved by the Office of Management and Budget (OMB). Interviews are recommended, but not required. The average interview lasts about an hour, but can range from 20 minutes to several hours. Since classified information cannot be discussed on the phone, secure interviews can be arranged if an individual wants to share classified information. OCAS has several representatives who hold Q clearances and can participate in interviews in a secured facility. Notes taken in the meeting would also have to be cleared in a secured facility.

A petition can be filed to add a class of workers to the SEC. Four sites were legislated into the SEC in the Act: the three gaseous diffusion plants and Amchitka Island in Alaska. NIOSH follows a process to add other classes of workers into the SEC. A Special Exposure Cohort petition was recently filed for Brookhaven National Laboratory. A petition makes a case that one cannot put an upper bound on the radiation exposures for a class of workers. OCAS is not required to accurately calculate the doses, but needs to be able to put an upper bound on them. The petition will give a reason why OCAS cannot do that – for example, records were falsified, records are missing, or there was no monitoring. Once the petition is received, OCAS looks at all the data that is available and determines if it is possible to do a dose reconstruction. At least 20 additional classes have been added to the Special Exposure Cohort in this way. If the worker is a member of the Special Exposure Cohort class and has one of the 22 listed cancers and 250 days of employment (and some other caveats—for example, some cancers must have 5 years of latency), DOL automatically pays the claimant \$150,000 without a dose reconstruction. Prostate and skin cancers make up about 40% of all the cases that OCAS receives, but those cases are not eligible for payment under the SEC because those cancers are not on the list. When a worker in

the SEC class has prostate or skin cancer, the case still goes through the dose reconstruction process but the assigned dose will be lower because the SEC means that a part of the radiation dose cannot be calculated.

Mr. Calhoun described the SEC petitioning process: If a petition is filed based on a petitioner's statement that no dosimetry records exist for a site in 1985, and NIOSH finds those records, the petition will not qualify for evaluation. But if the petitioner says there is insufficient dosimetry, the petition may qualify for evaluation because that is more difficult to disprove. Once the evaluation is completed, OCAS makes a recommendation in an evaluation report as to whether or not they can do dose reconstruction for a class covered by a petition. They present that recommendation to the Advisory Board on Radiation and Worker Health (ABRWH or "the Board") for review. If the Board agrees with the recommendation, they send their recommendation to the Secretary of HHS to add or deny the class. The Secretary then makes a recommendation to Congress, and Congress has 30 days to act. If Congress does not act, the Secretary's decision is final. To date, Congress has never acted on an SEC petition so the Secretary's decisions have always been final.

NIOSH has received only 61 claims for Brookhaven National Laboratory, which is surprisingly low. Mr. Calhoun asked if present and former Brookhaven workers know about EEOICPA.

Spouse of Worker #1:

You are addressing people that work directly for Brookhaven National Laboratory. My husband is one who did not. There are many, many people who worked at the Lab that did not work directly for them. They were working under contract.

Mr. Calhoun:

They are still covered.

Spouse of Worker #1:

They are covered, but they cannot prove that they worked there because your organization will not take whatever proof they have.

Mr. Calhoun:

Employment verification is the responsibility of DOL.

Spouse of Worker #1:

Right, DOL. You're talking in alphabet letters to us, so it's hard to distinguish who's who here.

Ms. Lave:

DOL gets a lot of claims for subcontractors and construction workers, and we have to prove that the employee was on site performing a service for the DOE. That's where providing proof is very difficult. A lot of times we go to the Center to Protect Workers' Rights for information from the unions as to who was sent there and why they were sent there.

Worker #1:

I worked on that site many times. Most of these companies are out of business already. Some of my coworkers have died and others have moved away to other states.

Question from Ms. Lave:

Were you in a union?

Worker #1:

Yes, I was a carpenter.

Ms. Lave:

Do you have any records?

Spouse of Worker #1:

We have all of the union records and all of the Social Security records. We have affidavits from people who worked with him.

Ms. Lave:

Did you receive a decision?

Spouse of Worker #1:

No, but they sent the records to NIOSH. Of all of this, they only accepted one month of employment. He worked for years and we had people swearing to this, we had business agents. But what happens is they have general contractors, but not subcontractors showing on the union records or on the Social Security records.

Worker #1:

The union records only show the contractor I worked for; they don't show where the location of the job was. So this makes it very hard.

Ms. Lave:

That's the problem we have run into with subcontractors. We have to show some type of evidence.

Spouse of Worker #1:

It seems to me that if someone is willing to put their name down saying that they worked with him. That should be acceptable, but it hasn't been.

Ms. Lave:

I'll take a look at the case when I get back.

Spouse of Worker #1:

Which one are you from?

Ms. Lave:

I am from the DOL District Office in Cleveland.

Spouse of Worker #1:

Okay, because we talked to them over and over again. I don't know why, but they keep concentrating on this one month.

Ms. Lave:

We have criteria to meet.

Spouse of Worker #1:

Yes, but they are ignoring everything that we sent to them.

Worker #1:

In order to prove I was on that job [inaudible]. They claim they only keep records for seven years for the contractor jobs. For national security reasons, it should be forever.

Worker #2:

Just to answer your question about having enough claimants: My own personal experience was after I was diagnosed with cancer, I took it upon myself and reported back to the clinic and told them I have an occupational illness. I didn't know anything about this program. I was thinking that I must qualify for some type of worker's compensation. I was given the paperwork to

submit my claim. But I had never heard of this program before that. I have worked at Brookhaven for almost 20 years.

Mr. Calhoun:

We have only been in existence for six.

Worker #2:

Since 2000, right? I've never heard of this program for the people working at Brookhaven lab. I worked in [undistinguishable] for almost 15 years. At least 10 people I worked with have cancer.

Ms. Breyer:

Why wouldn't they apply, or have they?

Worker #2:

I can't answer for them, but the people who I told about this program have applied for it. But before I told them about it – and I'm thinking of four specific people – they had never heard about it. I don't know if the information is getting to the people or not.

Worker #1:

The only way I found about it was they announced it at one of the union meetings. They told us that anybody who worked at Brookhaven Lab was entitled to a free health examination, so I found the number and called up. I must say the examination I received was as good as anything I ever paid for in my life. They covered my body from head to toe. It was very thorough. The reason I am a victim is that I have lung cancer and had a big portion of my lung removed. So that's how I got involved in this. Now, who I've been talking to and the papers I've filled out have gone on for about three years. I understand that my claim is coming up and that it is at NIOSH now and should be handled this fall.

Ms. Breyer:

We need to make sure we have the right employment dates for you, too.

Spouse of Worker #1:

We've been talking to them for years about that and they just...

Ms. Breyer:

We'll get your contact information after this meeting.

Spouse of Worker #1:

It's like hitting your head against a wall.

Ms. Breyer:

We're going to try to help you with that issue. We sent out letters, press releases bulletins, and talked to union groups. It still seems like it's hard to get participation.

Mr. Calhoun:

With most sites this size, I would expect several hundred claims, especially if you figure that 40% of the general population gets cancer.

Worker #1:

Maybe it's not enough information going out. It was announced at one meeting and I believe I'm the only carpenter from my local union that had the exam.

Mr. Calhoun (to Buck Cameron, Senior Outreach Specialist, ATL):

Buck, do you know if based on the meetings we had today and yesterday, do we know if the unions are putting out any information?

Buck Cameron:

There will be a meeting with the representative for the building trades here at 4:00. That's a question I will ask.

Ms. Breyer:

We'll come out for another meeting. That's why we've come out here. We are trying to get information to people.

Mr. Calhoun:

If you have cancer or are a survivor, don't hesitate to file a claim for Part B. If you have cancer, don't hesitate to file a claim for Part E, too; and if you have any other illness and you worked here, file for Part E. If you've got cancer, you should definitely file for both, not because you're going to get paid automatically for Part E, but if the probability of causation is greater than 50% for Part B, its automatic determination for causation for Part E. It doesn't necessarily mean you are going to get paid for Part E because there are more factors involved, such as impairment, death, etc., but still, those benefits are available.

Spouse of Worker #1:

Could you explain what you just said about the 50% probability of causation?

Mr. Calhoun:

What we do is calculate the dose to the organ that's affected by the cancer. For example, for lung cancer we calculate the dose to the lung. That is something that is usually not done in the health physics world. If you are used to looking at your dosimetry reports, typically you will see a whole-body dose. Or for an internal dose, you are looking at a committed effective dose equivalent, which is a 50-year committed dose to your entire body. We actually have to calculate the dose received by that organ based on the type of radiation and the year that you were diagnosed or the year that you were exposed. We calculate the dose from the time you were first exposed to the date of diagnosis. Other things that come into play with that are gender, age at diagnosis, and age at exposure. Smoking history is very important for lung cancer. Ethnicity, or race, is very important for skin cancer. We take all of that into account, and then we use the National Cancer Institute risk models that would give us a correlation between the dose (rem) you received and your chance of getting cancer. We calculate that at the 99th percentile, so if you come out with a 50% probability of causation after we calculate the dose, you get paid. (The 99th percentile means that there is a 99% chance that the probability of causation is less than that and the radiation did not cause your cancer.) We try to be as claimant-favorable as possible. Our product is a written dose reconstruction report and an Excel spreadsheet that lists the dose to that organ by year, by radiation type, and by radiation energy. That spreadsheet is put into a program called IREP (Interactive RadioEpidemiological Program), which is used to determine if the probability of causation is 50% or greater.

Ms. Breyer:

I just wanted to add that the 50% or greater probability of causation was established by the law. The law was written so that the dose reconstruction has to show that the cancer was at least as likely as not caused by radiation in order to be compensated under this program. That is what is determining the 50% or greater probability of causation. It needs to be understood that this is a law, not a NIOSH requirement.

Mr. Calhoun:

And it's all or none. It's not like if it's 45%, I'm going to get some portion of the lump sum. The probability of causation has to be greater than 50%, and if it is greater than 50%, the compensation is \$150,000.

Worker #1:

I don't know how you would prove that's how I got my cancer. I smoked but I quit smoking 10 years before I got the cancer.

Mr. Calhoun:

The only way we can make that determination is based on radioepidemiological studies. People always ask about the individual's propensity for getting cancer. NIOSH can't judge that. As far as smoking history goes, you can be classified as current smoker, former smoker, or never smoked. Current smokers are a pack or more a day. You would be a former smoker. That has less of a penalty than being a current smoker at the time of diagnosis. But we know that smoking causes lung cancer, so it takes more radiation dose for a smoker to be found higher than 50% than a non-smoker. It takes a lot less radiation dose for a woman to be found greater than 50% because lung cancer is much more prevalent in men.

Spouse of Worker #1:

Do you estimate the dose based on the time worked at Brookhaven lab?

Mr. Calhoun:

Absolutely.

Spouse of Worker #1:

So we go back to how do we prove it?

Mr. Calhoun:

That's true, but our hands are tied. The DOL gives us your cancer diagnosis, your cancer diagnosis date, your employment period, and we are stuck with that. We cannot use anything that has not been verified by DOL because it is their responsibility is to provide those things. I understand the difficulties for contractors and subcontractors.

Mr. Calhoun continued with the presentation:

The dose reconstruction report has (1) a cover page with date, name, social security number, etc.; (2) an introduction; (3) a dose reconstruction overview that covers the verified employment, the verified cancer, and an indication of probability of causation; (4) the information used, for example monitoring, external dosimetry, coworker dose, medical records, etc.; (5) personal background information-- years worked, location of work, type of work; (6) dose estimate, which will give you the internal dose that OCAS assigned, the external dose that was assigned, ambient dose that was assigned, and X ray dose that was assigned (OCAS counts X ray dose; in most epidemiological studies X rays are considered in the background and not necessarily contributing to cancer because they are in the overall statistics. OCAS counts all X rays that are done as a condition of employment, including photofluorography, which gave very high doses and often resulted in skin cancer; (7) a summary, which is a restatement of the dose estimate; (8) a list of references; and (9) a picture of IREP input, which is the spreadsheet that determines the probability of causation. This is an electronic file that OCAS sends to DOL and they run the IREP program.

If you get a dose reconstruction back and are not happy with it, unless you have additional information to provide, you have to sign the OCAS-1. The OCAS-1 does not say you agree with the dose reconstruction. It says that you are finished giving information. If you do not sign the OCAS-1 within 60 days, your case is closed. The only way that you have to argue the dose reconstruction performed without giving new information is through the DOL. You can go through the appeals process with the DOL.

NIOSH has received 61 cases from Brookhaven workers or survivors for dose reconstruction.

Nineteen dose reconstructions have been completed: six of those were compensated, 13 were not. Thirty-eight cases are waiting for dose reconstruction. We mentioned that the SEC petition has been filed. Right now that is in the evaluation process. I was here last week going through files, trying to find records. That has been difficult; the recordkeeping process is not great.

Worker #1:

Can you explain what SEC is?

Mr. Calhoun:

That's the Special Exposure Cohort petition, which has been filed and has qualified for evaluation. I believe it's for all people who worked at Brookhaven at all times.

Worker #1:

So, my claim is in that 38?

Mr. Calhoun:

Yes. If you did not get a dose reconstruction back, your claim is in that 38.

Spouse of Worker #1:

Would all of those go into the SEC?

Mr. Calhoun:

Any claims with 250 days of employment and have one of the 22 listed cancers, with the appropriate latency period between the date of first exposure and diagnosis. Prostate cancer, skin cancer and some others are not covered.

Spouse of Worker #1:

So that's 250 days of employment.

Mr. Calhoun:

Correct, as verified by the DOL.

Ms. Breyer:

There are some facts sheets and videos here on dose reconstruction. The fact sheets cover the SEC process, probability of causation, and dose reconstruction. You might want to take them home and read them. There are also DVDs, VHS tapes, and CDs, which also explain the dose reconstruction process. The fact sheet contains all the criteria, such as the 250 days.

Mr. Calhoun:

If the SEC goes through, it may not include the whole time period. For example, we may find that we have good enough records from 1967 on. But if the internal dosimetry before 1967 was not sufficient to put an upper bound on the dose, NIOSH would make a recommendation to limit the proposed class to all workers through 1967. NIOSH can divide up the proposed class, but that doesn't automatically mean you are out. If you worked less than 250 days during the class period, NIOSH will still do a dose reconstruction, but will add a lesser dose than we previously could have because by definition, if we have an SEC, there is some portion of dose that we cannot use. If you are not part of the SEC, you are going to get a dose reconstruction.

Worker #1:

What if I can't prove 250 days of employment?

Response from Mr. Calhoun:

Then your claim will still have to go through dose reconstruction. You or anyone with 250 days of employment can go through the dose reconstruction process and be denied, but if the SEC goes through, it pays. It won't hurt your claim to go through the dose reconstruction process.

Does anybody have any other questions?

Ms. Breyer:

The handouts have an old 800 number on them. Use the number on the slides. The website and other information are correct.

Ms. Adams:

Information specifically about Brookhaven is on the website, too.

Mr. Calhoun:

Yes, you can see the site profile, which we will probably be reevaluating since we are doing the SEC. When we do an SEC petition, we put a lot of scrutiny on site profiles.

Worker #1:

Is anybody going to look into the water factory?

Mr. Calhoun:

Yes, that has been brought up, but it hasn't been evaluated. I am new to this project and I've heard about it a couple of times. We will make sure it is addressed either in the technical basis document, revision, or in the SEC evaluation report.

Worker #1:

From what I understand, in the last meeting Brookhaven wasn't very cooperative. My daughter, through another worker, also found that they are not very cooperative. The horror stories were brought up at the last meeting about a year ago.

Worker #2:

The meeting was for Part E for chemical exposures.

Ms. Lave:

Was that the meeting to gather information for the Site Exposure Matrix?

Worker #2:

Yes, it was. I found the whole thing bizarre. DOL encouraged me to file for Part E since I had already filed for Part B. Some of the chemicals that I had listed in my Part E claim were not on the chart, so I was turned down for Part E. A year later, they had the meeting to find out what chemicals were at the Lab.

Ms. Louie:

I will say that as more information becomes available, they add that to the Site Exposure Matrix. There is a way to request that those chemicals are added to the list.

Ms. Breyer:

Did you file your Part E claim for illnesses other than cancer?

Worker #2:

No, I filed for whatever they told me to file.

Mr. Calhoun:

If you heard about NIOSH, you are in B for sure. Ms. Louie can tell you if you are in Part E.

Ms. Breyer:

There has been a lot of confusion and we understand that it is frustrating. As Grady said, this program was established in 2000, and NIOSH could not even start doing dose reconstructions until 2001. NIOSH has received over 27,000 claims. Many of those claims have been reworked after we receive additional information. So there has been a lot of work and you may not see it

on your claim and it is frustrating. That is something from all levels of HSS and DOL, and the Advisory Board is really pushing to try to make it as timely as possible.

Spouse of Worker #1:

I have to say that everyone has been very helpful and very patient. But there are parts that they haven't covered, like how do we handle people who didn't work directly for the lab. Maybe this whole program has to be changed for that, because we did everything they asked. We have union records and Social Security records from the 1950s. We mailed them in, but it doesn't say the job site or the subcontractor. Brookhaven has been useless. They sent us right to a lawyer when we asked for their records.

Ms. Breyer:

Usually DOL does a very good job of reading into those records. It doesn't necessarily say have to say Brookhaven. DOL contacts the union or talks to the Center to Protect Workers' Rights to see which of these businesses were contractors.

Spouse of Worker #1:

I realize that we have to meet all three criteria and we cannot meet them. There are many others who cannot. But my point is that if someone is willing to say that I was on the job with them and sign an affidavit, a court would accept it. I think that's something that you should be working on.

Ms. Breyer:

That is definitely an issue that the DOL Ombudsman's office hears a lot. You are not alone. While you are here, I will get your information and look at your case.

Mr. Calhoun:

We just can't do anything about it. It's DOL.

Spouse of Worker #1:

I realize that once it gets to NIOSH, that's it, but it doesn't seem fair. I see that it says that Congress has to approve the last step?

Mr. Calhoun:

The Secretary of HHS writes a recommendation that is submitted to Congress. Congress can act or not act. If they don't act, his recommendation goes through. They never act.

Spouse of Worker #1:

Couldn't someone go to Congress and say "Look, we have to change part of this program?"

Mr. Calhoun:

We answer Congressional inquiries every day.

Ms. Lave:

That's what you as a citizen can do.

Spouse of Worker #1:

Meanwhile, they are judging his case on that.

M. Breyer:

We rework a lot of cases when we get new information.

Worker #3:

My name is [name redacted]. I've been in the union since 1952. I got a letter from the union that told me to go for a physical, which I did. It was an excellent physical. I worked for one company handling plate glass and installing windows and doors. We worked at the Lab, demolishing buildings. There was a lot of dust, etc. I went through the whole process, went to

the appeal process, and was denied because I tested borderline for beryllium sensitivity. I thought my case was unique because we worked with metals, especially aluminum. If you work with a lot of metals, it adds to the problems of beryllium. I was denied for beryllium and tinnitus, but my claim is pending for prostate cancer, neuropathy, and asbestosis. So I would probably be in that category.

Mr. Calhoun:

Did you hear anything back from NIOSH? So you should have a Part B and a Part E claim in.

Worker #3:

One other major concern is that we have hunted adjacent to Brookhaven Lab since about 1952. We used to donate the internal organs of the deer to the Department of the Environment (DEC). We also donated some organs and meat to the New York Health Department. The deer are definitely contaminated with cesium. There is also a tritium problem at Brookhaven Lab in the water. The reason I am so concerned about cesium is that my three sons and I have hunted that property for years and years. I am more concerned about the cesium than the beryllium.

This gentleman has a problem with getting verification of employment. I was a foreman and a supervisor for Cleveland Glass. They confirmed that I worked at various times at Brookhaven Lab. Years ago, you could just go into Brookhaven Lab and go to the gate and tell the officer at the gate that you were going to work at a certain area.

Mr. Calhoun:

I can look into your Part B claim and get back to you on that.

[Worker #3 gave Mr. Calhoun the tracking information for his claim.]

Mr. Calhoun thanked the attendees and adjourned the meeting at approximately 3:20 p.m.