



Department of Energy  
Washington, DC 20585

October 23, 1989

The Honorable John Glenn, Chairman  
Committee on Governmental Affairs  
United States Senate  
Washington, D.C. 20510

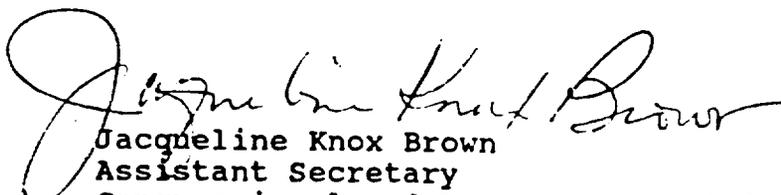
Dear Mr. Chairman:

Enclosed is the edited transcript, with inserts, of testimony on DOE's radiation health effects research program and overall radiation protection policies, given by Secretary James D. Watkins on August 2, 1989, before your committee. Secretary Watkins was accompanied by John L. Meinhardt, Acting Assistant Secretary for Defense Programs; Peter N. Brush, Acting Assistant Secretary for Environment, Safety, and Health; and Dr. Robert Goldsmith, Director, Epidemiologic Research Program, Office of Energy Research.

During the course of the hearing, Senator Herbert H. Kohl and you requested certain information which was to be provided for the record. The information you requested follows pages 47 and 52 of the transcript. A copy of the Insert for the Record has also been sent to Senator Kohl for page 49.

If you have any questions, please have your staff call Michael Gilmore on 586-4277. He will be happy to assist.

Sincerely,

  
Jacqueline Knox Brown  
Assistant Secretary  
Congressional and Intergovernmental  
Affairs

Enclosures

Executive Secretariat files



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The Honorable Herbert Kohl  
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Dear Senator Kohl:

On August 2, 1989, Admiral James D. Watkins gave testimony on DOE's radiation health effects research program and overall radiation protection policies.

During the course of the hearing, you requested certain information which was to be provided for the record. Enclosed for your information is the Insert for the Record for page 49 of the transcript, which also has been sent to the committee staff.

If you have any questions, please have your staff call Michael Gilmore on 586-4277. He will be happy to assist.

Sincerely,

Jacqueline Knox Brown  
Assistant Secretary  
Congressional and Intergovernmental  
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Enclosure

**TRANSCRIPT OF PROCEEDINGS**

**UNITED STATES SENATE**

**COMMITTEE ON GOVERNMENTAL AFFAIRS**

**THE DEPARTMENT OF ENERGY'S RADIATION HEALTH EFFECTS  
RESEARCH PROGRAM AND WORKING CONDITIONS AT DOE SITES**

Washington, D. C.  
August 2, 1989

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1 TESTIMONY OF THE HONORABLE JAMES D. WATKINS,  
2 SECRETARY, DEPARTMENT OF ENERGY; ACCOMPANIED BY  
3 MR. JOHN MEINHARDT, ACTING ASSISTANT SECRETARY FOR  
4 DEFENSE PROGRAMS, MR. PETER BRUSH, ACTING ASSISTANT  
5 SECRETARY FOR ENVIRONMENT, SAFETY AND HEALTH, AND  
6 DR. ROBERT GOLDSMITH, DIRECTOR, EPIDEMIOLOGIC  
7 RESEARCH PROGRAM

8 Secretary Watkins. Thank you, Mr. Chairman.  
9 Accompanying me today are Mr. John Meinhardt on my far left,  
10 Acting Assistant Secretary for Defense Programs, Mr. Peter  
11 Brush, sitting on my left, Acting Assistant Secretary for  
12 Environment, Safety and Health, and Dr. Robert Goldsmith, the  
13 Director of DOE's Epidemiologic Research Program.

14 Chairman Glenn. Fine.

15 Secretary Watkins. Mr. Chairman, I do have a rather  
16 lengthy formal statement that I have presented to the  
17 Committee ~~staff~~. I would like to ask that that be entered  
18 into the record.

19 Chairman Glenn. Without objection, it will be included  
20 in the record in its entirety.

21 Secretary Watkins. This will be a summary of that.

22 Mr. Chairman and members of the Committee, I very much  
23 appreciate this opportunity to come before you today to  
24 discuss the Department of Energy's radiation health effects  
25 research programs and other related issues. Mr. Chairman, in

1 your letter of July 14th you requested that I<sup>d</sup>ress the  
2 following issues--DOE's epidemiology program and my recent  
3 initiatives in that area.

4 And by the way, I would have to say, Mr. Chairman, on  
5 about the 1st of February, a month before I was sworn in, we  
6 discussed the very serious problem relating to lack of  
7 epidemiology programs within the Department as the first order  
8 of business. And I learned this the hard way during the AIDS  
9 Commission when I saw a similar problem within CDC and its  
10 baseline for doing the kinds of work necessary to understand  
11 another kind of an epidemic, but certainly it sensitized me to  
12 the importance of this area and really gave me the impetus to  
13 move out expeditiously in an area that was almost a void in  
14 the Department, save one person.

15 You also asked me to look at dose reconstruction  
16 activities that are underway at the Hanford and Fernald sites.  
17 You also asked for the declassification of documents relating  
18 to dose reconstruction studies, and for me to address DOE's  
19 FDA approved use of drugs known as chelating agents. And the  
20 responsiveness of DOE to radiation exposure guidance proposed  
21 by the Environmental Protection Agency.

22 I am particularly pleased to have the opportunity to  
23 address the Department's epidemiologic research activities and  
24 my recent initiatives, as I believe these activities are of  
-25 crucial importance to the successful fulfillment of the

1 Department's responsibility to protect the health of both its  
2 employees and the public at large. Although I believe that we  
3 have the foundation for a comprehensive epidemiologic program  
4 at DOE, I must tell you that I was not pleased with the  
5 condition in which I found the program when I assumed office  
6 last March. It is buried deep within the bureaucracy, it is  
7 understaffed, underfunded, and underutilized.

8       The program has some significant flaws, and my recent  
9 initiatives in this area are intended to correct these flaws.  
10 The epidemiology program at DOE historically has suffered from  
11 lack of attention by the senior levels of DOE management.  
12 This lack of attention is vividly demonstrated by the fact  
13 that DOE has had only one full time professional permanently  
14 assigned to oversee all of the epidemiologic research that the  
15 Department supports, which is extensive. One person,  
16 regardless of how able he or she is, cannot effectively manage  
17 a program of the complexity and magnitude that DOE's  
18 epidemiologic research activity should represent.

19       As an interim measure, I have instructed the Director of  
20 the Office of Energy Research to detail additional personnel  
21 to the program. Because I know that I need the assistance of  
22 independent experts to properly reorganize the program, I have  
23 had to curb my instinct to immediately restructure the program  
24 and dramatically shift resources myself.

25       After I receive the report of the Special Advisory

1 Committee that I have chartered to evaluate DOE's  
 2 epidemiological efforts, I will address the long-term staffing  
 3 needs of the program and ensure that the needed personnel are  
 4 permanently assigned there. In fact, one of the principal  
 5 tasks of this advisory committee is to develop an appropriate  
 6 staffing plan and recommend adequate funding levels. Although  
 7 our own contract scientists use raw DOE worker data to  
 8 construct their epidemiologic research, I am concerned by the  
 9 inaccessibility of this same data to the rest of the  
 10 scientific community.

11       Currently researchers who are not directly affiliated  
 12 with the Department cannot gain access to the worker data that  
 13 is owned by DOE or its contractors. This situation is not in  
 14 the best interest of science--that is, it is not accessible by  
 15 other scientists--it is not in the best interest of the  
 16 Department, because it lacks credibility, and it is not in the  
 17 best interest of, most importantly, our workers, because they  
 18 feel that they are not receiving the fullest examination that  
 19 they are due. This is an unacceptable situation and I am in  
 20 the process of changing it, as you know.

21       I have mentioned a few of the problems that exist  
 22 within our epidemiology program, and before I explain how I  
 23 intend to correct those problems, it may be useful for me to  
 24 address the issue of why DOE should be involved in  
 25 epidemiological research at all. I am firmly committed to

1 ensuring that the Department of Energy actively pursues  
2 epidemiologic research on the human health effects of energy  
3 generation and use and DOE facilities operation. The DOE  
4 mission is focused on energy generation and use. We operate  
5 the facilities in which this mission is carried out and we  
6 employ the people who make it a reality. There is no other  
7 agency within the Federal Government that is more  
8 appropriately positioned to conduct epidemiological research  
9 in the energy field.

10 As an employer, DOE has a moral and ethical  
11 responsibility to monitor the health of its workers in an  
12 effort to ensure that all potentially harmful effects or  
13 aspects of the work environment are controlled. Epidemiologic  
14 surveys represent one way in which DOE meets this  
15 responsibility.

16 I am resolute <sup>in</sup> ~~is~~ my belief that the responsibility for  
17 the health and safety of DOE workers must be directly assigned  
18 to DOE and implemented through a clearly delineated line  
19 management structure. Epidemiologic surveys of our work force  
20 represent a key element of our programmatic efforts to  
21 successfully meet this obligation.

22 I would have to say as an aside, Mr. Chairman, that it is  
23 no different from all of the other areas <sup>in which</sup> ~~that~~ I am trying to  
24 instill now the feeling of accountability and responsibility  
25 within my own line managers for all aspects of our

1 work--environment, safety, and now, health. And I do not  
 2 think ~~it~~<sup>the</sup> has been <sup>done</sup> well and that is what I am trying to do. So  
 3 irrespective of outside oversight groups, I have to establish  
 4 my own responsibility lines inside so that we live and breathe  
 5 environment, safety, and health every day that we operate our  
 6 facilities. And that is why I feel very strongly about the  
 7 fact that we must retain the accountability and responsibility  
 8 to this Committee and to others, to our workers, and to those  
 9 ~~that~~<sup>who</sup> live around us in this regard. That is the first order  
 10 of business.

11 In addition to DOE's commitment to protect the health and  
 12 safety of its employees, the Department has, as an inherent  
 13 part of its mission, a legitimate interest in the health  
 14 effects that result from low-level exposures to ionizing  
 15 radiation and to chemical carcinogens during nuclear materials  
 16 production. I recognize that DOE must take aggressive  
 17 measures to enhance its epidemiologic research activities to  
 18 ensure that all facets of the program represent excellence.  
 19 And I have initiated a 4 point program to accomplish this  
 20 goal.

21 First, I am establishing an independent evaluation of  
 22 DOE's current epidemiological activities and guidance on how  
 23 the program should be restructured from recognized experts in  
 24 the field. A Special Advisory Committee comprised of  
 25 individuals who are expert<sup>s</sup> in such areas as public,

1 environmental and occupational health, epidemiology and  
2 research standards has been chartered. This Committee, as a  
3 matter of fact, is made up of 9 members, 3 state health  
4 officers, 2 professors of public health at major universities,  
5 one professor of environmental health from a major university,  
6 one professor of occupational medicine from a major  
7 university--in this case Yale--one vice president of a major  
8 national medical society, and an assistant director of  
9 occupational health from a major labor union.

10       The Committee has been given a broad mandate to  
11 scrutinize virtually every aspect of DOE's epidemiology  
12 program. Their charter charges them with an examination of  
13 the goals and objectives of the research program, the  
14 management and reporting structure of the program, the  
15 full-time equivalents and budget resources allocated to the  
16 program, both internally to DOE and externally to contractors.  
17 The use of contract scientists for ongoing and special  
18 projects, the quality control mechanisms in the program,  
19 including data completeness and accuracy and data management,  
20 archiving and access, for example.

21       The utility and feasibility of transferring the  
22 epidemiologic research function, including the necessary data  
23 to another entity. Maintenance and access to related records  
24 such as exposure incident files, material standards records,  
25 facilities design information belonging to DOE or its

1 contractors, current and proposed mechanisms for determining  
2 epidemiologic data release policies, including controls on raw  
3 data, work in progress and completed analysis.

4 Current and proposed mechanisms for the storage of DOE  
5 epidemiologic data, including the establishment of a  
6 comprehensive data repository.

7 DOE's response to the data related request of the Three  
8 Mile Island Public Health Fund. And finally, the long-term  
9 role of the National Academy of Sciences Committee on  
10 Radiation and Epidemiological Research Programs.

11 It is my intention then to use the work of the Committee  
12 as a basis for a significant reorganization of our  
13 epidemiologic program. I have been reviewing a list of  
14 potential Committee members and I am impressed with their  
15 qualifications and I am looking at an applicant pool that  
16 consists of state health directors, as I announced, and other  
17 prominent individuals. I will announce the full membership of  
18 this Committee by the end of this week.

19 I have requested that this Committee proceed on an  
20 expedited basis. I expect that they will conduct their first  
21 meeting just after Labor Day. To make their work relevant to  
22 the budget process, I will request an interim report that  
23 addresses budget and staffing matters by November 1. I expect  
24 a final report that addresses the rest of our epidemiological  
25 research activities by March 15th next year. When it is

1 completed, I will send a copy of this report to this and other  
 2 interested Committees of Congress so that you can review it  
 3 for yourself.

4 I am pleased that Kristine Gebbie, Administrator of the  
 5 Oregon Health Division, and, one of the most respected  
 6 individuals in the public health community today, has agreed  
 7 to chair this Committee. She and I worked together before on  
 8 the Presidential Commission on the HIV Epidemic, and I am  
 9 certain that she will lead the type of thorough and  
 10 independent evaluation that I need in order to appropriately  
 11 restructure the program. She <sup>is a Past President of the Association</sup> ~~was the former head of the State~~  
 12 Territorial Health Officers <sup>of the States</sup> ~~of the States~~ <sup>and was co-chair of their AIDS committee</sup>

13 Second, at my request the National Academy of Sciences, <sup>(NAS)</sup>  
 14 as of June 1, 1989 has established a standing Committee on  
 15 Radiation Epidemiological Research Programs to provide the  
 16 Department with independent scientific advice. This NAS panel  
 17 is distinctly different from the Special Advisory Committee I  
 18 just mentioned. While the Advisory Committee will focus its  
 19 attention on policy issues such as the program staffing  
 20 requirements and organizational structure, the NAS Committee  
 21 has been formed to provide the epidemiological program  
 22 directly with scientific advice, a sort of ongoing peer review  
 23 regarding the best means of conducting quality epidemiological  
 24 research. The NAS has appointed members to this Committee and  
 25 they are scheduled to hold their first meeting on the 18th and

1 19th of September.

2 This standing Committee has 4 primary functions. It will  
3 advise DOE on the status of its epidemiology program, with  
4 particular attention to its current status and future  
5 direction. It will advise us on the creation of a  
6 comprehensive epidemiological data repository. It will assist  
7 us in developing protocols for the use of such a repository  
8 once it is operational, and it will review and evaluate  
9 independent research proposals.

10 Third, I am committed to the establishment of a  
11 comprehensive epidemiological data repository that will be  
12 used for the storage in a computer based format of all  
13 epidemiologically relevant information on approximately  
14 600,000 present and former DOE contract employees. The  
15 purpose of the repository is to provide any qualified  
16 researcher, as determined by the protocols established by the  
17 National Academy, easy access to DOE's epidemiological data.

18 No such repository exists today. This will be a difficult  
19 task because it involves the compilation and examination of  
20 millions of individual documents, but it is a project that  
21 must be undertaken. Current plans call for the completion of  
22 this repository by the end of 1995 at a total cost of \$36  
23 million. Further, realizing that the completion of the  
24 repository will take at least 6 years, the DOE is working with  
25 the National Academy of Sciences Committee to develop criteria

1 that will allow independent researchers access to the same raw  
2 data that DOE contract scientists now use to conduct their  
3 studies.

4       There had been some confusion about this point and I want  
5 to make it clear. The NAS Committee, not DOE, will be the  
6 body that determines who is and who is not qualified as a  
7 researcher and whether or not the methodology that is proposed  
8 is scientifically sound. Once the NAS Committee has  
9 determined that both the researcher and his or her proposed  
10 study meets its criteria, access to the raw data will be  
11 granted. I will not allow either institutional or ideological  
12 affiliation to enter into that process.

13       It should be noted that the creation of the data  
14 repository will significantly ease the burden of raw data  
15 collection and assembly, which is one of the reasons that the  
16 repository is so important. And I am committed to  
17 establishing a state of the art epidemiological research  
18 program. The creation and operation of such a program is the  
19 only responsible course of action if DOE is to effectively  
20 protect the health and safety of its employees and the public  
21 at large.

22       Regarding the classification of weapons-grade plutonium  
23 production information at the Hanford site, the Technical  
24 Steering Panel of the Hanford Dose Reconstruction Project has  
25 recently requested DOE to reclassify the Hanford site

1           So we have to run in parallel. We do not want to wait  
2 for a law to tell us to do something right, we ought to be  
3 doing it right, because it is the proper thing to do <sup>we want</sup> to run a  
4 department in a sensible way ~~that is~~ <sup>to</sup> dealing with these kinds  
5 of toxic and hazardous wastes.

6           Senator Kohl. Admiral Watkins, you have said a great  
7 deal during your tenure as Secretary of Energy about the need  
8 to reform the management structure at DOE. You have  
9 emphasized the need for clear lines of authority between  
10 yourself and site managers at the weapons plant. And I  
11 understand that you believe that these changes will enable the  
12 Department to effectively carry out its radiation health  
13 effects research activities.

14           I do not dispute that a top manager like yourself can  
15 probably reform DOE's entrenched bureaucracy in such a way  
16 that it can get the job done right. But isn't what we are  
17 dealing with here, Mr. Secretary, a matter of public  
18 perception? Isn't the real question one of restoring public  
19 trust in the credibility of this Department's activities?

20           It seems to me that we can make all the changes we want  
21 and talk about them as much as we want, but it will not make a  
22 bit of difference if the American people still do not trust  
23 the DOE.

24           In light of that situation, doesn't it make sense to give  
25 some outside body the authority to oversee DOE's radiation and

1 health research activities? Won't that help to provide the  
2 appearance of impartiality, of integrity and objectivity?

3 Secretary Watkins. I think it does, Senator Kohl. And I  
4 think that is what this Special Advisory Committee will  
5 probably come up with. I just think it is premature to put  
6 what I would call the cart before the horse. We need people  
7 actually doing good solid health physics work and be sensitive  
8 to the health of our workers right on the scene all the time.

9 The oversight is useful--<sup>however</sup>~~because~~ oversight is going to  
10 come in right now and say, "It's a mess," and I know it is a  
11 mess. I need the people to clean it up more than I need  
12 oversight right now.

13 So what I would like to do is, I would like to have this  
14 Advisory Committee look at everything we are doing and then  
15 make a recommendation and give me a chance next year to get  
16 back to this Committee and decide what should constitute the  
17 best oversight group. It should be an outside activity. We  
18 are doing that with the <sup>Defense</sup> Nuclear Facility <sup>ies</sup> Safety Oversight  
19 Board. We are doing it with the Ahearne Committee, which  
20 basically, while I own it, is very independent. We have an  
21 Energy Information Agency, <sup>also</sup> very independent, <sup>established</sup> by Congressional  
22 directive. I like that. And so I do not have any problem  
23 with it.

24 My biggest problem is that oversight is not going to  
25 solve it tomorrow. I have got to get in and get my

1 organization to solve it, and then we will know what kind of  
2 oversight skills may be necessary, with all the things I am  
3 doing, to be able to look in and do the job, both for the  
4 Congress and us, to gain the credibility.

5 ~~So~~ I am just asking for time to let some of the dust  
6 settle. I have got a lot of variables ~~that are floating~~  
7 ~~around here~~ that I am trying to solidify now into some kind of  
8 a cohesive program. <sup>The development and implementation of</sup> ~~Witness~~ the 5-year program, or the  
9 10-point program <sup>will</sup> ~~to~~ do a lot of things in the organization.

10 ~~So~~ I need a little time for you to assess that and  
11 perhaps listen to my Advisory Committee report early next year  
12 and then make a determination. ~~So~~ I am asking for the  
13 Committee to defer this until the next session of the Congress  
14 and then deal with <sup>it</sup>, and <sup>by</sup> then I <sup>will be</sup> ~~am~~ ready for it, because I  
15 believe an oversight ~~committee~~ is necessary. I am not sure  
16 that the <sup>charter</sup> ~~constitution that is now~~ in the ~~draft~~ bill is the  
17 right <sup>charter for</sup> ~~constitution of~~ that oversight committee, but it clearly  
18 should be outside of DOE and should be made up of the proper  
19 people to take a look in here and report in all directions,  
20 much like the <sup>Defense</sup> Nuclear Facility <sup>ies</sup> Safety ~~Oversight~~ Board.

21 Chairman Glenn. Thank you. Mr. Secretary, on April 24th  
22 of this year Senators Mitchell, Wirth, Gore and myself sent a  
23 letter urging you to provide complete data to the Three Mile  
24 Island Public Health Fund. The reason that we encouraged you  
25 to provide them with swift access was because of the Fund's