

Draft Letter to Department of Energy Response to Beryllium Advices #217 and #218 v1

On April 3, 2009 the Hanford Advisory Board (Board) provided two advices to the Department of Energy (DOE) on the beryllium situation at Hanford. Those advices commended DOE for its proactive approach to this issue. DOE's response to these advices on October 23, 2009 generated the need for this follow-up letter. We request DOE take another look at the advices and reconsider its response based upon the observations and concerns below.

To paraphrase the response – “Thank you for your advice. DOE is already doing everything suggested.” Unfortunately, status quo is not adequate. When the Board adopted the two pieces of advice there were 88 confirmed cases of sensitivity to beryllium and 29 verified cases of chronic beryllium disease (CBD). At this time there are now 95 sensitivity cases and 32 cases of CBD. Given that CBD has the potential to lead to a fatality, the Board is concerned about the growing numbers of affected employees.

The following specific observations highlight our concerns:

1. DOE is not using the easily available techniques to pinpoint the source of beryllium. For example, the simple questioning of sensitized employees on their work history to determine potential undiscovered sources of beryllium is still not happening. Furthermore, select surface soil sampling is not occurring. Both were important recommendations of Advice #217 that were overlooked.
2. Many Hanford workers are reluctant to take the Beryllium Lymphocyte Proliferation Test. DOE has not implemented the advice recommendation to conduct a root cause analysis to determine the reasons behind this issue. This analysis is important to determine new ways to motivate the employees to protect themselves. Root cause analysis is a well-established technique that is used often by DOE and its contractors to define the cause of unusual events.
3. The Board recognizes that the National Institute of Health and the Center for Disease Control funds medical research. Advice #218 recommended that DOE take a leadership role in advocating research to the other agencies to determine a pre-disposition to be sensitized. The current blood test technique will only detect sensitization after an employee has been exposed. A new employee will test negative and be authorized to be a beryllium worker even if he or she would react if actually exposed. DOE's strong advocacy for this research would be very important to increase the priority of this issue with the other agencies.
4. Advice #217 recommended improving the communication to former workers and subcontractors on the beryllium issue. The response letter states that the Office of Health, Safety and Security is working with the Labor Department and the National Institute for Occupational Safety and Health to increase the effectiveness of programs addressing the health care of former workers. These were DOE employees, contractors and subcontractors and the Board believes that DOE has the responsibility to communicate directly to them rather than delegate the task to other agencies. The vast majority of former workers or contractors have never heard of any beryllium issues at Hanford. This is the reason for the advice

recommendation for DOE to become more proactive in the retired community. Although the Hanford Site Chronic Beryllium Disease Prevention Program was approved in June 2009, the implementation date was January 1, 2010. The Board questions the delay given the serious nature of the potential risk to workers but we are hopeful that this commendable effort will have a positive impact.

5. The DOE response letter indicated that they were examining the potential of a portable beryllium detection system. This is not the case. In spite of several calls of encouragement by the Board's Health, Safety and Environmental Protection Committee, DOE has not invited the key company to deliver a presentation on their technology.

There is a great deal of effort to reduce the accident rate at Hanford. DOE and its contractors are actively continuously trying to improve. Yet, the beryllium program seems to lack of a sense of urgency. The current program on beryllium disease prevention is a good start but with the growing numbers of beryllium affected workers (current and former) the Board believes the job is only half done. We look forward to DOE addressing the observations identified above to aid and protect current and former workers.