

UNITED STATES OF AMERICA
CENTERS FOR DISEASE CONTROL

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NATIONAL INSTITUTE FOR OCCUPATIONAL
SAFETY AND HEALTH

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ADVISORY BOARD ON RADIATION AND
WORKER HEALTH

+ + + + +

79th MEETING

+ + + + +

TUESDAY,
AUGUST 23, 2011

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The meeting convened at 8:30 a.m., Pacific Daylight Time, in the Courtyard Marriott, 480 Columbia Point, Richland, Washington, James M. Melius, Chairman, presiding.

PRESENT:

JAMES M. MELIUS, Chairman
HENRY ANDERSON, Member
JOSIE BEACH, Member
BRADLEY P. CLAWSON, Member
R. WILLIAM FIELD, Member
MARK GRIFFON, Member
RICHARD LEMEN, Member
WANDA I. MUNN, Member
JOHN W. POSTON, SR., Member
ROBERT W. PRESLEY, Member
DAVID B. RICHARDSON, Member

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PRESENT (Continued):

GENEVIEVE S. ROESSLER, Member
PHILLIP SCHOFIELD, Member
PAUL L. ZIEMER, Member
TED KATZ, Designated Federal Official

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1 P-R-O-C-E-E-D-I-N-G-S

2 (8:42 a.m.)

3 CHAIRMAN MELIUS: Good morning.
4 Let's get started. Do you want to do the
5 usual attendance?

6 MR. KATZ: Sure. So welcome,
7 everyone. This is the Advisory Board on
8 Radiation and Worker Health. Welcome in the
9 room and everyone on the line.

10 We have had a lot of technical
11 difficulties, and we still do. I appreciate
12 that. For folks on the line, if you can't
13 hear us well, we understand that. We're going
14 to try to get that fixed. At least we can
15 hear you when you have opportunities to speak
16 at this point. But we will be working on
17 that.

18 Let me just start with covering
19 attendance here. The Board, we have most
20 Members here in the room, and we have two
21 Members we expect to be absent, Mr. Gibson and
22 Dr. Lockey. I believe I heard Bob on the

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1 line. So that's Robert Presley. So full
2 attendance with two Board Members missing.

3 Then let me just also note for
4 people in the room and on the line there are
5 comment sessions today. There's one public
6 comment session at 6:00 p.m. this evening or
7 5:00 p.m. this evening -- sorry -- 5:00 to
8 6:00 this evening and a second comment, public
9 comment session beginning at 5:00 p.m.
10 tomorrow evening, Wednesday. And I think that
11 covers it.

12 Let me ask people on the line
13 please to mute your phones except when you are
14 addressing the group. If you don't have a
15 mute button, press *6 to mute your phone, *6
16 to come off of mute. And please, no one on
17 the line put your phone on hold. Just hang up
18 and dial back in if you need to leave the call
19 at some point. Thank you.

20 Let me, then, check, then, for --
21 Mike Gibson, are you on the line with us now?

22 (No response.)

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1 MR. KATZ: Okay. We don't hear
2 him presently.

3 CHAIRMAN MELIUS: Okay. Why don't
4 we move on with the agenda? And we will start
5 with NIOSH update. Stu?

6 MR. HINNEFELD: I am going to
7 speak from up here if that's okay because I
8 can work the slides that way. And then I
9 think I'll be the slide operator for most of
10 the speakers, then, today.

11 I am here to provide just our
12 normal update. As you recall, for the last
13 few meetings now, I have not been running
14 through the entire statistics package. They
15 have been -- those statistics have been
16 provided to you, and I'll try to answer any
17 questions anyone has about those.

18 I want to just give a little bit
19 of information on program update, program
20 news. The first is something that you may
21 have encountered or may encounter over the
22 next couple of months as you deal with our

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1 office.

2 Our Deputy Director, Dave Sundin,
3 has accepted a detail position. That's a
4 temporary assignment with another Cincinnati
5 NIOSH organization that runs through October.

6 And so if any of you normally deal with Dave
7 Sundin on issues, he won't be working on our
8 program through the end of October.

9 In his place, I've asked Chris
10 Ellison, who is our communications team
11 leader, to serve a detail as the Deputy
12 Director. So a lot of you may be dealing with
13 Chris in your contacts with us. And then she
14 also acts in my stead when I am out of the
15 office.

16 So just as a brief thing, Dave's
17 -- his detail assignment was for four months.

18 And I believe that takes him through, like I
19 said, the end of October. Our expectation --
20 and last time I talked to him, Dave hasn't
21 told me any different -- is that he will
22 return to his Deputy Director position at the

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1 end of that.

2 Detail assignments. There is
3 always the possibility that it will turn into
4 a permanent assignment, but I don't think that
5 will happen in this case. I think if Dave is
6 smart, he would probably rather come back to
7 our organization than be in the detail he is
8 going to be working in.

9 I wanted to put a little word up
10 here about budget news just because federal
11 budget is in the news so much during various
12 sites. And if you keep up with any trade
13 information, you may know that NIOSH, the
14 institute, is not facing a very good year next
15 year budget-wise.

16 Up to now -- and so the problem
17 with budget news, government budget news, is
18 it is never final. You know, there is always
19 new budget news. Up to now, our program will
20 be in pretty good stead next fiscal year,
21 fiscal 2012, compared to -- essentially the
22 same as what we have been for the last couple

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1 of years.

2 So the news, while it's bad in
3 general about the federal government, up to
4 now has not affected our program yet. And
5 that can change at any time because we all
6 know there is not a fiscal '12 budget passed
7 yet for the government, and it starts October
8 1st.

9 A little bit of news about chronic
10 lymphocytic leukemia, this rule change we have
11 been talking about. The Board, of course,
12 commented, through the Science Work Group,
13 commented on our proposed rule, which has the
14 effect of just eliminating zero as the
15 Probability of Causation for CLL.

16 We received a total of seven
17 comments. All were in favor of the addition
18 of CLL. And so the final rule package is
19 working its way through the administration.
20 The final rule package has an effective date
21 of 30 days after publication. So if it goes
22 through, the package that we saw if it goes

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1 through that way, that's what we would expect
2 30 days from the publication of the final rule
3 in the Federal Register.

4 Okay. I wanted to say a little
5 bit of something about our website redesign
6 because if you go to our public website, you
7 will see that it looks different. This is not
8 rolled out yet. And as these changes roll
9 out, you'll see a different look to it.

10 These design changes are made
11 because of institutional guidance on how your
12 website should be built. And what it just
13 means is right now the -- and I don't even
14 know how web pages are built, but what I was
15 told was the web -- the landing page for the
16 Board is extraordinarily long.

17 If you went to that page and tried
18 to print it out, you would just print and
19 print and print. And so that apparently is a
20 no-no on web design. So what they call the
21 landing page for the Advisory Board will have
22 much less actual information on that page, but

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1 the links will all look the same.

2 Right now when you click a link on
3 the Advisory Board page, I think what it does
4 is takes you down that page to a different
5 location. It will now take you to a different
6 page where all of the information is going to
7 be there and we are going to strive to make
8 the looks be the same. It looks like they may
9 be moved around. Again, that's in compliance
10 with institutional design features.

11 So I just wanted to show that very
12 quickly so that when you see it, you will at
13 least remember that I told you about it, but
14 if there is anything you can't find, please
15 let us know. And if there is anything that we
16 think of that is going to be different and
17 that, you know, may be in terms of difference
18 in navigation, we will put out some navigation
19 aids if necessary. I think it should be
20 largely the same.

21 The only other item I wanted to
22 mention, which I did not get on my slides

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1 because I forgot about it until the slides
2 were printed, was we have recently prepared an
3 update to the Residual Contamination Report.
4 And it's working its way through the
5 administration to be sent to Congress.

6 We do that periodically as our
7 research uncovers information that changes;
8 for instance, covered periods or residual
9 periods. And it can happen any sorts of ways.

10 We might find evidence that extends covered,
11 the covered period of a site, in which case
12 the residual period sort of starts later than
13 what the residual report says, but the website
14 listings that list the site never get -- they
15 don't update the residual period until we
16 update the Residual Contamination Report.

17 So sometimes there are some sites
18 I think where our research indicated that the
19 covered period, the covered work stopped
20 earlier than originally believed, but the
21 residual period doesn't start until the last
22 -- you know, a couple of years later. So you

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1 have this sort of gap in coverage that is
2 temporary until you get this thing.

3 So we submit these reports
4 periodically in order to fix things like that
5 that we have -- that address changes in the
6 actual period of contamination or the period
7 of the operating period.

8 So I believe that's the extent of
9 the news. And we go on into the statistics.
10 So does anyone have any questions about the
11 statistics that were provided in the package?

12 (No response.)

13 MR. HINNEFELD: Okay. Then I
14 guess, Lew, I believe you're up next.

15 DR. WADE: Thank you, Stu. I was
16 just going to take a couple of moments and
17 bring you up to speed on where we stand with
18 the program review and where we are going.

19 As you know, over the last couple
20 of years, we have been involved in a review of
21 NIOSH's performance relative to this program.

22 That was undertaken by the NIOSH Director,

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1 Dr. John Howard, with an eye towards improving
2 NIOSH's performance within the program.

3 The first phase was the
4 preparation of five largely data-driven
5 reports that looked at aspects of NIOSH's
6 performance. They dealt with things such as
7 dose reconstruction, Special Exposure Cohort,
8 timeliness, quality of service, and quality of
9 science. Those reports have been shared with
10 you. They exist on the website.

11 The comment period for those
12 reports just closed at the end of July. And
13 they will be finalized before your next
14 meeting and will be a permanent record of that
15 review.

16 But that was just the first phase.
17 Those reports ended with scores of
18 recommendations as to improvements in the
19 program. Dr. Howard sat with his leadership
20 three or four months ago and went through
21 those recommendations and developed a high
22 priority list of recommendations and action

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1 items to be followed to implement those
2 recommendations.

3 I shared that detail with you for
4 your July conference call. And we talked
5 through those recommendations and those action
6 items.

7 What will happen from this point
8 forward is that Stu and his staff under the
9 direction of Dr. Howard will begin to
10 implement those action items and will make it
11 a regular part of Stu's briefing to update you
12 on the status of those, the progress on those
13 action items.

14 Again, Board comment is always
15 welcome. Individual Board Members is always
16 welcome. And we will certainly be respectful
17 and responsive to the things that you say.

18 What I will do is very briefly
19 remind you of what was shared with you in
20 July. And then Stu is going to give you an
21 update on the status of things.

22 So we started with recommendations

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1 concerning dose reconstruction. And I could
2 highlight for you several on that page. The
3 first, "Will provide documentation on the
4 current in-place QA/QC plan and look at the
5 results over the years of such a plan." It
6 really goes to the action item number 3, which
7 says, "When the Board and its contractor
8 conduct reviews of NIOSH's work, they find
9 issues."

10 The question is why isn't NIOSH
11 finding those issues when it does its internal
12 review, not that we would diminish the value
13 of the Board's review, but it would seem to me
14 that those issues should be unearthed by NIOSH
15 in their own internal review. And we will
16 expect Stu to answer a question or two on
17 that.

18 Next slide, Stu. Some other
19 issues. If you look at the second there, yes.
20 We'll look at the cost-benefit analysis of
21 the elimination of the use of overestimating
22 DRs.

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1 Remember, we looked at the fact
2 that there might not be that much improvement
3 in timeliness done here. And there is a great
4 deal of confusion in situations where people
5 who were denied report a second cancer and
6 come back with a dose reconstruction that's
7 less.

8 This is an impossible situation to
9 explain. So we ask that an action be
10 undertaken to explore the cost-benefit of
11 efficiency measures and whether we should
12 continue to use them.

13 Stu, the next one. With regard to
14 quality of service, what you might expect
15 there, you can just look them over, but
16 understandability, access of information,
17 burden, you know, placed on those using the
18 program really need to be looked at.

19 And one more, Stu. Next slide.
20 With regard to timelines, a number of issues
21 are being explored. The first action, we
22 think that priority needs to be given to work

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1 on returns, as opposed to initial dose
2 reconstructions.

3 Under number 2, again, what will
4 it cost to set even more aggressive timelines
5 on the completion of dose reconstructions?
6 We're now looking at a target of nine months.

7 And we think below nine months should be our
8 target. But it comes as a cost, and there is
9 a tradeoff there. So Stu will be looking at
10 those issues.

11 The next slide, Stu. That last
12 action item, 2, we'll look at preparing a
13 White Paper for realizing these more
14 aggressive time limits on dose
15 reconstructions.

16 With regard to SEC petitions,
17 probably the most controversial part of that
18 phase 1 report, the first action looks at
19 adding to the Evaluation Report a section that
20 clearly identifies decision points and gets
21 into the issue of where these are policy
22 calls, as opposed to science calls, and spells

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1 that out very clearly. And I think that is an
2 important one to consider.

3 Number two, the first bullet,
4 action item 1, opens the can of worms with
5 sufficient accuracy. And DCAS will begin to
6 develop a series of paragraphs that define
7 sufficient accuracy.

8 The third one deals with this
9 issue of a health physics bias and tries to
10 develop actions that will allow us to explore
11 and eliminate the health physics bias. And,
12 finally, Stu, with regard to quality of
13 science, a greater use of peer review is
14 called out in number 1.

15 Next slide. In number 3, again,
16 choose several sites where NIOSH will try and
17 run to ground the validation of its exposure
18 assessment methodology. There was a trial
19 exercise done in the quality of science
20 report. And this calls for more detail there.

21 And, finally, Stu, the last slide.

22 We were asked to look at the EPA methodology

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1 and see what we could learn from that. So
2 it's a reminder of what the priority actions
3 were and the action items resulting from that.

4 And now Stu is going to give you some updates
5 on progress to realize those actions. And
6 then Stu and I will both be available to take
7 your questions at the end.

8 CHAIRMAN MELIUS: Okay.

9 MR. HINNEFELD: Okay. I am
10 speaking from notes here. So this is going to
11 be even more raw than my normal presentation.

12 I wanted to provide just a little bit about
13 what we have embarked on, what we are planning
14 to do, and then some things that we haven't
15 really decided yet, you know, what we're going
16 to do about and go through these just with a
17 little bit of time. I think we have a little
18 more time on the agenda for us.

19 With respect to the dose
20 reconstruction QA/QC issue, part of that is
21 describing what is being done and why hasn't
22 that been effective at preventing findings

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1 from the Board's review of dose
2 reconstruction.

3 In order to try to answer that
4 last part, why it hasn't been effective, we
5 are facing a dilemma because many of the
6 reviewed dose reconstructions were performed
7 years ago, you know, because we have gone
8 through in terms of the discussion with the
9 Board maybe the first eight sets of reviews.
10 And those, the actual performance of those
11 dose reconstructions occurred well before they
12 were reviewed.

13 So in order to do this as we are
14 compiling -- and we pretty much have compiled
15 the first part, you know, the listing, kind of
16 comprehensive listing of what we and our
17 contractor, ORAU, do in terms of quality of
18 dose reconstruction.

19 We are pulling out the most
20 recently completed dose reconstructions that
21 have been reviewed by the Board. And I
22 believe it's the 12th set was the last set

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1 that we have actually got the full report, the
2 SC&A full report of the review.

3 And we picked the five last
4 completed dose reconstructions because the
5 date that we had originally completed the dose
6 reconstruction, that's the date we are trying
7 to move as close to as possible. The closest
8 we can get is about two years ago and maybe
9 two and a half years ago maybe by now.

10 So we're going to look at the
11 findings from those five cases and do this
12 analysis on the most recent ones we can do
13 because we think we'll get better explanation,
14 you know, a better thought of why isn't our
15 system catching these findings if we're
16 looking at things the way we do it as recently
17 as possible.

18 The best thing would be the way we
19 do them now, but we don't have reviews in real
20 time and so do them the most recent possible.

21 And that will give us the best information on
22 that action number 3 on there.

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1 Action number 2 just talks about
2 working with the Subcommittee on Dose
3 Reconstruction, which is heavily involved in
4 QA/QC of dose reconstruction. We had a fairly
5 long discussion about that at the last
6 Subcommittee meeting, which occurred between
7 the last in-person meeting and this one of the
8 Board.

9 And, at that, the key message, at
10 least that I took away from the Board Members
11 at that meeting was it would be really nice to
12 have some sort of objective measure real time
13 of what we think the quality is now. So we
14 start making interventions. We'll know if
15 we're improving anything or not. And the idea
16 was some sort of blind testing system. In
17 other words, two people do a dose
18 reconstruction and compare how it comes out.

19 We really struggled with making
20 this blind. And we haven't found a way to
21 make it blind to both people. What we are
22 planning to do is arrive at a system where

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1 dose reconstructions are assigned to our
2 contractor to perform. It will just be like
3 any other case to them. It will be selected
4 on our side to be performed by someone on our
5 side as well. So we will not be blind to our
6 person. And ours will only be the check one.

7 The official dose reconstruction,
8 the one we expect the program would use would
9 be the one coming from the contractor. They
10 won't know which ones are selected or when we
11 start even. And so then we'll do that, two
12 dose reconstructions. We'll have the two to
13 compare, the one that was done as if it were
14 just a regular dose reconstruction and our
15 person, who theoretically is probably going to
16 apply more care to it.

17 Now in order to compare outcomes
18 of dose reconstructions, we don't feel
19 competent that just reporting the dose number
20 is going to actually give you a full analysis
21 of what happened because quite likely there
22 will be some differences in the dose number.

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1 So what we intend to do is compare
2 in detail how the two dose reconstructions
3 were done, both the one that came from the
4 contractor and the duplicate that we did and
5 compare in detail how they were done.

6 We started to write a checklist
7 for comparing all the things about a dose
8 reconstruction, you know, or to sort out how
9 it worked. And it occurred to us that SC&A
10 has written about the best one you can write.

11 In their -- the checklist they use to write
12 dose reconstruction reviews.

13 So our checklist is going to be
14 pretty much like theirs in terms of comparing
15 the blind to the actual contractor-prepared DR
16 in order to identify differences. And once
17 you identify differences, then your thought
18 process is "Okay. Who did it right?" if there
19 is a right way. If there is not a right way
20 and they both did what would be considered
21 acceptable methods, well, then you have a
22 problem in the clarity of your instructions,

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1 in which case that is going to lead to a lot
2 of your quality findings because your
3 instructions aren't clear.

4 So there are some things you can
5 get out of a process like that. That is like
6 step one. So that's early on in trying to fix
7 and trying to make some significant
8 improvements in the QA process for dose
9 reconstruction.

10 Okay. Everybody looks puzzled and
11 disturbed. So either I am boring them or we
12 didn't get that one right.

13 With respect to the efficiency
14 measures, I have said and I believe that there
15 would be a lot of value if we didn't do
16 efficiency measure overestimate dose
17 reconstructions because when we get those back
18 on a return, it's just -- I have not figured
19 out yet how to explain to people clearly
20 enough what is going on on that. And it
21 really hurts our credibility when a person
22 gets another cancer and their PoC number goes

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1 down.

2 So I would really like to do that.

3 We are getting some preliminary estimates of
4 what it would take based on the last several
5 years of experience. And it's fairly
6 disheartening to me because it would cost a
7 lot to provide that much additional time for
8 dose reconstruction.

9 The time estimates worked out
10 somewhere around 16 hours, plus or minus maybe
11 4 or 5, for efficiency method and about 40
12 hours, plus or minus 8, for a best estimate.
13 And so since we do probably more than half of
14 our cases, our efficiency methods of some
15 sort, you're talking about a large increment
16 in the amount of time, dose-reconstructor
17 time, that has to be done for dose
18 reconstruction and the concomitant cost that
19 then gets subtracted from SEC review and the
20 other things that we are trying to accomplish
21 in the program. So we're balancing an
22 available resource supply among the various

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1 objectives we are trying to complete.

2 We haven't given up. We think
3 there are some things we can do. We are
4 looking at maybe when the first time a case
5 comes back, is returned, always do a best
6 estimate in that case.

7 There are certain kinds of cases
8 where maybe you should just always do a best
9 estimate, for instance, on a skin cancer,
10 because, far and away, the cancers that come
11 back with additional cancers are skin cancers.

12 And so that's where you are liable to get
13 more diagnoses after you have done dose
14 reconstruction. So we are looking at some
15 half measures to see if there is something we
16 can manage.

17 Okay. With quality of service,
18 this one is going to be difficult because it
19 is going to be really hard to know when we
20 have improved. We do intend, though, to take
21 a real shot at a couple of items.

22 The issue of dealing better with

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1 claimant-provided information is a really
2 sticky one. And that is going to take a lot
3 of effort and probably some significant
4 process change with our contractor. So that's
5 going to be difficult. We haven't really
6 thought that one through very much.

7 With respect to our communication
8 to other people, the things we write, we are
9 doing some rewrites. We have started
10 rewriting some of our standard communications.

11 And these are usually the cover letters that
12 go with certain decision points. The ones we
13 have done so far are in the SEC process.

14 I just made a few notes because if
15 there are -- hold this one. Okay. So now I
16 am holding a phone, holding a microphone,
17 working the slides, and reading from my notes.

18 So this will get really rough at this point.

19 If you guys knew how hard it is for me just
20 to get through life, you know, how badly
21 coordinated I am, this is asking a lot.

22 There are these software routines

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1 that you can run on a file that you have
2 written, document you have written. And Word
3 has one. I think Adobe might have one that
4 tells you a readability measure of that
5 document. And it's based largely on word
6 length and sentence length. And so we ran
7 some of our standard documents through that
8 before revision.

9 Oh, okay. Now I have an
10 assistant. I have one less thing to do.

11 For instance, the letter that we
12 send someone who is going to be in an 83.14
13 SEC situation, where we say, "We're not able
14 to reconstruct your dose," the inability to
15 reconstruct letter, before we rewrote it, the
16 reading level on that from the software was
17 16.8, meaning you have to have a Master's
18 degree to understand what we are talking
19 about. When we rewrote it, it's at 12.5. So
20 we kind of got it back down to high school
21 level, which is what we're supposed to be
22 shooting for.

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1 So we have rewritten that letter;
2 the acknowledgement of the, I think it is the
3 acknowledgment of the case; the call consult
4 summary. So this is when a person submits an
5 SEC petition, we have a consult call with them
6 to see if in case there are deficiencies with
7 the petition remedy. Then we send them a
8 letter that is the outcome of that consult
9 call. That one has been rewritten. That was
10 at a 13.7. That's now 12.1.

11 A letter telling someone a
12 petition is administratively closed was
13 written at college level. Now it's at about
14 junior in high school level.

15 So we have gone through a series
16 of these. We have gone through a series of
17 these and managed to move them all down at
18 least to the 12 and a fraction. So none of
19 these 6 documents that we have rewritten that
20 pertain to the SEC process are higher than 12
21 point something at least at this point.

22 CHAIRMAN MELIUS: If nothing else

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1 serves to distract you, Stu, we will start
2 throwing tomatoes.

3 MR. HINNEFELD: Why not? And we
4 have several communications in the dose
5 reconstruction process are on the slate to
6 rewrite as well, but they have not been
7 revised yet.

8 One thing I wanted to speak
9 briefly about -- and I don't want to go too
10 much longer because we are running out of
11 time. And that is the availability of
12 information to the public. And the specific
13 way I took this was information that's
14 discussed at Work Group meetings because that
15 is the comment I have heard specifically about
16 how difficult it is for a member of the public
17 who calls into a Work Group meeting to follow
18 a discussion of a White Paper, for instance,
19 that has been shared and that is being talked
20 about at a Work Group meeting when they don't
21 even have the paper, you know, it is not
22 available.

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1 Now frequently these are exchanged
2 right before the meeting, which means that we
3 are going to have a hard time making those
4 public. But if you have White Papers that are
5 exchanged some period of time ahead and can
6 have a Privacy Act review done, then there's
7 no reason why those can't be available.

8 And so we're trying to build a
9 process, place on the website, our public
10 website, where people could go to identify the
11 technical documents that are going to be
12 discussed on today's Work Group meeting,
13 probably be on the Work Group meeting page.
14 You have the agenda. And then you would have
15 the documents to be discussed, probably either
16 at the same place or linkable.

17 With timeliness, I'll just mention
18 it had to do -- the timeliness objectives had
19 to do with valuing reworks more highly than
20 new claims. You want to try to get them out
21 quicker. And we have adopted criteria like
22 that for our contractor.

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1 For their -- criteria, there is a
2 shorter deadline on reworks than there is on
3 new ones provided that we have all of the
4 information on the rework. We don't need to
5 make another exposure history request or
6 something.

7 I think I will slip past SECs.
8 The actions on this are pretty
9 self-explanatory, although not easy to do.

10 We have selected an existing
11 Evaluation Report to use to go through that
12 existing Evaluation Report to try to write
13 "Where are the decision points?" and then for
14 the purpose of deciding what is a science
15 decision and what is a policy decision. I
16 don't know if we can do that or not. I don't
17 know that we're smart enough to do that, but
18 we're going to give it a try.

19 I just wanted to say a word about
20 the health physics bias question. The
21 wording, the words "health physics bias" kind
22 of put me on edge a little bit. Now I always

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1 remember, though, that I kind of agree with
2 this.

3 And I'm thinking not here of a
4 bias for or against because "bias" normally
5 has a negative term. I'm thinking here of our
6 filters that we bring to a question.

7 A health physicist through your
8 whole career, you are handed a set of
9 information and you -- solve the problem. And
10 you solve the problem. You have an answer.
11 You know, you write down what are the
12 assumptions, what are the things, but you get
13 an answer.

14 Well, when you are in an SEC
15 situation and your question is, "What is the
16 dose?" and you get a set of information, your
17 tendency is, "Well, here is the answer. You
18 know, I'll write you an answer."

19 And the judgment about is this
20 really a sufficient amount of information to
21 make that answer, you know, until we start
22 doing this, we don't even think about that

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1 very much. Sometimes you would, but normally
2 you would come up with an answer.

3 So at this point in this program
4 we're asked to make that additional question
5 of not only can you get an answer, but is it a
6 good answer? Do you have enough information
7 to really make a good answer. And the "good,"
8 you know, "sufficiently accurate," is sort of
9 an ill-defined term.

10 So that is the way I read when
11 somebody says there is a health physics bias
12 to our work. That is the way I read that. I
13 don't think of it as a negative. I think of
14 it as a reality, an occupational reality that
15 we bring because of our experience.

16 The quality of science issues, we
17 are embarking on those. We have selected at
18 least one site to try a validation study on.
19 And we are starting to design that validation
20 study of our -- I think that's a coworker
21 approach, yes, a validation of the coworker
22 approach at Savannah River. So we have at

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1 least selected that. And there are other
2 things along here.

3 Action plans are always rather
4 fluid because you start something and it
5 doesn't work and you may have to try something
6 else or you can't get to where you thought you
7 were. So we have action plans.

8 We kind of keep those in-house
9 since they are so dynamic and we don't want to
10 set expectations too firmly because we're not
11 exactly sure we've got it all figured out yet
12 in terms of how we are going to solve all of
13 these things.

14 So I'll try and answer any
15 questions anybody has about anything I said or
16 anything I didn't say.

17 CHAIRMAN MELIUS: Thank you, Stu.

18 And thank you for dealing with the technical
19 issues also. Appreciate that.

20 Any Board Members have questions
21 for -- yes? Phil, then Paul.

22 MEMBER SCHOFIELD: Stu, I have got

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1 a question. I would like to see a breakdown
2 of the different ICD-9 codes versus level of
3 exposures for claimants. Do you have that
4 data broken down?

5 MR. HINNEFELD: Exposure for? In
6 other words, target organ?

7 MEMBER SCHOFIELD: Like the
8 different cancer types versus the exposure
9 people received.

10 CHAIRMAN MELIUS: The Probability
11 of Causation you mean?

12 MEMBER SCHOFIELD: Yes, for each
13 different cancer.

14 MR. HINNEFELD: That is on our
15 website. If you're looking at --

16 CHAIRMAN MELIUS: I think the
17 Board --

18 MR. HINNEFELD: Is it Probability
19 of Causation or is it actually outcome? It's
20 compensable versus non-compensable outcome.
21 On our website, there is a report -- it's
22 probably a couple of years old by now, it was

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1 current as of that time -- that gave percent
2 of claims compensable by ICD -- or by -- it
3 was either by target organ or ICD-9 code.
4 And, actually, I guess it's actually by IREP
5 model, which ties to ICD-9 code. They're on
6 there. The ICD-9 code is covered by each IREP
7 model or on there.

8 So that's there. We have not done
9 a similar compilation for dose per organ I
10 don't think. So I'm trying to visualize if we
11 could do that or not. I'm not exactly sure
12 that would be as straightforward.

13 You see, those numbers aren't
14 necessarily databased. The dose numbers
15 aren't necessarily databased and conveniently
16 obtainable the way the PoC numbers are.

17 Okay. Paul?

18 MEMBER ZIEMER: Stu, I certainly
19 agree that evaluating the cost of doing best
20 estimate versus overestimate is very much
21 worth looking at. At the same time I've often
22 felt that we still have a communications

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1 problem, particularly if one made the decision
2 in our cases where you're going to do the
3 overestimate. And it seems to me that in
4 parallel with that effort, we still need to
5 look at how we communicate that.

6 Something has got to happen at the
7 front end when you do an overestimate so that
8 people know that if something occurs where
9 we're looking at a second cancer or some other
10 factor, that it's highly likely that the real
11 value is going to be lower.

12 I don't know how we communicate
13 that well, but it may be something similar to
14 what you talked about with the words and the
15 length of the sentences and the level of
16 understanding. We obviously aren't
17 communicating it very well now.

18 And it may be that if you found
19 that there is not a real good
20 cost-effectiveness in eliminating overestimate
21 completely, we still need to look at that
22 communication thing.

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1 It is very troubling to people. I
2 mean, it is counterintuitive that if I get a
3 second cancer, my probability has gone down.
4 It's just something. We just need to look at
5 that communication issue.

6 MR. HINNEFELD: Well, we have gone
7 through a couple of evolutions of language in
8 the front of the dose reconstruction report
9 about that. I say that now. I think I was
10 thinking about readability scores a minute
11 ago.

12 The dose reconstruction report
13 itself is a little intimidating to read. And
14 what we call the first part of the dose
15 reconstruction actually is about page 3 after
16 you get through the first 2 pages, which is
17 boilerplate, the same in every one.

18 So the dose reconstruction report
19 is one of the documents we have got on the
20 list to rewrite. It's probably the most
21 complicated rewrite. And so we have done some
22 things on that.

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1 But I think you are right. Some
2 improvement in that communication of an
3 overestimate might be better. And our thought
4 about revising the dose reconstruction report
5 is to break it in a package of pieces.

6 It could very well that if we can
7 find the right piece, whether it be the cover
8 letter or something that would be specific for
9 an overestimate, we might be able to get that
10 message in front of people a little better.

11 The message is in the dose
12 reconstruction report, but I'm afraid that the
13 dose reconstruction report is a difficult
14 place to communicate that because it's not an
15 easy thing to get through in general.

16 CHAIRMAN MELIUS: Yes, David?

17 MEMBER RICHARDSON: I am trying to
18 think through the process a little bit and one
19 of the points of kind of difficulty. I agree
20 with you. If you can't do the best estimate,
21 then using an overestimate creates a problem
22 of communication.

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1 And I'm wondering if one of the
2 issues of communication, one of the
3 difficulties of communication arises because
4 what is communicated is a probability, a
5 quantitative estimate of a Probability of
6 Causation when, in fact, you have done no more
7 than ballpark it. And then somebody gets back
8 something which is a different quantitative
9 result, where you have actually tried to
10 calculate something.

11 I mean, what is the requirement
12 for communicating to people something when you
13 have actually just ball parked it? I mean,
14 would it not be enough to say, "we haven't
15 gone through a full dose reconstruction, but
16 our judgment is that it is not going to exceed
17 the threshold for compensation" or are you
18 required to report a numerical value,
19 regardless of what you have done?

20 MR. HINNEFELD: I will have to
21 communicate with my DOL counterparts for that,
22 Department of Labor counterparts. Our dose

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1 reconstruction always says, you know, "It's
2 not going to meet the threshold" or "It
3 appears that it will meet the threshold."

4 That's all we say. The Department
5 of Labor, who does the Probability of
6 Causation calculation, reports the value to
7 the claimant. So that communication you are
8 describing would have to be a change to their
9 process. And I don't know, really, what their
10 requirements are.

11 I suspect we will have to have
12 that conversation outside the room. I doubt
13 that that is something -- if you ask me that
14 question and I were them, I wouldn't
15 necessarily know what I would be able to say.

16 So we will have to have that conversation
17 with them outside the room.

18 MEMBER RICHARDSON: I mean, I
19 don't know in the sense of openness what is
20 the best thing. I think it is good to share
21 as much information as you can with people,
22 but the problem is you are communicating

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1 different types of information of different
2 quality. And I think that is also part of the
3 issue.

4 MR. HINNEFELD: Yes.

5 CHAIRMAN MELIUS: Yes. Paul,
6 we'll give you the last word.

7 MEMBER ZIEMER: Well, I am always
8 willing to give the Department of Labor my
9 usual kick. And that is don't report
10 overestimates to two decimal places. And that
11 is where I will stop.

12 MR. HINNEFELD: We are working on
13 that on our end, too, Paul. We are working on
14 that on our end.

15 MEMBER ZIEMER: Don't report them
16 to one decimal place.

17 MR. HINNEFELD: We are working on
18 it. I can talk to you about that when we get
19 a chance. I'll tell you what we're thinking
20 of.

21 CHAIRMAN MELIUS: Aside from a
22 decimal point, I would just add I think it is

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1 very hard to report -- not report a number to
2 people when you have set this threshold of 50
3 percent. And they are going to want to know
4 --

5 MR. HINNEFELD: Yes. How close
6 was I? Right.

7 CHAIRMAN MELIUS: Yes. We have
8 all gotten grades in school for too long and
9 test scores and so forth. You want the
10 number, not the --

11 MR. HINNEFELD: Yes.

12 CHAIRMAN MELIUS: We're running a
13 little bit behind. I don't think there are
14 any more outstanding questions. So thank you,
15 Stu and Lew. And we will move on.

16 Next we will have a program update
17 from the Department of Labor. And Rachel
18 Leiton is here.

19 MS. LEITON: Good morning. I'm
20 glad to be here today to talk a little bit
21 about what is going on with us at DOL.

22 I'm not going to run through all

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1 the normal slides we run through. I'm just
2 going to briefly talk about the fact that it
3 was enacted in 2000 with Part B and Part D.
4 Part D was administered by the Department of
5 Energy as a state workers compensation
6 assistance program.

7 The amendments in October of 2004
8 created Part E and transferred all of the
9 cases that were with DOE to Department of
10 Labor as a federal entitlement program. Part
11 E does not involve NIOSH. So I won't really
12 be talking much about Part E.

13 Overall in the last ten years, we
14 just celebrated our ten-year anniversary of
15 the program. We have had 146,000 cases filed
16 with over \$7.3 billion in total compensation.

17 And that's a lot more than they had
18 originally expected in this program. So I
19 think that's quite an accomplishment.

20 We do work with three other
21 agencies, the Department of Energy that helps
22 with employment verification; of course, HHS,

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1 NIOSH; and the Department of Justice, which
2 assists us with information on the Radiation
3 Exposure Compensation Act, which is something
4 that we cover those individuals.

5 We have district offices in
6 Washington -- well, our final adjudication is
7 in Washington, D.C. along with the national
8 office. We have district office locations in
9 Jacksonville, Cleveland, Denver, and Seattle.

10 This is just a brief breakdown of
11 our Part B cases. Thirty-six percent go to
12 NIOSH. We have 36 percent that are other
13 cases, such as beryllium disease likely. RECA
14 is ten percent. And SEC cases that have never
15 been sent to NIOSH are nine percent. Those
16 would be new incoming. And then SEC cases
17 referred to NIOSH would be nine percent.
18 That's those that would have gone, come back
19 before dose reconstruction likely.

20 Thus far, there have been 2,976
21 cases withdrawn from NIOSH for an SEC Class
22 review. We have issued 2,617 final decisions.

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1 Of those, 2,530 have been final approvals; 19
2 recommended decisions thus far with no final
3 decision at the moment. We have 72 cases
4 pending for SEC review. And we have closed
5 260 cases after review upon determination that
6 they would not fit in the Class.

7 I'm just going to talk a little
8 bit about our SEC Class implementation, what
9 DOL does, how we coordinate with DOE, DOL,
10 NIOSH. And I think somebody had requested
11 that we just walk through this again. We may
12 have mentioned it in the past.

13 Initially NIOSH sends the
14 Department of Labor a letter sharing their
15 draft language about the possible SEC Class.
16 That usually occurs a couple of weeks, few
17 weeks before NIOSH presents the SEC Class to
18 the Board.

19 When we get that letter, we look
20 at it. We try to determine whether we think
21 we can administer it with the Definition
22 that's in the proposed Class. We will then

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1 send a letter to NIOSH with our comments.

2 We think that this process has
3 helped improve some of the consistency and the
4 fairness of claims adjudication. There are so
5 many complications that can occur with some of
6 these definitions, whether we think we can
7 administer what DOE can give us.

8 So I think this process has really
9 helped that. It also helps to speed the
10 process of determining which cases might be
11 part of the Class.

12 We do not comment on whether a
13 Class should be created because that is not
14 really our role. We just help with any
15 information that might be helpful to NIOSH in
16 coming up with a Definition in terms of
17 whether we can administer the Class.

18 After we have come up with a --
19 NIOSH has developed a Definition, we will
20 produce a draft circular. That circular is
21 produced after the recommendation has been
22 made to the Board on the new SEC Class

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1 Definition. We share that draft with NIOSH to
2 determine whether they think we have kind of
3 captured the right information in terms of the
4 SEC Class Definition.

5 And we used to do bulletins, which
6 was a very lengthy -- bulletin is slightly
7 different from a circular in that a bulletin
8 is procedural step-by-step guidance for the
9 claims examiners. A circular is more
10 informational. Since we have been doing so
11 many of these now, these Classes, and our
12 claims examiners are pretty familiar with the
13 actual process that's laid out in terms of
14 adjudication, now we just have a circular
15 which basically says, "Here's the Definition.

16 Here are the dates." And they fill in what
17 they need to. And I think that's kind of
18 speeding along the process in terms of getting
19 these circulars and this information to the
20 claims examiners.

21 The circulars are based on the
22 reasons for the new SEC Class and the SEC

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1 Class Definition. They are taken directly
2 from the NIOSH SEC Petition Evaluation Report.

3 Many of our procedures are used when
4 evaluating the claims. They're the same, as I
5 indicated. Our bulletins have laid that out.

6 So our process is pretty streamlined at this
7 point.

8 As we have discussed on many
9 occasions, SEC Classes may not cover all
10 workers. And, as you know, it can be limited
11 by monitoring status, saying what is monitored
12 or should have been monitored, limited by work
13 location; division; or buildings; for example,
14 AMES and LANL; any tech area that might be
15 specified in a Definition.

16 Sometimes it's limited by job
17 titles. Again, AMES Lab sheet metal workers,
18 Iowa Ordnance Plant radiographers. And other
19 times it's limited by certain processes or
20 operations, like the Iowa Ordnance Plant
21 Process Area 1.

22 DOL relies on DOE records, as I

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1 indicated, to place people in certain
2 buildings, certain areas. And that's why when
3 we get a proposed Class Definition from NIOSH,
4 we will go immediately to DOE in certain
5 circumstances or we will rely on our own
6 personal experience with obtaining records.

7 But we'll go to DOE and say, "Do
8 you have records? Can you help us place these
9 individuals in the Class that is being
10 proposed as a Definition?" Oftentimes they
11 can't. And so that is what we will tell NIOSH
12 when we have that information.

13 DOL includes in the circular a
14 list of the records that can be used. So if
15 we do know that there is a list or there is
16 something that NIOSH can give us that will
17 help administer the Class, that's included in
18 our Definition in our circular to our claims
19 examiners when they are trying to adjudicate
20 these claims.

21 Once HHS's letter to Congress
22 regarding the SEC petition is sent, our

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1 circular is then placed on our website. And
2 after it goes through our concurrence process,
3 which is usually pretty quick on these, it
4 goes through our upper management and then to
5 OWCP, which is our second layer. And then our
6 Office of the Solicitor usually -- often will
7 review these as well.

8 Our goal is to have the circular
9 finalized by the time the SEC becomes
10 effective. And we have been able to do that
11 in just about every occasion.

12 We also have another goal that is
13 designed to make sure that we get recommended
14 decisions out within the first 90 days after
15 an SEC is established.

16 Again, we have been successful at
17 doing that. Oftentimes it's about 60 days.
18 So that has been a goal of ours. And I have
19 been happy that we have been able to do it as
20 quickly as we have.

21 With regard to NIOSH referral
22 status, 35,000 cases have been referred to

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1 NIOSH for dose reconstruction. Thirty-two
2 thousand, nine hundred and seven have been
3 returned by NIOSH that are currently at DOL,
4 28,000 with a dose reconstruction, about 4,000
5 without a dose reconstruction; 2,470 cases
6 that are currently at NIOSH. One thousand,
7 eight hundred and twenty-three are initial
8 referrals to NIOSH, and 647 are reworks or
9 returns to NIOSH. And I am going to talk in a
10 bit about what the breakdown of those returns
11 to NIOSH are, why we returned them to NIOSH.
12 That was another request I think we received.

13 So we will talk a little bit about that.

14 Twenty-eight thousand, eight
15 hundred and ten cases were returned by NIOSH
16 that are currently at DOL with a dose
17 reconstruction. And of our final decisions,
18 23,941 cases have one.

19 Again, our approval rate is just
20 about the same as it has been on
21 dose-reconstructed cases. It's 35 percent
22 approval rate and 65 percent denial rate.

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1 Of the cases that we do accept, we
2 have accepted 7,837 dose reconstruction cases.

3 Again, this is just Part B; SEC cases about
4 double that, 14,000. And then we've got these
5 cases that are accepted based on an SEC status
6 and a PoC. Sometimes we will have a specified
7 cancer and non-specified cancer. So it will
8 go through both processes. And we've got
9 about 638 payees on that.

10 And then all accepted SEC and
11 dose-reconstructed cases are 22,000 cases,
12 which represents 35,145 payees.

13 We have been working with NIOSH
14 and with Department of Energy on a joint
15 outreach task group. That was developed last
16 year. And basically we meet on a regular
17 basis. And the individual, the groups that
18 are involved are our division, the Office of
19 the Ombudsman for EEOICPA and for NIOSH,
20 NIOSH; the DOE Former Workers Medical
21 Screening Program; and, of course, DOE.

22 We have monthly conference calls

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1 trying to determine where we should go, what
2 we should be doing, what types of outreach,
3 joint materials we can be sending out just to
4 represent the entire group.

5 In fiscal year 2011, we have had
6 town hall meetings in Kansas City plant, Oak
7 Ridge, Savannah River site, Fermi National
8 Accelerator Lab, and Argonne National Lab
9 East. And we have also been working on a town
10 hall meeting video.

11 As I indicated, we have done some
12 pamphlets jointly, but this video is something
13 we were thinking we could put on the websites
14 of NIOSH, DOE, DOL, our resource centers. And
15 it's kind of like our regular town hall
16 meeting format, but it's something they can
17 just download and they can present it to
18 claimants as needed.

19 So that's something we have been
20 working on. And hopefully we'll have it
21 completed maybe by the end of the fiscal year,
22 something along there, end of calendar year

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1 maybe.

2 SEC outreach specifically, we have
3 conducted six town hall meetings and eight
4 traveling resource centers during fiscal years
5 '10 and '11. The traveling resource centers
6 are not as big as town hall meetings, and they
7 are usually for the smaller SEC Classes.

8 If they're really small SEC
9 Classes and we find that we don't have a lot
10 of claimants that might be affected, we'll do
11 press releases and that sort of outreach.

12 We have also at DOL been trying to
13 reach out to some areas where we are not sure
14 that people are aware of the program. So we
15 did a little analysis of facilities where
16 there have been less than 50 claims filed. We
17 identified several of them. Most of them are
18 AWE facilities. And we have just been
19 concentrating our efforts of notifying those
20 individuals of the program through press
21 releases, reaching out to unions, and using
22 our Resource Center staff.

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1 Ruttenber. We have finally come
2 to some conclusions on the Ruttenber database.
3 The database was created from the
4 epidemiological studies conducted by the
5 Ruttenber team at the Colorado Department of
6 Public Health and the Environment. And we
7 have been analyzing this for several years now
8 in terms of whether we could use this database
9 for the Rocky Flats plant SEC Class.

10 The Ruttenber study relied on the
11 dosimetry records provided by the Rocky Flats
12 radiation protection department to calculate
13 unmonitored neutron dose. And we decided we
14 will be able to use the database as a resource
15 for our claims examiner adjudicating Rocky
16 Flats plant claims, placing them in the Class
17 in terms of if they're in one of the buildings
18 that are listed in the Class and they are in
19 the Ruttenber database, then we're going to go
20 ahead and use that as a resource for placing
21 them in the Class.

22 In addition, we will look at the

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1 database to determine if there is evidence of
2 100 millirem or more of exposure, using that
3 to place them in the Class.

4 Now a preliminary review of this
5 is that there aren't a lot of cases that are
6 on the Rutenber that are not on the NDRP,
7 which is what we already use. But it will be
8 used in incoming cases. We will be looking at
9 cases that we have had in our database that
10 may have been denied for an employment reason
11 to see if they're in that database.

12 The DOL implementation of the Ames
13 Laboratory SEC Class during the July 11th,
14 2011 Board telephone meeting, NIOSH proposed
15 an SEC Class for all workers for the period
16 from January 1st, 1942 through December 31st,
17 1970, based on the inability to bound internal
18 thorium and other radionuclide exposures.

19 I know you guys are going to be
20 talking about this on Thursday.
21 Unfortunately, Jeff Kotsch and I have to
22 return on Thursday. So I'm just going to

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1 briefly go over what our thoughts are on this
2 process and what we might be able to
3 administer in terms of what the Definition is
4 going to mean for us.

5 This Class subsumed three already
6 existing SEC Classes. The Board deferred a
7 decision, hoping to get additional details
8 from us on who might be covered in terms of
9 whether all university employees would be
10 covered, whether that includes non-technical
11 personnel, housekeeping, et cetera.

12 I wanted to just go over briefly
13 again what the statutory definition of a DOE
14 contractor employee is. And that's any of the
15 following: an individual who is or was in
16 residence at a DOE facility as a researcher
17 for one or more periods, aggregating at least
18 24 months. That means that if you were a
19 researcher, you were working very specifically
20 on a very specific project at the facility and
21 you had to have been there for 24 months as
22 part of a project. So that wouldn't cover

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1 just any old professor who walks into the
2 site.

3 Then the other part of the
4 definition, it could be an individual who is
5 or was employed at a DOE facility by an entity
6 that contracted with the DOE to provide
7 management and operating, management and
8 integration, or environmental remediation at
9 the facility or a contractor or subcontractor
10 that provided services, including construction
11 and maintenance at the facility.

12 What that means is that they had
13 to have done work for DOE and they had to have
14 been under contract specifically for DOE to do
15 these specific things. And if they weren't,
16 then they're not going to be covered. So this
17 would preclude just any old worker that was at
18 the university, like a professor, like a
19 housekeeper, unless they could establish that
20 they were under a very specific contract, that
21 they worked at those very specific Ames
22 locations that were part of Ames. They're not

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1 going to be just generally covered under our
2 program. So those are the things we look for
3 and we will look for when administering any
4 sort of Class at Ames.

5 Before I go on, do you have
6 questions about this?

7 CHAIRMAN MELIUS: By the way, I
8 was hoping that slide came out of some email
9 correspondence that we all had, including DOE
10 also and Stu and Rachel, late last week. So
11 I'm going to try to get some clarification on
12 this without -- I think it's hard for DOL to
13 say about a specific employee without sort of
14 knowing the contracts and the circumstances.
15 But I thought this was sort of helpful in sort
16 of pinning down.

17 And I think we also reached out to
18 DOE very late last week. I don't know if they
19 had time to respond yet. But also if we knew
20 what the contracts were, that would be helpful
21 also. But I thought this by itself sort of
22 helped to at least help us understand who

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1 might be covered under this.

2 Paul, is that helpful to you or --

3 MEMBER ZIEMER: Yes, I think that
4 is helpful. I suppose the question would be
5 under the contract, for example, if the
6 contract calls on the university to provide
7 maintenance or housekeeping, is that the kind
8 of contract you are looking for without naming
9 --

10 MS. LEITON: Well, I mean, it's --

11 MEMBER ZIEMER: -- the general
12 contract?

13 MS. LEITON: It would have to be a
14 management operating -- again, it really
15 depends on what they're doing, management and
16 integration or environmental remediation, but
17 it's not necessarily somebody that just comes
18 in and does cleaning there at the facility.
19 Okay?

20 CHAIRMAN MELIUS: Yes. Thank you.

21 MS. LEITON: Thanks.

22 I wanted to talk just a minute

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1 about our GPRA goals. In the past many years,
2 we have focused on initial processing, time
3 that it takes DOL to process a claim to the
4 recommended decision, and then the time to
5 process from the recommended decision to final
6 decision.

7 Our goals up to this point have
8 excluded NIOSH time. One of the initiatives
9 of the administration that we have been
10 looking at doing in fiscal year '12 is
11 creating a GPRA goal that would include NIOSH
12 time.

13 Now this would require close
14 coordination with NIOSH. And it's kind of in
15 the preliminary stages, but I wanted to put it
16 out there as a possibility.

17 What it does is kind of breaks out
18 cases that go to NIOSH versus the cases that
19 don't go to NIOSH and the cases that go to a
20 hearing and don't go to a hearing. So we'll
21 be talking further with NIOSH about that
22 possibility.

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1 This is just a summary of the
2 reasons for returning cases to NIOSH for a
3 rework. That the main reasons are that there
4 may be a change in the cancer or the ICD-9
5 code, a decrease in reported cancers. Usually
6 those are cancers that were over 50 percent.
7 We have to return them because there was
8 misreported.

9 An increase in reported cancer; a
10 change in the cancer diagnosis date; change in
11 smoking history or race/ethnicity
12 questionnaires; employment site issues, like
13 they were at different sites and we had to
14 update that; additional verified employment;
15 decrease in verified employment; new survivors
16 identified; other administrative issues, like
17 we had the wrong Social Security number or
18 wrong date of birth; and technical issues.

19 Sometimes we'll have a final
20 decision that will make a change, a remand, or
21 we'll have a reopening decision, we have
22 reopened a case and we have to send it back to

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1 NIOSH for something that came up at a hearing,
2 for example.

3 And this is just a breakout. The
4 biggest reason is the increase in reported
5 cancers. That's 45 percent. And then the
6 addition of verified employment is 25 percent.

7 And then new survivors identified I think is
8 about 13 percent.

9 Is that correct? Am I looking at
10 that wrong? That's okay, he said. I think
11 the 45 percent is the highest, though, right?

12 CHAIRMAN MELIUS: Well, that's the
13 "Other."

14 MS. LEITON: That's the "Other."
15 Okay. I'm sorry. It's not the highest --
16 these colors are confusing me. Forty-five
17 percent is the other reasons. And then I
18 think 25 percent must be the new survivors
19 identified. So that's not the highest. The
20 table will give you more specifics. These
21 colors are messing with me.

22 We've had 33,000 final decisions

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1 to approve, 23,000 final decisions to deny.
2 As you can see here, the survivor not eligible
3 is the smallest amount. And the PoC less than
4 50 percent is the largest amount.

5 This is just the trend of the
6 cases that we receive on a monthly basis. As
7 you can see, it's pretty much steady. It goes
8 up and down, fluctuates a little bit, but this
9 year we've been pretty steady on the amount
10 we've received per month.

11 Any other stats that we have, we
12 have some stats out on the slides and that we
13 have sent forward that go over certain of the
14 highest SEC Classes. Some of the stats that
15 have been submitted before I just didn't want
16 to go over them in this presentation, but they
17 are available if anyone is interested.

18 Questions?

19 CHAIRMAN MELIUS: Thank you.

20 Questions?

21 MEMBER GRIFFON: Yes. One on the
22 Rocky Flats. Has that been developed out in

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1 the bulletin or --

2 MS. LEITON: No. We're working on
3 that now. We've made the determination.
4 We've got a draft bulletin out. We hope to
5 get it through our legal and through our
6 process, but it is a decision that has been
7 made. And that bulletin I hope to have out in
8 the next month or so.

9 MEMBER GRIFFON: But still, I
10 mean, I'm just seeing this now, but it still
11 remains a concern about how you identify
12 people in that database based on that 100
13 millirem because part of our reason for
14 establishing the Class was that we couldn't
15 rely on the neutron data. So then you're
16 going to use that as a determiner.

17 I don't quite follow that logic.
18 I mean, the idea is that they received or
19 could have received the 100 millirem. That is
20 kind of a current day criteria for including
21 someone in the monitoring program.

22 But there are values in the

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1 database. I'm not sure. I mean, by
2 establishing this Class, we sort of said that
3 we're concerned that they're not reliable. So
4 I don't understand.

5 MS. LEITON: Well, I understand
6 that there has been some indication that it's
7 not reliable, but we've never gotten concrete
8 evidence that it's not reliable enough for us
9 to use in administering this Class.

10 There are values in there that say
11 over 100 millirem. And that's why we went
12 forward with this. You know, we have not had
13 anybody say that very specifically this cannot
14 be used, should not be used scientifically.
15 That's not been something that we've -- we've
16 asked this question, and we have not gotten
17 that answer. So that's why we went forward
18 with this.

19 DR. NETON: This is Jim Neton. I
20 might just offer I think the NDRP data was a
21 subject of the neutron doses not being
22 reliable, but I don't think anybody was saying

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1 that the Rutenber data was -- nothing was
2 unreliable. It might be overly conservative,
3 high, because of the way that the doses were
4 imputed. But I don't think there was any
5 discussion about the Rutenber database being
6 unreliable as far as the addition of the
7 Class. It was all based on the NDRP data.

8 MEMBER GRIFFON: You are correct,
9 Jim. And we don't have to do this here, but
10 I'm not clear whether there's a lot of
11 similarities between those two databases.

12 I thought the big difference with
13 Rutenber was the addition of some employees
14 that were not in the NDRP, that they made
15 decisions based on work, job title, things
16 like that, not necessarily the numerical
17 value. I thought they were consistent with
18 NDRP, but we can talk more on --

19 MS. LEITON: And they may be in
20 terms of that. As I said, we will be using it
21 for the buildings. And so far we really
22 haven't seen that much discrepancy between

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1 those that are in the NDRP and those in
2 Ruttenber.

3 Other questions?

4 CHAIRMAN MELIUS: Any other
5 questions?

6 (No response.)

7 CHAIRMAN MELIUS: Thank you very
8 much.

9 MS. LEITON: Thank you.

10 CHAIRMAN MELIUS: We will now hear
11 from the Department of Energy.

12 DR. WORTHINGTON: Good morning.

13 CHAIRMAN MELIUS: Welcome.

14 DR. WORTHINGTON: I'm very pleased
15 to be here before the Board today. I have
16 Greg Lewis with me and Isaf with me as well as
17 part of the DOE team.

18 It's been a few meetings since I
19 was here. I wanted to bring you some words
20 from Mr. Podonsky and from myself by actually
21 being here before the Board. We want to
22 remind people of our commitment and our

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1 interest in this program. It's certainly one
2 that is a high priority to us.

3 I want to follow on what NIOSH
4 said about sort of budget. These are very
5 interesting times across the U.S. on a lot of
6 programs. And this is one of our high
7 priority programs. We are always looking at
8 ways of how we could be more innovative and
9 more efficient and also looking for ways to
10 protect funding for this program so that we
11 can provide very important information.

12 If I could stick on that slide
13 just for a moment? One of the reasons that I
14 wanted to appear before the Board and just
15 remind ourselves and remind people here and as
16 well as some of the workers that have come out
17 today, that we are focused on why we are doing
18 this work.

19 We understand that it is on behalf
20 of the claimants. And so we want to do the
21 very best job that we possibly can to make
22 information available for worker and facility

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1 records and to coordinate with DOL and NIOSH
2 and the Advisory Board.

3 DOE's responsibility, you heard
4 from the works of NIOSH and DOL. And we want
5 to just remind people and remind ourselves of
6 our responsibility. Certainly to the
7 claimants that we have sort of three kinds of
8 things that we're trying to do.

9 We want to respond to the other
10 organizations to make sure that they can carry
11 out their responsibilities by providing
12 employment verification exposure records.
13 That's critical. You have heard about that
14 from the others as well.

15 We do work very hard with DOL and
16 NIOSH and the Board on providing information
17 on large-scale research and site
18 characterization projects. Some of these
19 things are huge. And we realize the
20 importance of DOE being active and supportive
21 because the work was done at DOE. We have the
22 records. We have information. And we want to

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1 make sure that we provide it and move forward.

2 And, again, we want to coordinate
3 with DOL and NIOSH on issues related to
4 covered facilities designation. It's always
5 important to revisit those things when it's
6 appropriate.

7 A little bit about sort of our
8 site contacts and the importance of the site
9 contacts. Again, we believe that the role of
10 DOE is huge and it's important.

11 And we have to carry out those
12 things. But we do it in partnership with
13 others. And I want to talk about our DOE
14 EEOICPA site POCs. Greg works with them on a
15 regular basis. And they help us to carry out
16 these critical activities.

17 For example, I had a lot of
18 feedback from this site about the tours that
19 were conducted. That is important to make
20 sure that you are out there and you're seeing
21 that information.

22 We hear that at all of the sites

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1 that we go to it's really important for us to
2 continue to work with the sites to deliver the
3 things that are needed. Again, it's nothing
4 like eyes on, being on the ground and looking
5 at what is going on.

6 For some of you that have been
7 involved for a long time, for example, with
8 these sites, we are kind of seeing sort of the
9 changes that have occurred and the changes in
10 the landscape and the activities, but it
11 doesn't in any way diminish the work that the
12 workers did on the things that we're looking
13 for now. So on-site source, be open to
14 information to workers certainly is a critical
15 thing that we're doing.

16 I'm actually going to turn over
17 pretty soon to Greg, who will give you
18 specific information on staff and the things
19 that they are doing to implement this program.

20 You will see numbers here about the kinds of
21 things that we do.

22 Greg will come up now. He's

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1 Director of the office, having responsibility
2 for EEOICPA and the Former Workers Program.
3 DOL mentioned that program before. But,
4 again, we are very worker advocate-focused.
5 And so Greg will give you some stats on that.

6 And then the three of us will be
7 available to answer any questions that you may
8 have about the program.

9 CHAIRMAN MELIUS: Thank you.

10 MR. LEWIS: Thanks, Pat.

11 I just want to reiterate with what
12 Pat said as far as putting claimants first and
13 doing what we can to get the right records and
14 information over to DOL and NIOSH, the site
15 POCs are really the backbone of that. You
16 know, we at headquarters do what we can, but
17 without effective leadership out of these
18 sites, so it's not possible.

19 So POC out at Hanford, Gail Splett
20 is one of our best. And she does a great job
21 out at Hanford with, you know, all of the
22 needs in NIOSH and DOL.

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1 In fact, recently we have just
2 completed an indexing project she started
3 about two months ago. We identified a
4 collection of records that wasn't indexed to
5 the level that allowed us to quickly search
6 and find the right information for DOL and
7 NIOSH.

8 So she gathered a team of people
9 on site that were already working for various
10 contractors. And they had experience on site
11 and with the records, and actually brought
12 them in under a separate subcontractor and was
13 working weekends.

14 You know, they needed some extra
15 money, those workers. They were willing to do
16 it and brought them in on weekends for two
17 months and got this thing finished and indexed
18 and out and are now using it to provide
19 information.

20 So it's things like that that we
21 wouldn't be able to do. We wouldn't know that
22 the people on site are -- how we could marshal

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1 those workers to get this done without the
2 leadership of these POCs.

3 So we have again three main
4 responsibilities under the program. We
5 provide individual records. We provide
6 large-scale research efforts, or help
7 large-scale research efforts, like the SECs.
8 And we do site research for the covered
9 facilities list.

10 So the first is the individual
11 records. We do about 7,000 employment
12 verifications a year; 4,000 NIOSH requests per
13 year; and about 7,000 document acquisition
14 requests, or DARs, per year, which are
15 requests for kind of additional exposure
16 information over and above the RAD and the
17 employment verification.

18 And those add up to about 18,000,
19 which is what we are expecting to do this
20 fiscal year, which ends in about another
21 month.

22 Next slide. To gather this

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1 information, it is not as straightforward as
2 going to one file cabinet and pulling the
3 information for, you know, Bob Smith. We have
4 to go to a number. For active sites, in
5 particular, we have to go to a number of
6 different locations.

7 We may have to go to multiple DOE
8 sites for one individual if they worked at
9 multiple sites or if they were visitors, they
10 worked at one site but were sent for weeks or
11 months at a time to another site for a special
12 project.

13 You know, often for one
14 individual, we will provide hundreds of pages
15 or even thousands of pages of a box or two of
16 records on one individual for those that had a
17 particularly long career.

18 Next slide. I think I covered the
19 first bullet there, but the second bullet, you
20 know, our sites often check 10, 20, 30
21 different locations for records, including
22 hard copy, paper files, different databases,

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1 microfilm, microfiche.

2 We may have to go on site to
3 various active divisions or records locations.

4 We may also have to go off site to federal
5 records centers or other off-site storage
6 locations. So it can be a fairly complex
7 process. And that's again why we rely on our
8 site POCs.

9 So the second main responsibility
10 that we have under the program is the
11 large-scale records research projects, like
12 the SEC projects, Site Profile reviews or even
13 the Department of Labor Site Exposure Matrix
14 Project.

15 These projects can be very
16 involved. They can take years, cost a
17 significant amount of money to support. So we
18 do our best to make sure that we have our
19 resources in the right place to be able to
20 accommodate these projects and requests in a
21 timely manner and to meet the needs of NIOSH
22 and DOL.

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1 For these projects, we often,
2 depending on the site, have to review large
3 amounts of information for classification
4 concerns. So millions of pages have been
5 reviewed at various sites. It can be a
6 time-consuming process. And we do our best to
7 do that in a manner that doesn't have a
8 negative impact on the projects, on the DOL
9 and NIOSH. And we are often supporting four
10 or five projects at once at different sites.

11 Next slide. These are five of the
12 bigger projects that are going on right now,
13 although some seem to be coming to a close and
14 some are more in the early stages, but we are
15 supporting all of these at this point.

16 And then we also at headquarters
17 handle document reviews for final reports. So
18 if there is a final report or a White Paper,
19 something like that that is going out from DOL
20 or NIOSH, DOE headquarters will do a
21 classification review if necessary just to
22 make sure that everything is okay before it

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1 gets out into the public domain.

2 We devised a security plan. I
3 believe NIOSH and SC&A and I think the Board
4 also had their own security plans that are in
5 close concert with ours.

6 Next slide. So since the last
7 Advisory Board meeting in May of 2011 -- the
8 slide says 50 documents, but I actually
9 believe after we put this together it's really
10 60 documents have been submitted for review.

11 And, according to our records at
12 headquarters, the average turnaround time is
13 eight working days, although in certain cases
14 we have been able to do them quicker when they
15 are expedited.

16 Next slide. And then we also
17 support the SEC projects with participating in
18 Working Group conference calls, arranging for
19 subject matter experts to meet with and talk
20 with SC&A, NIOSH, Board Members who are
21 visiting on site. We support secure meetings
22 and conference calls if classification is a

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1 concern. We provide site tours, as we did
2 yesterday out at the Hanford site.

3 Next slide. And then the third
4 main responsibility that we have under the Act
5 is to research and maintain a covered
6 facilities list. There are over 300
7 facilities covered under EEOICPA. Oftentimes,
8 there are questions that come from based on
9 NIOSH, things that NIOSH has uncovered in
10 their research or DOL or questions that come
11 from the public about whether or not that list
12 is accurate in terms of where the facility is
13 located, the years that the facility may be
14 covered, the specific activities or
15 substances. So when questions like that
16 arise, we have a team of researchers.

17 Next slide. The DOE Office of
18 Legacy Management, they support us with this
19 research. They have records research experts
20 who are familiar with DOE records management.

21 They're familiar with the various sites and
22 where records might lie.

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1 And they also understand the DOE
2 history and how the various sites are tied
3 together where products from one site were
4 going to another. So if there are questions
5 about a site, you might go to that site where
6 they were sending things to obtain
7 information. So they know the ins and outs of
8 the DOE records and provide us with that
9 service.

10 Next slide. So I'm going to talk
11 to you about a couple of initiatives we have.

12 Again, we are always looking for collections
13 of records that we feel are valuable to NIOSH
14 or DOL and ultimately to the claimants and
15 their claims.

16 When we find collections that we
17 believe are valuable and are not being used,
18 we do everything we can to get them integrated
19 into our system, whether that be indexing the
20 record or scanning it, putting it in a format
21 that is more conducive to record searches,
22 things like that. One example of that is the

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1 Hanford effort that I talked about earlier.

2 We're also working very hard to
3 finalize our secure web-based file transfer
4 system. So what that will do is allow us to
5 send documents and information in real time
6 securely over the internet to DOL and NIOSH so
7 when we send a document, instead of sending it
8 via FedEx on a CD or a thumb drive or hard
9 copy document, we will send it electronically
10 through a secure system that protects PII,
11 protects people's information, but will also
12 reduce the time it takes for us to get
13 information to the other agencies.

14 And then another effort we're
15 working on right now is review of the
16 Department of Labor's Site Exposure Matrix
17 database. Initially up until 2008, the matrix
18 had been put together by DOL but was behind
19 their firewall, and only a small portion was
20 available to the public.

21 In 2008, Department of Labor asked
22 us to review what was on their database so

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1 they could release it to the public in its
2 entirety. It took us about a year. We worked
3 closely with DOL and all of our DOE sites.
4 And we were able to finally release that
5 database I believe in December of -- is it
6 2010? Exactly.

7 So once the initial database was
8 released, since the time we had started to
9 review the initial database, DOL had been
10 gathering additional information. The public
11 was submitting additional information. DOL
12 had made some revisions. So they asked us to
13 review the revised version.

14 And we started on that in January
15 of 2010 and finished that updated review in
16 May 2010. So obviously it took about a year
17 for the initial review and then four months
18 for the second review because we're just
19 reviewing the additional information, not the
20 entire database again.

21 And then at this point, DOL has
22 made another request for an update review.

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1 And we're going to start that on October 1st,
2 2011. And we hope it will take somewhere
3 around the same four-month timetable that the
4 initial review took, although until we get in
5 there, we don't know exactly how long it is
6 going to take.

7 And then, Rachel -- I will be
8 quick on this because Rachel spoke about this
9 a little bit as well. You know, we also
10 actively participate in the Joint Outreach
11 Task Group with NIOSH, DOL, our DOE Former
12 Worker Programs. You know, we have had 19
13 town hall meetings near nine DOE sites. And
14 Rachel had a slide about the most recent
15 meetings there.

16 Next slide. And then I just want
17 to talk to you a bit about DOE Former Worker
18 Medical Screening Program. It's a program
19 that we feel complements the EEOICPA, though
20 it's not directly. They are two very separate
21 programs, but our Former Worker Program
22 provides a free medical screening to all

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1 former workers at all DOE sites, and based on
2 the results of those screenings, if there is
3 something wrong, we refer you both to your
4 primary care physician to get that addressed,
5 but we also suggest that, depending on your
6 issue, you may want to go apply for the
7 EEOICPA program. So we kind of see it as a
8 precursor to EEOICPA in certain cases for
9 certain individuals.

10 We feel our program is unique
11 because we have occupational physicians. So
12 they're familiar with the things that you
13 might run into in your work. They're familiar
14 with unique exposures, like beryllium and
15 silica and things like that that your average
16 citizen might not come in contact with but
17 workers may.

18 And they also understand the
19 unique exposures at the DOE sites. So for
20 Hanford, there are two separate programs: one
21 for production workers and the other for
22 construction workers.

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1 The PIs, principal investigators,
2 for the production workers are Donna Creagle,
3 John McInerney and Lee Newman. And the
4 contact number is there. So if there is
5 anyone who is interested in the program, you
6 can call that number.

7 And there is also a program for
8 construction workers. And the principal
9 investigator is Knut Ringen, who is actually
10 here today somewhere, sitting in the back.

11 And their local outreach number is
12 on the slide. And then they are also out in
13 the lobby with information. So if you are
14 interested in the program, I would suggest you
15 go out and talk to them, take advantage of
16 that free program.

17 So, questions?

18 CHAIRMAN MELIUS: Thank you.

19 MEMBER CLAWSON: Greg, you did a
20 marvelous job. And I'd like to thank you for
21 a lot of the things. You've dealt with
22 Pantex. You've done a great job on that.

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1 We're making numerous strides, but
2 on your document review, I appreciate that you
3 put the average turnaround time of eight days.

4 A lot of these elements, it's taking a lot
5 longer. And I realize with some of these
6 other sites, it is very difficult to be able
7 to do that.

8 We have also put in place using
9 Germantown as the central place to be able to
10 put the documents, I think that is a marvelous
11 idea.

12 I commend DOE on doing that. And
13 I understand there have been some problems
14 here lately. It will make it a little bit
15 more difficult, but we're working through in
16 that.

17 Yesterday, we went out on the tour
18 to the B reactor and so forth. And, you know,
19 it was amazing. I always love to go to these
20 sites because you go out there and the people
21 take such pride in these sites.

22 You know, honestly, I'm going to

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1 tell you the truth. DOE may hold the record
2 for these sites and so forth like that, but
3 these sites are really the people's sites.
4 And it was pleasing to me to see how much
5 pride they took on the site, how proud of what
6 they've accomplished. And they should be
7 commended for that.

8 One thing that did bother me is
9 when we were at PFP, the question was quite
10 bluntly put to them, in 15 years from now, how
11 are we going to be able to connect this person
12 who is doing these D&D activities, to PFP.
13 PFP is a bad place. And that's a difficult
14 one. And we're back to the same thing of the
15 can't place.

16 I hope that DOE will kind of look
17 at in the records and so forth -- you know,
18 they said medical programs and so forth like
19 that. But it never put -- especially the D&D
20 workers who are coming in for a few years
21 working on this, possibly leaving-- we need to
22 make sure that it's documented where they are

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1 at.

2 Many times, when a production
3 worker says, well, I work here, I work here, I
4 work here, and so forth, but the D&D workers
5 can be much harder. And I hope you guys can
6 think in the back of your mind because that
7 bothers me because that's the situation we're
8 in right now is we can't place people where
9 they work.

10 DR. WORTHINGTON: With regard to
11 placement of workers, I mean, 851 requires
12 individuals that are on the site for a certain
13 period of time, that they are in a
14 surveillance program. They are monitored
15 depending upon what their hazards are.

16 And so we'll look at PFP to see if
17 there's something going on with the
18 contractor, with the subcontractor, or
19 something like that if there is a belief or a
20 perception that that information is not being
21 captured. So that's a good comment. We will
22 look into that.

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1 MEMBER CLAWSON: I would just like
2 -- you know, in DOE, we use the term lessons
3 learned. This right here is a lesson learned.

4 And one of the things that we have found from
5 this lesson learned is that we can't place
6 people. It's a very broad spectrum.

7 So my request to you is that we
8 look at this, and especially D&D workers
9 because they are somewhat transient, and they
10 use them all over the place. And some of them
11 are going into some of the worst areas that we
12 have out there. So I would appreciate it if
13 you would look at that.

14 I know that Isaf was out there
15 with us and be able to place these people
16 where they were at.

17 DR. WORTHINGTON: That is a very
18 valuable comment because we have so much D&D
19 work going on across the DOE complex. And so
20 if there are gaps or places that we're not apt
21 to capture the information about those
22 individuals, we need to work on that.

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1 So thank you.

2 CHAIRMAN MELIUS: Gen?

3 MEMBER ROESSLER: I want to pick
4 up on the same point about the site tours. I
5 think it's so important to continue to provide
6 these, as you did yesterday and other times,
7 provide it as an opportunity for the Board and
8 SC&A. And, as Brad clearly identified, I
9 think for Board Members, it is important to
10 see, actually see, the site.

11 You can read about them. You can
12 look at photos. But until you are out there
13 and, like we did yesterday, see the
14 extensiveness of the site, the Hanford site,
15 see the building, see the relationship of the
16 buildings to each other, it's really hard to
17 think in terms of what workers did.

18 I think that the only comment I
19 would have, Brad has identified the importance
20 of knowing what is going on today. A lot of
21 these site tours concentrate on what is going
22 on today.

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1 I think yesterday, because we had
2 the NIOSH team leader along and we had some
3 former workers along on the tour, we were able
4 to -- for those of us who want to also get
5 this historic information, we were able to
6 extract a lot of that. And I think in the
7 time that we had, we have really gained a lot.
8 You did a good job.

9 MR. LEWIS: Thank you very much.

10 You know, we also understand the
11 value of those tours and fully plan to keep
12 supporting, both for the Board as well as for
13 the SC&A and NIOSH teams that are out doing
14 the SEC research. We want to make sure that
15 they get access to the site, are able to
16 understand what the site does and meet with
17 some of the folks that work there.

18 CHAIRMAN MELIUS: Brad?

19 MEMBER CLAWSON: I just want to
20 also -- being able to place people is one of
21 the complaints that I have heard from people.
22 And it really isn't coming towards DOE. It

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1 goes more towards DOL as, well, they can't
2 place me where I used to work.

3 This is one of the reasons why,
4 Pat, I feel this is such an important one that
5 we need to really look at and make sure
6 because it's not just for DOE. It's also for
7 DOL to be able to make sure that we're placing
8 people where they would because one of the
9 things that the petitioners have always said
10 was, well, I told them where I was working at,
11 but they tell me that that doesn't show where
12 I was at. So this is why, another reason why
13 it is so important.

14 MR. LEWIS: Actually, Brad, to
15 address that, one of the things that we are
16 trying to do -- and I don't know that it will
17 specifically address the PFP issue. It's hard
18 to know exactly that situation.

19 But in terms of legacy records and
20 making sure we have them to help us be able to
21 place people in locations, particularly
22 subcontractors, is we are working on an access

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1 and ownership to records clause that we're
2 hoping that -- we believe it should be final
3 soon.

4 We've been actually working on it
5 for a couple of years, but we're trying to get
6 the contract things implemented DOE-wide.
7 It's a bit of a long process, but we're hoping
8 that's coming to a close soon.

9 And once that gets through, we're
10 hoping that clause will be included in
11 subcontracts. And in doing so, we'll make
12 sure that they leave records when they leave,
13 both their HR records and things that they
14 would normally have considered company
15 records.

16 You know, as it is now, they will
17 leave radiation monitoring records and medical
18 records and things like that that are directly
19 related to the site employment when they leave
20 the site, when the contract is over. But
21 we're hoping this will allow them to leave
22 their HR records, which may have job

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1 description or things like that that have more
2 information about what they were doing, the
3 individual was doing, and where they might
4 have been.

5 So we believe, once that gets
6 through, it may not solve all of the problems
7 with subcontractors -- in fact, it is going to
8 be difficult to solve all of those problems --
9 but we think it will be a big step in the
10 right direction towards ensuring that the
11 right records will be available.

12 MEMBER CLAWSON: And, Greg, I
13 appreciate that. I just want to go on record
14 and --

15 CHAIRMAN MELIUS: Brad, we need to
16 move on.

17 MEMBER CLAWSON: Yes. Okay.

18 CHAIRMAN MELIUS: Does anybody
19 else have questions for Department of Energy?

20 (No response.)

21 CHAIRMAN MELIUS: Okay. Thanks.

22 Our next one is Jim Neton for W.R.

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1 Grace.

2 MR. KATZ: For the record, Dr.
3 Lemen is recusing himself from this session.

4 DR. NETON: Good morning. I am
5 going to present the Evaluation Report for the
6 Special Exposure Cohort petition that we
7 received for W.R. Grace and Company.

8 A little bit in the way of
9 background before I get into the petition,
10 W.R. Grace is a facility that is located in
11 Curtis Bay, Maryland. But if you look on the
12 DOE's covered facilities website, there are at
13 least three other W.R. Graces listed, one of
14 which is in Erwin, Tennessee, part of Nuclear
15 Fuel Services, one of which was a phosphate
16 enterprise that they tried to make phosphate
17 for about a month down in Florida. There's a
18 third facility listed as Rare Earths
19 Incorporated, which is actually somewhat
20 related to this facility. And we'll talk
21 about that a little bit later. But I am
22 talking about the Curtis Bay, Maryland

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1 operation, which was originally a 260-acre
2 site.

3 It's still in existence today.
4 The size of the facility now is down to 109
5 acres. Like a lot of these older sites, it's
6 changed hands and names a few times. So it
7 gets a little confusing.

8 It was originally owned by Davison
9 Chemical Company, which was a manufacturer of
10 agricultural and industrial chemicals, really
11 didn't involve any radiological operations at
12 all. But it was purchased in 1954 by W.R.
13 Grace, who brought in the radiological
14 component to the site.

15 Rare Earths Incorporated, which I
16 just mentioned, was a sister facility to this
17 Curtis Bay, Maryland operation, was located in
18 Wayne, New Jersey. It was a wholly owned
19 subsidiary of W.R. Grace. And, actually, Rare
20 Earths is the company that entered into the
21 AEC contract in 1955 to process some monazite
22 sands.

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1 The contract was to extract
2 thorium from monazite sands at originally the
3 Wayne, New Jersey facility, which was then
4 known as Rare Earths Incorporated, and
5 follow-on extractions were going to be
6 conducted at the Curtis Bay, Maryland facility
7 at a yet-to-be-constructed building.

8 The Curtis Bay, Maryland facility
9 building where they were going to extract the
10 sands was not actually constructed.
11 Constructed wasn't completed until May of
12 1956. That will become important a little bit
13 later. So two facilities involved here:
14 Wayne, New Jersey and Curtis Bay. I'm talking
15 about the Curtis Bay.

16 I will add that the Rare Earths
17 facility is a covered facility on the DOE
18 website, but we have no current claimants for
19 that facility at this time.

20 Just a little diagram. You can
21 see that it's a fairly large site, as I
22 mentioned. It was originally a couple of

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1 hundred acres, but all of the operations that
2 occurred at this facility occurred inside that
3 little yellow box. The red box is building
4 23. It's a pretty large plant. The monazite
5 processing area was about 100 by 200 feet,
6 confined to the southwest corner of that
7 building.

8 You can see on the right-hand side
9 there are some retention lagoons out there
10 that handled some of the waste products. In
11 addition, the monazite ore that was processed
12 was the raffinates essentially were buried on
13 site, covering an area eventually of about
14 four acres.

15 So what did they do at this site?

16 They processed AEC-owned monazite ore, which
17 is sand essentially, that was mined in various
18 countries, I think Brazil and India primarily.

19 Monazite ore contains a fairly
20 high component of thorium. On average, I
21 think this ore was about six percent thorium
22 oxide by weight. It could range anywhere from

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1 two to eight, but I think six is a pretty good
2 number.

3 The contract indicated that they
4 were going to extract about -- the chemical
5 processing could extract about 95 percent of
6 the thorium that was in the ore. It's a
7 pretty good chemical recovery. And, in fact,
8 they were going to originally work with, I
9 think it was 8,000, yes, 8,000 tons of
10 monazite ore were to be processed per the
11 contract.

12 What happened, though, was they --
13 just never really worked properly, a lot of
14 problems with the chemical extraction process,
15 and eventually only ended up processing a
16 total of 1,000 tons of the monazite sands.
17 And, in fact, the processing only occurred
18 from the beginning of the building
19 construction -- after the building was
20 constructed in May '56 through the late Spring
21 of 1957. And, in fact, the AEC contract was
22 terminated in January of 1958.

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1 So if there are about 1,000 tons
2 of monazite processed, we don't know this for
3 sure, but it would seem there was a 95 percent
4 extraction. You can sort of estimate there
5 would have been about 50 tons of thorium
6 produced during this campaign.

7 As I mentioned, all the work was
8 done in a portion of building 23. It's a
9 fairly similar process to what we've seen in a
10 lot of these other refinery-type operations.
11 The monazite sands were ground in a ball mill
12 so that it fits through a 200 mesh screen,
13 dumped into a vat of sulfuric acid to put the
14 thorium in solution and precipitate out the
15 rare earths and the leads and the calciums and
16 radiums.

17 And once that thorium got into the
18 solution, it could be precipitated. It could
19 filter off the raffinate materials and then
20 precipitate the thorium as thorium fluoride
21 and then eventually react it with caustic soda
22 that would convert it to thorium hydrate. So

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1 the end product was a thorium hydrate material
2 that was drummed at that facility and shipped
3 to the Curtis Bay government storage depot.

4 Again, we don't know exactly how
5 much, but if you infer about 95 percent
6 recovery, there are probably about 50 tons of
7 drummed materials produced.

8 Okay. The petition was received
9 by NIOSH December 21st, 2010. It was an 83.13
10 petition. That is a petition by a person
11 representing a claimant.

12 The Petition qualified on February
13 17th, 2011. And the Evaluation Report that
14 I'm presenting you today was issued on July
15 14th.

16 The original petitioner-proposed
17 Class Definition was pretty wordy. It was
18 trying to cover chemical operators, ball mill
19 operators and pot operators who worked with a
20 variety of equipment and types of materials in
21 a number of different plants at that facility.

22 After some research into this, we

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1 quickly discovered that it would not be
2 possible for us to position any of these
3 workers in any of those buildings or working
4 with any of those machines. The records,
5 frankly, just don't exist.

6 So the Class that we evaluated was
7 all of the weapons employers who worked at the
8 W.R. Grace facility in Curtis Bay, Maryland
9 for -- and we broke it in two periods: the
10 operational period, which starts January 1st,
11 '55, through December 31st, '58. And then we
12 also looked at the residual radiation period
13 that extended from January 1, '59 through
14 October 31st, 2009.

15 Now, the '55 to '58 dates, the
16 DOE-covered facilities just said that they ran
17 from '55 to '58. And, as always, we just sort
18 of take the largest view of this. So we say
19 it started January 1st, '55 and through the
20 end of 1958.

21 As I mentioned, there are going to
22 be some tweaks on this towards the end because

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1 we discovered that operations didn't really
2 start January '55. They started when the
3 facility was actually completed in May of
4 1956. So keep that in mind.

5 And the petition, the basis was,
6 as many of these are, that the workers just
7 weren't monitored. And that, in fact, is
8 true. The petitioner presented an affidavit,
9 indicated that all workers at the facility did
10 not have any dose-monitoring equipment or get
11 monitoring data. And we, in fact, have no
12 monitoring data at all during the operational
13 period for this facility.

14 We have the usual variety of
15 sources that we have available to us to
16 evaluate these facilities: ORAU Technical
17 Information Bulletins, the case files that are
18 in the NIOSH database. In this particular
19 instance, we only have one claimant, so one
20 case file to review.

21 There are 132 documents that we
22 have captured over the course of our data

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1 capture efforts related to W.R. Grace. We do
2 have the documentation provided by the
3 petitioner along with the affidavit.

4 And we have interviewed a couple
5 of people. One was a petitioner
6 representative and one is a former worker.
7 And then there are the various electronic
8 databases available to us operated by the
9 Department of Energy and the Nuclear
10 Regulatory Commission.

11 As I mentioned, we have one claim
12 in our NOCTS database. And that one claim
13 does meet the Class Definition that we have
14 evaluated, and that one dose reconstruction
15 had been completed for the claimant in our
16 files.

17 So the potential for internal
18 exposure, you could imagine when you are
19 working with dry sand and running it through a
20 ball mill and also shipping and drumming
21 product at the end, the two ends of the
22 operations are going to be pretty dusty.

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1 We have no information as to how
2 that was accomplished and what kind of
3 protection was used. And, as I mentioned, we
4 have no monitoring data. So there could have
5 been some fairly significant inhalation and
6 ingestion of dust from the operations as well
7 as some continuing exposure from the
8 inhalation and ingestion of material that was
9 deposited on the floor and the walls and such
10 during operations; i.e., the resuspended
11 materials. And there's also an ingestion
12 pathway.

13 Not insignificantly also, thorium
14 happens to have a radioactive progeny called
15 thoron, it's a radon-220 gas that comes along
16 with it. And so you have a fairly significant
17 potential for exposure to thoron gas in this
18 facility.

19 I would also mention, though,
20 that, even though it's about -- I say about
21 six percent thorium, it is about an order of
22 magnitude lower uranium in there as well. So

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1 uranium and its progeny are also there in
2 somewhat reduced quantities but still present
3 as a hazard. And radon-222 gas would also be
4 there.

5 Potential for external exposures
6 clearly comes from the thorium and uranium
7 decay products, more notably the thorium decay
8 series, which has a fair number of
9 radionuclides that emit high-energy photons.
10 Notably, thallium-208 is one of them. So you
11 can get some pretty good external exposures
12 from thorium material.

13 As I mentioned, we have no
14 monitoring, internal monitoring data for air
15 sample data for the operational period.
16 During the residual period, we do have some
17 access to some air sample data that was
18 collected.

19 I mentioned that there was a
20 sister facility that was doing the same
21 operation at Rare Earths in Wayne, New Jersey.

22 We have 11 air samples that were taken at the

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1 end of those operations that we feel are
2 representative of the concentrations of
3 materials that could be in the air at the
4 Curtis Bay facility.

5 In addition to that, we have some
6 very, very thorough FUSRAP site
7 characterization data taken in 1986 and in
8 2001, where they actually went and
9 characterized the building, all five levels,
10 including surface contamination levels, air
11 sample data, radon, thoron measurements, some
12 core samples, pretty good characterization
13 data taken during that -- particularly
14 2000-2001 characterization. I think they used
15 some sort of an automated surface
16 contamination monitoring instrument. They
17 collected like 1.9 million pieces of data.
18 It's pretty amazing.

19 So we feel like we have a pretty
20 good handle on what type of exposures could
21 have been there in the residual period.

22 As far as external dosimetry data

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1 go, just like the internal, we have no
2 external or area monitoring data available,
3 not even at the Wayne, New Jersey facility.

4 During the residual period,
5 though, we do have dose rate data that was
6 taken during the 1986 site characterization.
7 And I want to say, I think the average value
8 -- they measured all five floors. The highest
9 floor was the fifth floor, and I think the
10 average value on that floor is about 120 micro
11 R per hour in 1986, which is roughly about 10
12 times natural background in that area, so not
13 really high but definitely, definitely
14 elevated in 1986.

15 So our approach, we believe, as I
16 mentioned, that we can do the residual --
17 reconstruct doses during the residual
18 contamination period. For the internal, as I
19 mentioned, we will use the air concentration
20 values at the beginning of the period that
21 were taken at the Wayne, New Jersey facility.

22 And then we can take the site

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1 characterization data that was taken during
2 the FUSRAP series.

3 So we have a starting point and an
4 ending point for the air concentration values
5 and we can connect the two dots and, using a
6 TIB-70 approach, come up with an exponential
7 decay, which ends up decaying, I think it was
8 about a three percent per year depletion of
9 the source material.

10 The external dose rate
11 measurements is all we have in 1986, but we
12 believe we can go backwards with the external
13 using the depletion factor knowing how much
14 would have been there in the earlier years and
15 impute what the external exposures would have
16 been.

17 So as far as the evaluation, we
18 made a determination that it was not feasible
19 to estimate the level of radiation doses with
20 sufficient accuracy during the process period,
21 the processing of the thorium ores.

22 And we also, since we couldn't do

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1 it with sufficient accuracy, then we have
2 concluded there is a reasonable likelihood
3 that health may have been endangered.

4 So for feasibility of dose
5 reconstruction, we believe that the process
6 and source-term information are insufficient
7 to estimate doses during the process period,
8 but we have determined that we can do dose
9 reconstructions during the residual
10 contamination period.

11 And this slide just briefly
12 summarizes specifically what we can and cannot
13 do. So we cannot reconstruct during the
14 processing period all radionuclides, all
15 photon doses. And neutron doses were not
16 applicable here.

17 And occupational medical doses, we
18 have made a determination based on interviews
19 that medical X-rays were not required as a
20 condition of employment at this facility. So
21 they will not be reconstructed.

22 Now, note that the dates here are

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1 May 1st, '56 through January 31st, '58. Those
2 are different than the dates -- of the DOE
3 dates, that said that the covered period ran
4 from '55 to '58.

5 What we have done is we have
6 truncated it based on our knowledge that the
7 building did not have construction completed
8 until May 1st of 1956. So we say we can't
9 reconstruct from the completion of
10 construction until January 31st, '58, which is
11 the date that the contract was terminated with
12 DOE. So that's about 11 months shorter than
13 if we went to the end of '58. So it's a
14 little bit shorter than what the DOE-covered
15 period is listed on the covered facility
16 website.

17 And the feasibility findings for
18 February '58 through 2009 is that we can do
19 all reconstructions during that time.

20 The health endangerment has
21 another aspect to evaluate and that is, was
22 there an incident sufficient in itself that

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1 would cause us to be able to say presence
2 could cause them, could allow for a person to
3 be in the Class, or was it more likely there
4 were chronic exposures?

5 We have come down on that side of
6 the equation that we believe most of the
7 people -- there is evidence that workers
8 accumulated this exposure on a chronic basis.

9 We haven't identified any acute incidents
10 that would rise to a level of allowing for
11 presence. So the workers will have to have
12 worked there for 250 days with the other
13 parameters that apply.

14 So here is the proposed Class:
15 all Atomic Weapons Employers who worked in any
16 building or area at the facility owned by W.R.
17 Grace in Curtis Bay, Maryland for the
18 operational period that we're defining as May
19 1st, '56 through January 31st, '58 for 250
20 work-days. And that is our recommendation.

21 Some of these got a little
22 redundant, I guess. I could probably do with

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1 fewer of these slides.

2 That's it.

3 CHAIRMAN MELIUS: Thank you, Jim.

4 Questions for Jim? Yes? Start
5 with Josie, then --

6 MEMBER BEACH: I just have a
7 question on the access control after the '58
8 period. Reading through the ER, I noticed
9 that a fence went up around -- I believe it
10 was building 23 -- in '75. And then a fence
11 was later, in '95 put in, which is what I
12 think is the disposal area. And then it was
13 guarded. But I'm curious at what went on and
14 what the access was like in those facilities
15 prior to those fences and guards.

16 DR. NETON: The fences, to my
17 understanding, only went up around what they
18 called a radioactive waste area, that is the
19 buried materials. And those materials were
20 buried at a depth of around nine feet.

21 So all of the raffinate-type
22 material was buried, but they put the fence

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1 around the -- I think it was a four-acre area
2 and ended up being a seven-acre fenced-in
3 area.

4 The facilities themselves were
5 closed as far as I know. That wasn't being
6 used: building 23.

7 MEMBER BEACH: Totally putting you
8 on the spot, but there are two dates, then:
9 '76 and then '95. So I guess I'm curious what
10 date the fence went up and then --

11 DR. NETON: I think the fence went
12 up in '76. And then the access controls,
13 where they had -- is it patrols, guarded
14 patrols, I think, maybe in '95?

15 MEMBER BEACH: It says both.

16 DR. NETON: Both?

17 MEMBER BEACH: Yes. That's why I
18 was a little confused at which one was which.
19 And then --

20 DR. NETON: Yes. Well, actually,
21 either one. I think we're saying that even if
22 people were in those areas, we could

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1 reconstruct their dose. In reality, what
2 happens is -- I didn't cover this maybe as
3 well as I should have.

4 We had two scenarios. One is, can
5 we reconstruct the dose from the residual
6 period in the facilities themselves if someone
7 was walking around in there doing something or
8 could we reconstruct the dose from them
9 walking around these spoil piles -- not piles,
10 buried materials?

11 It turns out that since we don't
12 know where anybody was, the limiting dose is
13 going to be an assignment of dose of someone
14 going into the contaminated buildings. They
15 were much more heavily contaminated. There
16 was more radon, thoron, all -- the potential
17 for exposure is much greater for a worker who
18 would have been in the building 23, as opposed
19 to just walking around the buried material.

20 So I don't think it really matters
21 too much how the access controls were, at
22 least from our perspective, from a dose

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1 reconstruction perspective.

2 CHAIRMAN MELIUS: Paul?

3 MEMBER ZIEMER: Jim, just for
4 clarity on the external dose reconstruction on
5 the working period, did you say that there is
6 no source- term information or insufficient?
7 And sort of flesh that out a little bit.

8 DR. NETON: We knew how much --

9 MEMBER ZIEMER: There's not enough
10 to sort of put some boundaries on how much
11 could have been handled per day and so on.

12 DR. NETON: Correct, yes. We know
13 clearly approximately how much monazite sands
14 were processed through the facility, but if
15 you don't know exactly the production and the
16 handling and the location of the workers in
17 relation to the drum barrels and how long and
18 that sort of thing, it's pretty difficult to
19 put an upper limit on a barrel of thorium.

20 MEMBER ZIEMER: Right.

21 DR. NETON: You had fairly high
22 dose rates.

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1 MEMBER ZIEMER: Yes, yes. But
2 there have been other cases where you have
3 been able to do something like that.

4 DR. NETON: Yes. I think we may
5 have -- I suspect that we knew a lot more
6 about the process than we know here. I mean,
7 we really don't know much about the process
8 other than they barreled the material.

9 MEMBER ZIEMER: Okay.

10 CHAIRMAN MELIUS: Gen, I think
11 you're next and then Bill.

12 MEMBER ROESSLER: I assume we're
13 going to concentrate on the operational
14 period, but I have a question. During the
15 residual period -- and I think we need much
16 more information on that before we really get
17 into it, but, was there cleanup and movement
18 of materials and that sort of thing?

19 DR. NETON: I don't think so. I
20 think --

21 MEMBER ROESSLER: They just shut
22 the door and that was it?

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1 DR. NETON: I believe so. It was
2 closed off. It was pretty contaminated. I
3 think in the 1980s survey, I mean, a couple of
4 hundred thousand dpm per -- now I don't know
5 if it was square meters or 100 square
6 centimeters, but it seemed to me that it was
7 fairly contaminated.

8 I don't know that we have any
9 evidence of it being decontaminated and
10 decommissioned at all. I think, clearly, all
11 the product was shipped but other material was
12 just left there.

13 CHAIRMAN MELIUS: Bill?

14 MEMBER FIELD: Jim, I am just
15 curious. In the residual period, you said
16 there were measurements in '86 on the fifth
17 floor.

18 DR. NETON: Yes.

19 MEMBER FIELD: And you've got an
20 increasing gamma for background radiation
21 about 10- to 12-fold. Do you have any idea
22 what the source causing that is?

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1 DR. NETON: No, but I did read
2 somewhere that there was some ductwork up
3 there maybe that could have been the source of
4 it, and so maybe the process material, they
5 did have ventilation of some sort and the
6 ducts had accumulated the thorium. I really
7 don't know. It would be speculation on my
8 part.

9 MEMBER FIELD: But you don't know
10 what radionuclide dose --

11 DR. NETON: Oh, it would be
12 thorium. The only material that was ever
13 processed in building 23, to our knowledge,
14 was thorium from monazite ores or sands, which
15 has about 6 percent thorium by weight.

16 MEMBER FIELD: So you just assume
17 that's the residual?

18 DR. NETON: Yes. Well, actually,
19 they did isotopic measurements in the '80s. I
20 don't remember if it was the '86 or 2001
21 survey, but they did isotopic analysis and did
22 measure thorium-232 and uranium-228. So they

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1 did establish that it was thorium.

2 MEMBER FIELD: Okay. Thanks.

3 CHAIRMAN MELIUS: Henry?

4 MEMBER ANDERSON: I just wanted to
5 be sure there were no measurements between,
6 what, '58 and '86, 28 years? So you're
7 starting with careful evaluation in '86 and
8 then estimating exposures going backwards?

9 DR. NETON: No. What we have is
10 there were no measurements at the Curtis Bay
11 facility that we can find between '55 and '58,
12 but there was a sister facility owned by W.R.
13 Grace that was also doing the same process.
14 They processed monazite ores, as well.

15 And we have air sample data taken
16 after the operations were -- I wouldn't say
17 the plant was quiescent, but they weren't
18 operating or actively processing the thorium
19 at the time.

20 So we believe that those air
21 sample measurements could be used as the
22 starting point for the contamination levels

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1 that would have been there at the end of
2 operations in '58.

3 MEMBER ANDERSON: And so how does
4 that, then, correlate with what was the actual
5 measurements made in '86? Are those --

6 DR. NETON: Oh, there are
7 measurements in --

8 MEMBER ANDERSON: When you
9 extrapolate from what was in another facility
10 in '58 and start there, and then you have
11 measurements at this facility --

12 DR. NETON: Well, the measurements
13 at --

14 MEMBER ANDERSON: -- in '86. I
15 mean, do those --

16 DR. NETON: We're only
17 extrapolating air sample measurement, air
18 sample concentrations. The air sample
19 concentrations in 1958 time frame are much
20 higher than the air samples that were measured
21 in 1986.

22 And we have drawn a straight line.

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1 Well, and it's an exponential decay curve
2 between those two points. And we are saying
3 that the air samples went down on average
4 about three percent per year over the entire
5 time period. And that's about as good as we
6 can get with residual periods. I mean, we
7 don't have people in there monitoring every
8 year for residual radioactivity.

9 And so, given that the plant was
10 fairly quiescent, no production was going on
11 in there, it seems to us to be a fairly good
12 representation of how material went away.

13 CHAIRMAN MELIUS: David?

14 MEMBER RICHARDSON: Just one quick
15 question. There was one other data point in
16 between there which was this aerial survey
17 from 1979 which triggered the 1986 evaluation.

18 What was that?

19 DR. NETON: You know, I don't
20 really know. I suspect it was a fly-by with
21 sodium iodide detectors where they picked up
22 extra photon activity coming off the site. If

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1 you remember, the inside of the plant was
2 reading on average in the fifth floor about
3 160 micro R per -- so that's ten times
4 background. I am sure they had large-volume
5 detectors on -- I don't know if it was a
6 fixed-wing aircraft or a helicopter but
7 obviously enough activity there for them to
8 detect that there was contamination left on
9 the site.

10 MEMBER RICHARDSON: So all you
11 know is that there was some value detected?
12 You don't know the magnitude of the value or
13 what it was that triggered the '86?

14 DR. NETON: No, I don't. I mean,
15 I really doubt that if we even knew what their
16 measures were, that it could correlate to
17 anything useful to determine on-site doses. I
18 mean, it would be a fly-by indicating that
19 there was excess radioactivity there. And
20 maybe with any luck, that it was thorium,
21 given that it's 2.6 MeV photon that comes off
22 of thallium-208, but that's about as good as

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1 you can get.

2 MEMBER RICHARDSON: All right.

3 DR. NETON: I think it was
4 probably flying over a lot of sites looking
5 for residual contamination, rather --

6 MEMBER RICHARDSON: Right.

7 DR. NETON: -- than, you know,
8 going to each one individually, triaging the
9 various sites.

10 MEMBER RICHARDSON: Okay.

11 DR. NETON: More than likely, it
12 was storage piles that probably were detected.

13 I don't know that but four acres of raffinate
14 from processing of -- what did they say --
15 1,000 tons of monazite sand. It probably
16 still had some fairly high residual
17 radioactivity.

18 CHAIRMAN MELIUS: Any other
19 questions? Phil?

20 MEMBER SCHOFIELD: I wondered how
21 much data you have --

22 DR. NETON: How much what, Phil?

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1 MEMBER SCHOFIELD: How much data
2 do you have like on urine samples and things
3 from the residual period?

4 DR. NETON: None. None.

5 MEMBER SCHOFIELD: Absolutely
6 none, but you're saying you can calculate
7 their internal dose without any data?

8 DR. NETON: If there were someone
9 walking about and we believe we can bound the
10 amount of airborne thorium and uranium that
11 were there, yes.

12 Based on the amount of --
13 remember, all that's left there is surface
14 contamination of uranium and thorium. So
15 based on resuspension factors and people
16 walking around and knowing how much of that
17 material actually gets kicked up when people
18 walked around and how much the ventilation
19 system may pick up, we believe we can put an
20 upper bound on that value, yes.

21 It is something that we have done
22 at many, many of these AWE facilities. I

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1 mean, the contract is over. There is no
2 reason for them to be monitoring the workers
3 at that point.

4 CHAIRMAN MELIUS: Josie?

5 MEMBER BEACH: Quick question.
6 Just a brief question on OTIB-60. Did you use
7 that during the early time frame or the
8 residual time period?

9 DR. NETON: You mean OTIB-70?

10 MEMBER BEACH: No. OTIB-60 is
11 listed.

12 MEMBER RICHARDSON: Six thousand?

13 MEMBER BEACH: Or 6,000. I'm
14 sorry. Thank you.

15 DR. NETON: TBD-6000?

16 MEMBER BEACH: TBD-6000, yes.
17 It's listed under the Site Profiles.

18 DR. NETON: Yes. I am not sure
19 that we used TBD-6000 in our dose
20 reconstruction approach.

21 MEMBER BEACH: That's why I have
22 the question, because it's listed, but it --

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1 DR. NETON: Well, I think it's
2 listed maybe as a reference available to us
3 for processing, but this is a thorium
4 facility. And TBD-6000 wouldn't really apply
5 since it's not thorium. TBD-6000 is
6 specifically for uranium machining operations.

7 MEMBER BEACH: That's why I had
8 the question, because it is listed.

9 DR. NETON: Yes. It may just be
10 in there generically, but I honestly can't
11 think of where it was used in this dose
12 reconstruction.

13 MEMBER BEACH: Okay. Thanks.

14 CHAIRMAN MELIUS: If I could, I
15 had just one more comment on the residual
16 period. Jim and I have been emailing back and
17 forth on a different site, so the same issue.

18 There are no claimants during this
19 period.

20 DR. NETON: Well, actually, the
21 claimant has -- I don't want to get too
22 specific with claimants.

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1 CHAIRMAN MELIUS: Okay.

2 DR. NETON: But it does extend,
3 the employment for --

4 CHAIRMAN MELIUS: There's still
5 one. I think if a claimant shows up later,
6 that there is unusual activity or they find
7 out more, I mean, you just don't know much
8 about the site. Then maybe you reconsider.
9 Maybe you can't do dose reconstruction given
10 these methods and the limited amount of data,
11 but I think it's very hard to do it in the
12 abstract.

13 I mean, I think, at least
14 personally to me, it sounds like a reasonable
15 method to use, given what facts we have now.
16 If the facts change based on getting more
17 information from claimants or other
18 information about the site, then I think maybe
19 you reconsider it at that point in time. But
20 if we have sort of an abstract discussion of
21 it, I think it's very hard to say, you know,
22 we can think of a scenario where it might be

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1 somewhat different.

2 We can think of scenarios where
3 that's acceptable. And without a lot of
4 information, without a lot of claimants or
5 other sources of information, I just think
6 it's difficult to assess.

7 Any other questions or comments
8 from anybody?

9 (No response.)

10 CHAIRMAN MELIUS: Do I hear a
11 recommendation, a motion? Wanda, I knew I
12 could count on you.

13 MEMBER MUNN: I recommend that we
14 accept NIOSH's recommendation for the proposed
15 Class of workers whose work history can meet
16 the qualifications at W.R. Grace and Company
17 in Curtis Bay, Maryland from May 1, 1956
18 through January 31, 1958 as a Special Exposure
19 Cohort.

20 MEMBER CLAWSON: I second it.

21 CHAIRMAN MELIUS: That's a second
22 from Brad. Any other, further discussion?

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1 (No response.)

2 CHAIRMAN MELIUS: Okay. Ted, do
3 the roll call.

4 MR. KATZ: Thank you. So I am not
5 going to attempt to do roll call for Bob
6 Presley, who was on the line, and Mike Gibson,
7 who might have been on the line since we don't
8 have a connection right now. And we will
9 collect their votes after this meeting or
10 later in the meeting, possibly. We may have a
11 better system.

12 So, Dr. Anderson.

13 MEMBER ANDERSON: Yes.

14 MR. KATZ: Ms. Beach.

15 MEMBER BEACH: Yes.

16 MR. KATZ: Mr. Clawson.

17 MEMBER CLAWSON: Yes.

18 MR. KATZ: Dr. Field.

19 MEMBER FIELD: Yes.

20 MR. KATZ: Mr. Griffin.

21 MEMBER GRIFFIN: Yes.

22 MR. KATZ: Doctor -- hold on -- Dr.

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1 Melius.

2 CHAIRMAN MELIUS: Yes.

3 MR. KATZ: Ms. Munn.

4 MEMBER MUNN: Yes.

5 MR. KATZ: Dr. Poston.

6 MEMBER POSTON: Yes.

7 MR. KATZ: Miss -- Dr. Richardson.

8 MEMBER RICHARDSON: Yes.

9 MR. KATZ: Dr. Roessler.

10 MEMBER ROESSLER: Yes.

11 MR. KATZ: Mr. Schofield.

12 MEMBER SCHOFIELD: Yes.

13 MR. KATZ: And Dr. Ziemer.

14 MEMBER ZIEMER: Yes.

15 MR. KATZ: So it's unanimous. The
16 motion passes. And I will collect the absent
17 votes later.

18 CHAIRMAN MELIUS: Thank you. Ted,
19 I wasn't sure if you weren't sure about the
20 doctor or about the name, but I want to ask
21 for clarification.

22 We are scheduled to take a break

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1 now. We're running ahead of schedule, but we
2 have had a long morning. Why don't we break
3 and return at 11:30. And we will take up
4 Y-12.

5 They are working on trying to fix
6 the audio system, not sure it will be ready by
7 the time we come back, but there are steps
8 being taken.

9 (Whereupon, the above-entitled
10 matter went off the record at 10:50 a.m. and
11 resumed at 11:34 a.m.)

12 CHAIRMAN MELIUS: LaVon, now that
13 we're all rested and ready with lots of
14 questions, get ready.

15 MR. RUTHERFORD: I'm LaVon
16 Rutherford. I'm going to talk about the
17 Special Exposure Cohort petition for the Y-12
18 facility.

19 We have identified a claim that we
20 were unable to reconstruct the dose. It was
21 an existing Y-12 claim. On April 13th of this
22 year, we notified the claimant of that and

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1 provided a copy of our Special Exposure Cohort
2 Petition Form A.

3 We notified them that we were
4 unable to reconstruct their dose. That
5 claimant provided us a petition on April 22nd.

6 And we completed our evaluation on July 19th,
7 a pre-DAR evaluation on July 19th, of this
8 year.

9 Again, this is an 83.14. And
10 we're proposing a Class of all employees of
11 the Department of Energy, its predecessor
12 agency and DOE contractors or subcontractors
13 who worked at the Y-12 facility in Oak Ridge,
14 Tennessee during the period from January 1,
15 1948 through December 31, 1957 and the
16 standard language that follows.

17 A little background on the Y-12
18 operations during this time period. This 1948
19 to 1957 period is considered the second era of
20 operations at Y-12. The first era, up to
21 1947, focused on uranium enrichment
22 operations. Those operations were shifted to

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1 K-25.

2 Uranium operations during the
3 second era included recycling, salvage,
4 machining and component assembly. Other work
5 included lithium isotope separation, thorium
6 studies. There were a number of activities,
7 co-precipitation. Thorium was used as a
8 co-precipitation medium for uranium recovery.

9 There was also thorium used in the isotopic
10 separation program.

11 There was research and development
12 work that involved thorium, some of it,
13 actually, the work picked up in 1958 after
14 this period and was major production
15 activities at Y-12.

16 ORNL research and development.

17 ORNL used a number of the facilities at Y-12.

18 After the major production activities stopped
19 in 1947, some facilities became available at
20 Y-12. ORNL picked up those facilities to do
21 some research.

22 There is waste disposal. And,

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1 again, the ORNL work I just talked about at
2 Y-12, a little more information, production of
3 stable and radioactive isotopes for medical
4 research using the Y-12 calutrons. So the
5 production work for uranium enrichment had
6 stopped with the Y-12 calutrons, but there was
7 some continuing work with them after the 1947
8 period, into this second era.

9 There was plutonium isotopic
10 separation, operation of an 86-inch cyclotron
11 for isotope production and nuclear physics
12 work. There was a critical experiments
13 facility and a Van de Graaff accelerator.
14 There was also weapons assembly and
15 disassembly.

16 I want to talk a little bit about
17 the past petitions that we have had and
18 actually what drove us to get to this SEC-186,
19 this 83.14 that we're recommending today.

20 SEC-18 was one of the original
21 petitions that first went through the
22 evaluation process, and we recommended a

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1 Class. It was a time period when we did not
2 send our Class Definitions to DOL. Ultimately
3 it became a lessons learned from this that we
4 did.

5 The first Class we recommended,
6 SEC-18 was focused on uranium enrichment
7 workers and other radiological activities.
8 When DOL went to implement this Class
9 Definition, they had some difficulties.
10 Ultimately we were getting claims that we felt
11 should have been included in the Class that
12 were not.

13 So SEC-98, an 83.14, was we
14 implemented SEC-98, all workers for 1943 to
15 1947 period to correct that Class Definition.

16 SEC-28 is another one that was
17 early on. It was an 83.13. It was very
18 specific to buildings and certain operations.

19 SEC-186, which is the one we're
20 discussing today, is actually, we're working
21 through this evaluation and making this
22 presentation of a Class to actually correct

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1 the Class Definition for SEC-28.

2 Okay. The Board will remember we
3 did a Class Definition review in November of
4 last year. We issued our report. We actually
5 went back, and we looked at the Class
6 Definitions from the beginning from when the
7 rule was promulgated, our first Class
8 Definitions with Mallinckrodt all the way up
9 through to our recent Class Definitions.

10 We were looking at how the Class
11 Definitions were defined early on and what
12 parameters were used, the criteria that was
13 used. We looked at the evaluation. And then
14 we went through to today how we're defining
15 our Classes based on the feasibility, the time
16 period and so on.

17 We looked at consistency,
18 applicability. We also looked at whether any
19 of the Classes that were previously defined
20 should be redefined. And our criteria for
21 making that determination was, do we have
22 claims that we think that from these early

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1 Class Definitions that were left out that
2 should have been included? And so if we came
3 across that situation, that would drive us to
4 do an 83.14 to correct that Class Definition.

5 The report findings, most of the
6 issues and discrepancies identified in the
7 report were associated with the evolution of
8 the process. If you look at when the rule was
9 promulgated in May of 2004 to today, just with
10 any process, there is a learning process
11 defining the Classes, doing the evaluation,
12 and so on. Our early Classes were closely
13 related to a petitioner-proposed Class.

14 If you looked at the Mallinckrodt,
15 just the terminology was very consistent with
16 the proposed Class by the petitioner.

17 Our early Classes were also
18 established based on perceived limitations and
19 sometimes without review by DOL. Perfect case
20 is SEC-28. We limited it to facilities or,
21 actually, buildings within Y-12.

22 And this Class Definition was not

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1 originally reviewed by the Department of
2 Labor. It was, again, after SEC-18 and
3 SEC-28, really SEC-18, that with our
4 interactions with the Department of Labor that
5 we recognized that we need to start sending
6 these Class Definitions to them to review them
7 to ensure that they can implement them.

8 So again, over time the need to
9 expand and/or adjust the proposed SEC Class to
10 address DOL Class implementation issues was
11 recognized to ensure claimants were not
12 inadvertently excluded.

13 SEC-28 Class Definition. The Work
14 Group and our staff worked very hard on this,
15 but it's a complicated Class Definition. It
16 has a number of things that we don't include
17 now; for example, employees who were monitored
18 or should have been monitored -- we stopped
19 using that terminology -- thorium exposures
20 while working in buildings, so on. So it is
21 very specific, thorium exposures. And it's
22 also building-specific as listed there.

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1 And it's also if you go down in
2 the Class Definition, it gets into, or
3 radionuclide exposures associated with
4 cyclotron operations. So again now it's
5 operations-specific in a building.

6 And I've got to give a little
7 kudos to the Department of Labor. I read
8 their circular again on this just recently.
9 And you can see the if-thens in this circular,
10 them trying to put people into this Class
11 Definition.

12 So the current Class as
13 recommended, that SEC-186, the Class we're
14 recommending today is to remove the
15 restrictions on the Class Definition of
16 SEC-28. SEC-28 Class Definition again is
17 specific to work locations and operations. As
18 we look, available employment records do not
19 generally indicate work location.

20 If you look at the employment
21 records, even the dosimetry records, which we
22 are using in another Class Definition, the

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1 dosimetry records associated with Y-12 are
2 department-specific; they're not
3 area-specific, as well as the other employment
4 records. So you can't put them in certain
5 places. Also, worker movements across the
6 site are undocumented.

7 The feasibility determination for
8 this is it mirrors SEC-28. NIOSH lacks
9 sufficient monitoring, process or source
10 information for various Y-12 operations to
11 estimate internal radiation doses to Y-12
12 employees for the period of January 1, 1948
13 through December 31, 1957.

14 SEC-28 infeasibility was driven by
15 the inability to bound internal exposures from
16 thorium operations and cyclotron operations.

17 As with most of our Classes, we
18 recommend NIOSH will use any internal and
19 external personal monitoring data for partial
20 dose reconstructions as appropriate.

21 Again, our feasibility summary.
22 We cannot reconstruct internal dose. We can

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1 external.

2 Health endangerment. Evidence
3 reviewed in this evaluation indicates some
4 workers in the Class may have accumulated
5 chronic radiation exposures through intakes of
6 radionuclides and direct exposures to
7 radioactive materials. Consequently, we feel
8 health was endangered.

9 And then our recommendation again.

10 And that's it.

11 Questions?

12 CHAIRMAN MELIUS: Anybody have any
13 questions for LaVon? David?

14 MEMBER RICHARDSON: I think it is
15 a really well prepared report. Thank you, and
16 the presentation was really clear as well.

17 I really don't have any issues
18 with the suggestion for expansion of the
19 Class. My one question is, it seems to me
20 likely that we may come back to this again
21 with expansion of the Class Definition moving
22 forward from 1957 up until like 1961, for

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1 example, when the monitoring data actually
2 look substantially complete than prior to
3 that.

4 So I guess what's the logic in
5 ending in '57?

6 MR. RUTHERFORD: Well, and,
7 actually, Mark Griffon, who was Work Group
8 Chair, may have some comments on this, too.
9 But what we looked at in 1957, the reason why
10 we stopped there was we actually pick up, some
11 personal monitoring data kicks up in 1958,
12 thorium monitoring, actually air monitoring
13 data as well, a lot of air monitoring data.

14 The actual main thorium operations
15 that drove production actually at Y-12 did not
16 kick in heavily until 1960. There was
17 pilot-scale work that began in '58, but that's
18 also right when we get the increase in air
19 monitoring data. So right now we stop the
20 operations there.

21 Now, the other question is
22 cyclotron operations. That's the other part

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1 of this Class Definition. We are still
2 evaluating cyclotron operations.

3 And we are back and forth on
4 whether 1957 is a good date for cyclotron
5 operations. I will say that we will have a
6 final determination on that very soon. We
7 have been working with our contractor closely
8 on that.

9 CHAIRMAN MELIUS: Mark, any
10 comments?

11 MEMBER GRIFFON: No. It has been
12 a while since we --

13 MR. RUTHERFORD: Yes.

14 MEMBER GRIFFON: This was the
15 second one, I think, overall that we made a
16 decision on, but --

17 MR. RUTHERFORD: Yes. Actually --

18 MEMBER GRIFFON: I generally
19 remember the discussion, but I don't remember
20 the cutoffs and why we came up with '57.

21 MR. RUTHERFORD: Yes. I actually
22 went back and looked at that. And, actually,

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1 if you read the report, it describes why. And
2 a portion of the actual, the original report,
3 go back and look at SEC-28 Evaluation Report.

4 It describes why the '57 period was chosen
5 for thorium. And it's because of the actual
6 -- we pick up monitoring data in '58. And
7 then the pilot work begins. And then you see
8 a large increase of air sampling as well at
9 that time period.

10 But the cyclotron operations are
11 still open, and we are still looking at that
12 right now.

13 CHAIRMAN MELIUS: I believe Dr.
14 Lemen has a --

15 MEMBER LEMEN: This is a generic
16 comment. I don't have any real strong
17 comments about your presentation. I thought
18 it was very good.

19 But I brought this up before, and
20 since the last meeting I've been trying to
21 figure out why we still have this restriction
22 of 250 work-days. Now, I know that that is in

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1 the regs, but I cannot find any scientific
2 justification why we cut things off below 250
3 days because with radiation exposure, people
4 can get cancers with less than 250 days.

5 I know the Board may have talked
6 about this before I came on the Board, but I
7 really do think it needs to be revisited again
8 because I think it is a totally unscientific
9 determination and ridiculous.

10 DR. NETON: Well, yes. It is in
11 the regulations, and this was debated quite a
12 bit when the regulations were being put
13 together. The fact of the matter is that
14 there was no other valid scientific way that
15 it could be determined to bound it to be
16 something less than 250 days. It's also
17 consistent with what the original
18 congressionally mandated SEC Class is used to
19 establish their time frame. So there is a
20 couple of things that dovetailed there that
21 seemed to make it a reasonable approach.

22 And 250 days was sort of just to

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1 give it the sense that there was some
2 potential for exposure over a period of time
3 to endanger health. If you start trying to
4 wheedle it down to less than 250 days, then
5 you get into automatically trying to have to
6 do some sort of a health endangerment based on
7 a Probability of Causation-type calculation,
8 which you have already admitted you can't do.

9 So you sort of get in the circular argument
10 that just won't work.

11 So, good or bad, that's where it
12 ended up. And that's what the regulation
13 calls for right now.

14 MEMBER LEMEN: It is still my
15 contention that you are eliminating a large
16 group of workers that are still at risk of
17 developing cancer related to their work in
18 this area.

19 I don't know where you saw the
20 congressional mandate for 250 days. I didn't
21 see that.

22 DR. NETON: Well, the original SEC

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1 --

2 MEMBER LEMEN: Please show it to
3 me.

4 DR. NETON: The original SEC
5 Classes that were added at the gaseous
6 diffusion plants required 250 days' exposure.

7 MEMBER LEMEN: But who came up
8 with that?

9 DR. NETON: It was in the
10 congressional --

11 MS. LIN: It was in the EEOICPA
12 statute. We will be happy to show it to you
13 after the break.

14 MEMBER LEMEN: I still think it is
15 a ridiculous cutoff, and I will keep saying
16 that.

17 DR. NETON: I would say we would
18 be happy to entertain any arguments that would
19 allow us to do something different and
20 consider it, but up to this point, we have not
21 heard any compelling way that's any better
22 than what we're doing right now.

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1 CHAIRMAN MELIUS: Henry?

2 MEMBER ANDERSON: Yes. I was just
3 wondering, do you have any estimate of how
4 many claims this change will impact?

5 MR. RUTHERFORD: I can give you
6 internally it's only active claims that we
7 have. There are eight claims. However, there
8 are 300 claims for the period that are with
9 the Department of Labor. I cannot say all 300
10 of those claims will get, you know, the SEC,
11 but a large portion of those will.

12 MEMBER ANDERSON: Okay. Thank
13 you.

14 CHAIRMAN MELIUS: Any other
15 questions or comments on Y-12?

16 (No response.)

17 CHAIRMAN MELIUS: Okay. If not,
18 do I hear a recommendation? Gee, I wonder.
19 Wanda? Yes.

20 MEMBER MUNN: I recommend that we
21 accept the NIOSH recommendation for 83.14 SEC
22 Class for the contractors and subcontractors

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1 who worked at the Y-12 facility in Oak Ridge,
2 Tennessee from January 1, 1948 through
3 December 31, 1957.

4 MEMBER CLAWSON: Second.

5 CHAIRMAN MELIUS: Second from Brad
6 again. Any further discussion?

7 (No response.)

8 CHAIRMAN MELIUS: Okay. Ted?

9 MR. KATZ: Dr. Anderson.

10 MEMBER ANDERSON: Yes.

11 MR. KATZ: Ms. Beach.

12 MEMBER BEACH: Yes.

13 MR. KATZ: Mr. Clawson.

14 MEMBER CLAWSON: Yes.

15 MR. KATZ: Dr. Field.

16 MEMBER FIELD: Yes.

17 MR. KATZ: Mr. Griffon.

18 MEMBER GRIFFON: Yes.

19 MR. KATZ: Dr. Lemen.

20 MEMBER LEMEN: Yes.

21 MR. KATZ: Dr. Melius.

22 CHAIRMAN MELIUS: Yes.

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1 MR. KATZ: Ms. Munn.

2 MEMBER MUNN: Yes.

3 MR. KATZ: Dr. Richardson.

4 MEMBER RICHARDSON: Yes.

5 MR. KATZ: Dr. Roessler.

6 MEMBER ROESSLER: Yes.

7 MR. KATZ: Mr. Schofield.

8 MEMBER SCHOFIELD: Yes.

9 MR. KATZ: Dr. Ziemer.

10 MEMBER ZIEMER: Yes.

11 MR. KATZ: Okay, that is all in
12 favor who could vote. The motion passes.
13 There are a number of people absent. I will
14 collect their votes afterwards, three Members.

15 And I should note also for the record that
16 Dr. Poston recused himself from this session.

17 CHAIRMAN MELIUS: My understanding
18 is they're going to try to fix the telephone
19 connection over lunchtime. So, even though
20 we're running a little bit early, I suggest
21 that we break early for lunch and come back at
22 the scheduled time, two o'clock. Hopefully

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1 that will give them enough time to make the
2 fix, and then we'll be back live for people
3 calling in, including Board Members.

4 So let's adjourn now. Return here
5 at two o'clock, as scheduled.

6 (Whereupon, the above-entitled
7 matter went off the record at 11:54 a.m. and
8 resumed at 2:04 p.m.)

9

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1 MR. KATZ: Okay. Then let me just
2 ask somebody on the phone line to speak up and
3 so we know we are being heard.

4 DR. CHEW: Ted, this is Mel.

5 MR. KATZ: Okay. So someone is
6 hearing us. Can you repeat what you were
7 saying?

8 DR. CHEW: Ted, this is Mel, loud
9 and clear.

10 MR. KATZ: That is great. You're
11 clear, too.

12 CHAIRMAN MELIUS: Okay. Piqua,
13 John?

14 MEMBER POSTON: Thank you, Mr.
15 Chairman. I wanted to present the Working
16 Group report on the Piqua organic moderator
17 reactor. Just a quick look at the Committee.

18 It was a small Working Group: Dr. Field, Mr.
19 Schofield and myself. And John Mauro was our
20 SC&A contact. And Charles Nelson and James
21 Neton were the NIOSH folks.

22 A little background. The Piqua

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1 reactor was a demonstration project in Piqua,
2 Ohio. The reactor was designed to operate at
3 a maximum power of 45 megawatts. It was
4 organically cooled and moderated. It began
5 operation in 1963, and the operation was
6 terminated in 1966. And there was a
7 decommissioning period between '66 and '69.

8 The Evaluation Report was issued
9 in September of 2009. There was no Site
10 Profile written for this particular site. And
11 NIOSH made their presentation to the Board in
12 October of 2009.

13 Basically, we voted to approve the
14 recommendations of NIOSH for the
15 post-operational period, but the operational
16 period was still under question and so the
17 Working Group was formed.

18 Just to reiterate what I just
19 said, NIOSH's position was it was feasible to
20 reconstruct doses during the reactor
21 operational period, which was 1963-66 and was
22 not feasible to reconstruct doses during the

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1 decommissioning period. We then looked at the
2 operational period in great detail.

3 The first meeting was on my
4 birthday in 2010. I was lucky to be 21 years
5 old at the time.

6 (Laughter.)

7 CHAIRMAN MELIUS: And old enough
8 to chair a Work Group.

9 MEMBER POSTON: Yes. So, as I
10 said, there's no Site Profile available. And
11 only the Evaluation Report was available.
12 And, as I recall, at that particular time SC&A
13 had only been instructed to read the
14 Evaluation Report.

15 The goal of this meeting, which
16 was a face-to-face meeting, was to consider
17 the issues that were in people's minds about
18 this particular site and get some action in
19 terms of discussing those and so forth.

20 So in our discussion, we generated
21 a lot of issues. And those resulted in the
22 generation of White Papers which were prepared

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1 by NIOSH and reviewed by SC&A.

2 Here are some of the issues. The
3 volatility of the organic coolant/moderator
4 was in question. We were concerned about the
5 tritium to carbon-14 ratio. We were concerned
6 about the exposure of workers during
7 maintenance.

8 The potential for carryover of
9 nitrogen-16 from the reactor into the turbine
10 generator was also discussed; the availability
11 of bioassay data; the records on activity, air
12 activity levels in the facility; and
13 consideration of neutron dose to the workers.

14 So those were basically the issues that we
15 were going to explore as the Working Group.

16 The two major reports that were
17 issued were these: NIOSH White Paper on
18 tritium and carbon-14 and then a second paper
19 in March of 2011 on neutron exposures at the
20 Piqua reactor.

21 Some of the other issues were
22 dismissed relatively easily. For example, the

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1 nitrogen-16 carryover to the turbine. The
2 reactor was on one side of the river. The
3 turbine was on the other side of the river.
4 And the steam is transported under the river
5 to the turbine. Nitrogen-16 has a short
6 half-life. So it decays pretty quickly and
7 was not really a concern to exposing the
8 workers around the reactor because the turbine
9 was not anywhere near the reactor.

10 We had a second meeting in April
11 of '11. We had an opportunity to discuss
12 these White Papers with the NIOSH folks as
13 well as the responses to those White Papers
14 prepared by SC&A.

15 We concluded that many of the
16 issues raised during the initial meeting had
17 no real impact on NIOSH's approach to dose
18 reconstruction. And the Working Group agreed
19 that all of the concerns, after our
20 discussion, all of the concerns, that had been
21 raised in the first meeting had been addressed
22 sufficiently.

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1 So the Working Group voted
2 unanimously to accept the NIOSH position that
3 dose reconstruction was feasible during the
4 operational period. And so it was our
5 recommendation that the SEC Petition for the
6 operational period should be denied.

7 I think that concludes my
8 presentation. I would be happy to address any
9 comments or if Bill or Phil have anything they
10 would like to say.

11 CHAIRMAN MELIUS: No? Okay.
12 Anybody, Board Members, with questions?

13 (No response.)

14 CHAIRMAN MELIUS: Quiet group
15 today. Does NIOSH have anything to add?
16 First, David. I guess, David, you had a
17 question.

18 MEMBER RICHARDSON: Could you talk
19 a little bit more about potential for tritium
20 exposure and the availability of tritium
21 bioassay data?

22 MEMBER POSTON: I can talk about

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1 the first one. Remember, this is an
2 organically cooled reactor. And when the
3 temperature in the reactor gets below 300
4 degrees, basically everything turns to a
5 solid. And so it was concluded that both the
6 tritium and the carbon-14 were bound up in the
7 moderator and were not available, as they
8 might have been if they were tritium gas or
9 CO2.

10 The other situation was that the
11 reactor was refueled during operation. So it
12 was not the traditional taking off the head of
13 the reactor and replacing the fuel.

14 So, even that operation, refueling
15 the reactor, was not considered to be a
16 situation in which people were being exposed
17 to those materials.

18 MEMBER RICHARDSON: I just briefly
19 note that there were issues related to
20 crumpled fuel elements, weren't there, like
21 buckling or cracking of --

22 MEMBER POSTON: Yes.

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1 MEMBER RICHARDSON: So would that
2 be a situation in which there would be
3 intakes?

4 MEMBER POSTON: Well, again
5 because of the refuel while the reactor was
6 online, it's my understanding -- and I could
7 be corrected, but my understanding is that the
8 fuel elements really don't come out of the
9 reactor. They're simply moved to another
10 location. So they're not available.

11 Again, not the traditional kind of
12 thing, where in a pressurized water reactor,
13 boiling water reactor, you move the fuel to a
14 fuel pool, which is separate from the reactor.

15 But I don't know if Charlie or Jim
16 wants to comment on that. I'm a little bit
17 weak on that.

18 DR. NETON: I don't believe they
19 actually refueled the reactor. I think the
20 problem surfaced early enough where they shut
21 the reactor down because of this buckling
22 problem. And then when they started to take

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1 it apart during the decommissioning period,
2 that's when we said we couldn't reconstruct
3 doses, because they were actually in there
4 with the core exposed.

5 MEMBER RICHARDSON: Maybe I just
6 need kind of help in thinking about the
7 configuration. I mean, they found the
8 problem. The fuel rods had buckled when they
9 began to take it apart.

10 DR. NETON: Right.

11 MEMBER RICHARDSON: But if you
12 were working around the reactor and you had
13 broken fuel rods, the reactor --

14 DR. NETON: Okay. There's a
15 little more to the scenario. I think what we
16 said was that we could bound the ambient
17 airborne exposure in the facility, based on
18 the air-monitoring program that was in place.

19 There were CAM alarms that were
20 set to go off at one maximum permissible
21 concentration in air, one MPC. And we had
22 statements from workers that said they never

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1 alarmed, you know, they were set to go off.

2 So then we picked the most
3 limiting radionuclide dosimetrically at one
4 MPC that would bound those exposures. But
5 there was some concern on SC&A's part that
6 tritium and carbon-14 could be in gaseous
7 form, and they may not be in the same ratios
8 in the air as they would have existed in the
9 coolant.

10 But then once we demonstrated that
11 as soon as there was any kind of a coolant
12 leak, it would have just solidified, it would
13 not release it, it was accepted that the ratio
14 of tritium in the reactor circulating coolant
15 was a good value. We're using the ratio of
16 tritium and carbon-14 in the coolant to the
17 overall isotopic mix to bound the exposures in
18 air.

19 MEMBER POSTON: You can think of
20 these as basically freezing up. When they get
21 below 300 degrees, they just freeze. They
22 become a solid. And this is common to many of

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1 the molten salts and other kinds of reactors.

2 CHAIRMAN MELIUS: Any other
3 questions? Any further comment from NIOSH?

4 (No response.)

5 CHAIRMAN MELIUS: So I think this
6 is the Work Group recommendation. Correct,
7 John?

8 MEMBER POSTON: Yes.

9 CHAIRMAN MELIUS: So it is a
10 motion. And do we have a second?

11 MEMBER MUNN: Second.

12 (Simultaneous speaking.)

13 CHAIRMAN MELIUS: This is an
14 earlier petition. So it's right before, so to
15 speak. And that was reviewed.

16 Do you have the timeline up there?

17 DR. NETON: We presented the
18 petition at the October 2009 meeting.

19 CHAIRMAN MELIUS: Meeting, yes.
20 And the petitioner does not want to address
21 this, if that was your question.

22 MEMBER FIELD: Yes.

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1 CHAIRMAN MELIUS: I missed the ER
2 on the petition. Okay. So we have a second.
3 Okay. Any further discussion or questions?

4 (No response.)

5 CHAIRMAN MELIUS: If not, Ted, go
6 ahead.

7 MR. KATZ: Okay. And with roll,
8 I'll also name the Members that are missing
9 because they may have joined the phone call
10 since. So, Dr. Anderson?

11 MEMBER ANDERSON: Yes.

12 MR. KATZ: Ms. Beach?

13 MEMBER BEACH: Yes.

14 MR. KATZ: Mr. Clawson?

15 MEMBER CLAWSON: Yes.

16 MR. KATZ: Dr. Field?

17 MEMBER FIELD: Yes.

18 MR. KATZ: Mike Gibson, are you on
19 the line? Okay, I'll continue on. Mr. Griffon?

20 MEMBER GRIFFON: Yes.

21 MR. KATZ: Dr. Lemen?

22 MEMBER LEMEN: Yes.

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1 MR. KATZ: Dr. Melius?

2 MEMBER MELIUS: Yes.

3 MR. KATZ: Ms. Munn?

4 MEMBER MUNN: Yes.

5 MR. KATZ: Dr. Poston?

6 MEMBER POSTON: Yes.

7 MR. KATZ: Bob Presley, are you on
8 the line? Okay, I'll continue on. Dr.
9 Richardson?

10 MEMBER RICHARDSON: Yes.

11 MR. KATZ: Dr. Roessler?

12 MEMBER ROESSLER: Yes.

13 MR. KATZ: Mr. Schofield?

14 MEMBER SCHOFIELD: Yes.

15 MR. KATZ: And Mr. Ziemer?

16 MEMBER ZIEMER: Yes.

17 MR. KATZ: So it's unanimous. The
18 motion passes. I will collect votes from the
19 absentee Members subsequently.

20 CHAIRMAN MELIUS: And I would just
21 like to thank essentially the Work Group and
22 NIOSH, SC&A. I thought it was a very good,

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1 focused review on this issue, a little
2 different than our other issues and done very
3 well.

4 Okay. Our next agenda item in
5 terms of SECs is not until 4:15. And that is
6 scheduled. We believe we have a petitioner
7 who may want to comment on that.

8 So we have a Board work session
9 now. And I know, Ted, you need to do some
10 things.

11 MR. KATZ: Thank you, Jim.

12 So at the teleconference on July
13 11th, we had an SEC petition for us for GE
14 Evendale and voted to approve that petition
15 and NIOSH's recommendation to add that Class.

16 There were four Board Members
17 absent. And so it is the tradition of this
18 Board to record the votes of the absentee
19 Members. And it was Dr. Lemen, Mr. Gibson,
20 Mr. Griffon, and Dr. Poston were absent. And
21 they all voted in favor to add that Class by
22 July 20th. So it was unanimous, the entire

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1 Board.

2 Thank you.

3 CHAIRMAN MELIUS: Why don't we
4 start on our Subcommittee and Work Group
5 reports? Mark, do you have any preference on
6 dealing with the case selection and so forth
7 or would you rather wait and hold that off
8 until tomorrow or do we -- okay. Okay. So
9 I'm trying to see what we can get accomplished
10 here now and do that.

11 I would note that on the annotated
12 agenda, Ted does have some suggested dates for
13 future meetings. I would just ask people to
14 check their calendars. We'll do that
15 tomorrow. But just tonight or whenever or
16 tomorrow, check out those dates so we're ready
17 when we do talk about that tomorrow and do
18 that.

19 Okay. Wanda, the Procedures Work
20 Group, since Mark deferred?

21 MEMBER MUNN: Thank you, I
22 believe.

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1 The Procedures Work Group had a
2 hiatus of a couple of months prior to its last
3 meeting. We met in mid-July, on the 14th,
4 with a fairly full agenda, as usual.

5 Our revisions to our electronic
6 database had been for the most part completed.

7 We used it extensively and worked fairly
8 well. There are one or two points that we
9 need to revise and expand a little bit, but,
10 all in all, it is looking better and is
11 operating fairly smoothly.

12 I think most of us were pleased
13 with it. We have one more session where we
14 expect some of the additions that we had asked
15 for to be incorporated. And then I think we
16 will be in good shape.

17 We spent a significant amount of
18 time discussing the outstanding issues with
19 Norton Company, which you will hear about
20 tomorrow at that prescribed time. And we had
21 a considerable number of carryover items from
22 our preceding meeting, which were addressed,

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1 one or two action items closed, but many of
2 them still in process and will be carried over
3 to our upcoming meeting next month, which is
4 scheduled for September -- I have to look it
5 up to see myself -- the 19th. Monday, the
6 19th of September will be our next meeting.

7 We have a great deal of work to do
8 yet on our two-pagers. A part of that is the
9 fault of the Chair of the Committee, who had
10 not completed her responsibilities in getting
11 all of those current two-page summaries out to
12 the Committee for the Subcommittee's approval
13 before we bring it to you. That will, with
14 any luck at all, occur in the immediately
15 foreseeable future.

16 Other than that, I believe we have
17 covered it reasonably well.

18 CHAIRMAN MELIUS: Very good. Any
19 Board Members have questions for Wanda or any
20 of the other Work Group Members have comments?

21 (No response.)

22 CHAIRMAN MELIUS: Okay. Next on

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1 my list is Brookhaven.

2 MEMBER BEACH: I don't have
3 anything new to report for Brookhaven, other
4 than what I reported last July. The Work
5 Group is still awaiting NIOSH's work to be
6 completed, and we will report as soon as we
7 have that.

8 CHAIRMAN MELIUS: Do you have an
9 expected date for that?

10 MEMBER BEACH: At this time I
11 don't, no. I checked with Grady last week,
12 and they're still struggling with dates. So I
13 don't.

14 CHAIRMAN MELIUS: Stu or Jim,
15 could you enlighten us?

16 MR. HINNEFELD: Well, I can say
17 that we feel the pressure of this. I was
18 hoping to find a date on our schedule, but
19 it's not there. It seems likely that we will
20 come forward with an 83.14 action of some sort
21 to extend the Class that has already been
22 proposed, just because of the state of the

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1 records we're encountering there.

2 So it's likely that that is what
3 is going to happen. And I think the issue is
4 kind of deciding on an end period for them.
5 That is what is causing the delay in the work.

6 So I don't have anything to offer
7 now. We can try to be in communication before
8 the teleconference with the Work Group and
9 whoever you like to make sure we see what we
10 can come up with in terms of deliveries.

11 MEMBER BEACH: Well, a mandate
12 will be important to the Work Group, depending
13 on where it ends up. So we may have more work
14 to do, and we may not.

15 CHAIRMAN MELIUS: Okay. Yes. So
16 if you had an update before the
17 teleconference, then, if needed, for another
18 Work Group meeting?

19 Fernald we're going to hear from
20 tomorrow with Brad. Hanford we will also hear
21 from tomorrow. With that, Idaho? Phil?

22 MEMBER SCHOFIELD: We met on June

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1 21st, got quite a bit accomplished there.
2 Both NIOSH and SC&A have issues on some of the
3 matrix items to work on. Then once those are
4 done, we will schedule another meeting.

5 CHAIRMAN MELIUS: Okay. I forget
6 the official name of this, but I have it on my
7 list as the "K-25 et al. Work Group." I
8 didn't bring my official list.

9 MEMBER SCHOFIELD: Gaseous
10 Diffusion Plants?

11 CHAIRMAN MELIUS: Yes.

12 MEMBER SCHOFIELD: We have
13 actually gone through all three of them now.
14 So there are outstanding issues on all three
15 of them. And hopefully we can get them all
16 combined and at the next meeting get through
17 those issues. So, a lot has been
18 accomplished.

19 CHAIRMAN MELIUS: Work Group, do
20 you have another meeting scheduled or --

21 MEMBER SCHOFIELD: Not yet.

22 CHAIRMAN MELIUS: Not yet? Okay.

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1 Lawrence Berkeley? Bill? Excuse
2 me. Bill's conflicted. I've got that. Paul?

3 MEMBER ZIEMER: Nothing to report
4 on Lawrence Berkeley.

5 CHAIRMAN MELIUS: Linde? Gen?

6 MEMBER ROESSLER: The Linde Work
7 Group met August 15th. This was the 14th
8 meeting of the Work Group, the first one to
9 discuss SEC Petition 00154, which calls for
10 adding all employees who worked in any area at
11 Linde Ceramics from November 1st, 1947 through
12 December 31st, 1953.

13 The Work Group, NIOSH, and SC&A
14 discussed NIOSH's revised TBD, which was
15 posted on July 15th, 2011.

16 SEC had questions about a table
17 and an attachment in the new TBD. They hadn't
18 really had a chance to look at it much before
19 the meeting. Their questions dealt with
20 raffinates, specifically the method used to
21 determine the uranium progeny ratios. NIOSH
22 presented the ER for this SEC period, and SC&A

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1 presented its review.

2 Three issues dealt with
3 worker-identified concerns and three with
4 SC&A-identified concerns. Although SC&A
5 agreed that NIOSH's approach to bounding all
6 dose scenarios is valid, questions still exist
7 with one Work Group Member and the Linde
8 petitioner as to whether any contaminated
9 tunnels were present during this SEC period.

10 It was agreed that this is not an
11 SEC issue but, rather, a TBD or dose
12 reconstruction issue. Nevertheless -- and you
13 know that we have discussed tunnels at Linde a
14 lot before -- we decided that this question
15 deserved further evaluation.

16 Also, because one Work Group
17 Member was not present for the deliberation,
18 it was decided that the Work Group would hold
19 another meeting by teleconference in late
20 October and plan to report its recommendations
21 on this SEC to the Board at the December
22 meeting in Tampa.

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1 To take care of all of the
2 remaining questions, SC&A was tasked with the
3 following, and they are going to report to the
4 Work Group by the teleconference:

5 Number one, SC&A is going to
6 review the new TBD to see if there's anything
7 new in it that would relate to an SEC-00154
8 issue. They had not had a chance to do that.

9 So they'll do that.

10 Number two, study some supporting
11 data for a table in an attachment in the TBD
12 where they had questions to determine if the
13 uranium progeny data ratios developed by NIOSH
14 are scientifically based and applied in a
15 sound manner.

16 And then, number three, look at
17 all the drawings, documents, and
18 correspondence with regard to the utility
19 tunnels to determine when, which tunnels were
20 built, how the tunnel exposures were assigned
21 in different time periods, and when and where
22 the soil might have been contaminated with

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1 radium-226.

2 So we will then talk about those
3 issues and meet in late October. And we
4 haven't scheduled the meeting yet.

5 CHAIRMAN MELIUS: Okay. Thank
6 you.

7 Any other Work Group Members have
8 questions or Work Group Members have comments
9 on that?

10 (No response.)

11 CHAIRMAN MELIUS: Very thorough
12 report. Thanks.

13 You're up. Los Alamos? I was
14 going to draft LaVon, but I guess you took him
15 off the hook.

16 MEMBER GRIFFON: Los Alamos. I
17 don't have any update from the last meeting's
18 update.

19 CHAIRMAN MELIUS: Okay. Mound,
20 Josie?

21 MEMBER BEACH: For Mound, our last
22 Work Group meeting was a teleconference on May

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1 13th. And our last face-to-face meeting was
2 in January, the 5th and 6th. At the
3 teleconference, we went over the radon issue.

4 We have four items left to
5 complete for this Work Group. And we are
6 waiting still for the radon paper, and I don't
7 have an end date for that. Maybe Stu can give
8 us an update on that.

9 The last one that NIOSH has got is
10 the tritium swipe data. Once that is in our
11 hands, we have sent out some dates for early
12 to mid-November. And I think we're getting
13 close to having a date for our next Work Group
14 meeting. And I'm hoping to report out at the
15 December meeting in Tampa for Mound, on
16 probably all of the issues except the very
17 last one, "data adequacy and completeness."
18 That may take us a little more time than
19 December.

20 And, oh, the tritium data is due
21 September 5th. So we're hoping to have that,
22 right? I know that's been pushed back a

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1 couple of times. So hopefully that end date
2 is going to be a good date for us.

3 MR. HINNEFELD: Yes. We think
4 that is a pretty good date on the tritium.
5 You know, it's wrapping up internally.

6 Did you ask about a radon? That
7 is an internal as well. I mean, there is a
8 product now that's going on internal review.
9 So we're getting close to both of them,
10 kicking both of them out.

11 MEMBER BEACH: So November 7th.

12 MR. HINNEFELD: Yes. I think we
13 should be on schedule for doing that.

14 CHAIRMAN MELIUS: And there are
15 also some Class Definition issues?

16 MEMBER BEACH: That is the radon.

17 CHAIRMAN MELIUS: Radon issue.
18 Okay. That's what I thought. I just wanted
19 to make sure it was the same, same issue.
20 Okay. Anyone have questions for Josie or Work
21 Group Members have comments?

22 (No response.)

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1 CHAIRMAN MELIUS: Okay. Pantex
2 we'll hear from on Friday -- or, excuse me,
3 Thursday. I hope we're still not hearing from
4 it on Friday.

5 Pinellas? Phil?

6 MEMBER SCHOFIELD: Everything
7 except the medical TBD has been updated and
8 signed off. We're still waiting for a
9 signature on that. And we will schedule a
10 Work Group meeting on it. The SEC that has
11 been filed for it was denied at this point,
12 SEC Petition.

13 CHAIRMAN MELIUS: So will that be
14 completed and ready for -- we'll be in Tampa
15 in December.

16 MEMBER SCHOFIELD: Yes.

17 CHAIRMAN MELIUS: Okay. Good.
18 Anybody have questions for Phil or comments?
19 NIOSH have any comments?

20 MR. KATZ: Yes. I have a
21 question.

22 CHAIRMAN MELIUS: Yes?

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1 MR. KATZ: Because I don't know.
2 Phil, maybe you could remind me or Joe. So we
3 have updated TBDs, is that what you're saying?

4 MEMBER SCHOFIELD: Yes, all except
5 for the medical.

6 MR. KATZ: Okay.

7 MEMBER SCHOFIELD: Once it's
8 signed off, we'll send those out to everybody
9 with updates.

10 MR. KATZ: Okay. So, then, the
11 other t we need to cross is to have SC&A look
12 at the updates in preparation for that. That
13 would be nice to get that done so that we can
14 have a really productive Work Group meeting
15 there.

16 CHAIRMAN MELIUS: Good. Okay.
17 Rocky Flats? Mark?

18 MEMBER GRIFFON: No update, no
19 meetings have occurred between the last
20 meeting. We are tentatively planning a Work
21 Group meeting, probably toward the end of
22 September, to pick up the Site Profile issues

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1 that remain.

2 And also hopefully, given DOL's
3 presence here today, we can at least update.
4 I know the petitioner is very interested in
5 this implementation of a Class that's
6 established. So we'll have those two topics
7 on the next agenda.

8 CHAIRMAN MELIUS: Okay. Good. Any
9 questions for Mark?

10 (No response.)

11 CHAIRMAN MELIUS: Okay. Santa
12 Susana. Mike's not here.

13 Savannah River we will hear about
14 tomorrow, an update. SEC Issues, there's
15 nothing since the last meeting.

16 TBD-6000, Paul?

17 MEMBER ZIEMER: The main focus of
18 TBD-6000 right now is on General Steel
19 Industries. We received earlier this month
20 from NIOSH a White Paper dealing with the
21 radiography sources and the portable X-ray
22 radiography sources and the cobalt. And that

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1 is radium, X-ray and cobalt radiography
2 sources.

3 The contractor, SC&A, has been
4 already tasked to review that White Paper.
5 And SC&A has a target date for delivering
6 their review to us on September 12th, I
7 believe is the date I have, Joe. I think that
8 is still on target.

9 And then we are scheduled to meet
10 on September 22nd to review the issues
11 relating to that White Paper, both as they
12 pertain to the SEC Petition as well as to the
13 main document itself on sort of the equivalent
14 of a Site Profile for GSI.

15 Also on the docket is a second
16 White Paper, which will focus mainly on the
17 exposures from the betatrons at that facility.

18 And that White Paper is scheduled for
19 completion by NIOSH at the end of December.
20 And then we'll have to have a review of that
21 as well by our contractor.

22 So the bottom line is, right now

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1 the General Steel Industries' petition is
2 stretched out, as it were, until into
3 certainly the early part of next year.

4 CHAIRMAN MELIUS: February meeting
5 or after.

6 MEMBER ZIEMER: Well, if we get
7 that paper, which is scheduled for December
8 30th. And the Chair does not plan to spend
9 New Year's Day reading it. So I believe that
10 if the Board's contractor is able to jump on
11 that early in January, by mid-January,
12 hopefully, we'll have a response. And then
13 we'll be into early February for a meeting, I
14 would guess.

15 CHAIRMAN MELIUS: Okay. I would
16 hope the Board's contractor would start to
17 work immediately on January 1st.

18 MEMBER ZIEMER: Well, we don't
19 want them to work on January 1st. Their rates
20 are high enough without the overtime.

21 CHAIRMAN MELIUS: I don't remember
22 seeing that in the contract. What's this

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1 about overtime?

2 (Laughter.)

3 MR. KATZ: Paul, I thought I heard
4 you say September 22nd, but the meeting is
5 September 20th.

6 MEMBER ZIEMER: I will try to show
7 up earlier, then.

8 (Laughter.)

9 MEMBER ZIEMER: Let me confirm
10 that as I boot up my calendar here very
11 quickly. September 20th is the correct date.

12 CHAIRMAN MELIUS: Any comments
13 from Work Group Members or questions from
14 Board Members on that?

15 (No response.)

16 CHAIRMAN MELIUS: Okay. Thanks.

17 TBD-6001?

18 MEMBER ANDERSON: Tomorrow we will
19 be sharing our recommendations on the Hooker
20 SEC. We have one other SEC that is
21 progressing along, and that is Electromet. We
22 had sent the letter to DOE asking for

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1 information they might have on the volume of
2 uranium process there as well.

3 Questions were raised about
4 thorium. After considerable waiting, we did
5 get a letter back from them the end of July
6 indicating they really couldn't give us an
7 estimate of the amount of uranium ore that
8 was processed there. There is evidence it was
9 processed there. So it remains a site.

10 And there is no indication that
11 thorium was used there, but an exposure to
12 thorium from the ore, since the ore came from
13 the Belgian Congo, is an option.

14 So NIOSH on the basis of this is
15 now re-looking at their approach to dose
16 reconstruction and maybe giving us a new set
17 of recommendations for how to handle the SEC.

18 We're hoping to get that back by
19 the end of October, first part of November, I
20 think, in time for us to meet before the next
21 Board meeting to try to bring that one to a
22 close.

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1 We have, I think, three other,
2 four, was it? Three other TBDs and Site
3 Profiles that we're working on, United
4 Nuclear. We've spent a fair amount of time
5 identifying the matrix and issues.

6 We're also working on DuPont
7 Deepwater as well as Baker-Perkins. Those are
8 chugging along, but we haven't spent as much
9 time on them on them because we wanted to
10 close out the SEC.

11 CHAIRMAN MELIUS: Good. Thank you.

12 Are we still on, NIOSH still on, target for
13 October, November? Jim Neton's nodding his
14 head.

15 MEMBER ANDERSON: We just met last
16 week. We spent the time getting ready for
17 this meeting.

18 CHAIRMAN MELIUS: Okay. Anybody
19 have questions or comments on that?

20 (No response.)

21 CHAIRMAN MELIUS: Weldon Spring,
22 we have a -- Mike is not here.

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1 MR. KATZ: Yes. Mike is the
2 Chair. He's not here. But we have a meeting
3 set for September 13th, Work Group meeting.

4 CHAIRMAN MELIUS: Okay.

5 MEMBER LEMEN: I could add that we
6 have received the SC&A reports for Weldon
7 Spring, and there'll be a discussion there for
8 the meeting on the 13th.

9 CHAIRMAN MELIUS: And according to
10 the NIOSH update, NIOSH has two reports due
11 for completion in early next month on Weldon
12 Spring. Yes. Okay.

13 MR. HINNEFELD: We went through
14 our project plan for the second one of these.

15 CHAIRMAN MELIUS: Okay.

16 MR. HINNEFELD: You remember we
17 sent out one and we sent a revision.

18 CHAIRMAN MELIUS: Yes.

19 MR. HINNEFELD: For the second one
20 of these, we went through our project plan and
21 tried to get it as up to date as we could
22 based on our current project plan. Those

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1 dates were subject to interference and things
2 like that, but we tried to hit those dates.

3 CHAIRMAN MELIUS: Okay. Good.
4 This time Jim didn't nod. He turned his head
5 towards you, Stu. Thanks.

6 So Worker Outreach? Josie, did I
7 understand you --

8 MEMBER BEACH: I prepared a
9 report.

10 CHAIRMAN MELIUS: Okay. Thank
11 you.

12 MEMBER BEACH: In February of
13 2011, SC&A was directed to pause work on the
14 Rocky Flats outreach pilot study. That's part
15 of our objective 3, where we started. Until
16 SC&A could meet with the Work Group and
17 receive further direction, the work continued
18 on other tasks assigned to SC&A by the Work
19 Group, and those included the issues
20 resolution related to PR-12, updating the
21 issues matrix, and identification of sites
22 where worker outreach meetings had not been

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1 held.

2 A Work Group meeting was held on
3 June 29th, 2011, and we discussed the Rocky
4 Flats outreach pilot study and the issues
5 resolution status of PR-12.

6 During this Work Group meeting,
7 the Work Group provided additional direction
8 for Rocky Flats, the outreach pilot study.
9 That's what SC&A was lacking to get them
10 started again.

11 And then we tasked SC&A with
12 preparing a sampling plan. The sampling plan
13 was prepared and distributed to the Work Group
14 in preparation for a teleconference that we
15 held on July 28th, 2011.

16 SC&A at that time was given
17 further direction by the Work Group on the
18 sampling approach and asked to revise the
19 sampling plan. SC&A is currently working on
20 the revision of that sampling plan, which is
21 expected to be submitted to the Work Group by
22 September 2nd. Once that revised sampling

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1 plan has been agreed upon, the Work Group will
2 reactivate the work on Rocky Flats.

3 At this time there is no
4 teleconference scheduled. So we'll have to
5 get with Mike and see if once we have that
6 sampling plan, that it should just be a phone
7 call -- or I guess we decided to do that by
8 email, so maybe it's just an email.

9 That's all I have.

10 CHAIRMAN MELIUS: Any further
11 additions to that, comments?

12 (No response.)

13 CHAIRMAN MELIUS: Okay. Mark, I
14 think we're ready for you.

15 MEMBER GRIFFON: The DR
16 Subcommittee. I'll just briefly say we had a
17 meeting in mid-July, and we focused on our
18 normal operations, which is to go through all
19 the cases that are in review. In addition to
20 that, we had a discussion on the NIOSH
21 ten-year review report.

22 And, actually, I had an action

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1 items to produce a memo for the Subcommittee
2 to bring to this Board, which I was to
3 circulate to the Members prior to this
4 meeting, none of which happened. I haven't
5 finished the memo, and I haven't circulated
6 it.

7 But, just to add onto what Stu
8 said earlier -- and I will get that to the
9 full Board -- the idea was that we were to
10 review the sections in the ten-year review
11 plan, focusing on the dose reconstruction and
12 quality assurance initiatives, since a lot of
13 that has come up in our Subcommittee.

14 And one thing Stu correctly
15 reports is that we did talk about the need to
16 establish a baseline for the QA/QC analysis.
17 And I think we had a couple of different
18 options came out of the discussion.

19 So I know Stu mentioned one option
20 that they seemed to be pursuing, which is this
21 blind analysis. I think there was another one
22 that talked about doing cases a number of

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1 times, ten times with ten different people, to
2 look at variability as a way to sort of assess
3 the quality assurance problems.

4 So we have a number of things
5 there. I think next up for the Subcommittee is
6 to draft a memo and bring it back to this full
7 Board, just for a discussion on the full
8 Board.

9 I'm not sure it's a report that
10 would go anywhere, other than back to the full
11 Board for discussion. And I think in most
12 cases, it will be consistent with NIOSH's
13 action plan or supportive of NIOSH's action
14 plan. I think that's our next -- we do want
15 to deliver that product to the Board.

16 Let's see. The other item, other
17 than going through our normal caseload, was to
18 look at the next round of cases for selection
19 for SC&A. And in the handouts, we have a
20 spreadsheet. I don't know if everyone has
21 looked at it yet. There are 50 cases on
22 there.

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1 And these cases, just as a
2 reminder, we went through a sort of triage
3 process on the Subcommittee. I think NIOSH
4 gave us actually quite a large list this time.

5 I believe Stu may have the number, but I
6 think it was a couple of hundred or 300, a
7 couple of hundred cases.

8 And out of those, we did the
9 normal process. We picked 50 cases. And then
10 we asked NIOSH to go and get additional
11 information on those cases, such as the last
12 columns in the spreadsheet, if you recall, are
13 whether they were done by best estimate, by
14 overestimate, whether they included neutrons,
15 et cetera.

16 So this is the product to bring
17 back to the Board. And now as a full Board,
18 we would like to select out of those. It can
19 be all 50 if we want to take some out. And
20 this will be our final group that we task SC&A
21 with reviewing.

22 So if we want to start going down

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1 them in order? Jim, I don't know how you want
2 to proceed here.

3 CHAIRMAN MELIUS: Why don't you
4 just go in order?

5 MEMBER GRIFFON: Go through the
6 list?

7 CHAIRMAN MELIUS: Yes. Paul, do
8 you have -- sure, go ahead.

9 MEMBER ZIEMER: Mark, I have two
10 questions. The first one, could you just --
11 it's more of a request. Could you remind us
12 as to where we stand on blind reviews by our
13 contractor?

14 MEMBER GRIFFON: Right. That is
15 another item, actually, that we did discuss at
16 the last meeting. I believe we only tasked
17 them with doing two blind reviews.

18 MEMBER ZIEMER: Right.

19 MEMBER GRIFFON: And they did both
20 of those reviews. And we discussed them. It
21 was at the last meeting, I believe. And at
22 this point -- and internally SC&A looked at

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1 them. They had two different individuals look
2 at the cases.

3 One of them, one person, used the
4 NIOSH procedures to go through and reconstruct
5 the dose. The other person, whom you might
6 guess, did more of a basically a hand, first
7 principles, you know, went through and did a
8 hand calculation.

9 And we sort of discussed the
10 differences. There was quite a bit of
11 variation in the final numbers that they
12 produced, doing it that way by hand versus by
13 the NIOSH protocol.

14 What we haven't done is we haven't
15 compared it to NIOSH's. NIOSH now has that,
16 and they have taken that to compare. Is that
17 right? I'm trying to recall. Yes. Stu, is
18 that correct?

19 MR. HINNEFELD: That is my
20 recollection.

21 MEMBER GRIFFON: Yes.

22 MR. HINNEFELD: We, in the last

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1 meeting, compared. And there were like the
2 components of the doses --

3 MEMBER GRIFFON: Right.

4 MR. HINNEFELD: -- that were
5 broken out. We kind of compared. SC&A
6 actually did a really nice comparison.

7 MEMBER GRIFFON: Yes.

8 MR. HINNEFELD: And our action was
9 to kind of go back and figure it out. You
10 know, sitting there in the room we weren't
11 really equipped to spend the time to explain
12 why SC&A came up with this number and we came
13 up with this other number.

14 MEMBER GRIFFON: Right.

15 MR. HINNEFELD: But that's the
16 kind of --

17 MEMBER GRIFFON: That's the next
18 step we're going to take, yes.

19 MR. HINNEFELD: -- path we're
20 going to follow on that.

21 MEMBER ZIEMER: Okay. Good. I
22 appreciate hearing that. And perhaps by our

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1 next meeting, you will be able to sort of
2 report to the Board --

3 MEMBER GRIFFON: Yes. Hopefully.

4 MEMBER ZIEMER: -- not only what
5 the results are, but any recommendations you
6 have relating to that.

7 My second question is to ask
8 whether or not -- I forget how many cases now
9 we have completed and closed out. We're over
10 200 now, aren't we?

11 I'm really asking, are we in a
12 position to give the Secretary a sort of a
13 200-case summary, sort of analogous to our
14 100-case? I don't know that there has been
15 any commitment to that, but I'm just raising
16 that.

17 It seems to me at some point we're
18 due to again report to the Secretary because,
19 in essence, what we are doing is to assess
20 whether or not dose reconstructions are
21 scientifically valid, in a sense.

22 And after, say, we had a report

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1 after the first 100 audits or cases, it seems
2 to me we may be close to being due for another
3 assessment. And do we conclude anything
4 different or the same or what?

5 MEMBER GRIFFON: Right. And I
6 don't know the count, but we're on the -- I
7 don't know if we have reached two. Did we
8 reach 200 yet? I mean, we're on the ninth
9 set, and we're still closing out some findings
10 in the eighth and ninth set. I don't know if
11 -- sometimes they have more than 20 per set, I
12 think.

13 MR. HINNEFELD: Right. I don't
14 have a count right now. I can have it later
15 on in the meeting.

16 MEMBER GRIFFON: Right.

17 (Simultaneous speaking.)

18 MR. HINNEFELD: Yes. Those
19 reports generally are summaries after the
20 conclusion of the resolutions.

21 MEMBER GRIFFON: Right.

22 MR. HINNEFELD: And, as Mark said,

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1 we're working on the ninth set. The 10th,
2 11th, and 12th sets have all been delivered
3 and some of which I think some initial
4 response has been made but not all. So by the
5 time we get through ninth, we might be at 200,
6 but I don't have any --

7 MEMBER ZIEMER: Or close.

8 MEMBER GRIFFON: Yes, or close.
9 We are close.

10 MR. HINNEFELD: But we haven't
11 resolved all ninth yet.

12 MEMBER GRIFFON: I mean, the other
13 thing I think we have discussed is that the
14 Subcommittee is falling quite far behind SC&A.

15 And I think -- I note that one of the actions
16 for NIOSH was to look at sort of resource
17 management issues because I think one of the
18 dilemmas we have, it's not always the
19 Subcommittee is slowing things up. A lot of
20 times we don't have NIOSH responses to even
21 discuss. So we have been putting off
22 meetings.

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1 And I know it's often because they
2 have other commitments where the SEC -- you
3 know, other work commitments. But at some
4 point we would like to catch up on this
5 backlog for a couple of key reasons, I think.

6 One, the most important, is that
7 we're looking at cases that NIOSH has already
8 changed a lot of their internal procedures.
9 So our comments are sort of commenting on the
10 past. And we would like to be at least sort
11 of where they are, especially relative to
12 QA/QC.

13 They have made a lot of changes in
14 how they handle that. And we're still looking
15 at some of the older cases. So we want to
16 keep things relevant.

17 MEMBER ZIEMER: And I understand
18 that. And, in fact, you know, the ten-year
19 review raised the issue of why NIOSH didn't
20 find some of the issues that were raised by
21 our contractor. But I think we have to be
22 careful not to lose sight of why we're doing

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1 this to start with and not focus on those
2 individual findings that somebody did this
3 with the wrong worksheet or something and say,
4 "Are we accomplishing what the Secretary has
5 asked us to accomplish?"

6 And that is, to do dose
7 reconstruction in a scientifically defensible
8 way and make sure we are answering the big
9 question beyond the little details. So I just
10 sort of want to keep us focused on that, if I
11 can take the liberty to do that.

12 MEMBER GRIFFON: We will at least
13 discuss that at the next Subcommittee and see
14 where we're at with the cases. And I think
15 it's a good point. So we should discuss it
16 more at the Subcommittee to see if it makes
17 sense to do a report.

18 I mean, I think you are probably
19 right that that might be a good benchmark. I
20 want to look at maybe some of the details of
21 --

22 MEMBER ZIEMER: Well, you and I

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1 discussed what the big question is ultimately.

2 MEMBER GRIFFON: Yes.

3 MEMBER ZIEMER: And that is the
4 hard question to answer.

5 MEMBER GRIFFON: Yes.

6 MEMBER ZIEMER: It's easy to
7 tabulate little errors that have been made
8 along the way. It's harder to answer the big
9 question. But I think we have to struggle
10 with it.

11 CHAIRMAN MELIUS: I would just add
12 that I think the -- maybe after this set of
13 cases. Case selection, maybe we want to --
14 you know, before we do another set, to sort of
15 step back a little bit, see where we are.
16 It'll be a while before we even get this set
17 resolved, so to speak --

18 MEMBER ZIEMER: Right, right.

19 CHAIRMAN MELIUS: -- a period of
20 time. And is there some different -- we
21 really sort of stayed with the same focus
22 since we started, initially started, and I

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1 think there have been adjustments also along
2 the way in terms of case selection, some, I
3 think, in terms of the way the reviews are
4 done.

5 Maybe it is also time to sort of
6 think about that, particularly where NIOSH is
7 going through the ten-year review, they're
8 making some adjustments. And I think over all
9 of this, that we also have this sort of issue
10 of resource management with lots of competing
11 priorities to deal with. And I think this is
12 one of our key functions.

13 So I don't think it should be a
14 low priority or a lower priority, but I think
15 we need to think of some way that we could
16 make this a better process, also based on that
17 experience.

18 And I think it's hard. As Mark
19 said, I would hate to try to do a 200 report
20 and leave out what probably may be the more
21 difficult cases to resolve in the eighth and
22 ninth set, simply because they just take more

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1 effort and so forth. So I don't think there's
2 any easy answer here, but it's something to
3 think about and something, actually, maybe for
4 the Subcommittee, who is closer to this, to
5 think about and report back at the next
6 meeting.

7 Any other Board Members have more
8 general -- I'm sorry, Wanda. Go ahead.

9 MEMBER MUNN: When we think about
10 weighing priorities appropriately, it would be
11 wise, I think, to pay special attention to
12 Mark's comment about incorporating current
13 practices, more current practices, in any
14 report that we send to the Secretary. It is
15 difficult to see how much value could be
16 placed on actions that were taking place four
17 years ago, as opposed to how we are doing
18 things more recently. And that piece of
19 information is key to identifying what changes
20 have transpired.

21 If we have no real emphasis on
22 current or more current actions, then we're

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1 simply reporting: "Meanwhile, six years ago,
2 this is what happened."

3 CHAIRMAN MELIUS: Yes. Yes, we
4 agree.

5 MEMBER GRIFFON: I think that is a
6 valid point, although I think a lot of cases
7 were dispositioned under those previous
8 methods, so I don't think we should just
9 dismiss that. I mean, you know.

10 MEMBER MUNN: Oh, no. I wasn't
11 suggesting that we ignore previous activities.
12 I am just saying that --

13 MEMBER GRIFFON: Yes.

14 MEMBER MUNN: -- without
15 incorporating more current activities, then
16 there really is no depth of evaluation between
17 our original report and the one upcoming.

18 CHAIRMAN MELIUS: Case selection.

19 MEMBER GRIFFON: Case selection.

20 CHAIRMAN MELIUS: We might want to
21 take a couple of minutes and look through. I
22 think the question is more, it's about what

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1 the Subcommittee has selected and people have
2 objections or I guess more by elimination than
3 by -- it may be more efficient than looking at
4 it by selecting, you know, reselecting among
5 these.

6 If there are some that shouldn't
7 be in there or one has questions about it, why
8 don't we all take five minutes or so, look
9 through and see if that process will work?

10 MEMBER GRIFFON: And, again, I
11 should say that this Subcommittee preselected,
12 meaning that we didn't have the last three
13 columns of information. So sometimes
14 something may look like it was a best estimate
15 and we thought it was an interesting case for
16 that reason. But then when we get this
17 detail, it turns out it was a site-wide model
18 or whatever, so it might not be as
19 interesting.

20 So all of the information is there
21 now. So we should look it over.

22 MR. KATZ: And also, Board

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1 Members, just keep in mind as well your sites
2 for which you are conflicted. Of course, you
3 won't want to speak to those cases.

4 MEMBER GRIFFON: I think the idea
5 was, they can probably - we're a little behind
6 on tasking them with cases, so they can take
7 as many as we can get out of this 50.

8 The one thing I can add in our
9 preselection, we did try to emphasize a little
10 more on the 1980s and 1990s, because, in
11 looking at our summary statistics that the
12 SC&A group put together, we realized that we
13 were lacking quite a bit in that.

14 You know, we intended to focus on
15 a lot of the cases, but a lot of years were
16 from the '50s and the '60s. We didn't have as
17 many cases from the '80s and '90s. So that's
18 why some of these are on there.

19 MEMBER ZIEMER: I don't see many
20 '80s and '90s on there.

21 MEMBER GRIFFON: Not that many,
22 but more than in the past, I think.

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1 MEMBER ZIEMER: I only see one or
2 two.

3 MEMBER ANDERSON: A few '70s.

4 MEMBER GRIFFON: Yes. There's
5 three at least, four.

6 MEMBER MUNN: So many of these
7 people had such a long --

8 MEMBER GRIFFON: Yes.

9 MEMBER MUNN: -- period of
10 employment. Remember that decade is just when
11 they started.

12 MEMBER ANDERSON: Just a quick
13 question. For number 44, is that PoC of one?
14 Is that correct?

15 MEMBER GRIFFON: That is correct.
16 Actually, it's 1.01.

17 (Laughter.)

18 CHAIRMAN MELIUS: Yes? Go ahead.

19 MEMBER GRIFFON: The reason we
20 selected that was the facility, really, I
21 think. It's probably one size fits all.

22 MEMBER ANDERSON: Just say it was

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1 full internal and external.

2 MR. KATZ: I was going to say for
3 everyone, when you talk about these cases or
4 have questions about them, whatever, we have
5 to be careful because you have enough pieces
6 of information that you actually have more
7 than the Privacy Act would cover to be spoken.

8 So the way to do it, I think, is
9 to just refer your fellow Board Members to the
10 page number and then the number on the left,
11 the first number, the identifier number, so
12 that you can direct your fellow Board Members
13 to the right case. And then just be
14 circumspect about how much you say about the
15 details on the other columns. Thanks.

16 MEMBER ZIEMER: Mark, I gather
17 from the previous question that the
18 Subcommittee has already looked over all of
19 the facilities here and matched them against
20 sort of our original targets on numbers. So
21 these fit in correctly with, you know, what
22 sites haven't we looked at enough or which

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1 ones have we looked at too much. So the --

2 MEMBER GRIFFON: I mean, for
3 instance, even though you see Savannah River,
4 a number of Savannah River cases again --

5 MEMBER ZIEMER: It's a big site.

6 MEMBER GRIFFON: It's a big site,
7 a lot of claims.

8 MEMBER ZIEMER: Right. So you
9 have addressed all of those?

10 MEMBER GRIFFON: Yes.

11 MEMBER ZIEMER: And the same
12 question on types of cancers. We're making
13 sure we cover those.

14 MEMBER GRIFFON: Right. And we
15 did. You know, like I said, we did. I know
16 there aren't that many, but I think I counted
17 four that are in the '80s or '90s. And there
18 just aren't as many that are available to pick
19 from. But we did try to focus on that.

20 And then, some of these very
21 unique facilities, in most cases we only want
22 to do probably one claim, especially where

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1 there's usually a site-wide model or a
2 one-size-fits- all approach. We figured, even
3 if the PoC is very low, at least we're
4 reviewing the site.

5 CHAIRMAN MELIUS: Can I just add
6 back to the earlier comment about some of
7 these may have become SECs or could become? I
8 don't think we necessarily have enough
9 information, probably because some of these
10 SECs we're going to be discussing in the next
11 two days.

12 And so, I mean, I think can we
13 sort of agree to leave it to the Work Group
14 Chair to work to identify and if there are
15 some that don't make sense to review to handle
16 accordingly.

17 MEMBER GRIFFON: We have done that
18 in the past.

19 CHAIRMAN MELIUS: Yes. And I
20 think that is, rather than us try to guess
21 who, which ones should or if there's --

22 MEMBER ANDERSON: Do we refill it,

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1 then, or no?

2 MEMBER GRIFFON: Usually not,
3 because there are enough cases.

4 CHAIRMAN MELIUS: There are enough
5 cases, yes. I don't --

6 MEMBER ANDERSON: Yes.

7 MEMBER GRIFFON: But I will work
8 with Stu. We have done this in the past where
9 if we identify one that falls into an SEC, he
10 will let me know. And then we can decide
11 whether to include it or not. In some cases,
12 it may be useful to include it because you can
13 still do the partial dose reconstruction.

14 CHAIRMAN MELIUS: That is what I
15 was going to say. I reviewed one that was
16 like that.

17 MEMBER GRIFFON: Yes, yes.

18 CHAIRMAN MELIUS: And it was
19 actually, I thought, a helpful review --

20 MEMBER GRIFFON: Right.

21 CHAIRMAN MELIUS: -- or I should
22 say maybe appropriate review.

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1 MEMBER GRIFFON: Yes. And I think
2 it --

3 CHAIRMAN MELIUS: I don't know if
4 NIOSH found it helpful.

5 MEMBER GRIFFON: I think in some
6 cases for Rocky Flats even, I think we had put
7 a few and you -- I think it's in this set that
8 we did select one that would have been a
9 partial, you know, didn't fit into the SEC
10 years but it would have been a partial dose
11 reconstruction.

12 CHAIRMAN MELIUS: Anybody else
13 have questions on --

14 MEMBER CLAWSON: I've got a
15 question for you. On the Hanford site, is
16 Pacific Northwest Labs covered under the
17 Hanford site?

18 I thought I heard something that
19 it was trying to be separated out. I was just
20 wondering if they were one and the same.

21 CHAIRMAN MELIUS: Stu, we have
22 been discussing that issue.

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1 MR. HINNEFELD: I can tell you our
2 perspective on that right now is that it
3 appears to us that PNNL or Battelle is one of
4 several contractors who work on Hanford. They
5 also work off Hanford.

6 So it would seem to us that -- and
7 someone who was a PNNL employee who was
8 working on Hanford, it would seem to us that
9 that is a Hanford claim. And if they worked
10 at the PNNL facilities which are not on
11 Hanford, which we understand is a fairly
12 recent acquisition in the history of the
13 program, that that would then be a PNNL thing.

14 I mean, that to us makes sense.

15 I don't think things have been
16 done that way up to now. And so chances are,
17 for someone who has been categorized as a PNNL
18 employee up to now, whether they worked on the
19 Hanford site or whatever, chances are they may
20 have been referred as PNNL. And so they would
21 appear in our database as a PNNL employee.

22 So I think, to get back to this

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1 list of employees, someone on here who is
2 identified as a PNNL employee could very well
3 have worked on the Hanford facility.

4 MEMBER CLAWSON: Being on the
5 Hanford Work Group, I've seen us going back
6 and forth. I know that some of these were
7 covered under the earlier SEC, so I was just
8 wondering how that worked.

9 CHAIRMAN MELIUS: Any other
10 comments or questions?

11 MEMBER GRIFFON: Or any that you
12 recommend dropping --

13 CHAIRMAN MELIUS: Yes.

14 MEMBER GRIFFON: -- off this list?
15 Do you want to go down them one at a time,
16 Jim, or you don't?

17 CHAIRMAN MELIUS: I don't think
18 that is --

19 MEMBER GRIFFON: Yes. I mean, I
20 have a question maybe for Stu here. It's case
21 number 367. And the question I have is, it
22 says for -- do you have that? It's line 40 in

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1 the spreadsheet.

2 MR. HINNEFELD: Yes.

3 MEMBER GRIFFON: And the question
4 I have is it says, "X-ray only" and then
5 "partial estimate." In the "Internal" column,
6 it says, "Partial estimate for site TBD SEC,
7 not reconstructed."

8 So I think it means that all you
9 did on this case was X-rays, no internal dose
10 because of the SEC. The SEC said we couldn't
11 do internal, right?

12 MR. HINNEFELD: Yes. If I am not
13 mistaken, I am not exactly sure what the
14 entirety of the partial approach is for the
15 Los Alamos.

16 MEMBER GRIFFON: Yes. Neither am
17 I.

18 MR. HINNEFELD: I'm not entirely
19 sure. It sounds as if this person may not
20 have -- we may not have gotten an exposure
21 record from this person.

22 Now, either, you know, they were

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1 not monitored or we didn't get an exposure
2 record. They would be in the Class
3 Definition. And I didn't look at the cancer
4 to see if it would be an SEC cancer or not.

5 So then, if we had it to do for
6 dose reconstruction post-SEC, which we
7 apparently did, so it's either a non-SEC
8 cancer or we got it for medical benefits for a
9 non-SEC cancer.

10 That is what -- we didn't get an
11 exposure record, so we assigned medical
12 X-rays. And the SEC precludes several kinds
13 of internal doses. And I don't believe we
14 felt like we had enough for a coworker
15 information. In other words, if the person
16 didn't have their own data, then we had
17 nothing to reconstruct.

18 I think that's probably what that
19 means.

20 MEMBER GRIFFON: I think, you
21 know, some of these, that's one that stuck out
22 at me as to whether we should still do it. It

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1 is unique in that it is a very short time
2 period on the site and a very early decade.
3 So I think that's part of the reason we
4 selected with a fairly high PoC for stomach
5 cancer, you know, for that.

6 MEMBER RICHARDSON: I had a
7 question just about clarification. Column G
8 is consistently -- most of that's full
9 internal and external. And, yet, when you
10 look at columns L and M, like this case and
11 many other cases, there's actually partial in
12 there.

13 MEMBER GRIFFON: Right.

14 MEMBER RICHARDSON: Is there any
15 useful information in that column or --

16 MEMBER GRIFFON: That is why we
17 started doing those later columns, because
18 they're -- I forget when, but fairly early on,
19 we found out that, you know --

20 MEMBER RICHARDSON: Column G is
21 just boilerplate?

22 MEMBER GRIFFON: Yes, it's kind of

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1 boilerplate. And it's sort of up to the dose
2 reconstructor. They check it off is my
3 understanding. And then, to really
4 understand, you have to pull the whole record
5 and look at how they did it, right, Stu? It's
6 not --

7 MR. HINNEFELD: Yes. Column G,
8 the one that says "full internal and external"
9 --

10 MEMBER GRIFFON: Yes.

11 MR. HINNEFELD: -- that is
12 actually picked by our reviewer, our HP
13 reviewer of the dose reconstruction.

14 MEMBER GRIFFON: Right.

15 MR. HINNEFELD: And I think
16 probably over time there has been varying or
17 maybe not very direct guidance on what makes
18 you select this.

19 As a general rule, if it's
20 everything we can reconstruct, even if it's a
21 partial and we have included everything that
22 the partial allows us to do, we would likely

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1 check that "full internal and external."

2 MEMBER GRIFFON: Full. Right.

3 MR. HINNEFELD: And the other
4 options are things like overestimate,
5 primarily internal overestimate, primarily
6 external underestimate, primarily internal.

7 So it's a handful of items on a
8 pick list. And so the dose reconstructor has
9 to make some sort of judgment about what
10 category to put it in. It's a rough cut, at
11 best, in terms of categorizing these.

12 CHAIRMAN MELIUS: Any other
13 comments or questions?

14 (No response.)

15 MEMBER ZIEMER: May I propose --

16 CHAIRMAN MELIUS: Yes, Paul?

17 MEMBER ZIEMER: Not a proposal for
18 removal, just a practical question. Is it the
19 plan that we would have two-person teams again
20 reviewing these?

21 CHAIRMAN MELIUS: Yes.

22 MEMBER ZIEMER: So we would have

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1 like eight teams. I'm just thinking in terms
2 of if we were to approve this whole list,
3 we're talking about six cases per team, which
4 seems reasonable to me.

5 CHAIRMAN MELIUS: Yes.

6 MEMBER ZIEMER: You know, we have
7 more Board Members than we used to have when
8 we did --

9 CHAIRMAN MELIUS: Yes.

10 MEMBER ZIEMER: -- 20 or 30 cases.

11 CHAIRMAN MELIUS: Yes.

12 MEMBER ZIEMER: So we used to do
13 like three or four cases per team, but I think
14 we could do six and cover these if SC&A is
15 prepared to go ahead and no reason not to
16 accept the whole list as far as I can see.

17 CHAIRMAN MELIUS: Yes. No. And I
18 just assigned -- I can't remember which set it
19 was, but it was in the last couple of weeks.
20 And I think it averaged about two or three per
21 team. So that was a smaller list.

22 And I've generally been keeping

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1 the same teams that we did when the new Board
2 Members joined us.

3 MEMBER ZIEMER: Yes.

4 CHAIRMAN MELIUS: I think this
5 comes as a motion from the Subcommittee to the
6 -

7 MEMBER ANDERSON: Second, whatever
8 it is.

9 CHAIRMAN MELIUS: Whatever it is.
10 Yes, second. So I think we can now do this
11 on a voice vote. So all in favor say, "Aye."

12 (Chorus of ayes.)

13 CHAIRMAN MELIUS: Opposed?

14 (No response.)

15 CHAIRMAN MELIUS: Okay. Great.
16 We're going to do another piece of business,
17 keep up with our letters. So Ted is going to
18 pass out, it's just two letters. We'll keep
19 them small.

20 Some of the letters will have the
21 new letterhead. Some will just be plain old
22 letter. And then there is the boilerplate

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1 about records and so forth. We can do that.
2 Okay.

3 I was going to do the W.R. Grace
4 first. And I think, Dick, you need to leave
5 the room.

6 MR. KATZ: I think it is all
7 right. As long as you don't comment on the
8 letter, I think we're okay. The motion has
9 already passed.

10 CHAIRMAN MELIUS: Okay.

11 MR. KATZ: Is that fine, Michael?
12 Okay. Thank you.

13 CHAIRMAN MELIUS: Okay. Thanks.
14 We would rather have you in the room.

15 MEMBER LEMEN: I am not sure
16 that's true.

17 (Laughter.)

18 CHAIRMAN MELIUS: Okay. "The
19 Advisory Board on Radiation and Worker Health,
20 the Board, has evaluated a Special Exposure
21 Cohort, SEC, Petition 00182 concerning workers
22 at W.R. Grace and Company in Curtis Bay,

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1 Maryland, under the statutory requirements
2 established by the Energy Employees
3 Occupational Illness Compensation Program Act
4 of 2000, EEOICPA, and incorporated into 42 CFR
5 83.13.

6 "The Board respectfully recommends
7 that SEC status be accorded to quote, 'all
8 Atomic Weapons Employees who worked in any
9 building or area at the facility owned by the
10 W.R. Grace and Company in Curtis Bay, Maryland
11 for the operational period from May 1, 1956
12 through January 31st, 1958, for a number of
13 work-days aggregating at least 250 work-days,
14 occurring either solely under this employment
15 or in combination with work-days within the
16 parameters established for one or more other
17 Classes of employees included in the SEC,'
18 close quotes.

19 "This recommendation is based on
20 the following factors: individuals working at
21 the W.R. Grace and Company facility in Curtis
22 Bay, Maryland during the time period in

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1 question, worked on the processing of monazite
2 ore to produce thorium for use in nuclear
3 weapons production and related operations.

4 "Two, the National Institute for
5 Occupational Safety and Health, NIOSH, review
6 of available monitoring data as well as
7 available process and source-term information
8 for various production activities at the W.R.
9 Grace and Company facility in Curtis Bay,
10 Maryland found that NIOSH lacked adequate
11 information necessary to complete individual
12 dose reconstructions with sufficient accuracy
13 for both external and internal doses during
14 the operational time period in question. The
15 Board concurs with this determination.

16 "Three, NIOSH determined that
17 health may have been endangered for these W.R.
18 Grace and Company employees during the time
19 period in question. Board also concurs with
20 this determination.

21 "Based on these considerations and
22 discussions at the August 23rd through 25th,

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1 2011 Board meeting held in Richland,
2 Washington, the Board recommends that this
3 Class be added to the SEC."

4 I saw Paul.

5 MEMBER ZIEMER: I am not asking
6 for an amendment, but normally we also add --

7 CHAIRMAN MELIUS: Yes.

8 MEMBER ZIEMER: -- a paragraph
9 about appending some additional materials to
10 the document. And I assume that will be added
11 and that the motion, as originally given,
12 includes the instruction to the Chair to
13 promulgate this or to send this to the
14 Secretary within 30 days.

15 CHAIRMAN MELIUS: Correct. For
16 some reason, these got cut off.

17 MR. HINNEFELD: This is Stu
18 Hinnefeld. I just want to make sure we're
19 clear on the action, because our Evaluation
20 Report recommended adding a Class up through
21 January of '58 and further determined that we
22 believe dose reconstruction is feasible for

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1 the period after that.

2 CHAIRMAN MELIUS: Yes.

3 MR. HINNEFELD: Now, from the
4 discussion this morning, it sounded to me as
5 if the Board concurred with the operational
6 period but didn't necessarily go ahead and
7 concur with the residual.

8 Dr. Melius, you made the comment
9 that this won't affect anybody at this time.
10 We may get claimants later on who fall into
11 the residual period and allow us to obtain
12 additional information that would help us make
13 that decision.

14 CHAIRMAN MELIUS: Yes.

15 MR. HINNEFELD: So my only thought
16 is if, in fact, I interpreted this morning's
17 discussion correctly, it might be worth saying
18 in the letter or on the record that the Board
19 withholds judgment for the period following
20 January 1958, or however you want to do it. I
21 just want to make sure there is no confusion
22 because we were discussing what exactly does

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1 it mean, and we weren't entirely sure.

2 CHAIRMAN MELIUS: Well, that is a
3 good point, Stu. I think traditionally, I
4 guess, to the extent we have traditions here,
5 we have normally not tried to comment in the
6 affirmative in this case where it's sort of a
7 split --

8 MR. HINNEFELD: Right.

9 CHAIRMAN MELIUS: -- partly
10 because you don't always fill -- your SEC
11 reports aren't always complete on that,
12 because, like once you get internal, you don't
13 worry about external or something like that.
14 So it's a little awkward or also if we have
15 questions on these issues, then there's often
16 sort of not time to address those. We don't
17 want to delay things.

18 So we have not and, at least
19 personally in this case, I don't feel it is
20 necessary to reserve sort of need for further
21 action. I think if there's a case that came
22 forward, you would bring it to our attention.

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1 If not, we are assuming you can,
2 at least I would assume you can do dose
3 reconstruction on that residual period.

4 MR. HINNEFELD: You would assume -

5 CHAIRMAN MELIUS: Yes. That was
6 my personal interpretation, I think --

7 MR. HINNEFELD: Okay.

8 CHAIRMAN MELIUS: -- and the other
9 Board Members. And I think that with the
10 assumption that if you find further
11 information and either based on a new case
12 coming in. Again, with only one claim, it's
13 sort of --

14 MR. HINNEFELD: Right. It doesn't
15 affect anything today.

16 CHAIRMAN MELIUS: Yes, yes, yes.

17 MR. HINNEFELD: It doesn't affect
18 anything today.

19 CHAIRMAN MELIUS: Right. I don't
20 know if other Board Members --

21 MEMBER ZIEMER: Well, I am trying
22 to understand what you just said, Jim. I

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1 think you're saying that you concurred with --
2 the recommendation was that they can do dose
3 reconstruction in the residual period. I know
4 in the past, we have often made the comment, I
5 believe, that we reserved, something to the
6 effect that we were not making a judgment on
7 the following period.

8 CHAIRMAN MELIUS: We can --

9 MEMBER ZIEMER: I'm wondering if
10 the silence has any particular meaning one way
11 or the other.

12 CHAIRMAN MELIUS: Normally, we
13 have been silent. I think when we have a
14 specific -- I believe if you go through the
15 letters, you will find that, and that if we
16 have a particular concern about an issue and
17 want to reserve further action on it, then we
18 say so.

19 It somewhat depends on the
20 circumstance of the -- in the 83.14, I think
21 there are some issues --

22 MEMBER ZIEMER: Yes.

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1 CHAIRMAN MELIUS: -- doing it with
2 those.

3 MEMBER ZIEMER: I guess if NIOSH
4 had recommended an SEC on both and we weren't
5 sure of the second part --

6 CHAIRMAN MELIUS: Yes, yes.

7 MEMBER ZIEMER: -- then we
8 wouldn't comment.

9 CHAIRMAN MELIUS: Yes, reserve.

10 MEMBER ZIEMER: So what you are
11 saying here is we haven't disagreed with what
12 they said in the second part. But I'm asking
13 whether the silence implies agreement. I
14 don't know if it does. As a practical matter,
15 without us saying anything, they will proceed
16 to do dose reconstructions for the other
17 period, since it's not a part of an SEC.

18 CHAIRMAN MELIUS: Yes. I mean,
19 the motion was to approve the --

20 MEMBER ZIEMER: Early.

21 CHAIRMAN MELIUS: -- the early
22 period. I certainly didn't hear any issue

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1 raised that people wanted to do further review
2 on the residual period. And, in fact, I think
3 that would be difficult without more
4 information. I mean, it's -- we can do it
5 either way. I doesn't --

6 MEMBER GRIFFON: I guess I was
7 swayed to not go down the path of further
8 review, only because of the lack of claimants
9 in that --

10 CHAIRMAN MELIUS: Yes.

11 MEMBER GRIFFON: -- and the fact
12 that there is nobody really in that time
13 period. I am not convinced that they can use
14 that method, the TIB-70 approach. I mean, I
15 think part of that depends on what date is
16 there, and I haven't really examined that,
17 that operational data versus the remediation
18 data. I'm a little reluctant to go that far,
19 but I will say that it would certainly not be
20 a priority to go chasing after this one when
21 there are no claimants in that time frame.

22 CHAIRMAN MELIUS: Exactly. And I

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1 would just add to that, I mean, there is also
2 the individual dose reconstruction review that
3 would catch that. I think it is sort of an
4 individual circumstance.

5 MEMBER ZIEMER: I'm good. Thank
6 you.

7 MEMBER BEACH: Yes. Jim?

8 CHAIRMAN MELIUS: Yes?

9 MEMBER BEACH: I just want to say
10 I agree with what Mark said. I thought we
11 would put a Work Group together, but based on
12 the fact that there are no claimants, there
13 was really no point at this time.

14 CHAIRMAN MELIUS: Yes.

15 MEMBER ANDERSON: We have enough
16 to do.

17 CHAIRMAN MELIUS: That's it. We
18 have a lot to do. And it's not --

19 MEMBER BEACH: Yes.

20 CHAIRMAN MELIUS: -- to that end.

21 Okay. Any other comments on that letter? If
22 you have typos or minor things, let me know

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1 and I will --

2 (No response.)

3 CHAIRMAN MELIUS: We'll go on to
4 the next letter. So the Y-12. "The Advisory
5 Board on Radiation and Worker Health,
6 parentheses, (the Board), close parentheses,
7 has evaluated a Special Exposure Cohort, SEC,
8 Petition 00186 concerning workers at the Y-12
9 plant in Oak Ridge, Tennessee, under the
10 statutory requirements established by the
11 Energy Employees Occupational Illness
12 Compensation Program Act of 2000, EEOICPA, and
13 incorporated into 42 CFR 83.13.

14 "The Board respectfully recommends
15 that SEC status be accorded to, quote, `all
16 workers potentially exposed to radioactive
17 materials while working at the Y-12 plant
18 during the period from January 1st, 1948
19 through December 31st, 1957 for a number of
20 work-days aggregating at least 250 work-days,
21 occurring either solely under this employment
22 or in combination with work-days within the

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1 parameters established for one or more other
2 Classes of employees included in the SEC.'

3 "This recommendation is based on
4 the following factors: Individuals working at
5 the Y-12 facility during the time period in
6 question worked on the production of materials
7 for nuclear weapons.

8 "Two, the National Institute for
9 Occupational Safety and Health, NIOSH, review
10 of available monitoring data as well as
11 available process and source-term information
12 for various production activities at the Y-12
13 facility found that NIOSH lacked adequate
14 information necessary to complete individual
15 dose reconstructions with sufficient accuracy
16 for internal radiological exposures due to
17 thorium and other radionuclides during the
18 time period in question. The Board concurs
19 with this determination.

20 "Three, NIOSH determined that
21 health may have been endangered for these Y-12
22 plant employees during the time period in

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1 question. Board also concurs with this
2 determination.

3 "Based on these considerations and
4 discussions at the August 23rd through 25th,
5 2011 Board meeting held in Richland,
6 Washington, the Board recommends that this
7 Class be added to the SEC."

8 This also would include the
9 boilerplate on the 30 days and also on the
10 materials from this and other meetings.

11 Any comments? Yes?

12 MEMBER MUNN: Isn't this an 83.14?

13 CHAIRMAN MELIUS: Yes, but I
14 believe that the -- Jenny, you can correct --
15 that we are only referring now to the
16 regulations as 83.13. In fact, I believe that
17 they corrected me because I actually put 83.13
18 and 83.14 in my draft that I prepared earlier.

19 MS. LIN: Right. If you look in
20 -- sorry.

21 CHAIRMAN MELIUS: Go ahead.

22 MS. LIN: I love track changes.

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1 So I use that profusely.

2 Anyway, if you look at 83.14
3 section, it says, "We incorporate 83.13's
4 procedure and process." And that's why we
5 cite only 83.13 in the letter.

6 CHAIRMAN MELIUS: Yes. Okay. So
7 they're saying legally 83.13 is enough, covers
8 it all. So we're all set. But, Wanda, I
9 raised the same issue as you did, as usual.

10 MR. KATZ: 83.14 refers back to
11 83.13. That's why.

12 CHAIRMAN MELIUS: Okay.

13 MEMBER RICHARDSON: Can I ask a
14 question? This is probably for Department of
15 Labor or somebody. And maybe -- somebody who
16 is familiar with the workings at Y-12 would
17 make better sense of this, but has there been
18 any problem administering this Class, Class of
19 Y-12 workers so far? I'm asking because my
20 recollection is the idea of somebody, the idea
21 of a Y-12 worker at a multi-facility plant is
22 sometimes a little ambiguous.

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1 I think that there were X-10
2 people who would work over in Y-12. And the
3 way we have described this, people, workers
4 potentially exposed to material while working
5 at Y-12 during this period, I can imagine
6 there being X-10 workers who do that. How do
7 you administer that?

8 CHAIRMAN MELIUS: LaVon is just
9 waiting.

10 MR. RUTHERFORD: Yes. I can
11 actually answer that question. The Y-12
12 circular actually identifies that when
13 reviewing claims, they should look at ORNL
14 claims as well. And if ORNL claims indicate
15 that the workers worked at Y-12 during the
16 existing Class period, they should be included
17 in the SEC.

18 MEMBER RICHARDSON: Okay. So they
19 would --

20 MR. RUTHERFORD: So it is in the
21 circular. I actually -- you brought that up.
22 And I looked into that last week because just

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1 reviewing this information, I thought that
2 question might actually come up.

3 Now Department of Labor is not --
4 well, there is Jeff right there, but it is in
5 the circular. And I am not speaking for the
6 Department of Labor, but it is in that
7 circular that way.

8 MEMBER RICHARDSON: So an X-10
9 worker doesn't have a problem getting covered
10 under this?

11 MR. RUTHERFORD: Yes.

12 CHAIRMAN MELIUS: I am assuming
13 the Department of Labor was -- I can't see
14 behind the podium -- agrees and doesn't really
15 need to speak to that. So thank you.

16 And thank you for being prepared,
17 LaVon.

18 Any other comments?

19 (No response.)

20 CHAIRMAN MELIUS: We are scheduled
21 to take a break. We will give ourselves a
22 longer break. At 4:15, I believe we have a

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1 petitioner on the line to talk about Hangar
2 481. So we need to start right at 4:15.

3 The public comment period is
4 scheduled for 5:00 o'clock. I believe we can
5 start it earlier if we need for people. So if
6 we finish up with 481, I thought we would go
7 directly into public comment period for people
8 that are already here. And then we would
9 obviously continue past 5:00 o'clock for other
10 people that come in or that call in.

11 But for Board Members, be prepared
12 when you come back, I guess.

13 (Whereupon, the above-entitled
14 matter went off the record at 3:37 p.m. and
15 resumed at 4:18 p.m.)

16 CHAIRMAN MELIUS: Welcome back.
17 Do you want to check the phones?

18 MR. KATZ: Let me just check on
19 the lines to see whether we have our Board
20 Members on the lines? Bob Presley or Mike
21 Gibson?

22 (No response.)

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1 MR. KATZ: Okay. Apparently not.

2 CHAIRMAN MELIUS: Do you want to
3 check?

4 MR. KATZ: Oh, yes. Right. And
5 also, then, we have now a presentation on
6 Hangar 481. And we have a petitioner, a
7 petitioner representative we expect to be on
8 the line for this presentation. Can I check
9 and see if he's on the line?

10 MR. ARMIJO: This is Bob Armijo.
11 I'm the attorney for the petitioner. And I am
12 on the line. We had pointed out we had just
13 received our paperwork on Friday and asked
14 that since we had just gotten notice of this
15 so quickly that action not be taken. And I'm
16 understanding that that is the case.

17 MR. KATZ: Yes. Mr. Armijo, we
18 were going to make an announcement to that
19 effect. We will have Board discussion and so
20 on, but there will be no Board action taken on
21 this petition at this meeting to respect your
22 right to have time to review the report.

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1 MR. ARMIJO: Yes. That is my
2 understanding as well. Mr. Glover briefed me
3 about that earlier today. So I will be
4 listening then, but I understand there will be
5 discussion but no action today so that we can
6 supplement if necessary.

7 CHAIRMAN MELIUS: Thank you.

8 And, Sam, do you want to --

9 DR. GLOVER: Sam Glover. I'm
10 going to discuss briefly the Petition
11 Evaluation Report update for Hangar 481.

12 So just very briefly to go back to
13 where the site is, it's located at Kirtland
14 Air Force Base in Albuquerque, New Mexico. It
15 is operated by Ross Aviation, the operational
16 period under contractual agreement with the
17 Department of Energy. There were some
18 questions last time about under which site it
19 was. It is a DOE facility.

20 They provided air transportation
21 of personnel and equipment as -- using
22 government-owned aircraft at government-owned

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1 facilities associated with DOE operations at
2 the Sandia National Laboratories at
3 Albuquerque, New Mexico. They transported
4 equipment, including packages including
5 radioactive materials associated with atomic
6 weapons programs.

7 Just briefly the petition
8 overview. In February 27th of 2009, we
9 received an 83.13. September 8th, the
10 petition qualified for evaluation. And
11 December 18, an Evaluation Report was issued.

12 The original Evaluation Report was
13 presented at the Advisory Board of February
14 2010. A delay was requested by the petitioner
15 until Freedom of Information material could be
16 provided.

17 In July 2010, the FOIA was
18 completed. That was a DOE and NIOSH FOIA.
19 September 23rd, a revised Evaluation Report
20 was issued. These updated only photos that
21 were provided. There was a change in where
22 the hangar was located. And we actually had a

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1 previous photograph.

2 November 2010, the Evaluation
3 Report was re-presented at the Advisory Board.

4 There were questions at that point in time.
5 And so NIOSH was asked to follow up.

6 January 2011, NIOSH and the
7 petitioners were able to tour the Hangar 481
8 facilities, and we provided a list of
9 follow-up questions to the Office of Secure
10 Transport of DOE, so the OST department. They
11 were able to respond in June of 2011. And in
12 August of 2011, an addendum was reissued by
13 ourselves.

14 So summary. I would like to
15 summarize the petitioner's concerns. They
16 propose that -- or the raw data was lacking or
17 unavailable. Secondary summary data was used
18 for the evaluation. They also said that
19 contracts had existed back to 1970. And they
20 felt that the covered period should be
21 extended.

22 They also felt that newly

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1 available documents had not been properly
2 evaluated. They also asserted that
3 radioactive shipments were delivered to the
4 Hangar 481 building and stored at the hot
5 pads. Pads were used to load explosives. By
6 hot pad, that is a facility off the main
7 hangar, where they were doing the loading and
8 unloading operations. They refer to these as
9 hot pads.

10 Reliance on an interview with one
11 former worker as the basis for determination
12 that all radioactive shipments were handled at
13 the hot pads was criticized.

14 They also said that radioactive
15 shipments were made using the AL-R8
16 containers, which they said in 1991 were found
17 to be inadequate to shield the contents.

18 The Evaluation Report's ambient
19 external methods were not bounding. They also
20 felt that -- one individual stated that
21 barrels were stacked at the hangar which may
22 have been nuclear waste and where there was no

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1 indication.

2 They said sweeps -- I believe they
3 probably meant swipes -- were done at the
4 hangar building or in adjacent areas.

5 They also said that one pilot left
6 his dosimeter in his locker and had an
7 abnormally high dose reading when the badge
8 was processed.

9 So the follow-up actions. At the
10 time when we prepared the Evaluation Report,
11 DOE did not have the records for the Ross
12 Aviation personnel. We had gone to the REIRS
13 reports to get -- we actually had individual
14 -- something I did misspeak last time, we had
15 the individual doses. From the REIRS, you
16 report the individual, but we didn't have the
17 individual things that came from Landauer, the
18 actual readings. We had summary data annually
19 that was provided to the reporting agency for
20 those people. And then we also had the
21 overall listing of their dosimetry.

22 So at the time we were able to

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1 work with -- since then, we were able to work
2 with Landauer, who is the holder of Eberline.

3 Eberline was the actual -- they conducted the
4 dosimetry for the site during this time frame.

5 And we were able to obtain the actual
6 individual results, rather than the summary
7 data from REIRS.

8 So we compared the data to the
9 REIRS database. And we have a complete match
10 except for one year. And 1994 -- I'll show
11 you the chart -- was abnormally high. You
12 guys actually asked about it, why. And we
13 didn't know why.

14 The reason why is that when the
15 folks at REIRS entered the data, rather than
16 including the annual data, they input the
17 person's lifetime cumulative dose. And so it
18 made it look like that year was abnormally
19 high when it's actually a typographical error.

20 We actually looked at the data
21 that was entered and were able to confirm that
22 the wrong data from the sheet was entered into

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1 the REIRS database. We confirmed that and
2 worked with the program manager for the
3 Occupational Exposure and Worker Health, the
4 Center for the Epidemiological Research, as we
5 reviewed that data.

6 So our follow-up, of course in
7 January of 2011, the OST hosted us and gave us
8 a very detailed, thorough tour of the entire
9 compound of Hangar 481.

10 In March of 2011, we actually
11 received the data from Landauer, who now owns
12 the Eberline dosimetry data. We have provided
13 of this to the Department of Energy so that
14 they now have a copy of the original Eberline
15 data, which they did not possess.

16 June 2011, we have the responses
17 by the Office of Secure Transport. This seems
18 to be a replicate.

19 So we did update the number of
20 claims. At the time of the November 2011
21 Board meeting, we had one claim. Now there
22 are three claims at NIOSH. Two of those

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1 claims have external dosimetry. None have
2 internal. One dose reconstruction has been
3 completed as of July 26, 2011.

4 So in addition to being able to
5 see the facility, the kind of activities, the
6 relationship to the hangar and the hot pads,
7 they also allowed us to -- what they preferred
8 is to respond to all questions in writing.
9 They didn't want to really respond to a lot of
10 questions on the fly. The Office of Secure
11 Transport requested that all things be able to
12 be responded officially.

13 And so we, in addition to the
14 petitioner, assembled a complete questionnaire
15 and provided that the topic addressed included
16 facility information, radiological activities,
17 external dosimetry program, and the internal
18 dosimetry program.

19 And the following slides summarize
20 the results. We did not include the entire
21 report, but it is available in the SRDB to the
22 Board.

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1 I don't have a laser pointer. I
2 guess they don't trust us with those right
3 here. But you can see I try to highlight in
4 red the different things we have.

5 You can see the aviation facility
6 and the two hot pads, which are located I
7 think on the order of several kilometers away
8 from the facility where actual -- so they
9 would do maintenance at the Hangar 481
10 facility, the circle at the top. And they
11 would be able to clean the plane. That's
12 where the pilots would be. That's where you
13 have passengers loading. And at the other
14 facilities, that's where they would actually
15 load the cargo. That's where the radioactive
16 materials would be loaded. That's where
17 explosives would be loaded. So those were
18 done away from the facility.

19 These are the Office of Secure
20 Transport's photographs that they provided as
21 part of the update. They provided a building
22 layout. They showed where badges were stored

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1 when people weren't using them. They showed
2 the pilot lockers, the crew's lockers. They
3 also indicated where they did do some
4 nondestructive testing of the planes. They
5 came in and X-rayed them off hours.

6 And so you will see in one of the
7 responses where a person who left their badge
8 in a locker, they received an elevated dose.
9 Inside the hangar compound is where the
10 nondestructive testing occurred. So it's in
11 the vicinity of the planes and could have been
12 subjected to a higher field.

13 We have some pictures. They
14 allowed us to photograph the facility. We
15 were given free access to wander around. Here
16 is the interior, kind of give you an idea of
17 this is one of the planes in the facility.
18 You can see here is a series of the pilot's
19 lockers. So this is all in this main
20 compound.

21 So these are the OST responses
22 sort of by category. And this is not all of

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1 them, kind of a flavor. So facility
2 information. The contracted activities began
3 around 1970 and remained essentially unchanged
4 throughout the time frame. Department of
5 Labor determines the covered period to be
6 March 1st, 1989 through February 29th, 1996.

7 Ross Aviation operations were
8 actually relocated from a different facility
9 to Hangar 481 in April of 1984. So there was
10 a true facility change. And I showed you in
11 the previous picture the separate hot pads are
12 shown to be separate from Hangar 481.

13 Drawings provided show the hangar
14 facility, hot pads, personnel lockers,
15 locations where the non-destructive testing
16 was performed. Beginning in 1985, the
17 facility was operated 24 hours a day, 7 days a
18 week, with about 200 employees. Per the OST
19 response, administrative personnel were
20 limited to only day shift with no overtime.

21 After 1987, operations were 2
22 shifts per day, about 5 days per week, with

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1 staffing levels reducing to about 80 employees
2 by 1996.

3 In radiological activities, they
4 reaffirmed the reports, the interviews that we
5 had conducted that no radiological activities
6 were performed in the Hangar 481 other than
7 the nondestructive testing.

8 Radiological packages were handled
9 and loaded only at hot pads 2 and 5.
10 Unmonitored personnel were not allowed to come
11 in contact with the packages. And the
12 packages contained predominately tritium.

13 Nondestructive of the planes was
14 conducted once per year for a very short
15 duration, as previously discussed. We did not
16 reiterate all of these components from our
17 previous report. You will see that even
18 sections are not sequentially numbered. They
19 relate back to the original. So this is an
20 addendum by section. So if you were
21 interested in looking at section 4.2, it would
22 update that.

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1 So OST describes strict access
2 controls and also that they were done only at
3 night. And that was reiterated in interviews.

4 OST stated that Ross Aviation
5 dosimetry programs were developed and managed
6 by Eberline and Sandia. No area dosimetry was
7 performed at Hangar 481. They had never
8 performed neutron dosimetry. They also stated
9 that no X-rays for medical purposes were
10 conducted at the hangar. So, as you know,
11 medical X-rays have to be conducted at the
12 facility for us to include them.

13 For internal dosimetry, they say
14 that no bioassay program was ever implemented
15 at Hangar 481. No Ross facilities were
16 monitored for contamination. They did monitor
17 the planes annually. And so we have records
18 of the annual planes but not the Hangar 481
19 facility.

20 They said there was no need to
21 perform surveys due to lack of use/storage of
22 radioactive materials at the facility.

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1 Surveys were performed off site at the hot
2 pads where radioactive materials were handled.

3 OST -- no radiological accidents
4 occurred at Hangar 481. And they further
5 indicated because we were very specific and
6 asked the question regarding the thoriated,
7 whether any thoriated materials or welding
8 that were not used or present ever at Ross
9 facilities.

10 Some general questions. The
11 highest exposed were monitored for external
12 dose. These included cabin security
13 specialists and pilots who actually handled
14 the radiological materials.

15 No radioactive containers were
16 ever delivered to the flight line, which is
17 the adjacent area right outside of Hangar 481,
18 and that the containers had to be -- were
19 required to be under control of Air Force and
20 Sandia personnel until they were loaded at the
21 hot pads. Any other delivery would have been
22 a security violation.

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1 No radiation monitoring was
2 performed inside Hangar 481 or the adjacent
3 flight line. And the circumstances and
4 locations related to the pilots' lockers and
5 radiographic activities provide the only
6 available explanation for the available
7 dosimeter reading, the elevated reading.

8 So one of the documents that the
9 Transport Safety Division provided on August
10 7th, 1997, they had a technical basis for
11 radioactive material intake potential
12 regarding activities by Ross Aviation.

13 They said based on the special
14 agents' tasks, which included no contact with
15 the package contents, the TSD's operational
16 history with confirmatory surveys showing that
17 no package breach or leakage occurred; the use
18 of DOT-compliant shipping packages and
19 programs, they concluded that there is no
20 credible pathway. This is a reiteration of --
21 I just wanted to reiterate this path, that
22 there is no credible path for an intake of

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1 radioactive materials during normal
2 operations.

3 So this is the tables that I
4 discussed. This is the table 7.1 that you see
5 in our original report. You see the year
6 1994. It showed a maximum individual deep
7 dose of 172 millirem. And after we have
8 looked at the data and corrected that for,
9 instead of their cumulative lifetime dose, it
10 looks much more in keeping with all of the
11 other years, 49 millirem being the highest
12 maximum, the highest dose. This is millirem.

13 And the total person millirem for the entire
14 facility is 224 millirem. For that year, 66
15 persons were monitored.

16 So summary of external dose
17 feasibility. External dose records exist for
18 many Ross Aviation personnel and have the --
19 and the REIRS-reported data have been verified
20 using Eberline data from 1990 to 1994. We did
21 not receive the 1995 data from Eberline.

22 Data from the 1994 REIRS report

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1 was found to be incorrectly entered into the
2 database. And this has been corrected in the
3 addendum. And Department of Energy has been
4 notified.

5 The individual results of these
6 records or the use of the highest dose
7 received by monitored personnel can be used to
8 bound the unmonitored worker external dose.

9 Data from 1996 were not included
10 in REIRS. There is a two-month period that
11 wasn't part of REIRS. And we're going to use
12 the highest annual dose from the previous year
13 for this two-month period. They said that the
14 activity had ceased. And so they didn't
15 continue monitoring.

16 NIOSH will use the highest dose
17 received in the entire year previous to bound
18 any external doses for all employees. The
19 circumstances and locations related to the
20 pilots' lockers and radiographic activities
21 done only during off hours provide the only
22 available explanation for the elevated

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1 personnel dosimeter readings, as described by
2 the petitioner

3 There was a discussion in a
4 previous meeting about neutron dose. Based on
5 the package contents, really, we see no
6 credible pathway for neutron exposures.

7 We also see that because of the
8 people who -- they were confirmed it was on
9 the list of personnel who were monitored, the
10 radiographic folks. Potential doses for
11 off-hour radiographic testing was included in
12 the reported personal monitoring data. And
13 that's being used for unmonitored workers as
14 well.

15 So ambient environmental external
16 doses are included because we're going to use
17 the existing personnel external monitoring
18 data in sort of a coworker approach. So we
19 are using the monitored dose to apply that to
20 all the unmonitored workers as well because
21 X-ray examinations are not going to be
22 included because medical X-rays were not

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1 performed on-site.

2 Regarding internal dose, no
3 radioactivity was stored or handled at Hangar
4 481. Radioactive materials handled by workers
5 at the Hangar 481 were in sealed DOT-compliant
6 containers and were monitored in accordance
7 with DOT regulations to verify radiation and
8 contamination levels on package exteriors.
9 Results of available radiological surveys
10 performed on the packages and in the transport
11 airport support this premise.

12 Based on the available information
13 on the radiological program and potential for
14 internal exposures, NIOSH concludes that
15 internal radiological exposures to Ross
16 Aviation employees resulting from services
17 rendered for the DOE at Hangar 481 are
18 unlikely to have occurred.

19 Sandia National Laboratory, being
20 an adjacent facility, was used to provide a
21 bounding estimate of the dose from ambient
22 environmental internal dose during the covered

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1 period.

2 And we summarize our feasibility
3 summary. We say that we can do internal dose
4 as well as beta-gamma dosimetry. We don't
5 feel that neutron dosimetry is applicable, nor
6 is occupational medical X-rays.

7 CHAIRMAN MELIUS: Thank you, Sam.

8 Board Members have questions?
9 Brad?

10 MEMBER CLAWSON: My question is
11 coming back to -- we're just looking at Hangar
12 481, correct, or are we looking at the
13 airplanes and the transit part of it?

14 DR. GLOVER: Hangar 481 is the
15 covered facility.

16 MEMBER CLAWSON: And that is it?

17 DR. GLOVER: Yes, sir.

18 MEMBER CLAWSON: So in this, it
19 looks like -- I guess my question is, how are
20 the planes being handled? Because I can look
21 at the petitioner. They're using 481 because
22 it encompassed the planes that they flew with.

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1 Now is that an issue that they
2 need to resolve in refiling for it or how
3 would they do that?

4 DR. GLOVER: I can not speak yet
5 for the planes because, you know, we were down
6 at facilities talking about it. This is sort
7 of a courier issue. However, I will say that
8 the pilots, their dosimeter that they wore as
9 they flew and handled packages is included in
10 our data set.

11 And so that dose that they --
12 we're not trying to distinguish that from what
13 happened at Hangar 481. So we're including
14 that dose to treat all -- we're using that
15 highest dose from any year to do the dosimetry
16 for these people.

17 So the dose that has most likely
18 occurred as they are flying or handling stuff
19 at these hot pads, we're including that.

20 MEMBER CLAWSON: Well, part of my
21 thing I was getting into in your one slide
22 here, number 5, it says, "Radioactive

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1 shipments were made using an AL-R8 container."

2 You and I both know what type of container
3 that was. That was a Pantex container, it was
4 a container. And it was found not to shield
5 from alpha or beta.

6 We also interviewed at Pantex.
7 They ended up having to grab RadCon from
8 Pantex to fly with them because of issues.
9 And in the interview with one of them, went on
10 quite a flight and everything else like that
11 talking about it because they had no -- they
12 weren't checking for anything leaking.

13 I'm looking at this. And in your
14 own slides, it says in '91 it was found that
15 it was inadequate for alpha or beta. On 481,
16 I understand what you are saying. The covered
17 facility is 481. But I'm trying to figure how
18 they can -- because the pilots and everything
19 else, their whole issue was flying around.

20 And those planes were DOE planes,
21 owned by DOE, run by Ross Aviation. And I
22 think that's a lot of confusion. Me and you

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1 have talked about it. Like you say, all we
2 can do is go by the covered facility. But I
3 have a hard time with this one. I really do.

4 DR. GLOVER: What I would just
5 like to point out very briefly is that those
6 are the allegations provided by the claimant
7 about the -- that wasn't part of our report.
8 I was just providing the concerns that had
9 been expressed by the petitioner and so that
10 -- the packaging for that.

11 MEMBER CLAWSON: And you are
12 absolutely right. I am just thinking back
13 when they came in because when they brought
14 that up, we Googled it. And, lo and behold,
15 that's what came up.

16 CHAIRMAN MELIUS: Paul?

17 MEMBER ZIEMER: Just a
18 clarification point on your feasibility
19 summary. I think in your report, you are
20 saying that there was no internal dose to be
21 considered. But you are saying that dose
22 reconstruction for internal is feasible. Why

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1 wouldn't it be not applicable as for the
2 beta-gamma or as for the neutron?

3 Are you really saying that you can
4 reconstruct internal dose or do you even have
5 to consider it? I thought that you said you
6 didn't need to consider it, but your chart
7 says you can reconstruct.

8 DR. GLOVER: I apologize for not
9 being more clear with it. We're using the
10 dose from the Sandia Site Profile for the
11 environmental internal dosimetry, the airborne
12 that would have been monitored at the edge of
13 Sandia because they are located almost
14 adjacent to Hangar 481. So we're using their
15 internal dose, the ambient internal.

16 MEMBER ZIEMER: Oh, got you. Got
17 you.

18 DR. GLOVER: Yes, sir.

19 MEMBER ZIEMER: Yes.

20 CHAIRMAN MELIUS: Yes, David?

21 MEMBER RICHARDSON: I had a couple
22 questions. One was, have the REIRS data been

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1 used in the past for any other, in any other
2 evaluations?

3 DR. GLOVER: In this case, we have
4 actually found all the years except for one,
5 which is the 1995 data. I don't know. I
6 would have to ask my colleagues if there have
7 been any use - - that we have had to rely on
8 REIRS. I can't answer that.

9 DR. NETON: We have proposed it at
10 certain sites. I know, for example, at Mound,
11 we're proposing to use it for internal dose
12 reconstructions.

13 But I can't honestly recall right
14 now a site where we have actually -- well, I
15 don't know, I guess. I mean, we have
16 definitely proposed it. There probably are
17 some sites out there, but I can't think of
18 them off the top of my head.

19 But I don't think -- we're not
20 using the REIRS data, though. That's the
21 point. We have the actual data now.

22 MEMBER RICHARDSON: That is the

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1 point about this one. I guess my point, my
2 concern was I had previously naively gone into
3 this thinking the REIRS would provide what I
4 expected to be a clean transfer of data and a
5 dose of record.

6 DR. NETON: Right.

7 MEMBER RICHARDSON: And on a very
8 small evaluation of, let's say n is 60 or 70
9 workers, we have looked at the REIRS data.
10 And you have identified something which
11 appears to be a key puncher in the REIRS
12 database, which raises for me a question about
13 data entry protocols in the REIRS system. If
14 I pulled out less than 100 records and I find
15 an error with them, it's a real concern.

16 DR. NETON: This particular
17 instance was an overestimate, but it is there,
18 nonetheless. I understand your point.

19 MEMBER RICHARDSON: A data entry
20 problem. It suggests that REIRS isn't doing
21 double entry, for example. I don't know how
22 else this could have happened.

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1 DR. NETON: I don't know.

2 DR. GLOVER: My colleagues
3 reviewed the data set, ORAU. Apparently the
4 Eberline form is a fairly complicated form.
5 It's easy to have -- they looked at the wrong
6 field when they entered the data. And they
7 did that for all of the people.

8 We are now using the Eberline. We
9 found there's a 100 percent match. We did a
10 100 percent V&V from '89 through '94. We do
11 not have the '95 data.

12 MEMBER RICHARDSON: So the ORAU
13 CER group that you have been corresponding
14 with about the entry of information of the
15 REIRS, is it the same? Is this the same group
16 which is contracted to do data entry for OCAS
17 for worker claims?

18 DR. GLOVER: No, that would not be
19 the same people.

20 MEMBER RICHARDSON: So although
21 it's CER, it's not under the organizational
22 structure under Cragle, et al.?

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1 DR. NETON: No, it wasn't. I
2 don't think CER is entering the REIRS data.
3 Are they, Sam? I thought that was --

4 MEMBER RICHARDSON: That was what
5 was described in here as --

6 DR. NETON: Yes. I don't know
7 that it was the Center for Epidemiologic
8 Research is doing the REIRS entry, although I
9 could be wrong. I didn't --

10 MEMBER RICHARDSON: Well, it's --

11 DR. NETON: I thought it was
12 another contractor in my opinion that was
13 doing that, but --

14 DR. GLOVER: The person we
15 contacted was a program manager for the
16 Occupational Exposure and Worker Health, the
17 Center for the Epidemiological Research.

18 DR. NETON: So it would be in CER,
19 but it would not be the same people that are
20 working on our program. We don't have anyone
21 in our program directly working for the Center
22 for Epidemiologic Research.

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1 MEMBER RICHARDSON: Possibly it's
2 the same people, but it's under a different
3 group of contracts? I mean --

4 DR. NETON: I don't know.

5 MR. HINNEFELD: The data entry
6 people who are entering data for our program
7 were hired on this project. They may not even
8 be ORAU people. They may be Dade Moeller or
9 MJW people. But they work on our project.

10 CHAIRMAN MELIUS: Any other
11 questions?

12 MEMBER RICHARDSON: Yes. I had a
13 couple of --

14 CHAIRMAN MELIUS: Sure.

15 MEMBER RICHARDSON: -- other
16 questions. One was if you could talk me
17 through table 7.1. I was trying to
18 understand. And this is just to help me
19 understand what the correction -- table 7.2
20 has got the correct information.

21 I think it all makes sense in the
22 big picture that they were entering in

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1 aggregate sums. But I was trying to
2 understand how the total person millirem,
3 which I took to be this gray bar at 1,501.

4 You're saying it is the sum of the
5 recorded doses over the lifetime history for
6 the 66 people. So that would be the sum of
7 the doses up to 1994 for the 66 workers. And
8 then what was entered was their total
9 exposure, rather than the annual exposure for
10 1994 for those 66 people. Is that right?

11 DR. GLOVER: That is correct.

12 MEMBER RICHARDSON: And so those
13 66 people, some of them, they're a subset of
14 the earlier years. They were also accruing
15 doses, maybe in '93 and '92 and '91.

16 DR. GLOVER: They may not go all
17 the way back. So there may not be -- they may
18 be a subset. That's correct.

19 MEMBER RICHARDSON: So I was
20 trying to figure out how if you summed up the
21 total person rems for that subset plus a
22 larger group plus the 224, you get a value

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1 much less than 1,501. It seemed like it
2 should be a much smaller value.

3 The 1,501 somehow -- somehow the
4 numbers don't work out, but you would take the
5 prior history of the subset of people plus the
6 additional people. And then add in the 224, I
7 thought I should get someplace around 1,501.
8 And I end up with like 1,200.

9 DR. GLOVER: They also may go past
10 1989. Remember, this activity began for the
11 facility in 1970. And so the covered period,
12 you know, at this facility, actually starts in
13 '84. And so there's dosimetry that precedes
14 this. And so those personnel are still the
15 same. They're just under a different flavor
16 of contract with the Department of Energy.

17 MEMBER RICHARDSON: Okay.

18 DR. GLOVER: So I cannot ascertain
19 whether there's a -- whether I can do a true
20 sum. I understand what you are saying. You
21 think that there's be eight or nine hundred
22 millirems should be the cumulative. But that

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1 may not quite work out here.

2 MEMBER RICHARDSON: Okay. So
3 there's radiological exposures that were
4 recorded by Landauer for these people prior to
5 1989?

6 DR. GLOVER: I didn't -- I didn't
7 try to do a cum. sum on it, but there is
8 additional potential for -- you know, it does
9 not have to add up.

10 MEMBER RICHARDSON: Okay. Thanks.

11 CHAIRMAN MELIUS: Yes, Brad?

12 MEMBER CLAWSON: Sam, on the TLDs
13 and stuff, did they -- would they show neutron
14 or were they just so they had --

15 DR. GLOVER: There was no neutron
16 monitoring conducted for Ross Aviation
17 personnel.

18 MEMBER CLAWSON: Okay. Thank you.

19 CHAIRMAN MELIUS: Any other
20 questions? Yes, Bill?

21 MEMBER FIELD: Can you go to slide
22 --

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1 DR. GLOVER: They are not
2 numbered. Is that near the end?

3 MEMBER FIELD: Yes, three from the
4 end, where it says, "Summary of Internal."

5 DR. GLOVER: Here?

6 MEMBER FIELD: No. Maybe the next
7 one. Yes.

8 DR. GLOVER: Okay.

9 MEMBER FIELD: That one, that one
10 there. I'm just trying to get clarification.

11 For the first one, it says, "No radioactivity
12 was stored or handled." Does that mean
13 radioactive materials from the drums?

14 DR. GLOVER: Nothing was brought
15 into the facility. That's correct, sir.

16 MEMBER FIELD: Okay. And I'm just
17 wondering. It says, "Radioactive materials
18 handled by workers at the hangar." First, it
19 says there was nothing handled. Then it says
20 that was handled. I'm just trying to get the
21 difference there.

22 DR. GLOVER: The packages were

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1 handled at the hot pads. And so where the
2 Ross -- it actually would be more appropriate
3 to have said, "Handled by workers of Ross
4 Aviation." It is my misnomer. I've included
5 that.

6 MEMBER FIELD: Okay. Thanks.

7 CHAIRMAN MELIUS: Any other
8 questions?

9 (No response.)

10 CHAIRMAN MELIUS: So we will give
11 time for the petitioner and petitioner
12 representative to review the recent report,
13 ask them to keep in contact with NIOSH,
14 probably Sam Glover as the contact. And then
15 we will sort of monitor that and then decide
16 what is the appropriate timing for bringing
17 this back to the Board.

18 It would either be our conference
19 call -- I forget the schedule -- or our
20 December meeting. So either October 20th or
21 December 7th through 9th would be our meeting.

22 Sam, if you could keep us

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1 informed? Good.

2 MR. ARMIJO: Can I interrupt?
3 This is Bob Armijo. I wanted to thank you.
4 And is my contact, then, to be Mr. Glover?

5 CHAIRMAN MELIUS: Correct, I think
6 that's the -- because if you have questions, I
7 think he would be the best one to relay those
8 and keep in contact with you.

9 MR. ARMIJO: Fair enough. Thank
10 you.

11 CHAIRMAN MELIUS: Thank you.
12 Okay.

13 CHAIRMAN MELIUS: We're a little
14 early on the public comment period. Is there
15 anybody in the audience who signed up for
16 public comment? Dr. Knut. Okay. When Ted
17 comes back, I think you were the first on the
18 list.

19 PARTICIPANT: May I ask a
20 question?

21 CHAIRMAN MELIUS: Not now. We do
22 it in order. And I think we'll get to the

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1 phone in a second, a little while, but we have
2 some other people signed up here first.

3 And do you want to do your intro?

4 Knut is here.

5 MR. KATZ: Sure. So for public
6 commenters, just to notify you, the Board
7 meetings are all fully transcribed. That
8 includes the public comment session. So
9 whatever comments you make will be transcribed
10 verbatim.

11 And all of the Board's transcripts
12 are put on the NIOSH website, available for
13 the entire public. So all of that will be
14 captured there. If you give any private
15 information about yourself, that will be made
16 public on that transcript. So just be advised
17 of that.

18 Also, however, if you give private
19 information about another party, that private
20 information or some amount of it will be
21 redacted from the transcript sufficient so
22 that that person's identity isn't revealed to

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1 the public. So that's the main advice.

2 This policy, Redaction Policy, as
3 it's called, is both on the table in the room
4 if you want to see the details. It's also on
5 the NIOSH website under the Board meeting
6 section. So you can see it in detail there if
7 you're out there on the phone.

8 CHAIRMAN MELIUS: And I would add
9 that the public comments are limited to no
10 more than ten minutes. And at that point, if
11 anybody is going longer, we will stop the
12 comments, ask you to stop, politely.

13 The first person that is signed
14 up, I believe he is here, is Knut Ringen from
15 Center to Protect Workers' Rights. Dr.
16 Ringen?

17 DR. RINGEN: Thank you very much
18 for letting me come before you again. This is
19 the fifth time I have been here.

20 My name is Knut Ringen. I am the
21 Senior Science Adviser for CPWR, the Center
22 for Construction Research and Training, Mr.

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1 Chairman. And I am also representing the
2 Building and Construction Trades Department of
3 the AFL-CIO today.

4 I am the PI on the Building Trades
5 National Medical Program, which is part of the
6 DOE Former Worker Program that Greg Lewis
7 described earlier. And since I will be
8 discussing SRS in a minute, I should note that
9 we have examined over 4,000 workers at SRS and
10 conducted detailed work history interviews
11 with them.

12 So I thank you for your
13 hospitality and patience with me. I know it's
14 been trying at times.

15 Today I am going to address two
16 issues. First is the ten-year review that you
17 heard Lew Wade talk about earlier today and
18 that Dr. Hinnefeld responded to and told you a
19 little bit about what they plan to do with it.

20 And the second is the Savannah River SEC
21 evaluation that you are going to consider
22 tomorrow.

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1 First, the ten-year review. I
2 have three specific points. The issues
3 identified in the review and the recommended
4 actions of the review have been presented
5 numerous times before this review was done in
6 comments on the rules that NIOSH established
7 and also in many, many public comments before
8 this Board over the years.

9 It really should not have taken
10 NIOSH ten years to do this review. It should
11 have been fully aware that this review was
12 needed at least five years ago and should have
13 conducted it then. And this Board should have
14 been more forceful in requiring NIOSH to do
15 so. So in that sense, I think the Board has
16 been complicit in this failure to evaluate
17 that quickly.

18 Secondly, the most important
19 finding, at least in my opinion, in this
20 evaluation is found in the SEC section of it.
21 And it deals with the issue of what is meant
22 by sufficient accuracy.

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1 We and many others have been
2 asking for this definition for years,
3 including comments on the original dose
4 reconstruction rule and on the SEC rule, which
5 is a derivative of the original dose
6 reconstruction rule.

7 NIOSH has consistently refused to
8 respond to and, in fact, has stonewalled our
9 request for a definition of this provision.
10 So I am very glad to find that NIOSH now
11 agrees that this needs to be done. And the
12 fact that Dr. Hinnefeld today suggested at
13 least that NIOSH is not sure how it is going
14 to be able to define it certainly indicates
15 strongly the need for such a definition.

16 The fact that NIOSH has operated
17 for ten years without this definition has cast
18 serious doubt, both upon its dose
19 reconstruction determinations and its SEC
20 evaluations.

21 So I ask you as the Board to
22 establish a Working Group to evaluate the

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1 implementation of the actions that NIOSH is
2 taking in response to this ten-year review and
3 become more active in your evaluation of the
4 performance of NIOSH's operations.
5 Specifically, within that, I hope that you
6 will work hard on reviewing how NIOSH defines
7 sufficient accuracy.

8 This is a duty of this Board as
9 defined under paragraph 7384q of the Act that
10 deals with your responsibilities.

11 Third, I was very pleased to hear
12 Dr. Hinnefeld say that he has decided to
13 conduct a validation study of the dose
14 reconstruction determinations and how valid
15 they are.

16 Over the years, we have proposed a
17 plan for such a study. And in specific
18 comments, we laid it out in the comments that
19 we submitted in response to the ten-year
20 review. So at least NIOSH has our proposal
21 for how such a study should be done.

22 NIOSH proposes to begin this I

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1 heard today at Savannah River. And that may
2 or may not make sense. Savannah River is in
3 some ways a best case example. There is
4 probably not a facility that we have better
5 dose records than at Savannah River. So in
6 that sense, starting the review there will
7 certainly be easier, but it's not necessarily
8 the worst-case example where you would want to
9 do such a review. So that needs to be taken
10 into account.

11 So I ask the Board to participate
12 actively in this and to establish a Working
13 Group and to select its best statisticians and
14 epidemiologists to work on reviewing how this
15 validation study is to be done since it will
16 be a statistical study. At least I think it
17 is going to be a statistical study. It should
18 be a statistical study.

19 Let me turn briefly to the SRS SEC
20 evaluation. Tomorrow you are going to
21 consider addendum 2 to this SEC evaluation.
22 And it's critical for you to keep in mind that

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1 addendum 2 has to be reviewed in the context
2 of addendum 1 and in the context of the
3 original application. So don't lose sight of
4 that there are two other pieces to this than
5 the addendum 2 that has been submitted to you.

6 I want to remind you that under
7 paragraph 7384q of the Act, it is the duty of
8 this Board to recommend SEC additions to the
9 President. The duty is yours, not NIOSH's.
10 So however that is done is up to you.

11 I only got access to addendum 2
12 this morning. So I am a little bit at a
13 disadvantage. And the petitioners only
14 received it last night. So they are at an
15 equally bad disadvantage.

16 I had a chance to review today
17 during the group and also to look at what
18 happened at the -- I believe it was the August
19 12 meeting of the Working Group, but the
20 Working Group also only received this document
21 the night before their meeting. And it's
22 clear from what transpired at the meeting that

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1 the Members were very poorly informed and
2 unable to have a very meaningful discussion of
3 the evaluation documents because they had not
4 had a chance to prepare for it.

5 It is now almost four years since
6 the application for the SEC was submitted.
7 NIOSH has undertaken what I would characterize
8 an absolutely torturous process to get to
9 where we are today. And that is not
10 necessarily in such a good place.

11 I want to focus on the Class
12 Definition specifically to demonstrate to you
13 how unduly complex the result that NIOSH has
14 come up with is. The exposure for which NIOSH
15 cannot produce dose reconstruction involves
16 thorium but not all aspects of thorium
17 operations.

18 The Class Definition consists of a
19 combination of a worker having a specific
20 badge that is related to some operation within
21 the SRS site and also, and also, having worked
22 in a specific building where there was a

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1 thorium operation, for which NIOSH says it
2 cannot do a dose reconstruction. As I said,
3 that doesn't involve all of them.

4 The time frame is from 1-1-53 to
5 9-30-72. The problems you should consider are
6 these. NIOSH assumes that all eligible Class
7 members wore a radiation badge. I would say
8 in response to Stu's comments earlier today
9 about the biases of health physics that one of
10 them is very strongly that it assumes that all
11 workers had to wear a badge if they were in
12 the regulated area.

13 But as NIOSH knows very well from
14 a number of focus groups and interviews with
15 workers and so on, Savannah River, there were
16 times when workers did not have badges or did
17 not wear them. NIOSH is fully aware of that.

18 We have helped to organize some of the focus
19 groups with both NIOSH and SC&A. So they have
20 ample evidence that badging was not complete
21 at Savannah River. This has to be corrected.

22 Not all thorium operations are

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1 included, as I said, which I find strange.
2 For instance, the 300M area is excluded. That
3 is where they did thorium manufacturing and
4 reprocessing, and the reprocessing operation,
5 which I think was the first attempt at
6 reprocessing within the AEC complex. I could
7 be wrong about that, but I believe it's the
8 first, had tremendous potential for exposures
9 within it.

10 So I don't know why that is
11 specifically excluded. And it does not make
12 clear in the text why it is excluded. The
13 exclusions you can find in table 7.4 and 7.5
14 and inclusions also.

15 The time period is not adequately
16 justified, particularly on the back end.
17 NIOSH proposes 9-30, even though in table 5.5,
18 it suggests that, at least in area 773A,
19 thorium could have been present through 12-31;
20 in other words, at least 3 additional months.

21 But, more importantly, the report
22 makes no allowance for possible contamination

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1 of these areas, which were subsequently
2 cleaned up after operations ceased. And
3 whether there could have been -- contamination
4 is not clear, even though the thorium used in
5 these areas were totally unencapsulated.

6 Lastly, the requirement that
7 workers prove they were in a particular
8 building is unenforceable. Because there were
9 no access requirements or access logs in those
10 buildings, you don't know who walked into one
11 and out of one at any given time. And for a
12 worker to prove that he was in that building,
13 the documentation is lacking.

14 And DOL has made clear that this
15 is the case and that it will not be able to
16 administer that part of the Class Definition.

17 This is particularly critical for transient
18 workers, such as construction workers, who
19 have gone in and out of these buildings all
20 the time. And to ask them to accumulate 250
21 days of such work in these particular
22 buildings is just about impossible.

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1 So in this respect, NIOSH has
2 created a torturous and very difficult Class
3 Definition that cannot be administered. So it
4 seems to me that there is no way that this
5 Board can deal with this petition or this
6 evaluation without vastly expanding the
7 Definition of the Class.

8 Finally, I would like to comment
9 briefly on health endangerment. This
10 evaluation also, like all of the others, SEC
11 evaluations, stipulates a period of 250 days
12 because that is what the SEC rule requires.

13 As I said, for transient workers,
14 this makes no sense in the situation and,
15 therefore, should not have been included in
16 the way that it has been.

17 Dr. Lemen today appropriately
18 called into question the 250-day rule. Your
19 counsel said the Act requires this, but in
20 this respect, she and NIOSH are wrong.

21 The SEC is defined in paragraph
22 73841 and subsection 14(c) of that paragraph.

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1 And it has three additional subsections.
2 Subsection A deals with the gaseous diffusion
3 plants, where there is a 250-day limit.
4 Section B deals with Amchitka, where there is
5 no limit. And section C deals with your
6 responsibility to recommend to the President
7 new members of the Class. And it has no time
8 limit. It's up to you to decide that time
9 limit.

10 We have long said that the 250-day
11 provision is arbitrary. There is no basis for
12 it in any science, in any biology that I know
13 of or even in any of the radiation data that
14 we have, including the Japanese bomb survivors
15 data.

16 So I don't know where the 250 days
17 came from other than in one case Congress
18 defined it that way. And I don't know why
19 NIOSH latched onto it, but it's not a
20 requirement.

21 Thank you very much.

22 CHAIRMAN MELIUS: Thank you, Dr.

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1 Ringen.

2 The next person I have listed for
3 public comment is Faye Vlieger, I believe.
4 And I apologize again. I have trouble with
5 your name. I never get it right.

6 MS. VLIEGER: Okay. Thank you
7 very much for letting me address you. I
8 appreciate the work that you have put in.

9 I listened in on the Hanford
10 Working Group meeting last week. And some of
11 my comments will address that.

12 Other than that, let me tell you
13 that I am here on behalf of ANWAG and also
14 Cold War Patriots. I also advocate for a
15 number of claimants. And I am going to be
16 talking about some of what I am seeing and
17 things not addressed by NIOSH and not
18 addressed by the Board.

19 In the Working Group meeting last
20 week, very blithely NIOSH said, "Oh, we can
21 calculate that" when it came up that there was
22 no data for a number of the different

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1 radionuclide processes at the Hanford site.
2 They also said they couldn't make any
3 statements at that time about what they were
4 going to do about the recommendations from the
5 White Paper that was presented.

6 I was a little aghast at them
7 saying very blithely "Oh, we can make those
8 numbers. We can do those numbers up" when, on
9 the other hand, they've said they wouldn't
10 make any statements for the Working Group at
11 the time. It calls into question whether or
12 not there is a limit on how many fallacies and
13 fictions they can create when creating
14 surrogate and coworker data.

15 What is the limit? Fifty percent
16 of the time there is no paperwork and then
17 it's okay to create the data or is it 75
18 percent and then it's an SEC?

19 There doesn't seem to be any rhyme
20 or reason to it. And I hate to use the word
21 "capricious," but it seems capricious when
22 these processes happened independently and

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1 concurrently with other processes at the site.

2 And, as the previous speaker
3 noted, people walked in and out. People were
4 trenching. You know, people were making
5 additions to the tank farms, making additions
6 to the 300 area.

7 So to blithely say that you can
8 create coworker or surrogate data that would
9 cover those people when the report by SC&A
10 strictly said, "There is no data. There is no
11 thorium data. There is no thorium pellet
12 data. There is no -- neptunium data. There
13 were a number of the plutonium nitrides that
14 were not represented in any data that was
15 collected. There was an entire year's audit
16 that wasn't there," so I'm concerned about the
17 tipping point.

18 Where is the tipping point for
19 saying, "Okay, NIOSH, do the best you can.
20 Give us a whiz-bang number?" And I hate to
21 call it a "wag" or even a "swag." And you all
22 know what that means.

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1 But that's sure what it sounds
2 like to us as the advocates and also to the
3 claimants when they see these numbers
4 diminish. Every time it goes back for dose
5 reconstruction, their dose number gets lower
6 and lower and lower. It is because of some
7 fiction that has been created at NIOSH to
8 account for some surrogate or coworker data.

9 The other thing I want to talk to
10 you about is the conflict of interest that
11 seems to be popping up with the people that do
12 dose reconstruction work and dose
13 reconstruction consulting for NIOSH.

14 In particular, Dade Moeller uses
15 people on a part-time basis that in their
16 full-time job, they collect the data and make
17 decisions about what data will be included in
18 the information provided to DOL. And on the
19 other side of that person's same full-time
20 job, they sit at the Board of Industrial
21 Insurance Appeals on the other side of the
22 table from the worker who is trying to get

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1 their radiation-caused cancer accepted and
2 saying, "Well, there is no way in the world
3 you could have possibly had enough of a dose."

4 I have a problem with those people
5 doing Hanford dose reconstructions. So that's
6 the first conflict of interest issue I have
7 with you.

8 The other is there is a job
9 announcement from Dade Moeller for a full-time
10 position that specifically says they're
11 looking for someone with Hanford background to
12 do dose reconstruction consultation for NIOSH
13 as one of the contractors for NIOSH. I have a
14 problem with that. It reeks of conflict of
15 interest.

16 I know you back up and say, "Well,
17 they never had any effect on the policies that
18 are being implemented." I was a lowly planner
19 at the site. They came to ask me my opinion
20 about policy and stuff all the time. I wasn't
21 a supervisor, very hard to get away from that
22 not involved in policy decisions.

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1 And the fact that it wasn't
2 documented that they were a supervisor or
3 involved in policy letters doesn't mean that
4 they weren't.

5 The ORAU conflict of interest
6 statements on their site, the number of
7 subcontractors that they use, there again I
8 believe that needs a little whitewashing. On
9 ORAU's site, on their conflict of interest
10 policy statement, it says that they will
11 include the name of the reviewer and the
12 reviewer's expertise and a little biography of
13 the reviewer at the bottom of their dose
14 reconstructions. And I haven't seen that
15 happen.

16 I know that some of the ORAU dose
17 reconstructions I have seen were done by ORAU,
18 but I don't know if NIOSH pulls that off. But
19 on the bottom of Oak Ridge's conflict of
20 interest policy statement concerning dose
21 reconstructions, it says that they do that.
22 And I haven't seen any bibliography or

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1 signature by an ORAU contractor on any of the
2 ones I have done.

3 The other thing I want to talk to
4 you about is the CDC cancer clusters and why
5 that information isn't being used to
6 substantiate the fact that, as the previous
7 speaker said, the 250-day rule is really not
8 applicable here at the site.

9 I represent the widows of two
10 claimants who died from pancreatic cancer.
11 It's a horrible death. It wasn't bad enough
12 that though one man was dying from pancreatic
13 cancer, but his son, who had worked with him
14 in the 300 area trenches when they did the
15 steam refit in the area, died a few years ago
16 of testicular cancer. And they didn't even
17 apply for his claim because he worked right
18 alongside his dad. His dad's was turned down.

19 Like I said, I have two pancreatic
20 cancer cases. And they were both laborers,
21 mostly unmonitored, in the 300 area. And, as
22 you know now, building 324 and 325 can't be

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1 demolished as quickly as they wanted because
2 of the contamination found under the
3 buildings.

4 In March of this year, there was
5 an interview set done with workers. And it
6 uncovered a lot of things that went on in 324.
7 We know that there was a problem under 324.
8 There's evidently a DOE paper that was
9 written. And they knew that one of the drains
10 was leaking. And, instead of digging it up
11 and taking care of the problem because it was
12 under the high bay, they grouted it off,
13 concreted the drain off, and didn't use that
14 retrieval tank anymore.

15 However, that amount that was in
16 the ground was there and started leeching
17 around the building. So they found that now.

18 And that's what the March interviews were
19 for.

20 I would encourage you to take a
21 look at how much people who weren't process
22 people were actually exposed because there was

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1 a lot of construction and trenching,
2 rebuilding, renewing, redoing piping in the
3 300 area that people were exposed to for quite
4 a number of years.

5 The quantity of cancers that I see
6 as a lowly authorized rep -- and I don't have
7 that many claimants that I see that are
8 outside the SEC -- seems kind of high to me.
9 I would expect to see the number of chemical
10 exposures I see under the part E side because
11 of the ongoing nature of the work that are
12 outside the SEC, but I see a lot of cancers
13 that are not covered because they are not part
14 of the SEC. If they were part of the SEC,
15 they would be covered. That kind of concerns
16 me.

17 And I would think that if we
18 compared the CDC cancer cluster information
19 just for the area here and you saw that there
20 is a high rate of cancer, we have such a high
21 rate of cancer. We have our own thriving
22 cancer center here in the Tri-Cities,

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1 absolutely thriving.

2 One of the other issues with this
3 250-day and not processor work data that is
4 being bandied about, security officers, even
5 though their job required them to patrol next
6 to the areas and were near releases and
7 spills, first responders to spills are not
8 covered.

9 I have a widow of a claimant who
10 died from lung cancer. In his own witness
11 statement, he told NIOSH "I was the first
12 responder when one of the casks fell off a
13 truck. I cordoned off the area."

14 NIOSH used his witness statement
15 against him because he said that he didn't get
16 touched by anything. He was the first
17 responder on site, cordoned off the area,
18 didn't always stand upwind from the spill, and
19 he didn't have any kind of dosimetry or
20 radiation detection equipment with him. But
21 NIOSH used that against him to say, "Couldn't
22 possibly have been exposed."

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1 So as an advocate and a member of
2 a number of the nationwide advocacy groups, it
3 touches me whenever I talk to the claimants.
4 It bothers me that they worked really hard,
5 they showed up to work.

6 And maybe you people think, "Well,
7 if they were stupid enough to show up at a
8 site that they didn't know what the hazards
9 were." I can tell you as a planner, I wasn't
10 told what all the hazards were. And I
11 planned. I did work packages. I blithely did
12 what the company told me to do.

13 And whether you know it or not,
14 the workers that are out there are still
15 afraid to come talk to you about anything.
16 When the March interviews were here, the widow
17 of one of my pancreatic cancer cases refused
18 to go talk to them because she was afraid for
19 job attribution, retribution back at the site.
20 She was afraid that she would have
21 repercussions from talking to anybody about
22 what went on.

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1 So you need to know that Hanford
2 is still a company town, this area. It's
3 still hard for people to come and talk about.

4 It's ongoing. And they still find
5 interesting things when they remediate digs
6 and cribs in different lagoons.

7 So I would encourage you to listen
8 to everybody. A lot of times their jobs are
9 in peril when they are up here talking to you.

10 Thank you.

11 CHAIRMAN MELIUS: Thank you.

12 I believe we have a Therese Howe.

13 Okay. Fine. We'll keep you on the list for
14 tomorrow. Thank you.

15 I believe Terrie Barrie may be on
16 the line and wish to comment tonight.

17 MS. BARRIE: Yes. Well, thank you
18 for allowing me to call in my comments
19 tonight. My name is Terrie Barrie. And I am
20 with the Alliance of Nuclear Worker Advocacy
21 Groups.

22 I have a few issues also that I

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1 would like to bring to the Board's attention.

2 First, I want to make everyone aware that an
3 SEC petition has been filed for the Rocky
4 Flats plant. I realize that NIOSH will need
5 to qualify it, but if anyone would care for a
6 copy of it, I would be happy to give it to
7 them.

8 There are a couple of typos that
9 someone brought to my attention. So I will
10 need to send a revised version of it. There
11 are only two typos.

12 The Rocky Flats claimants have
13 been promised for a year or more that the Work
14 Group would look into these issues. And
15 hopefully filing this petition will jumpstart
16 that discussion.

17 One issue in the petition is the
18 Ruttenber database. I understand, although I
19 did not hear and I thank Faye for relaying the
20 information to me, that DOL has finally
21 resolved how they will use this database to
22 qualify claimants for the SEC petition. And I

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1 am looking forward to a speedy release of
2 DOL's final bulletin.

3 Earlier this week in doing some
4 research for another advocate, I stumbled upon
5 NIOSH's radiation dose reconstruction page.
6 There's a section on that page titled simply
7 "EG&G."

8 This section identifies the scope
9 of the work that EG&G is doing for NIOSH. And
10 some of these activities include the -- I'm
11 quoting here -- "the application of new and
12 existing ICRP biokinetic models; the
13 characterization of the distribution and
14 uncertainty associated with the internal and
15 external radiation dose estimates; ongoing
16 evaluation of radiobiological factors related
17 to the interpretation of radiation dose;
18 assist in the evaluation of radiological
19 characteristics of sites covered under
20 EEOICPA; and, lastly, review the
21 appropriateness of radiation risk models used
22 in EEOICPA in light of emerging scientific

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1 studies."

2 EG&G operated Rocky Flats for a
3 few years. And they were also involved in
4 other sites, like the Nevada Test Site and, I
5 believe, Mound.

6 Now, mind you, I have never heard
7 anything negative about EG&G, but is it proper
8 for a DOE contractor to be involved who was
9 responsible for the records, to be involved
10 with the dose reconstruction process?

11 I also have concerns about Work
12 Group meetings in general. And both Faye and
13 I guess Dr. Ringen mentioned this also.
14 Recently I was contacted by the Hooker
15 Chemical petitioner for assistance. And I
16 thought the best way to provide that
17 assistance was to review the last meeting's
18 transcript, which was May 16th, I think.

19 It was not posted to the website,
20 and I made an inquiry. I did not receive the
21 transcript until a half-hour before the
22 Working Group meeting. I'm a fast reader, but

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1 there was no way I could digest some 80-some
2 pages in that time and offer the petitioner
3 any suggestions.

4 The petitioner also informed me
5 that she did not receive a copy of the White
6 Paper until two days after the Work Group
7 meeting. This lack of access to information
8 by the petitioner prevented her from
9 contributing to the discussion.

10 One could compare this to due
11 process in a court of law. A defendant must
12 be provided with all of the evidence. SEC
13 petitioners should be provided with all of the
14 non-classified research and White Papers. And
15 in this day and age, it should be preferably
16 provided in a searchable electronic format for
17 those petitioners with internet access and not
18 overnighted by FedEx. That is very costly to
19 do that.

20 Petitioners also need to access
21 the O: drive. Stu Hinnefeld and I briefly
22 discussed this issue a month or so ago. It is

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1 obvious that the amount of information that
2 NIOSH needs to sift through can be
3 overwhelming.

4 I understand the security issues.

5 However, if the petitioners had a person with
6 the proper clearance to research the O: drive
7 and then provide the petitioners with the
8 redacted documents, that will go a long way in
9 ensuring that all of the information was
10 reviewed before an SEC vote by the Board.

11 My final comment concerns
12 surrogate data. I don't understand how NIOSH
13 or the Board determines when to use surrogate
14 data. The reason I ask this again is because
15 Hooker Chemical is having surrogate data used
16 for their dose reconstruction. But it was not
17 considered for the W.R. Grace site today. I
18 don't understand, and it is not clear to me
19 when NIOSH considers the use of surrogate data
20 is proper and when it is not. If someone can
21 point me to the document that lays this out, I
22 would really appreciate it.

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1 I also don't understand how data
2 from Mallinckrodt can be used for Hooker
3 Chemical. If NIOSH and the Board decided that
4 the data was not sufficient to reconstruct
5 dose for Mallinckrodt claimants, why is it
6 sufficient for the Hooker Chemical claimants?

7 Now, I also realize that you don't
8 have the time to answer me tonight, but I
9 really would appreciate a response from NIOSH
10 or the Board or who is ever responsible for
11 these questions.

12 And again I thank you for allowing
13 me to call in these public comments.

14 CHAIRMAN MELIUS: Thank you,
15 Terrie.

16 I think I can address one of your
17 questions, just to say that we did discuss
18 this morning this issue with White Papers and
19 timeliness for petitioners and others involved
20 in Work Groups and agree that everyone will
21 try to do a better job of getting that
22 information to you and to other petitioners

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1 and other interested parties in time before
2 the Work Group meetings. It's not always
3 possible, but as much as possible to do that.

4 So we are aware of that.

5 And I also believe some of the
6 backlog on some of the transcripts becoming
7 available, that's being addressed also and has
8 gotten much better recently. And they're
9 catching up with that backlog.

10 But thank you.

11 MS. BARRIE: Okay. Well, thank
12 you. There was trouble with the phone line
13 today.

14 CHAIRMAN MELIUS: Yes. I know.
15 You wouldn't have been able to. That's why I
16 wanted to mention it to you.

17 MS. BARRIE: Well, I appreciate
18 that.

19 CHAIRMAN MELIUS: Okay. Thank
20 you.

21 First, is there anybody else in
22 the room who would like to make public

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1 comments?

2 MR. ROWE: My name is Gordon Rowe.

3 I'm the petitioner for the Savannah River
4 site petition. I would like to make a
5 comment, if I can.

6 CHAIRMAN MELIUS: What site again?

7 What was your name again so we make sure we
8 have it down.

9 MR. ROWE: Gordon Rowe.

10 CHAIRMAN MELIUS: Okay. Mr. Rowe,
11 I know who you are now. Thank you. Go ahead.

12 MR. ROWE: First of all, I would
13 like to request that the information on these
14 meetings and the addendums and so forth be
15 sent out in a more timely manner.

16 I didn't get this information. I
17 got a FedEx yesterday evening about 5:15. And
18 there's really not ample time to study it and
19 go over it before the discussion at the
20 meeting.

21 And the next question, next
22 comment I would like to make, since I am the

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1 petitioner on this SEC-103, I wonder what
2 authority or who gives NIOSH the authority to
3 add this thorium to the petition without
4 consulting me or contacting me first.

5 In my opinion, that's going to
6 slow the petition down, the results of it, or
7 finalizing. And I think that thorium should
8 be a separate issue from the original
9 petition. And at least if they are going to
10 add something or change, I think they at least
11 ought to contact the petitioners and check
12 with us about it before they change the
13 petition that I sent in.

14 Do you understand what I'm asking?

15 CHAIRMAN MELIUS: Yes, I
16 understand. Do you have any further comments?

17 MR. ROWE: No.

18 CHAIRMAN MELIUS: Okay.

19 MR. ROWE: I would like, if I can,
20 if somebody could give me an answer to that
21 question.

22 CHAIRMAN MELIUS: Sure. I will

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1 try in general and may ask NIOSH to also. But
2 in reviewing the original petition, NIOSH set
3 a scope for their review, which included the
4 thorium, I believe, those areas. So that has
5 been one of the areas under review.

6 And it's also NIOSH under their
7 regulations have the right to modify your
8 original Class that you have offered when you
9 entered your petition.

10 MR. ROWE: They have the right to
11 do that without contacting me first?

12 CHAIRMAN MELIUS: Well, yes. I
13 think this has been part of it all along. And
14 they also have the right to then offer up a
15 new Class Definition. This covers maybe just
16 part of the scope of the review for your
17 petition.

18 MR. ROWE: All right. Thank you.

19 CHAIRMAN MELIUS: Okay. Anybody
20 else in the audience or on the line that would
21 like to --

22 MR. FROWISS: Yes.

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1 CHAIRMAN MELIUS: Yes. Please
2 identify yourself.

3 MR. FROWISS: Yes. My name is
4 Albert Frowiss in Rancho Santa Fe. I am an
5 advocate for claimants all over the country,
6 on SECs principally. And I just have four
7 basic short questions.

8 One, I know that your Board
9 endorsed the CLL rule. And I am wondering if
10 somebody could update me on where it stands
11 now that the comments are closed, et cetera,
12 in terms of what the status is. That's one
13 question.

14 Another is earlier today you
15 discussed the Brookhaven issues and indicated
16 that an 83.14 action to extend will probably
17 be coming forth soon. Can anybody tell me
18 what the approximate years of extension might
19 be? I assume into the '80s if not the early
20 '90s based on the transcript that I read
21 earlier in the year. There are lots of people
22 stacked up that are in that pickle that I

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1 represent. That's the second question.

2 The third and fourth questions are
3 kind of related. And that is in relation to
4 the Albuquerque Operations Office and Division
5 Z, which I believe was perhaps the
6 nomenclature for the original New Mexico
7 Operations Office when it was either at Los
8 Alamos or Santa Fe and then moved down to
9 Albuquerque.

10 And I was wondering whether
11 Division Z or Albuquerque Operations Office at
12 any of those locations will be covered in
13 either of the SECs, the Sandia SEC, or Los
14 Alamos SECs. I assume perhaps Sandia.

15 But that is basically the
16 questions that I have.

17 CHAIRMAN MELIUS: Thank you.

18 I don't know if, Stu or Jim, you
19 want to address at least maybe the first two
20 you sort of mentioned this morning I think I
21 --

22 MR. HINNEFELD: Yes. This is Stu

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1 Hinnefeld, the Director of DCAS.

2 I reported this morning the CLL
3 rule is with Health and Human Services to
4 determine whether to proceed with the
5 publication of a final rule. And if, in fact,
6 the Department decides to proceed to a final
7 rule, it will appear in the Federal Register.

8 And there is an effective period. The
9 effective date will be some period after that.

10 So that is the status of where the CLL rule
11 is.

12 Do you want to add something, Ted?

13 MR. KATZ: I can just add that the
14 schedule that is being shot for by HHS is to
15 publish that by the end of the year. So that
16 is the aim.

17 MR. HINNEFELD: Okay. With
18 respect to the Brookhaven Class, potential
19 Class, I don't want to give anybody the clear
20 indication that that will happen. It might
21 happen. The end date is not determined yet,
22 and I am afraid I can't provide any more

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1 specific information than what the questioner
2 already has on that.

3 And then with respect to Division
4 Z, I actually can speak to that. Division Z
5 is the predecessor to Sandia. We ran into
6 this issue I think that the questioner is
7 talking about because these cases were
8 referred to us as Los Alamos National
9 Laboratory Division Z starting from about 1945
10 to 1949 or thereabouts.

11 And the effective date of Sandia
12 then starts in 1949. So there is kind of this
13 question, "Well, are they Los Alamos but
14 they're not at Los Alamos, they're in
15 Albuquerque, or are they Sandia?"

16 And we have been corresponding
17 with the other agencies. And what we believe
18 will happen shortly is that the covered period
19 for Sandia will be moved forward to include
20 the beginning of Division Z. And they will be
21 considered part of Sandia employees and then
22 would fall into the existing Sandia treatment.

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1 CHAIRMAN MELIUS: Okay. Thanks
2 for the clarification.

3 Does anybody else on the line or
4 in the audience wish to make public comment?

5 (No response.)

6 CHAIRMAN MELIUS: We thank
7 everybody, then. And we will reconvene at
8 8:15 tomorrow morning.

9 (Whereupon, the above-entitled
10 matter went off the record at 5:36 p.m.)

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