

UNITED STATES OF AMERICA
CENTERS FOR DISEASE CONTROL

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NATIONAL INSTITUTE FOR OCCUPATIONAL
SAFETY AND HEALTH

+ + + + +

ADVISORY BOARD ON RADIATION AND
WORKER HEALTH

+ + + + +

81st MEETING

+ + + + +

WEDNESDAY
DECEMBER 7, 2011

The meeting convened at 8:15 a.m.,
Eastern Standard Time, in the Tampa Marriott
Westshore, 1001 N. Westshore Blvd., Tampa,
Florida, James M. Melius, Chairman, presiding.

PRESENT:

JAMES M. MELIUS, Chairman
HENRY ANDERSON, Member
JOSIE BEACH, Member
BRADLEY P. CLAWSON, Member
R. WILLIAM FIELD, Member
JAMES E. LOCKEY, Member
WANDA I. MUNN, Member
JOHN W. POSTON, SR., Member
DAVID B. RICHARDSON, Member
GENEVIEVE S. ROESSLER, Member
PHILLIP SCHOFIELD, Member
PAUL L. ZIEMER, Member
TED KATZ, Designated Federal Official

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TRICHENOR, DUDLEY
TRIPLETT, TINA*
TURNER, PAT
VAUGHN, DAVID
WOOD, ELIZABETH

*Participating via telephone

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

2 8:33 a.m.

3 CHAIRMAN MELIUS: Welcome,
4 everybody, to whatever this meeting, 81, the
5 81st meeting, okay, of this Advisory Board. We
6 have a few Members that are delayed and will
7 be in, I believe, later today. But the
8 important ones are here, right? So welcome.
9 Let me turn it over to Ted who will explain
10 and get things started, some of the
11 housekeeping issues.

12 MR. KATZ: Thank you, Jim. So a
13 warm welcome, everyone in the room and on the
14 line. Advisory Board on Radiation Worker
15 Health. I just extend my welcome as well from
16 Secretary Sebelius and from Dr. Howard,
17 director of NIOSH. For folks on the phone the
18 presentations that you'll hear today and
19 tomorrow should all be on the NIOSH website
20 under the Board section so you can follow
21 along as people talk with the slides, if you
22 go to the website. You can download those or

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1 view them online, whichever.

2 We have a public comment session,
3 we have one public comment session in this
4 meeting since it's only a two-day meeting and
5 that's this evening beginning at 5, from 5 to
6 6:30 or whenever it ends if it ends earlier.
7 So try to come to the front end of that if you
8 can.

9 Let me just ask, for folks on the
10 line, when you're listening to this call
11 except when you are addressing the group, for
12 example during the public comment session or
13 if you're a petitioner during your petition
14 session, please mute your phone. If your
15 phone doesn't have a mute button just press
16 *6, that'll mute your phone, and press *6
17 again to take your phone off of mute. And
18 please don't leave the call on hold at any
19 point, but hang up and dial back in because
20 putting the call on hold will destroy the
21 audio for everyone else on the call.

22 Let me just for the record note

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1 Member attendance. We have all Members but
2 Dr. Anderson, Richardson, Field, Lemen and
3 Griffon, and they're all expected early this
4 afternoon.

5 And the last point, everyone in
6 speaking today, please speak close to the mics
7 so that they have good audio. Oh, Mike
8 Gibson. I left a Board Member out, Mike
9 Gibson is also absent. No, Mike Gibson is on
10 by phone.

11 CHAIRMAN MELIUS: That's why I was
12 --

13 MR. KATZ: Sorry. Thank you.
14 Mike, can you -- are you on the line right
15 now? Is that correct? Mr. Gibson? You might
16 be on mute. Okay, well I don't hear him right
17 now.

18 CHAIRMAN MELIUS: We're expecting
19 him to join us at least later.

20 MR. KATZ: Right.

21 CHAIRMAN MELIUS: Okay. Thank
22 you, Ted, for that. As we, at least the Board

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1 Members and I think many of the people in the
2 audience know after our last in-person Board
3 Meeting out in the state of Washington one of
4 our really key Board Members, someone who had
5 been with the Board from the start, with many
6 of us, unfortunately had become ill and died
7 quite suddenly. It's a major loss for us,
8 someone that we had worked with over many
9 years and contributed so much to the work of
10 the Board. So I thought we should take a few
11 minutes here this morning to, out of respect,
12 to honor Robert Presley for his work on the
13 Board and for his long career working at the
14 Department of Energy.

15 We worked, in the time period
16 after Bob became ill, to honor him of his work
17 and one of the things that we did obtain was
18 letters from both Secretary Sebelius and from
19 President Obama to him, so I'm going to ask
20 Ted to read those letters.

21 MR. KATZ: Dear Mr. Presley, I'm
22 very sorry to learn about your illness.

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1 You've been a prized Member of the Advisory
2 Board of Radiation and Worker Health since its
3 inception in 2001. Your broad expertise in
4 nuclear weapons operations, your integrity in
5 applying considered judgment to the decisions
6 of the Board and your compassion have
7 contributed greatly to the Board's outstanding
8 record of service to the National Institute
9 for Occupational Safety and Health's Dose
10 Reconstruction Program, to the Department of
11 Health and Human Services and to the many
12 thousands of nuclear weapons workers that we
13 serve under the Energy Employees Occupational
14 Illness Compensation Act.

15 Your many decades of service to
16 this nation as a nuclear weapons worker at Y-
17 12 equally deserve our honor. I, together
18 with the director of NIOSH and many others in
19 this department and at NIOSH, salute you and
20 convey our appreciation and sympathy to you,
21 your wife Louise and your family. Sincerely,
22 Kathleen Sebelius.

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1 Dear Robert, I recently learned of
2 the challenges you're facing and I want you to
3 know how much I admire your strength. My
4 thoughts are with you during this difficult
5 time. Your hard work and dedication have
6 helped protect the health and safety of the
7 American people and I'm grateful for your
8 commitment to our nation.

9 In the days ahead I hope you draw
10 inspiration from the principles that guide you
11 and find comfort in the support of friends and
12 loved ones. Please know Michelle and I will
13 keep you in our prayers. Sincerely, Barack
14 Obama.

15 And these letters, they received
16 these in Bob's last week among a flood of
17 letters from all over the country from
18 colleagues who had worked with him all over
19 the weapons complex.

20 CHAIRMAN MELIUS: Thank you, Ted.
21 Also, I asked Paul Ziemer who knew Bob well if
22 he wanted to say few words also.

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1 MEMBER ZIEMER: My few words here
2 today cannot begin to capture the impact of
3 the life of a man such as Bob Presley, but
4 perhaps it will help us to remember some of
5 those things that made him a special person.

6 First, I do want to greet Louise
7 Presley who I believe is still on the line,
8 and Louise, we send you our love and want you
9 to know that you continue to be in our
10 thoughts and prayers.

11 The Advisory Board lost a valued
12 Member and friend with the death of Robert Bob
13 Winton Presley who passed away on September
14 21st, 2011, at his home after a brief illness
15 with cancer. Bob was born in Cookeville,
16 Tennessee. He was the son of Charles and
17 Charlie Presley. In addition to his mother
18 who survives, Bob is survived by his wife
19 Louise of almost 47 years, Louise Stoddard
20 Presley, by his daughter Brooke Presley Ownby
21 and her husband Kevin, a granddaughter Kendall
22 Morgan Ownby and a grandson due this month to

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1 Brooke and Kevin.

2 Louise is known to most of our
3 Board Members and accompanied Bob to many of
4 our meetings. She was an avid photographer
5 and really became the unofficial photographer
6 for this Board, providing many of us with
7 personal candid shots from Board Meetings as
8 well as the Board portrait on our website.

9 Bob's parents moved from Algood,
10 Tennessee, to the Oak Ridge area when Bob was
11 just six weeks old so his father could work on
12 the Manhattan Project at the K-25 plant. A
13 special note is that his family's first rental
14 home in Oak Ridge was a two-bedroom flattop
15 house located at 68 Outer Drive, and it's this
16 very house that was recently donated by Dr.
17 Kenneth and Isabelle Fitzpatrick-Smith to the
18 American Museum of Science and Energy in Oak
19 Ridge to be reconstructed on the museum
20 grounds as a symbol of Oak Ridge's history
21 during the Manhattan Project in time for the
22 60th anniversary of the museum and the gate-

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1 opening ceremony in March 2009. Bob loved to
2 tell anyone who would listen that he and Abe
3 Lincoln both had their childhood homes placed
4 in museums.

5 Bob graduated from Oak Ridge High
6 School in 1962, attended Tennessee Technical
7 University and served as a tank driver and
8 Army cook in the Tennessee Army National
9 Guard. He went to work for Union Carbide
10 nuclear division in the biology division
11 initially as an animal handler and supervisor
12 for Oak Ridge National Lab at Y-12. He then
13 transferred to the Y-12 plant as a materials
14 dispatcher and held successive jobs in the
15 product engineering division while working on
16 weapons production. He also worked with the
17 Lawrence Livermore Lab, Los Alamos National
18 Lab and Pantex facility in Texas as well as
19 the Nevada Test Site.

20 In his later years of employment
21 at Y-12 under DOE contractors Lockheed Martin
22 and BWXT Y-12 he was involved as a protocol

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1 officer for tours at all of Oak Ridge's
2 government facilities for Tennessee's elected
3 officials, U.S. military officials and U.S.
4 cabinet members such as Secretaries of Energy.
5 Bob retired from Y-12 in 2002 after 36 years
6 of service and since retirement has held
7 consulting jobs with Pro2Serve until 2008 and
8 at the time of his death was employed by MS
9 Technology, Incorporated.

10 Outside of work activities, Bob
11 became a community volunteer. He joined the
12 Oak Ridge Jaycees and helped with the very
13 first Special Olympics at Oak Ridge. He was
14 also actively involved in the Tennessee
15 Jaycees where he served as a District 14
16 director, commander of the volunteer corps and
17 on the Board of directors for Camp Discovery
18 in Gainesboro. He was a Tennessee Jaycees
19 international senator. Bob also became
20 involved in the Anderson County Fair and the
21 Tennessee Association of Fairs and served
22 positions in the East Tennessee and East

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1 Tennessee Fair Group as director and vice
2 president, and eventually became president of
3 the Tennessee Association of Fairs in 1992.

4 In 1995, Bob assisted Lockheed
5 Martin Energy Systems to help start a program
6 called Help to the Smokies which is an
7 employee volunteer project which he was
8 involved in rehabilitating picnic areas in the
9 Great Smoky Mountains National Park, a project
10 which is continuing today. Also since 2004,
11 Bob and Louise volunteered many hours on
12 behalf of the Great Smoky Mountains Heritage
13 Center in Townsend, Tennessee.

14 Bob's hobbies included spending
15 time with family and friends, competitive
16 barbecue cooking and judging, researching
17 family genealogy, traveling and collecting
18 antiques. He loved cooking barbecues for his
19 church families at Covenant Presbyterian
20 Church in Oak Ridge and the First United
21 Methodist Church in Sevierville. And some of
22 our Board Members will recall the barbecue

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1 that Bob hosted for us at one of our early
2 meetings in Oak Ridge. He also enjoyed
3 visiting and assessing restaurants at all of
4 our locations where this Board met over the
5 past decade. That ranged from Ted Drewe's
6 Frozen Custard in St. Louis to Lawry's in Las
7 Vegas.

8 Bob was one of the original
9 appointees to the Advisory Board on Radiation
10 and Worker Health and over the past 10 years
11 has provided the Board with sound advice and
12 informed observations based on his many years
13 of experience in the DOE complex. We will
14 miss his sage input on nuclear matters, his
15 culinary recommendations on restaurant and
16 food selections and his genial companionship
17 in all our activities. He was a man of
18 integrity and faith. May his life, which was
19 exemplified by love of family, love of country
20 and service to others, be an inspiration to
21 all of us. Peace to his memory.

22 CHAIRMAN MELIUS: Thank you, Paul.

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1 I just add what also struck me about Bob was
2 his great empathy and care for the people that
3 worked in the complex. For Bob he really was,
4 really cared and really tried to work very
5 hard on the work that we do in reviewing
6 claims and petitions and so forth. But it was
7 his great respect for the people that he
8 worked with and care for them that always,
9 always stood out for me. Can we have a brief
10 moment of silence in honor of Bob?

11 (Whereupon, a moment of silence
12 was observed in honor of Robert "Bob"
13 Presley.)

14 CHAIRMAN MELIUS: Okay, thank you.
15 And I'd also just like to recognize Ted and
16 the NIOSH staff for their work during this
17 difficult time and their work also to get the
18 letters from the President and from the
19 Secretary. There's certainly other people in
20 the department that worked on that. It's not
21 always easy given how busy things are in
22 Washington and so forth. So I thank Ted for

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1 that and for the other work you did. And
2 certainly I think we know we'll all miss Bob
3 and all miss seeing him at these meetings. I
4 can't recall him missing more than one or two
5 meetings over that whole time period.

6 We'll go on with our program now.
7 Stu, you've got a tough act to follow here but
8 Stu Hinnefeld will give us an update on the
9 NIOSH program.

10 MR. HINNEFELD: Okay. I did pull
11 my slide presentation up here but -- okay.
12 I'll just restrict my comments to the program
13 news portion of the presentation for the sake
14 of brevity, and so if you have any questions
15 about the statistics that are in the remainder
16 of the package, and the presentation I think
17 was provided to you, I'll be glad to try to
18 answer questions about any of those
19 statistics.

20 The DCAS staff assignment
21 information, I mentioned at our last meeting
22 that our DCAS deputy director David Sundin had

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1 accepted a 120-day detail assignment at
2 another organization in Cincinnati NIOSH. That
3 120 days ended at the end of October but it
4 was extended for another 120 days so our
5 situation at DCAS continues the same and for
6 the next 120 days, Dave will not be our deputy
7 director as he's on this detail. And Chris
8 Ellison will continue to serve as our acting
9 deputy director again on a detail basis while
10 Dave is working across the street. So those
11 of you who may deal with Dave at times will
12 now be more likely to deal with Chris on
13 whatever issue you're dealing with.

14 I put the budget on here because
15 there's a lot of interest in of course federal
16 budget and what happens in the discussions.
17 From our viewpoint in Cincinnati the only
18 thing certain about the federal budget is
19 uncertainty. So I can tell you that right now
20 Health and Human Services is operating on a
21 continuing resolution that lasts through
22 December 16th. This has sort of been par for

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1 the course for the past few years as you
2 always start the year on continuing
3 resolutions, this is actually the second one
4 we've been on so far this fiscal year, and
5 then at the eleventh hour something is done to
6 move the bar down the road a little ways. That
7 appears to be what will happen here. A
8 continuing resolution typically funds you at
9 the previous year's level or some, you know,
10 calculation based on that. This continuing
11 resolution is funded at a very slight decrease
12 from last year, it was like a 1.5 percent
13 lower spending rate this year than what we
14 were spending on last year's, the expectation
15 for the continuing resolution. And so there
16 are -- so it's not a particular impact.

17 There is concern, I think
18 throughout the administration or throughout
19 all branches of government that funding
20 allocations for the year will not be as close
21 as 1.5 percent. It may be a greater
22 reduction. And so there's a certain amount of

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1 conservatism in terms of agencies wanting to
2 go out and spend money. It's not particularly
3 affected our program. There are all sorts of
4 early warning systems about the budget process
5 that give you a warning about the particular
6 house of Congress or the administration has
7 eyes on reducing your budget farther. None of
8 those warning signs have flashed a warning for
9 our program which doesn't do anything -- gives
10 you a little bit of a good feeling but doesn't
11 really tell you anything definitive. So right
12 now things look fairly steady as far as we can
13 read the tea leaves at this point.

14 There have been -- there is an
15 impact when you fund a series of continuing
16 resolutions it does impact your contractors to
17 a certain extent because you cannot, for
18 instance, award an entire year funding to a
19 contractor if the contractor's contract is of
20 any size at all. You just don't have the
21 money in time to award the full year. So
22 there is a certain amount of monthly

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1 incremental funding going on for the ORAU team
2 which they are completely used to and I
3 believe also at this point for the SC&A
4 contract which is maybe a little bit of a new
5 wrinkle for SC&A. So, but you know, as long
6 as the continuing resolutions pass, we are
7 funded. We fund contracts far enough in
8 advance that we normally don't get into a bind
9 of being out of money when it's time to fund
10 the next month so we think we're going to be
11 okay through this.

12 The chronic lymphocytic leukemia I
13 put up there just because people might be
14 interested in it. There is no particular news
15 except that it continues to go through review
16 by Health and Human Services. Health and
17 Human Services has published, if you'll
18 recall, a Notice of Proposed Rulemaking
19 proposing to add chronic lymphocytic leukemia
20 as a covered cancer, but the rulemaking
21 actually just eliminates the zero probability
22 for CLL in the regulation. That is in the

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1 review process within the administration. The
2 review process is hard to predict because
3 there are all these review steps any one of
4 which can loop back and cause an earlier
5 worker to do additional work and so you kind
6 of loop back through. So nothing proceeds,
7 you can't count on proceeding directly through
8 the review process and so you can't really
9 predict the time on that.

10 And then finally this year for the
11 third year in a row the Senate passed a
12 resolution denoting October 30th as a day of
13 remembrance for all nuclear weapons workers.
14 There were a series of remembrances at a
15 number of DOE sites. NIOSH participated in
16 one in Kansas City for the Kansas City plant
17 in cooperation with the machinists union
18 there. And the Ombudsman Denise Brock was
19 very key in arranging the details of that
20 remembrance ceremony. I participated along
21 with Denise and the DOL Ombudsman participated
22 as well, Malcolm Nelson.

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1 And then I didn't put on the slide
2 but it occurs to me that at this point in
3 thinking back on the program and how we're
4 doing it kind of -- I don't want to be
5 complacent about this but it's kind of, things
6 are not looking very bad in the program right
7 now and from our standpoint, I don't know that
8 things ever look good but things really looked
9 bad a few years ago. And so not looking bad
10 to me is a pretty good place to be. If you'll
11 think about this, a number of years ago there
12 was a backlog of dose reconstruction claims at
13 NIOSH that was over 10,000, over 10,000 claims
14 in our inbox waiting to be done. That number
15 is now on the order of 800. We are completing
16 claims now, the vast majority of claims are
17 completed within nine months of when we
18 receive the claim, and a shorter time for when
19 we receive all the information necessary to do
20 the claim. So in terms of claimant and claim
21 timeliness, we're just in a far better
22 position than we have been throughout the life

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1 of the program.

2 We do have a fair, a large amount
3 of technical backlog work to do with the Board
4 in terms of Evaluation Report consideration
5 for SECs and Site Profile reviews and
6 resolution of those comments. So our backlog
7 is not yet done and we have a full plate of
8 work to do for, certainly for some few years,
9 some undefined few years it seems to me. And
10 so we do have work in front of us but it is
11 different now, a different kind of work.

12 Along the lines of success stories
13 and completing things, I did want to say I did
14 look up some statistics for the Procedures
15 Subcommittee. Ted reminded me I promised to
16 say something about this. The Procedures
17 Subcommittee has reviewed at least 95
18 technical documents and I say at least 95
19 because there were 95 reviewed that had
20 comments or findings of some sort. If there
21 were any that were reviewed that did not have
22 any findings, then those procedures or

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1 documents would be additive onto the 95. Those
2 reviews resulted in something on the order of
3 540 -- 540, can you hear me? Am I coming over
4 the mic? Five hundred and forty total
5 findings. Now, as we work through the
6 resolution of those findings though some 300
7 of those have been closed, are in a closed
8 status meaning the Board, the Work Group or
9 the Subcommittee has completed its work and
10 resolutions have been achieved. There are an
11 additional 25 that were similar enough to
12 other findings that the response to a
13 different finding essentially resolved the
14 second finding as well. So those are recorded
15 as addressed in another finding because the
16 response to the two findings essentially is
17 identical. And there are some 85 findings
18 that are what we call in abeyance in the
19 Procedures Subcommittee which means that we
20 have agreed on the resolution but one of our
21 documents needs to be revised in order to
22 incorporate that provision. And so that --

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1 and the revision hasn't yet been issued. So,
2 that's why those are held in abeyance. So if
3 you add all those, and then there are some 50
4 that were transferred either to a site Work
5 Group or considered an overarching issue and
6 have to be dealt with in that fashion. Some
7 of those overarching issues probably can still
8 be dealt with by the Procedures Subcommittee
9 as I understand it. So it leaves you
10 somewhere less than 100 procedures out of that
11 total of 540 that are either open, meaning the
12 Subcommittee hasn't really discussed them yet
13 or they're in progress which means they have
14 been discussed but we are in the process of
15 working out resolution to the findings.

16 The other part of this is that of
17 the unreviewed documents that we have
18 published very many of those are not technical
19 documents, very many are administrative. So I
20 believe the 95 documents that have been
21 reviewed represent really the great, great
22 majority of potential to be reviewed. A few

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1 documents get written as we go forward so
2 there maybe will always be some come up, but
3 the great majority of them seem to have been
4 written. Now, that tally of total documents,
5 that may -- there's another hundred or so
6 total documents. I don't think that includes
7 every chapter of every Site Profile. I think
8 the Site Profiles themselves are excluded from
9 that. So there are somewhere on the order of
10 a hundred documents we've identified that have
11 not been reviewed, many of which are
12 administrative. So, that's what I had to
13 report. I'd be glad to answer any questions
14 or I hope I didn't step on anything from
15 anybody else.

16 CHAIRMAN MELIUS: Thanks. Any
17 questions for Stu?

18 MR. HINNEFELD: Oh, I'm sorry. I
19 have one other personnel matter, the one I
20 wanted to say.

21 CHAIRMAN MELIUS: Okay.

22 MR. HINNEFELD: I wanted to

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1 introduce Christina Batt. Christina is
2 relatively new with our Office of
3 Congressional Liaison, for lack of a better
4 term I call it, Office of Congressional
5 Liaison. And she is taking on the assignment
6 for our program that Jason Broehm had had.
7 Most of you probably know Jason or remember
8 Jason. He's still there, he's still working
9 in that same office it's just that I guess he
10 had done his time in purgatory and doesn't
11 have to deal with our program anymore. And so
12 that now falls to Christina.

13 (Laughter.)

14 MR. HINNEFELD: I'm not sure that
15 they told her that was the assignment when she
16 took it.

17 CHAIRMAN MELIUS: Short straw,
18 right? Okay, any questions for Stu? Stu will
19 be speaking later so if you want to have
20 questions on all of the statistics and haven't
21 had a chance to look them over, we'll get
22 another chance at him. So thank you for that.

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1 A couple of housekeeping things.
2 Has everybody, all the Board Members, gotten
3 their opportunity to get all the information
4 off? No, okay. And another personnel matter
5 you reminded me, Stu. I recently ran into our
6 former court reporter, longtime court reporter
7 who was working on another NIOSH advisory
8 board up in New York City so I got to visit
9 with him and he sent his greetings to
10 everybody. Yes, Ray did that, said hello to
11 everybody. Still remembers us. Nancy Adams
12 was there with me also. She saw him too, we
13 got the chance to visit.

14 Okay. Our next up I believe is
15 Jeff Kotsch from the Department of Labor.

16 MR. KOTSCH: Good morning. This
17 will be the DOL announcement. Just a quick
18 overview of the Act. This is more of an
19 abbreviated set of slides this time so, but
20 we'll get to that as we move through. The Act
21 was enacted in October 2000, Part B was the
22 mandatory federal entitlement by DOL and Part

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1 D at that time was state workers comp
2 assistance which was conducted by the
3 Department of Energy. The amendments in
4 October 2004 abolished Part D and created the
5 Part E program which was transferred to the
6 Department of Labor and that's the toxic
7 exposure portion. As of, and a couple of
8 these dates are changing throughout the
9 slides, but as of November 8th, 148,340 cases
10 and over \$7.5 billion of total compensation
11 have been paid.

12 Obviously under the Act we have
13 Department of Labor, Energy, Health and Human
14 Services and Justice which works with the RECA
15 portion. And the last slide is just, I mean
16 the last portion is just we have the national
17 office in D.C. of course but regional offices,
18 district offices in Jacksonville, Cleveland,
19 Denver and Seattle.

20 These are -- I'm sorry. Just a
21 pie chart on the Part B cases filed and the
22 percentages of each, just a couple of them, 36

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1 percent at NIOSH, SEC cases referred to NIOSH,
2 9 percent; SEC cases never sent because
3 basically we determined they fulfill the
4 existing Class, 9 percent; 10 percent were
5 RECA cases; the others, 36 percent include
6 chronic beryllium disease, silicosis, things
7 like that.

8 This slide is for essentially
9 cases added by -- or yes, added for the SEC
10 classes. We're showing 3666 cases withdrawn
11 from NIOSH for SEC Class review. Of those a
12 little over 3,000 have become final decisions
13 with 2919 final approvals by the Department of
14 Labor. We have a process whereby cases out of
15 the district offices have recommended
16 decisions. They go to our Final Adjudication
17 Branch. They are reviewed and then become
18 final approvals. There's also an appeal
19 process in there if wanted by the claimant. So
20 we have 36 recommended but no final, 150
21 pending and 408 cases that were closed. So we
22 have final decisions in 83 percent of the

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1 cases.

2 These are -- this slide is for the
3 referral of case status. A little over 36,000
4 cases have been referred to NIOSH for dose
5 reconstruction. A little under 34,000 have
6 been returned and are currently at or were at
7 DOL, which 29,713 had dose reconstructions and
8 the remainder were pulled back or sent back
9 without a dose reconstruction, and 2148 cases
10 that are currently at NIOSH. It's a little
11 bit higher than the NIOSH-reported numbers. We
12 always have that disconnect between the
13 reported values. We're indicating that 1524
14 initial referrals and 624 are re-works or
15 returns. Again, those are generally cases
16 that the Department of Labor has received
17 additional cancer information or employment
18 information, those are the two basic reasons.

19 This is the slide for the NIOSH
20 dose reconstruction case status. Again,
21 29,713 cases have been returned by NIOSH that
22 are currently at DOL with dose reconstruction.

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1 And there you see the other, the breakdown of
2 those, ultimately resulting in about 34
3 percent of final decisions of approval and the
4 remainder denials. And then this is just the
5 breakdown by cases, and again a reminder that
6 there's always fewer cases than claimants
7 because there could be more than one claimant
8 in a case in which case that would be the
9 payees. We've had accepted dose
10 reconstruction cases, 7987. These are for
11 11,000-almost 300 payees for \$1.18 billion in
12 compensation. Accepted SEC classes -- cases,
13 I'm sorry, 14,493 for \$2.15 billion in
14 compensation. The next is 523 cases accepted
15 for both SEC status and a PoC. That should be
16 greater than 50, that would be for payment for
17 medical benefits for cancers that are not
18 specified cancers. That's \$78 million and
19 adding up to a little over 23,000 cases for
20 \$3.4 billion in compensation. And then just a
21 bar chart for the -- indicating the 34,281
22 final decisions approved, the 23,880 cases

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1 denied and the breakdown off to the side, the
2 primary being in this case almost 17,000 just
3 with a PoC less than 50 percent.

4 Just the running slide of cases
5 received by DOL. Still a steady influx around
6 400 a month in to Labor to begin with. I
7 actually want to go back, or behind this to
8 some of the other slides that are in the
9 handout that probably should have been up
10 further. But you can read these too. Some of
11 those just relate to the definitions and the
12 program, verifying employment. I just went to
13 get to this, again, the running slide for Part
14 B cases sent to NIOSH. It's running around
15 the upper two hundreds, maybe the low three
16 hundreds per month still. It seems to have
17 been pretty steady. We're always curious
18 whether that would, or how that was going to
19 work out. Just there if you want to look too,
20 there are the slides of the four top sites,
21 Hanford, Y-12, Oak Ridge, GDP, K-25 and
22 Bethlehem Steel. And actually if you look

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1 through those you'll see that the Bethlehem
2 Steel one is tailing off so that may, I don't
3 know who the next one behind that is but it
4 may come up eventually. And then the last
5 couple of slides are just some of the local
6 ones, either local as in the case of Pinellas
7 or facilities that we were going to discuss
8 during this meeting so we put up some of the
9 statistics for those. For Pinellas we've had
10 1344 cases for Part B and D. And you see the
11 Part B approvals, 121; Part E, 177 for \$26.9
12 million. And that's it.

13 CHAIRMAN MELIUS: Okay, thank you,
14 Jeff. Questions for Jeff? We have a quiet
15 Board this morning. I have a question or I
16 guess a request because I'm not sure that you
17 can answer this or should be able to answer
18 this right off the top of your head, but it
19 would be useful to know, have some idea of
20 what outreach efforts are under way from DOL,
21 just to get a sense of how you're reaching.
22 And I don't think we've really had an update

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1 on that. We're aware from DOE's presentation
2 of sort of the joint outreach that's going on
3 and so forth, but I'd just be curious to hear
4 at some point.

5 MR. KOTSCH: Yes, we can do that
6 next time and keep that as a continuing part.
7 I mean, obviously any time there's an SEC
8 Class that becomes implemented there will be
9 an outreach effort associated with that, just
10 as right now we're planning for the Pantex one
11 which will probably be in late, early or late
12 February I guess. Or no, I think the Class
13 becomes effective in middle to late February
14 so our effort will actually probably be right
15 after that. And I think we're doing the three
16 of them right now and I always forget which
17 ones those are. But yes, we can do that.

18 CHAIRMAN MELIUS: I just think it
19 would be helpful. We haven't talked about it
20 for a while, it would just be useful
21 information for the Board to have when we're
22 doing that.

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1 MR. KOTSCH: Sure.

2 CHAIRMAN MELIUS: Like I said, I
3 wasn't expecting an answer.

4 MR. KOTSCH: We can do that.

5 CHAIRMAN MELIUS: Yes, good. Thank
6 you. Other questions from the Board? Okay.
7 Well Jeff will be around I believe for most of
8 the meeting so we'll, if we have other
9 questions later. Our next agenda item,
10 Department of Energy. Greg Lewis, welcome.

11 MR. LEWIS: Good morning,
12 everyone. I'm Greg Lewis and I'm the director
13 of Former Worker Compensation Support at the
14 Department of Energy. I do want to talk about
15 a couple of the items that Stu had mentioned.
16 I wanted to mention the National Day of
17 Remembrance that we also participated in
18 supporting about a month ago. We attended a
19 few of the events and helped the group the
20 Cold War Patriots set up a few of their own
21 events as well.

22 And then I also wanted to talk

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1 about the continuing resolution. As Stu
2 mentioned, the current continuing resolution
3 expires on December 16th and I think that the
4 percentage we've been allowed to spend is
5 somewhere around 15 percent right now or 15
6 and change at least for the Department of
7 Energy and that's based on our last year's
8 spending amount. So as far as where that
9 leaves our program we had some carryover from
10 last year and given the amount we were allowed
11 to allocate out to our field sites and the
12 percentage that they're allowed to spend,
13 we've been able to operate at full capacity
14 all of our field sites.

15 I will say the difficulty with a
16 CR becomes more apparent the longer the CR
17 continues because especially with a program
18 like this where, you know, as SECs come in and
19 come out and as outreach takes place there are
20 more and less applicants at one site versus
21 another. It becomes harder to transition
22 funds around to these different sites because

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1 with the percentage, especially you know, the
2 lower the percentage is so now at 15 percent
3 if an SEC went into effect say at Pantex and
4 we needed to send some more funds there, to
5 get them \$15 we'd have to send them \$100 and
6 they'd only be allowed to spend \$15. And as
7 you can imagine that puts us at our budget
8 very quickly. So currently, given our
9 carryover and given the percentage as I said
10 we've been able to operate at full capacity
11 but as the CR goes on potentially into January
12 or February if it were to do so occasionally
13 in the past in those situations we've run into
14 temporary funding shortfalls at one site
15 versus another and we do our best to move
16 money around. So that's sort of the
17 situation.

18 So our core mandate at the
19 Department of Energy is to work on behalf of
20 program claimants to ensure that all available
21 worker and facility records and data are
22 provided to DOL, NIOSH and the Advisory Board.

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1 We have three main responsibilities. We
2 respond to requests for individual claim
3 information, we respond and provide assistance
4 to DOL and NIOSH for large-scale records
5 research projects like Special Exposure
6 Cohorts or the Department of Labor Site
7 Exposure Matrix, and we conduct research along
8 with NIOSH and DOL into facility coverage.

9 The backbone of our program at DOE
10 are the site point of contacts that we have
11 out at all of our, you know we have 10 major
12 operations offices in over 30 sites that
13 participate in this program. So we have one
14 individual out at each of these sites who
15 coordinates and manages the EEOICPA program
16 and our records response out at those sites.
17 They, as I said manage how we gather records
18 so we coordinate with the different site
19 departments, medical, radiological, incident,
20 accident, things like that, to make sure that
21 the right records are being gathered for all
22 of the individuals and we're providing them in

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1 a timely manner. And they also, again,
2 coordinate these large-scale records research
3 efforts you know with NIOSH and SC&A team
4 leads on the various sites.

5 We do about, as you see some
6 numbers here, I'll go to the next slide, we do
7 about 18,000 records requests a year. I
8 always make sure to add our numbers are not
9 necessarily going to match Department of
10 Labor's and NIOSH's because those aren't
11 claims per year, those are requests. So if an
12 individual worked at multiple sites, if they
13 worked at three different sites we would count
14 that as three different requests because we
15 had to gather records on three separate
16 occasions.

17 And our responses are very
18 detailed. They're not just a few pages,
19 they're not always in one location. As I
20 alluded to earlier we go to multiple different
21 departments at the active sites, medical,
22 radiological, human resources. A request for

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1 one individual, we can provide hundreds of
2 pages, many hundreds of pages in some cases if
3 an individual had a long career or worked at,
4 you know, multiple different areas or had
5 multiple job titles.

6 One site I have there as an
7 example routinely checks about 40 different
8 sources for responsive records. That comes
9 into play particularly at sites that have had
10 multiple prime contractors over the years.
11 They may have each brought in their own admin
12 systems or databases to manage records. We
13 might have to go to microfilm, microfiche,
14 hard copy records, federal record centers or
15 different document management programs. And
16 again with the large-scale records research
17 projects that's kind of our second major task
18 under EEOICPA. We are at the mercy of
19 Department of Labor and NIOSH typically. You
20 guys need the information to do your jobs and
21 we do our best to provide you what you need in
22 a timely manner. These projects can be

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1 extensive, they can take many years and many,
2 many site visits. We're often supporting
3 multiple projects at once.

4 I listed a few of the projects
5 that are going on right now. These aren't
6 certainly all of the large-scale projects but
7 these are just a few of them that we've been
8 supporting in the last few months. And of
9 course, you know, in the Florida area,
10 Pinellas, we haven't been supporting too much
11 data-capture I believe. It seems like most of
12 that has already taken place but we were
13 attempting to facilitate some interviews and
14 we had some delays there but we're still
15 attempting to do that and are hoping to set up
16 these interviews within the next few months.

17 Document reviews. We do review
18 final reports at DOE headquarters before they
19 go public just to make sure there are no, you
20 know, data sensitivity classification
21 concerns, official use only. And we have a
22 security plan, I've provided the link there,

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1 which kind of details how we do these reviews,
2 what's reviewed in addition to some of our
3 other protocols for how to get on-site and
4 clearances, things like that. So that's a
5 useful tool. We're actually in the process of
6 updating that now. We don't believe we're
7 going to be making any, you know, large-scale
8 changes. It's mostly just to, you know,
9 update since the last, I think it was 2008
10 that the original security plan came in so
11 we're just kind of updating the links, making
12 sure we have the right manuals, orders,
13 reference material on there. We may add some
14 additional information based on some things
15 we've run into in the last two years but we
16 don't anticipate it being a major overhaul or
17 anything.

18 Since the last Advisory Board
19 Meeting, NIOSH has submitted, or NIOSH and the
20 Advisory Board and SC&A have submitted a total
21 of 60 documents. The average turnaround time
22 is about eight working days, but we've done it

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1 in less when needed.

2 I think I talked a little bit
3 about SEC support but our sites participated
4 in Board Working Group and conference calls.
5 We hold routine conference calls and meetings
6 with DOL and SC&A to make sure that we're
7 meeting their needs and they're getting the
8 information they need both from DOE
9 headquarters and from the DOE sites. And
10 we've tried to facilitate secure meetings in,
11 you know, areas where classified discussions
12 can take place if necessary. And then the
13 third main responsibility that DOE has under
14 the law is to research the facilities, the
15 facility coverage issues. And we're, you
16 know, that's ongoing. We're always looking
17 into a few sites, making sure that the years
18 are correct, the facility descriptions are
19 correct. I know recently we've been working
20 on Monsanto site and I know there's going to
21 be a slight change coming out there. It's
22 kind of off the top of my head but there's

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1 always a few of those.

2 Our Office of Legacy Management
3 supports our facility research. They are the
4 group that handles the records for closure
5 sites so they have a broad-based knowledge of
6 the DOE complex, the operations and what went
7 on at DOE sites. They also understand how
8 records are managed and the various systems we
9 use in DOE. So they're a tremendous resource
10 both for facility coverage issues as well as,
11 you know, the SEC and other large-scale site
12 research projects.

13 We're always looking for
14 additional records collections to be indexed
15 and bring them into the collections that we
16 search and, you know, use to respond to DOL
17 and NIOSH. You know, when we determine that
18 there's a collection that may not be indexed
19 appropriately or that we have not been using
20 to respond to EEOICPA claims and we feel like
21 we maybe should, we will get together with
22 that particular site to evaluate the

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1 collection, determine if indeed it is useful
2 for EEOICPA and if in the format it's in,
3 it's, you know, we're able to use it. If not
4 we will go through and index. We might scan
5 and digitize the records, make them
6 electronic. We might just index so we can
7 find them easier. But you know, when we do
8 that we'll go front to back through the
9 collection, make sure it's in a format we can
10 use and then we'll coordinate with DOL and
11 NIOSH to go back through, you know, any past
12 claim that might be affected. So obviously if
13 we do find a new resource we don't want it
14 just to be used for claims going forward, we
15 want to make sure that all claimants get the
16 benefit of that resource so we coordinate with
17 DOL and NIOSH to make sure that happens.

18 And we've also been reviewing the
19 Department of Labor's Site Exposure Matrix
20 Database. We conducted the original review in
21 2008. Initially the database had been
22 gathered out at DOE sites and DOE records by

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1 the Department of Labor and they had had it
2 behind their firewall accessible only to their
3 claims examiners but in 2008 they approached
4 us about reviewing this database so they could
5 put it out into a public forum. We did that
6 in 2008 and I believe it was either, I think
7 it was maybe early 2009 that it was actually
8 released. I can't remember offhand. But
9 we've also been conducting periodic reviews as
10 the Department of Labor gathers new
11 information or they also have a link on their
12 website where members of the public or worker
13 advocates can submit information. As that
14 information is submitted or gathered by DOL,
15 periodically we'll review it so that can
16 become part of the public SEM. We've done two
17 reviews so far and the third started in
18 October and I think we're looking to get that
19 back to Department of Labor I think in
20 January.

21 And then outreach, I know you had
22 asked about outreach and I know that speaks to

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1 some of the things that DOL does on their own.
2 There are many but also there's the Joint
3 Outreach Task Group that we, NIOSH, Department
4 of Labor, DOE and also the DOE Former Worker
5 Medical Screening Programs coordinate to do
6 some joint outreach. They're all essentially
7 trying to reach the same, or more or less the
8 same former worker population. So in the
9 interest of combining resources and making the
10 process more efficient we created a joint
11 outreach group that will go out and hold some
12 town hall meetings and you know, be able to
13 provide individuals for each of those programs
14 to talk to workers. So it's sort of a one-
15 stop shop for worker information.

16 I think currently we're planning
17 on in the new year I think we had looked into
18 going to the California Bay Area to conduct
19 some outreach for Livermore, Berkeley, GE
20 Vallecitos, Stanford Linear Accelerator
21 Center. There's a number of sites, we felt
22 like we've got good value in going out there

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1 because there was at least four to five
2 different sites that we'll be able to mail
3 and, you know, let folks know we're coming out
4 there. And then we're also planning I believe
5 to go to the Ohio area and potentially hold
6 two to three meetings in different locations
7 not necessarily -- I know we've been to the
8 Cincinnati area and the Portsmouth area for
9 the major sites but I think we're looking into
10 Dayton where there's Mound and there's a few
11 other AWEs and then also some areas where
12 there's more of an AWE concentration
13 potentially, in northern Ohio. So that's, you
14 know, again those are -- we haven't finalized
15 dates and exact locations for those but just
16 to give you an idea of where we're looking at
17 going this coming year.

18 And then I mentioned the Former
19 Worker Medical Screening Program. The mission
20 of the former worker screening program is to
21 identify and notify former workers at risk for
22 occupational disease and offer them medical

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1 screening that can lead to treatment. So,
2 what it is, it's a free medical screening
3 program for any former worker at the
4 Department of Energy, any of our sites, any
5 worker and no matter where you live now we can
6 provide you with a free screening. So, I have
7 a link there to more information on the former
8 worker program. And then here is contact
9 information. There's two different former
10 worker programs for workers in the area of
11 Pinellas. It would be for production workers.
12 It would be with Drs. Cragle, McInerney and
13 Newman, and for construction workers, Knut
14 Ringen is the principal investigator and
15 there's contact information there. So I would
16 encourage any former workers here, any of you
17 that might know former workers to encourage
18 them to look into this program. It's a
19 tremendous resource, it's free and we try to
20 identify things early and facilitate
21 successful treatment. So I think that's it.
22 Does anyone have any questions?

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1 CHAIRMAN MELIUS: I could have
2 guessed that. Go ahead, Brad. Thank you,
3 Greg, by the way.

4 MEMBER CLAWSON: I'd like to thank
5 you especially for the Hanford and the Sandia,
6 that was, it was very good. And especially
7 when we were at Sandia we found out that we
8 had some of the Pinellas people that had moved
9 up there and were actually available and they
10 brought them in for getting [Identifying
11 information redacted] to come onto the site in
12 such short order when we found this out. It
13 was I know just a matter of hours and you were
14 able to do that. We'd like to thank you for
15 that.

16 As the security, as your security
17 plan changes though you will keep us informed
18 of any other changes so that we make sure that
19 our security plan matches what yours do. I'd
20 appreciate that.

21 MR. LEWIS: Absolutely and you'll
22 be informed before it goes final. We're still

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1 in the early stages of doing that. We've
2 brought in -- our new security advisor is
3 aware of it. That's one of the things he's
4 going to be taking a look into, so. But we'll
5 make sure to keep you --

6 MEMBER CLAWSON: Another question
7 that I have is do you supply DOE -- or DOL
8 with the dates for the facilities, the covered
9 periods? Are you the one that -- is DOE the
10 one that supplies that to DOL?

11 MR. LEWIS: The way that it works
12 is DOE determines whether or not a facility is
13 covered for AWEs and DOL determines coverage
14 for Department of Energy facilities, and then
15 Department of Labor determines the years for
16 both. So DOE decides whether an AWE is
17 covered or not and then Department of Labor
18 has the final say on the specific years,
19 although, you know, we work closely with DOL
20 on the research.

21 MEMBER CLAWSON: Okay. The reason
22 I bring this up is especially some of the

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1 older facilities, Pinellas, I mean not
2 Pinellas, but Medina and Clarksville, and some
3 of the records that we recovered at Sandia
4 showed earlier work at Medina than what is the
5 covered years and we just, I guess I was
6 wondering which way would we need to have
7 people to be able to look at this because
8 Clarksville is the right years and Medina was
9 exactly the same but there's like a ten-year
10 difference of coverage.

11 MR. LEWIS: I mean in terms of who
12 to provide it to I think you could provide it
13 to either us or Department of Labor or even
14 NIOSH, honestly. You know, any of the groups
15 that receives it will, you know, coordinate
16 with the others. We all work together to make
17 sure that the right years are on there. I
18 think the final say officially is with the
19 Department of Labor so you could provide it to
20 them but if you provide it to us or NIOSH
21 it'll all get to the same place.

22 CHAIRMAN MELIUS: Brad, I think we

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1 should go through NIOSH since we advise NIOSH
2 and do it that way. Yes, that's how we've
3 done it before.

4 MEMBER CLAWSON: Okay, then that
5 was my main concern of the differences that we
6 have run across so thank you.

7 CHAIRMAN MELIUS: While we're on
8 that clarification, who handles then the
9 residual period issues? That gets even a
10 little bit more different.

11 MR. HINNEFELD: The residual
12 periods are defined by our Residual
13 Contamination Report.

14 CHAIRMAN MELIUS: Right.

15 MR. HINNEFELD: So the residual
16 period questions are for us.

17 CHAIRMAN MELIUS: Yes. Okay.
18 Thank you. Other questions? Our meeting,
19 we're actually meeting in the Bay Area in --
20 you want to do the dates?

21 MR. KATZ: February 28th until
22 March 1st.

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1 CHAIRMAN MELIUS: Okay, the end of
2 February. Ted and I were emailing back, we're
3 trying to decide where to meet, given all the
4 different facilities and so forth down there.
5 I think we ended up in Oakland, is that --
6 were you trying to use claim data or is that
7 not working out?

8 MR. KATZ: We had tried to use
9 claim data. There's more claims for the
10 Berkeley location than there is for Lawrence
11 Livermore. So we're aiming for the Oakland
12 area but we're having a lot of trouble with
13 hotels so it's not settled as to where we'll -
14 - we may have to just go where we can get a
15 place, between San Jose and Oakland. We spoke
16 about San Jose, we may end up there anyway
17 because of hotel difficulties. No, well it's
18 trying to decide where people are likely to
19 come to the meetings. It's not into that. And
20 we probably should also coordinate with DOL in
21 terms of if the outreach should be done at the
22 same time or beforehand. It's a little --

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1 MR. LEWIS: It does make sense.
2 We'd be glad to work with.

3 CHAIRMAN MELIUS: Yes, yes, good,
4 let's do that.

5 MEMBER MUNN: The problem is that
6 people often aren't where the hotel is.

7 CHAIRMAN MELIUS: Yes, I know, I
8 know. It's hard, a big area and there's
9 traffic and things like that out there. Any
10 other questions for Greg? If not then, okay,
11 thank you. Appreciate it.

12 Board Members, we have a funny
13 schedule this time partly because some of our
14 Board Members we knew would be delayed coming
15 here. We sort of backed off certain issues
16 till this afternoon, tomorrow morning. Also,
17 we were trying to schedule times when the
18 petitioners could come on. So, we have a
19 number of issues we can go through this
20 morning. I wanted to do the ten year
21 discussion when as many Board Members were
22 here as possible so we delayed that till this

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1 afternoon and we should, and obviously for the
2 active petitions we need to keep those on as
3 scheduled as much as possible so that, because
4 that's when the petitioners are expecting us
5 to be discussing them. So we have a fairly
6 long work session this morning which usually
7 is longer at the end. And we don't have
8 everybody here so we're going to be jumping
9 around a little bit.

10 I'll give you warning, LaVon, I
11 think right after the break I would suggest
12 that we have LaVon give his presentation which
13 I don't believe is very long. And -- but also
14 that will give us some more time at the end if
15 we're still wrestling with some of the SEC
16 evaluations. It's hard to predict at this
17 point in time.

18 The other thing I draw to
19 everybody's attention, there aren't a lot of
20 comments there but from the, what is it, the
21 May meeting we have the public comments we
22 should go through. Ted sent those out some

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1 time ago to everybody and along with the
2 transcripts and so forth, but there's a
3 spreadsheet that looked to me about two pages,
4 I think. So we'll try to go through those
5 maybe after the break also. I just want to
6 make sure everybody has access to it. If not
7 we can delay that. It wouldn't take long, but
8 if we can get that done it would probably be a
9 good idea.

10 What I thought we would do, start
11 with is Work Group updates. There are at
12 least some of them we can get through before
13 the -- aren't on the schedule and that we do
14 have at least the chairs here. We'll do that.
15 And you're in luck again, Josie: Brookhaven.

16 MEMBER BEACH: There's not
17 anything more for me to report on Brookhaven
18 other than what I've reported the last couple
19 of meetings. We're waiting for NIOSH's work
20 and for NIOSH to report to us on Brookhaven at
21 this point.

22 CHAIRMAN MELIUS: So remind us.

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1 MR. RUTHERFORD: Can you hear me?

2 CHAIRMAN MELIUS: Yes.

3 MR. RUTHERFORD: Okay. I think
4 that once -- well, once I do my presentation
5 in a little bit --

6 CHAIRMAN MELIUS: Well --

7 MR. RUTHERFORD: -- but we're
8 moving forward with an 83.14 that will adjust
9 and take care of some of the issues and I'll
10 talk a little bit about that shortly.

11 CHAIRMAN MELIUS: Okay. He was
12 going to surprise us at the end. That was --
13 do that. Fernald, we have an update later on
14 in the meeting so I think that's, we will wait
15 till that. Hanford, I think we're waiting,
16 someone said an SC&A report. Arjun, are you
17 still back there? And I think we need to
18 schedule a Work Group meeting fairly shortly.

19 DR. MAKHIJANI: We have reviewed
20 the revised Site Profile, you know, from an
21 SEC point of view and had a number of findings
22 so we could schedule a Work Group meeting that

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1 has -- that report has been with NIOSH for a
2 couple of months.

3 CHAIRMAN MELIUS: Okay.

4 DR. MAKHIJANI: And there's the US
5 Testing SEC petition, 00155. I have a draft
6 review from Joyce Lipsztein in my computer. I
7 hope that we'll be sending that to DOE for
8 review and then sending it out to the Work
9 Group. It will be very straightforward,
10 there's not a lot there. So I think the main
11 issues are going to be in the first 57, SEC
12 57, but our work should be complete by early
13 January. Most, 95 percent of it is done.

14 CHAIRMAN MELIUS: Okay, so do we
15 think Joyce's report will be to the Board, to
16 the Work Group and to NIOSH say mid-January? I
17 mean, I'm just trying to forget out when to
18 schedule --

19 DR. MAKHIJANI: Yes.

20 CHAIRMAN MELIUS: Okay. So we'll
21 plan on a Work Group meeting mid- to late,
22 probably late January.

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1 DR. MAKHIJANI: Yes, late January
2 or early February would probably be safer.

3 CHAIRMAN MELIUS: Yes. The great
4 blizzard of whatever.

5 (Laughter.)

6 CHAIRMAN MELIUS: Okay, thanks.
7 Thanks, Arjun. Idaho?

8 MEMBER SCHOFIELD: Nothing more
9 than what we had the last meeting. They're
10 working on it.

11 CHAIRMAN MELIUS: Yes. Good. Ted,
12 did we get this time an update from reports
13 and so forth? We normally -- did I miss it
14 or?

15 MR. KATZ: We got an update on
16 status of work.

17 CHAIRMAN MELIUS: Yes.

18 MR. KATZ: We did.

19 CHAIRMAN MELIUS: Okay.

20 MR. KATZ: Yes, the coordination
21 document it's called. DCAS coordination
22 document.

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1 CHAIRMAN MELIUS: Okay. They have
2 not -- they didn't print that out, that's why
3 I was asking. Okay, waiting on that. Lawrence
4 Berkeley. Paul.

5 MEMBER ZIEMER: We have not met
6 yet.

7 CHAIRMAN MELIUS: Okay. Are you
8 planning to meet or what's the --

9 MEMBER ZIEMER: Well, we don't
10 have any immediate plans. We've been, this is
11 sort of a priority thing.

12 CHAIRMAN MELIUS: It's a site --
13 yes, I know that.

14 MEMBER ZIEMER: What's available
15 for us to review in terms of there is an SC&A
16 document and I don't believe we have the
17 responses to that yet from NIOSH. So there
18 have been other sites and so on that have
19 taken precedence for the larger Board that
20 have precluded us focusing on that site.
21 Obviously, it's going to come on the screen
22 fairly soon, I would think. And possibly we

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1 could have an initial meeting while we meet
2 out there to sort of scope things out but
3 we're not there yet.

4 CHAIRMAN MELIUS: Okay.

5 MR. KATZ: So I just think we need
6 to check with DCAS as to whether they have it
7 within their scopes to look at the SC&A
8 review, thinking about the California meeting.

9 MR. HINNEFELD: I will have to
10 find out.

11 MR. KATZ: Okay.

12 CHAIRMAN MELIUS: Okay. Los
13 Alamos, we need to come back when Mark is
14 here. Mound?

15 MEMBER BEACH: Yes. Mound met in
16 November and I do have a brief report. The
17 status of Mound's SEC issues to date are as
18 follows. We combined eight issues. These
19 were all considered internal dose issues that
20 revolve around the lack of bioassays and the
21 ability of NIOSH to dose-reconstruct using
22 source term information. NIOSH has issued a

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1 detailed White Paper in response to SC&A's
2 detailed Mound Internal Dosimetry Data
3 Adequacy and Completeness paper that was out
4 in June. At this time SC&A is currently
5 reviewing NIOSH's paper. But discussions at
6 our recent Work Group meeting, we felt that
7 there was a clear path for resolution.

8 The second issue is the radon
9 issue for which an SEC was granted by the
10 Board last year. However, there are a couple
11 of concerns with the existing Class Definition
12 that the Work Group is addressing and should
13 be able to make full recommendations to the
14 Board during our February meeting. The last
15 SEC issue that we're working with is issue 6,
16 tritides. This issue remains open with a
17 couple of key issues. First is regarding the
18 feasibility of using tritium swipe data for
19 dose reconstruction purposes.

20 In terms of support, workers in
21 the period of 1980-forward including the D&D
22 phase. Another key aspect of that review is

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1 whether those workers with the exposure
2 potential can be identified. The Work Group
3 has scheduled a secure meeting in Germantown
4 for January 6th to move this issue to closure.

5 The other two issues that we were
6 able to close during our November meeting was
7 issue 10 which is the D&D period of 1995 to
8 2006. NIOSH reported that 90 percent
9 compliance rate for former D&D workers for
10 providing termination bioassays, which is
11 quite high. The Work Group recommended that
12 NIOSH perform some follow-up analysis on 100
13 randomly selected last-entry radiation work
14 permits and RWPs. This was completed and it
15 did help to validate the RWP compliance rate
16 and it was at a fairly high rate of 85
17 percent. The Work Group felt that was in good
18 standing so we closed that issue.

19 Issues 14 and 15 dealt with
20 neutron dose and the Work Group had three
21 action items, one concerning MCMP specifically
22 comparing the two MCMP analyses to the NTA

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1 track fading values, and the third was NTA
2 data for 1951 to 1960. SC&A and the Work
3 Group agreed with NIOSH's response on all
4 three issues so we closed that item.

5 The Mound issues matrix was
6 updated on November 3rd, 2011. It is
7 available for more in-depth review of each of
8 the issues discussed with reference to the
9 White Papers produced. I do plan on bringing
10 this before the Board in February hopefully to
11 close out those last three SEC that I
12 mentioned earlier.

13 CHAIRMAN MELIUS: Yes, I think
14 that would, I think we should plan. And even
15 if the Work Group is uncertain about your
16 recommendation I think it would probably be
17 good to have some Board discussion of that at
18 that meeting. So let's plan and do that
19 because that's, it's been a while. We should
20 at least try to see where we can go with that.
21 Any questions for Josie? Okay. Pantex. Just
22 because we do something at the last meeting

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1 doesn't mean you're off the hook, Brad.
2 There's more to do.

3 MEMBER CLAWSON: Yes, there is.
4 Actually, after we passed the SEC for Pantex I
5 guess we're still, have we officially got the
6 letter sent in?

7 CHAIRMAN MELIUS: Yes.

8 MEMBER CLAWSON: Okay. One of the
9 things that had been came out and I heard it
10 today was that Pantex was needing some kind of
11 worker outreach so I was glad to hear that
12 that's been going on. We still have some Site
13 Profile issues that we're still dealing with,
14 with Pantex and we'll just continue on.

15 CHAIRMAN MELIUS: I thought there
16 was an issue of the additional years also.

17 MEMBER CLAWSON: Well, that is
18 correct. We, at the Work Group meeting, to be
19 able to proceed with the SEC forward, we had
20 the later years up till 1990 from 1985 and
21 some previous years. We're still looking into
22 that and researching that. We're waiting for

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1 NIOSH to give us their evaluation for the 85
2 to 90 time frame. And we've done some data
3 recovery for the earlier years and SC&A's got
4 that.

5 CHAIRMAN MELIUS: Okay. Do we
6 know, did NIOSH have a schedule for when they
7 -- I'm just trying to push on this one a
8 little bit. We've been talking about it
9 recently and rather than having to go back and
10 sort of re-familiarize ourselves with it I
11 think it helps to -- if we can move it along.
12 It may not be possible. Okay.

13 MEMBER CLAWSON: It is going on.

14 CHAIRMAN MELIUS: Okay, good,
15 good. No, I just think we put a lot of effort
16 into it and the Board has a fair amount of
17 familiarity now with Pantex and if we can we
18 should. Okay.

19 MR. KATZ: For the court reporter,
20 your mic was off. What Stu said is that it is
21 on the schedule and he'll look into this.

22 CHAIRMAN MELIUS: Pinellas we'll

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1 hear later this afternoon. Portsmouth,
2 Paducah, K-25? Do you have a catchy name we
3 can do for that? PDP, okay, yes, that's
4 better.

5 MEMBER SCHOFIELD: We actually met
6 and we have managed to reduce three different
7 matrices, basically, to one.

8 CHAIRMAN MELIUS: Okay.

9 MEMBER SCHOFIELD: So we've made a
10 lot of progress there.

11 CHAIRMAN MELIUS: Okay, good. This
12 is really mostly, it's a Site Profile.

13 MEMBER SCHOFIELD: Yes.

14 CHAIRMAN MELIUS: Yes, update,
15 because these, we're legislatively. Rocky
16 Flats group I believe had met, had a
17 conference call. We'll wait for Mark. Sandia,
18 I don't know if they -- did they meet?

19 MEMBER BEACH: I can report on
20 Sandia.

21 CHAIRMAN MELIUS: Okay.

22 MEMBER BEACH: So the Work Group

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1 has not met but a couple of us went down to
2 Sandia for a site visit and interviews in
3 November, and that was very successful.

4 CHAIRMAN MELIUS: Okay, good. It's
5 all relatively new so it's going to take a
6 while.

7 MR. KATZ: Right, and the Work
8 Group is following up in Germantown, too, on
9 Sandia as well aren't we? Or is that just
10 Medina?

11 CHAIRMAN MELIUS: Medina-
12 Clarksville.

13 MR. KATZ: Okay.

14 CHAIRMAN MELIUS: I don't know if
15 Mike's on the phone for Santa Susana, I'm not
16 even sure there was any action.

17 MEMBER BEACH: Nothing.

18 CHAIRMAN MELIUS: Nothing? Okay.
19 Savannah River we'll hear about science
20 issues. I believe the group met and we'll
21 wait for -- David is coming, right? Yes. So
22 we'll hear from that. SEC issues, nothing

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1 pending there. Dose Reconstruction
2 Subcommittee, we'll wait for Mark. Our
3 favorite Committee, Subcommittee, excuse me.
4 This is our favorite committee.

5 MEMBER MUNN: I'm glad. It's my
6 favorite, too. It keeps me off the streets
7 and that's very good for my community.

8 I want to thank Stu for the
9 overview during his presentation. I wasn't
10 expecting that and was very glad to hear it
11 myself because one of the problems that we've
12 had with our new database is that it does not
13 easily give us that overall kind of
14 information, so thanks to Ted and to Stu for
15 making sure that that information came along.
16 It was much appreciated.

17 We have not met and there's
18 nothing new to report since the information
19 that was provided at our last teleconference
20 meeting. We do continue to plan our meeting
21 in Cincinnati on January the 9th at which time
22 we will take up the action items that will be

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1 provided then.

2 CHAIRMAN MELIUS: Okay. Any
3 questions for Wanda? TBD-6000.

4 MEMBER ZIEMER: The focus of TBD-
5 6000 this past summer and fall has been on
6 General Steel Industries. Our last meeting
7 was in November: November 2nd. We actually
8 thought that we perhaps might have a specific
9 recommendation for this meeting dealing with
10 the early years at General Steel which would
11 have been the period of 1953 to '62 since the
12 radiological practices appear to be different
13 in those early years compared to the '63
14 onward. However, there was some new
15 information we were dealing with at this
16 November meeting so the Work Group, as it
17 turns out, is not prepared to give a specific
18 recommendation to recommend an SEC at this
19 time. However, that option is of course still
20 open. We do have several White Papers that
21 are still due from NIOSH. They're scheduled
22 for delivery December 31st or thereabouts. I

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1 say thereabouts because that's a holiday week
2 of course but in any event there are several
3 more White Papers that are coming due. They
4 were scheduled to be reviewed by the Work
5 Group as well as by SC&A and we have another
6 meeting scheduled for March to deal again with
7 the GS issues. So we are hopeful that we will
8 be in a position to make some more specific
9 recommendations at the next full Board
10 Meeting.

11 CHAIRMAN MELIUS: Any questions
12 for Paul? Thank you. Thank you, Paul, on
13 that. And I guess the other, again I don't
14 know if Mike's on the line. We have the
15 Worker Outreach.

16 MEMBER BEACH: I can give a quick
17 overview.

18 CHAIRMAN MELIUS: Okay, yes.

19 MEMBER BEACH: It's not much
20 different than what Ted reported on our
21 October meeting. The Worker Outreach Sampling
22 Plan was approved by the Work Group so SC&A is

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1 moving forward with that evaluation. And I
2 think Joe was going to have to push it back a
3 month. Joe, when do we expect that? At the
4 end of December or is it early next year?

5 MR. KATZ: I think, Josie, it's
6 more around a March time frame, isn't that
7 right, Joe?

8 MEMBER BEACH: Oh, is it? Sorry.
9 Okay, so --

10 MR. KATZ: Is that correct? March
11 approximately?

12 MR. FITZGERALD: End of March.

13 MR. KATZ: Yes, end of March.

14 MEMBER BEACH: And with that, the
15 Work Group will again schedule a meeting, I'm
16 sure.

17 CHAIRMAN MELIUS: Good. Okay.
18 That completes the Work Group reports that
19 we're able to go through. What I am going to
20 suggest, since we're running ahead of schedule
21 and we have nothing tightly scheduled between
22 now and lunchtime is that we take our break

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1 now, that we return at 10:30 and we'll have
2 LaVon then. And I think we will probably be
3 able to break early for lunch also since we
4 have a very limited amount of more work we can
5 do until other Board Members arrive, until
6 things get scheduled. So LaVon, you get
7 practiced and get ready. We'll come back. I
8 would like to either try or schedule the other
9 Board Members during our break here, to try to
10 see if you can identify, find the public
11 comment information, that email so that we can
12 try to go through that quickly after LaVon's
13 presentation. And also, prepare a lot of hard
14 questions for LaVon since we have some time.
15 Thank you. We'll reconvene at 10:30.

16 (Whereupon, the above-entitled
17 matter went off the record at 9:59 a.m. and
18 resumed at 10:40 a.m.)

19 CHAIRMAN MELIUS: Okay, I think we
20 have everybody back. We will reconvene and
21 we've added one of our missing Board Members
22 has arrived, Henry Anderson, so welcome,

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1 Henry. Directly from SeaWorld. And Henry,
2 for your benefit, we're way off. I'm on a
3 funny schedule here so we're, LaVon's been
4 moved up and then we're probably going to do a
5 little bit of Board business and then break
6 for lunch. We're packed into mostly stuff
7 scheduled for this afternoon and tomorrow
8 morning. So we are preparing lots of
9 questions for LaVon. LaVon.

10 MR. RUTHERFORD: All right, thank
11 you, Dr. Melius. I'm going to talk about the
12 status of upcoming SEC petitions. Again, we
13 provide this update to the Advisory Board in
14 preparations so they can prepare for future
15 Work Group meetings, Board Meetings. They
16 also have an understanding of what we
17 currently have under our plate for evaluation
18 -- on our plate for evaluation and sites that
19 we're getting new petitions for.

20 At the time of this, preparing
21 this presentation we had 196 petitions. We
22 now have 198 petitions. We picked up two in

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1 the last couple of weeks. So we have actually
2 eight petitions in the qualification process.
3 We have 117 petitions that qualify, five
4 evaluations in progress and we've completed
5 112 evaluations. And you can see that 73
6 petitions did not qualify.

7 Currently we have a number of
8 petitions that are in the evaluation process.
9 Clinton Engineering Works and Oak Ridge,
10 Tennessee has been under evaluation for some
11 time. We have actually determined it. We
12 have an infeasibility to do dose
13 reconstruction at Clinton Engineering Works
14 for that time period so we are going to
15 recommend a Class. However, the difficulty
16 we're having at this time is defining a Class
17 that can be administered by the Department of
18 Labor. We presented a Class to DOL which was
19 specific to the warehouses at the Elza Gate
20 and the Department of Labor based on the
21 information they had at hand felt that they
22 could not administer that Class. You know, a

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1 lot of times we will immediately go to, okay,
2 all employees at Clinton Engineering Works.
3 However, remember Clinton Engineering Works
4 was pretty much the entire site of Oak Ridge.
5 So what we're doing is we're going back and
6 we're doing some additional interviews with
7 some old-timers that were around during that
8 time period to see if they can provide us some
9 information. We're also going back and
10 looking at a lot of the data captures that
11 were done early on in the program for Oak
12 Ridge. We were not specifically looking at
13 Clinton Engineering Works. So we're going
14 back and reevaluating some of those data
15 captures to see if maybe we need to revisit
16 some of those sites. However, we do hope that
17 we will have something that the Department of
18 Labor can work with and we can make a
19 presentation on that at the February Board
20 Meeting.

21 Another petition that's under
22 evaluation is Oak Ridge National Lab. This is

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1 the early years at ORNL. We anticipate
2 completing that Evaluation Report sometime in
3 February. That may slip a little because of
4 some -- going back to review some air sample
5 data. We're working that out right now.
6 However, even at best I don't think we would
7 be prepared for the February meeting, so I
8 think it would slip to the next meeting
9 anyway.

10 Sandia National Lab, we received a
11 petition that actually worked out very well.
12 It's funny me saying that but it worked out
13 well in that this petition was for the post
14 years. We've already added a Class up to 1962
15 at Sandia National Lab. We identified during
16 that time that we did that evaluation that
17 there's some additional work that needed to be
18 done. And so this petition works well and
19 we're continuing that work. We've qualified
20 this petition, we're moving the evaluation
21 forward. We hope to have that completed by
22 March of next year.

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1 Titanium Alloys Manufacturing. We
2 received this petition back in July. We
3 actually had recognized up front that there
4 were some questions with the facility
5 designation. It was a period of '50 to '56.
6 However, based on our review, it really looked
7 like the facility designation should have
8 probably been the '55-'56 time period. We
9 went back with this information to the
10 Department of Labor and ultimately they have
11 adjusted that time frame on that. We do
12 anticipate having this report completed in
13 February and we may have this done in time for
14 the February meeting.

15 Brookhaven National Lab. As I
16 mentioned earlier with Josie we went back and
17 we've been working through the issues of BNL
18 with the Work Group and ultimately we made a
19 determination that we do have an infeasibility
20 and we do need to add another Class at
21 Brookhaven National Lab. So we're working an
22 83.14 at this time. We will add -- to add the

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1 1980 through 1993 period. We have already
2 received the Form A back from a proposed
3 petitioner and we are moving forward to have
4 this one presented at the February meeting.

5 We continue to do some evaluation.
6 Grand Junctions Operation Office, we had added
7 a Class sometime back. At that time when we
8 added that Class we had informed the Board we
9 were going to continue our evaluation for the
10 post-1975 period. We wanted to review some
11 additional data that was, that we knew existed
12 at Idaho as well as at the NARA office. We're
13 about completed with that. We've got some of
14 that data in, we're moving forward. We
15 anticipate having our Evaluation Report for
16 the post-1975 period complete in March next
17 year.

18 Sandia National Lab. Again, I
19 mentioned we were -- had identified concerns
20 at Sandia even for the post -- it says '60
21 period, but 1962 period. This additional work
22 has now been pulled into this new petition we

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1 have and we anticipate having that work
2 completed in March of next year.

3 Petitions in qualification phase
4 at this time. We received another Hanford
5 petition, that petition's in qualification
6 phase. Iowa Ordnance Plant. This one, we
7 have actually moved this one through the
8 petitioning process and we did not qualify
9 this petition. This was a petition for areas
10 that are currently not covered under the
11 program at Iowa Ordnance Plant. We did
12 provide the information that the petitioner
13 provided to us to the Department of Labor, in
14 case there was anything that would possibly
15 change their mind in the facility designation.
16 Nothing did. So we've actually moved to close
17 this petition and they have requested an
18 administrative review.

19 We have a Rocky Flats petition
20 that we're in the qualification phase with, as
21 well another one for Savannah River Site.
22 Nuclear Metals, Inc. And then with the two we

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1 just recently received that are not on the
2 presentation are one for Ventron Corporation
3 and another for the Westinghouse Nuclear Fuels
4 Division in Cheswick, Pennsylvania. And so
5 those are moving through the qualification
6 phase. Also, Hangar 481 I wanted to update.

7 CHAIRMAN MELIUS: I may have
8 misunderstood you, LaVon, but I have a
9 question. You said there were six in
10 qualification and there's five there.

11 MR. RUTHERFORD: I know, I noticed
12 that actually, Dr. Melius.

13 CHAIRMAN MELIUS: Are you trying
14 to pull one over here?

15 MR. RUTHERFORD: The first slide
16 is wrong. There are actually five. Actually,
17 there are seven counting the two new ones we
18 got in and so that is, the second slide that I
19 presented which was identified six in the
20 qualification process is actually five.

21 CHAIRMAN MELIUS: We figured that
22 out without even toes.

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1 MR. RUTHERFORD: Yes, that was
2 good. I threw that in there, I wanted to give
3 you something to ask me.

4 CHAIRMAN MELIUS: Okay, LaVon,
5 you're back.

6 MR. RUTHERFORD: Okay. One other
7 thing I wanted to talk about was Hangar 481.
8 Hangar 481, we completed our evaluation some
9 time ago. The -- went through a number of
10 little processes with the petitioner, went
11 back to the site with the petitioner and
12 ultimately we were holding up moving forward
13 on Hangar 481 because the petitioner had a
14 FOIA request in. Just last week or, you know,
15 last week we received from the petitioner an
16 email that the petitioner wanted to withdraw
17 that FOIA request. And so then actually this
18 week, we actually received a subsequent email
19 from the petitioner indicating that they were
20 formulating a plan for an additional FOIA
21 request. So I don't know exactly what they're
22 going to request, I don't know if, you know --

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1 it wasn't clear that they had specifics with
2 that FOIA request and I can't really say much
3 more about it than that. And that's about it
4 for my presentation. Questions?

5 CHAIRMAN MELIUS: I'm sorry, Ted
6 was -- is the new FOIA request a -- have you
7 seen that?

8 MR. RUTHERFORD: No.

9 CHAIRMAN MELIUS: You haven't seen
10 that yet, okay.

11 MR. RUTHERFORD: No, we just got
12 the email that indicated that he was planning
13 another FOIA request but did not indicate what
14 specifically he was looking for. Originally,
15 I will let you know that the petitioner had
16 indicated in the recent, the previous FOIA
17 request they were requesting the interviews
18 that we -- they wanted the names of the
19 individuals that were interviewed by NIOSH and
20 so they could, I guess, re-interview those
21 people. However, we can't release names due
22 to Privacy Act. So they had indicated also

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1 that they may provide a letter to the Board
2 that would question the validity of those
3 interviews.

4 CHAIRMAN MELIUS: Okay. I guess
5 we'll wait but -- so chances are that may be
6 on our -- if you make sure we get an update at
7 our Board call?

8 MR. RUTHERFORD: Yes, I will.

9 CHAIRMAN MELIUS: Coming up on
10 that so we -- because that's been out there. I
11 think we want the petitioners to have
12 documents and information. There's been new
13 information developed so I think we understood
14 that but at the same time we sort of lose
15 track of these and we need to, you know, close
16 that out as a -- you know, handle it as
17 appropriate.

18 MR. RUTHERFORD: Yes. Okay.

19 CHAIRMAN MELIUS: Okay. Any
20 questions for LaVon? Yes, Paul.

21 MEMBER ZIEMER: You want me to
22 talk really slow, is that correct?

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1 (Laughter.)

2 MEMBER ZIEMER: LaVon, beyond the
3 sites for -- and petitions that you're
4 currently working on can you give us some idea
5 of what's out there in terms of particularly
6 AWEs for which there have been neither
7 petitions nor claims? What's the pool of
8 potential sites out there where we might
9 expect? And obviously they won't all be in
10 that category but what's the maximum? Are we
11 talking about another couple of dozen or
12 couple of hundred?

13 MR. RUTHERFORD: I think around a
14 hundred, as Stu had just mentioned to me I
15 think a hundred at the most would be left that
16 either we don't have any claims for, you know,
17 that -- in fact, and I'll bring this up, at
18 one point, at one time we had thought about
19 actually taking these sites and that we don't
20 have a claim for that's currently covered
21 under the program and putting together a short
22 summary of what data do we have, what

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1 information do we have. And so we can be
2 prepared when we do get a claim in does this
3 one really need to move right away to an 83.14
4 or what. It's still on our list to do that
5 but we haven't got there yet, I mean, from all
6 the other work that we have.

7 MR. HINNEFELD: Yes, I'll comment
8 on that. We have so much work still to do
9 that we know we have to do that we didn't want
10 to spend a lot of work on a speculative maybe
11 this will come in handy later on. So it's a
12 matter of prioritizing the work.

13 MEMBER ZIEMER: Right, and I
14 certainly wasn't expecting you to do that. I
15 was just trying to get a feel for what's out
16 there still and wondering if, for example, if
17 there might be a number of these sites for
18 which the contracts are for things that didn't
19 actually require people to work with nuclear
20 materials. Contracts that might have been for
21 theoretical studies of one sort or another,
22 but we don't necessarily know that at this

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1 time I guess.

2 MR. RUTHERFORD: No, I think what
3 we typically see is when we get a claim in or
4 we get a petition in, we find that information
5 out when we initially do that initial research
6 and then we jump on it, push it through.

7 MEMBER ZIEMER: Thank you.

8 CHAIRMAN MELIUS: Just to follow
9 up on that because one of the reasons I had
10 asked Jeff for sort of an update on the
11 outreach program. My understanding is that in
12 general and probably as appropriate DOL does
13 their outreach after, you know, a site like an
14 SEC would be approved. And this would apply
15 also to the AWE sites. And I guess I don't
16 know, again, reviewing 200 sites is a lot of
17 work to do but at the same time if there are
18 sites out there that are large and we think
19 that there were, you know, the potential for
20 substantial exposures, you know, you wonder. I
21 mean, because you look at some of these sites
22 even when we do get an 83.14 there are really

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1 very few claims.

2 MR. RUTHERFORD: You're correct.

3 CHAIRMAN MELIUS: You know, and
4 even though I think some of them have had at
5 least, you know, some significant exposures
6 out there and you know, given time going by
7 and so forth there are at least some pool of
8 claimants that there ought to be outreach for
9 or some way of letting them know about the
10 program just out of, you know, a basis for
11 being fair and equitable. So as you're, you
12 know, gathering information or whatever,
13 there's some way of sorting it that way or at
14 least identifying key sites and so forth. And
15 then maybe we'll talk more when next meeting
16 if Jeff gives us an update on the outreach and
17 so forth. But it's sort of hard for DOL to do
18 outreach without knowing a lot about the site
19 and where it hasn't been developed so it's a
20 little bit of a chicken/egg kind of thing. But
21 how people would find out. I remember the
22 gentleman from an 83.14 we had I think several

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1 months ago who -- was the USA Today articles
2 or whatever that ran, what, 10 years ago? The
3 program started was what got him, you know, he
4 remembered that his father had worked at one
5 of these facilities and that they'd mentioned.

6 MR. RUTHERFORD: Yes, it was
7 Westinghouse Atomic Power Development. I
8 remember.

9 CHAIRMAN MELIUS: Yes. So I mean
10 it's -- and there hasn't been a USA Today
11 article in I don't think -- you know, that one
12 just covered, I can't remember how many sites
13 but it certainly wasn't -- didn't have
14 information on all of them or at least
15 detailed enough for people to recognize. So
16 at some point when we have sort of the
17 resources and the time I think it's worth
18 trying to look at it not as a big project but
19 is there some way of narrowing that down.

20 MR. RUTHERFORD: Okay.

21 CHAIRMAN MELIUS: Other questions,
22 comments from the Board? I have one other

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1 question, it's just probably my memory, but
2 for Brookhaven the 83.14, is that a new issue
3 or is it a continuation of sort of the older
4 issues there?

5 MR. RUTHERFORD: It's a
6 continuation of the old, the issue that we had
7 previously identified a question of records
8 and being able to retrieve those records. It
9 is a continuation of that same issue.

10 CHAIRMAN MELIUS: And it's a
11 little bit surprising to me that it would --
12 at that type of a facility that would extend
13 for such a long period of time. I mean, I
14 don't doubt you but it's just, '80 to '93 is,
15 that's --

16 MEMBER BEACH: The Work Group is
17 not surprised.

18 CHAIRMAN MELIUS: Okay.

19 MR. RUTHERFORD: I don't know if I
20 want to comment on that.

21 CHAIRMAN MELIUS: I'm not
22 expecting you to.

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1 MR. RUTHERFORD: Exactly. We're
2 working with Brookhaven to find out where
3 their records are and ensure that, you know,
4 that they are getting us the records that we
5 need. I mean, the difficulty we have is when
6 we get a claim and we do a search on our
7 records and we have more records than they're
8 providing from the DOE. When DOE requests the
9 data from them, or where the DOE request goes
10 in and they send us the personal dosimetry
11 records and then we do a search on our
12 internal records and we're coming up with more
13 personal dosimetry data, that immediately puts
14 their records management in question.

15 MR. HINNEFELD: Just to clarify
16 these are things that we have captured on a
17 data capture.

18 MR. RUTHERFORD: Yes.

19 MR. HINNEFELD: We've gone there
20 on data captures, brought these records back
21 and then subsequently would send a records
22 request for an individual, get that person's

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1 record back and it, the record that Brookhaven
2 returned to us for the individual would not
3 include some data that we had captured
4 independently on a data capture. That's the
5 issue we faced there. We actually have a
6 staff member meeting next week with Brookhaven
7 personnel in person along with Greg to try to
8 see if we're really getting their attention.

9 CHAIRMAN MELIUS: Okay. Greg, do
10 you want to comment?

11 MR. LEWIS: Yes. It's an issue
12 that we thought we had addressed before. So
13 the one thing I would say from our standpoint,
14 it's not -- there's been some concerns with
15 how comprehensive their records were. We had
16 gone out, we had addressed that. There have
17 been a number of collections that were
18 indexed. There was a large, a huge I'd say
19 warehouse but it was really like a two, a
20 double room where we had scanned and indexed
21 everything in there. And we kept thinking we
22 had solved the problem by taking those steps

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1 and lo and behold we find another case where
2 they didn't match up. So we're, you know,
3 this meeting, our aim here is to get all of
4 the groups at Brookhaven together who have
5 records and figure out, you know, either how
6 are things slipping through the cracks or
7 where are, you know, why does NIOSH have
8 records that we are then unable to find. So
9 you know, we're trying to get to the bottom of
10 it and actually solve it so we don't have
11 these reoccurring issues, because again, we
12 thought we had addressed this about a year
13 ago. We thought we had finally fixed the
14 problem so we're hoping to get it right this
15 time.

16 MR. RUTHERFORD: I think one of
17 the challenges you have with these national
18 labs is you have so many different little
19 entities on a site and they all seem to
20 manage, especially like Brookhaven, they
21 manage their own records. There was no
22 central repository for records management as

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1 you see like with some of the other production
2 facilities, you know, where you had a central
3 repository. And some of these national labs
4 you don't see that.

5 CHAIRMAN MELIUS: So do we think
6 that this same issue applies at some of the
7 other?

8 MR. RUTHERFORD: We're reviewing
9 that at Sandia National Lab --

10 CHAIRMAN MELIUS: Sandia, that's
11 what I was thinking.

12 MR. RUTHERFORD: -- at this time.

13 CHAIRMAN MELIUS: Yes.

14 MR. LEWIS: And I would say yes,
15 there's definitely difficulties at the
16 national lab. I don't think that they all
17 have the same level of difficulties that we've
18 run into at Brookhaven.

19 MR. RUTHERFORD: I agree.

20 CHAIRMAN MELIUS: Paul.

21 MEMBER ZIEMER: LaVon, I have just
22 one question on Iowa Ordnance because we've

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1 had them before. Is this a new 83.14 or 13?
2 Is it a new time period or a new area? Just
3 very briefly what's the nature of that one?

4 MR. RUTHERFORD: Actually it was
5 an 83.13 and it was a new petition. It was
6 for an area that is currently not covered in
7 the program. And the petitioner had
8 petitioned for this, actually petitioned for
9 this area. We initially told the petitioner
10 that you need to go through the Department of
11 Labor to have that done, to see if that area
12 can be added under the facility designation.
13 They indicated that they had done that. We
14 provided the information that the petitioner
15 provided to us, we provided that to the
16 Department of Labor. Department of Labor came
17 back and said, you know, again that this area
18 is not a covered area under the program and
19 therefore we moved to close that petition. So
20 that petition from our standpoint's been
21 administratively closed. However, that
22 petitioner did request an administrative

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1 review and so it will go to the three-person
2 panel appointed by the director for that
3 review.

4 MEMBER ZIEMER: So it's an issue
5 of whether or not this other area should have
6 been covered by the existing work that we
7 already looked at.

8 MR. RUTHERFORD: Well, I know it's
9 an existing -- it's whether this area should
10 be -- is a covered area under the program
11 itself.

12 MEMBER ZIEMER: Oh, okay.

13 MR. RUTHERFORD: Yes. And so
14 that's not something that we would consider,
15 NIOSH, and that's why we provided that
16 information to the Department of Labor.

17 MEMBER ZIEMER: So this one
18 possibly wouldn't even come to us then.

19 MR. RUTHERFORD: Yes, more than
20 likely it will not come to you unless for some
21 reason the administrative review panel found
22 some other reason that -- but again, even the

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1 administrative review panel can't make a
2 decision on what to add to area. That
3 decision has to be made by the Department of
4 Labor. So I would not expect to see this one.

5 MEMBER ZIEMER: Thank you.

6 CHAIRMAN MELIUS: Any further
7 questions or comments for LaVon? Okay. We
8 let you off easy, LaVon. So, Henry, we went
9 through a number of the Work Groups' reports
10 before. I think Hooker, we're going to get
11 updated on and I don't know if there's
12 anything else to update on.

13 MEMBER ANDERSON: Well, we
14 discussed others but. We did discuss others
15 and there -- we're waiting for updates from
16 NIOSH on those. So it's, United Nuclear is
17 one of those. So there's going to be some
18 changes made and responses but other than
19 that, Hooker was our major focus.

20 CHAIRMAN MELIUS: Right. Good,
21 thank you.

22 MEMBER ANDERSON: Our next meeting

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1 will be a teleconference.

2 CHAIRMAN MELIUS: Okay. Okay. I'd
3 like to turn now to the public comments from
4 the May meeting. And that was the email
5 people got on December 2nd from Ted. Was
6 everybody able to access that in some way?

7 MEMBER BEACH: Yes.

8 CHAIRMAN MELIUS: Henry, I can't
9 remember if you were, I don't think you were
10 here yet. We're talking about the tally of
11 the public comments from the May meeting. It's
12 a listing and a spreadsheet and the attached
13 transcripts and so forth that are in there.
14 And I think these are usually relatively
15 straightforward and just really two pages is
16 what I have on my computer and so forth.

17 MR. KATZ: While you're doing that
18 let me just, I noticed there are some more
19 people from the public who have joined us and
20 I didn't make an announcement earlier this
21 morning because it was thin in here but I'll
22 announce it again later this afternoon. There

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1 is a public comment session today. It begins
2 at 5. And for those of you in the public who
3 are here in the room who would like to make
4 comments, there's a sign-up sheet at the table
5 outside this door immediately to your left. So
6 if you would sign in. There are two,
7 actually, sign-up sheets. There's one that's
8 just signing in that you're registering your
9 attendance at the meeting, but there's a
10 second sheet if you wish to comment during the
11 public comment session. You should, when you
12 have a chance, there's no rush, you can do it
13 at lunch or whatever but sign in if you want
14 to make public comments so that we can order
15 the public comments and get through those in
16 an expeditious way. Thanks.

17 CHAIRMAN MELIUS: So I'm just
18 going to go through these one by one but I
19 think we can do it briefly. They're pretty
20 straightforward. First set of comments have
21 to do with Fernald site and were directed to
22 the Work Group and to the NIOSH technical

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1 person handling it, Mark Rolfes. I think
2 those are pretty straightforward and
3 appropriate.

4 The next comments are Robert
5 Stephan who was reading a letter from
6 Representative Costello regarding General
7 Steel Industries. I think that was
8 acknowledged and so forth there, that.

9 The next set of comments were
10 related to, two were related to, the first two
11 were Rocky Flats regarding, essentially
12 referred to the Work Group and that Work Group
13 has since met so Mark may have already
14 addressed those in the Work Group meeting. I'm
15 not sure on that. There was an FOI question
16 that was related to the FOI office.

17 And there's some questions on
18 Hanford from one the Hanford petitioners about
19 some new information and I think they were
20 concerned about whether those were being,
21 whether NIOSH was aware of some of that
22 information. And as I recall some they were,

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1 some they weren't, but they said they would,
2 Sam Glover was here. He said they would
3 follow up and so forth on information. So
4 anybody have comments? That's the May 24th
5 listing I have. Any questions or any Board
6 Members have? Okay.

7 MR. KATZ: Sorry, Wanda, I can't
8 read lips.

9 MEMBER MUNN: I was wondering if
10 you re-sent that to my CDC email address.

11 MR. KATZ: Sure, I'll resend it.

12 CHAIRMAN MELIUS: Ted reached your
13 limit.

14 MR. KATZ: Well, actually I don't
15 know if I have it on here. Do you have it to
16 send it to your email?

17 CHAIRMAN MELIUS: So for May 25th,
18 I have a comment from one of the petitioners
19 thanking us for rapid response to the Sandia
20 SEC petition and really no follow-up necessary
21 on that. Another petitioner related to
22 Hanford really was just making a statement

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1 relative to that petition and I think as
2 Arjun's already reported we'll have a review
3 of that, of the NIOSH evaluation of that
4 petition shortly and the Work Group will be
5 meeting to discuss that. Another comment on
6 Hanford again related to US Testing and so
7 forth and it's the same, the same issue and
8 same response.

9 There were comments from the
10 Weldon Springs related to that person there,
11 again related to concerns about the data
12 quality and the SEC review process there.
13 We'll have an update on that this afternoon
14 but those comments are referred to the Work
15 Group and to the NIOSH technical person,
16 appears to be appropriate. Some more and
17 similar comments on the Weldon Springs and
18 again directed in the same way and so forth.

19 And comments from the, I guess
20 someone related to the GE, a former worker at
21 GE-Evendale and again, sort of concerned about
22 how long it had taken for the follow-up

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1 review. And again that had been addressed
2 actually at that last meeting. We approved
3 it. So these were really for that. And two
4 other similar comments there. Again, it was
5 approved.

6 So anybody have any questions or
7 comments on those referrals? Again, we're
8 talking about the referrals of these, not --
9 when we know about the resolution we can talk
10 about it but you know, again, these are back
11 in May and it's really, were the comments
12 appropriately referred and are they being
13 followed up on sometimes takes time. So if
14 there are no questions or comments on that.
15 And again, Wanda, I know you may not have had
16 time to review or refresh yourself on this and
17 if you have comments later on we can come back
18 to it. I don't want to --

19 MEMBER MUNN: I have seen it
20 before and didn't have comments the time I saw
21 it the first time.

22 CHAIRMAN MELIUS: Okay. Good.

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1 MEMBER ZIEMER: I do have a
2 question. I just want to follow up on the
3 General Steel Industries one. It said that
4 the response went to Ted and to DCAS. Was
5 there a response to the individual who
6 indicated the concern? This is item number 6
7 in the matrix there. I believe it was --

8 MR. HINNEFELD: I'm going to have
9 to see it. I didn't print it.

10 MEMBER ZIEMER: I think it was one
11 of the Illinois staffers, that is, the -- I'm
12 trying to remember her name.

13 MR. KATZ: It was a letter from
14 Costello that Robert Stephan read.

15 MEMBER ZIEMER: Right, the --

16 MR. KATZ: Yes.

17 MEMBER ZIEMER: Right.

18 MR. KATZ: So it was referring to
19 --

20 MEMBER ZIEMER: -- response to
21 either Mr. Stephan or Costello?

22 MR. KATZ: So I don't know about a

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1 response from DCAS but it was also just
2 referred to in other words to you as the Work
3 Group chair.

4 MEMBER ZIEMER: Right, but the
5 issue is beyond the Work Group. There's an
6 implication that there's a Board policy which
7 I don't think there actually is a policy one
8 way or the other. There's no policy
9 restricting Work Groups on putting time limits
10 on when they finish their work. In the
11 absence of a time limit, I suppose that can be
12 implied as being a Board policy that you have
13 unlimited time. But I just wondered if there
14 had been a response to Mr. Stephan or if there
15 was any statement implying what the policy is.

16 MR. KATZ: I think Jim or you, I
17 think Jim responded at the time to Robert
18 Stephan to explain that we were concerned
19 about timeliness and about moving this along
20 but this is sort of a case where there's just
21 been a lot of material generated and it's,
22 that's been why this one has taken exceedingly

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1 long.

2 CHAIRMAN MELIUS: That's my -- I
3 can't pull up the transcript quickly enough
4 to.

5 MEMBER ZIEMER: As far as you know
6 the response was the verbal one.

7 CHAIRMAN MELIUS: Yes.

8 MEMBER ZIEMER: Okay. I just, I
9 couldn't remember.

10 CHAIRMAN MELIUS: It's an
11 appropriate question. Any other comments?
12 Okay. If not, I think we, and I don't believe
13 we have any other Board business that we can
14 conduct until we have everybody here.

15 MR. KATZ: For scheduling, we
16 should have everyone else.

17 CHAIRMAN MELIUS: Yes, we need to
18 have everybody here, as many as possible
19 anyway and do that. So we will now break and
20 we will reconvene at, I believe at 1:30.

21 MR. KATZ: Yes, we can lock up the
22 room if you'd like to leave your computers.

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1 Absolutely.

2 CHAIRMAN MELIUS: So we will
3 reconvene in this room at 1:30 and the first
4 item of business will be the Hooker SEC
5 petition.

6 (Whereupon, the above-entitled
7 matter went off the record at 11:20 a.m. and
8 resumed at 1:34 p.m.)

9 CHAIRMAN MELIUS: Okay, we'll get
10 started now. Welcome back, everybody, to our
11 Board Meeting and I'll start with letting Ted
12 make some announcements and check the phone.

13 MR. KATZ: Yes, welcome, everyone,
14 for the afternoon session. Let me just remind
15 then people, I don't know if we have any new
16 public members here this afternoon yet but we
17 have a public comment session that begins at 5
18 o'clock and if you'd like to make comments,
19 please sign in on the sign-in sheet at the
20 front desk. There are two sign-in sheets,
21 one's for just signing in to attend the
22 meeting but the second is to sign up for

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1 public comments. Please do that at some point
2 this afternoon if you wish to make comment.

3 Let me remind everyone on the
4 phone line of two things. One, please mute
5 your phone except when you're addressing the
6 group and if you don't have a mute button,
7 press *6 to mute and *6 to come off of mute.
8 And also please, someone at some point this
9 morning put the call on hold and we had their
10 music, we had to cut them off. So please
11 don't put the call on hold at any point. Hang
12 up and dial back in if you need to leave the
13 call and you won't disrupt the call for the
14 other folks, especially for the other folks on
15 the phone line who will only be hearing your
16 music. Okay and I think that covers it for
17 me.

18 CHAIRMAN MELIUS: Okay, very good.
19 Okay, we will start our first item of the
20 afternoon: the Hooker Electrochemical SEC
21 petition. Henry Anderson, I think, will do a
22 presentation. Thank you, Henry.

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1 MEMBER ANDERSON: Okay, as all of
2 you should remember in August we went through
3 a review of a Special Cohort Evaluation and
4 what I'm going to give you today is a bit of
5 an update. You gave us some charges, our Work
6 Group to go back.

7 But just to update everybody,
8 Hooker was classified as an AWE employer
9 facility from '43 to '48 with a residual
10 period up to '76. They primarily produced
11 non-radioactive chemicals at the facility but
12 they did during that period of time
13 concentrate uranium-contaminated mag fluoride
14 slag using hydrochloric acid from their P-45
15 process. A special building was constructed
16 to do the concentrating operation, that
17 building was completed in 1944 and most of the
18 slag-handling was conducted outdoors while
19 indoors was the dissolving and concentrating
20 process, and then the de-watering, I guess.
21 It's not watering, but making a dry sludge
22 which was then re-packed. Material was

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1 concentrated from about 1 percent to 2 percent
2 and the incoming material was 0.2 percent
3 uranium by mass.

4 The slag came in 500-pound barrels
5 from Electro Metallurgical. We've talked
6 about that site as well. Barrels were then
7 dumped onto a conveyor belt, carried the slag
8 into the digest tanks and then the
9 hydrochloric acid was added and diluted to the
10 pH. Tanks were agitated and then about once
11 every two days the liquid was decanted, more
12 hydrochloric acid was added and the digestion,
13 the slurry was then neutralized, pumped
14 through a filter press. The filtered material
15 was then put back in barrels again to be
16 shipped on for further processing. So it was
17 a fairly straightforward process, I think,
18 that we've seen at some of these other sites,
19 very similar to the other facilities that the
20 committee, the AWE committee has been looking
21 at.

22 The cohort petition main

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1 contention was that there were unmonitored
2 workers. They presented an affidavit
3 indicating there was no internal or external
4 monitoring done at Hooker and NIOSH could find
5 no indication of monitoring in the records
6 either.

7 The dose reconstruction
8 methodology was originally described in an
9 Appendix AA to the TBD-6001. Then, when the
10 TBD-6001 was retired and each of the
11 individual sites were then given their own TBD
12 a Hooker TBD replaced the Appendix AA. It was
13 changed in the proposed method of dose
14 reconstruction including revising the approach
15 to the use of surrogate data for internal dose
16 reconstruction. The petition timeline was
17 submitted on March 9th with a proposed Class
18 for the furnace room. The finding was not
19 qualified initially, went back to the
20 petitioner with some suggestions. A proposed
21 Class revision was sent in on the 26th of
22 September. It was qualified for evaluation in

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1 October and in May of 2010 the Evaluation
2 Report was issued and it was assigned to the
3 AWE formerly 6001 Work Group for review.

4 We went through this at several
5 meetings of the Work Group and after SC&A's
6 review and our discussions with NIOSH in
7 August, again keeping in mind that our meeting
8 was shortly before the August presentation and
9 therefore not a lot of time had transpired for
10 the petitioners to get access to the minutes
11 from our Work Group meeting. But we did make
12 a recommendation of denial in August. The
13 Board after some discussion, tabled the
14 recommendation of denial and requested that we
15 obtain a more detailed review of the surrogate
16 data assessment and we tasked SC&A to do that.
17 And this also would allow more time for the
18 petitioners to get access to documents as well
19 as the minutes of our Work Group meeting.

20 In September we, AWE, the Work
21 Group received a report from SC&A further
22 detailing what they did and how they evaluated

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1 the NIOSH proposal for surrogate data use. You
2 should all have received that memo as well.
3 Our Work Group met on the 21st of November to
4 discuss predominantly the White Paper as well
5 as to review any other outstanding issues. And
6 as you'll see from the document, the original
7 surrogate data proposal by NIOSH was based on
8 analysis of 18 air samplers for handling of C-
9 2 slag at three different facilities,
10 Electromet, Fernald and Mallinckrodt.

11 Predominantly the samples that
12 were available and included in that were from
13 Fernald. They used the upper 95th percentile
14 of air sampling results in that exposure
15 reconstruction surrogate data modeling, and as
16 you'll see more than 70 percent of the air
17 samples are BZ. The residual period
18 deposition/resuspension model used was the one
19 that has been used in other sites for residual
20 periods with a resuspension factor of one to
21 ten to the minus sixth per meter and no source
22 term decay.

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1 So the modeling was predominantly
2 done for the handling of slag in the wooden
3 barrels based on the MCNPX calculations.
4 Exposure to workers and surface contamination
5 again was based on those calculations of slag
6 dust settling from the 95th percentile air
7 concentration. So the critical issue here is
8 the surrogate data, the establishment of the
9 95th upper percentile and then from that flows
10 the exposures on surface contamination, et
11 cetera. External dose rates for the residual
12 period were the same as for the operating
13 period.

14 In May NIOSH issued their White
15 Paper as I said for the use of surrogate data.
16 That now has been expanded upon and we
17 initially requested NIOSH to revise the White
18 Paper so that it would be better, it was clear
19 where the samples came from and what they were
20 and how they were used. That was done and
21 then we forwarded that to SC&A for their
22 review which they did. Then this was all

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1 before the August meeting and they felt that
2 they used as a measure our Board guidelines
3 for the use of surrogate data. The NIOSH
4 White Paper had gone through addressing each
5 one of our surrogate use criteria and SC&A
6 felt that the selected surrogate data would
7 result in a plausible bounding estimate for
8 the internal exposures at Hooker. The Thurber
9 September 22nd memo, SC&A when they presented
10 and did the discussion in August pointed out
11 that there actually were, or they felt that it
12 was appropriate to use an expanded number of
13 samples anywhere. Their initial review they
14 used 67 samples and there were some additional
15 samples and they felt several of the samples
16 that NIOSH included in their use of the 18
17 probably didn't quite fit the criteria so they
18 removed those. So the total number of samples
19 is somewhere between 67 and 72 that SC&A used.
20 And when they calculated using that expanded
21 number the upper confidence limit really was
22 quite similar to what NIOSH had found. NIOSH

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1 was using 806 as the upper 95th percentile
2 with the expanded analysis. The two different
3 analyses, SC&A had a low value of 555 and with
4 the larger number of samples, the 759 value
5 all pretty much within the same range.

6 SC&A and our Work Group concluded
7 that when one is looking at the 95th
8 percentile it's not particularly sensitive to
9 the differing technical judgments of the two
10 groups on which samples to select. I think
11 our Work Group felt that the use of only 18
12 samples might be a bit on the small side so we
13 were very I would say comforted to see that
14 when SC&A expanded it in fact it -- you now
15 had a more robust database but the results
16 really were quite similar and in fact the
17 NIOSH value which turned out to be a bit
18 higher therefore would in fact be sufficiently
19 protected.

20 After our meeting and discussions
21 in November we continue as a Work Group to
22 believe that the surrogate data used as

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1 proposed followed our criteria and therefore
2 was appropriate to use it when one uses our
3 criteria as the measure. The doses for
4 workers at Hooker can be plausibly
5 reconstructed using the information in the
6 Hooker TBD and we continued to hold to our
7 previous recommendation on petition SEC-0014
8 that it be rejected, that in fact doses could
9 be reconstructed.

10 There were three remaining issues
11 that were also discussed in August and that is
12 simply the use of surrogate data, that in fact
13 there were no measurements at this facility.
14 But our criteria for the use of surrogate data
15 I think were quite carefully evaluated. Again,
16 the total number of samples used could be
17 argued we never set a lower limit to make it
18 representative or reasonable. Then the issue
19 was also raised that for our surrogate data
20 use a large proportion of those samples came
21 from Fernald and the Fernald Work Group really
22 had not spent much time looking at the air

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1 data because they were actually using the
2 biomonitoring data which again in our protocol
3 we always go with the biomonitoring data
4 before we would kind of default to the air
5 monitoring data. And there was some question
6 about whether the Fernald data was reliable
7 and therefore we should use it.

8 Our Work Group, we really weren't
9 in a position to review all of the air data or
10 all of the data from Fernald to make a
11 judgment on whether or not it's reliable or
12 not. But that's one of the issues we'd like
13 to discuss today and we had asked NIOSH to
14 present. They had looked at it, looked at the
15 challenge to that data and whether this
16 particular set of data that we're using could
17 be determined to be reliable and therefore
18 appropriate for use with the surrogate data.
19 If one takes out the Fernald data then the
20 total number of, in the original number of
21 samples that NIOSH was using falls
22 substantially and we get into the small

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1 numbers on yes, it is comparable or useful
2 data but is it robust enough to actually use
3 to calculate surrogate exposures.

4 Then the third issue was raised to
5 us. We as a committee were not aware that the
6 petitioners had a FOIA request in and
7 therefore they had requested that we postpone
8 at this meeting further decision-making until
9 they had actually received a response to the
10 FOIA since our Work Group wasn't familiar with
11 what the requests were in the FOIA. And since
12 then I don't know if, Ted, you want to speak
13 to the FOIA issue or not but my understanding
14 is it was a rather generic request for all
15 email traffic of which now NIOSH has
16 identified some 4,000 documents which now have
17 to go through redacting out personal names and
18 things like that in it where in the past when
19 we've postponed it's typically been that the
20 FOIA request was for technical documents that
21 the petitioners had not been able to get
22 access to or review where this one is a much

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1 more generic type of request. And again the
2 issue would be do we delay what could be a
3 number of months as the FOIA review and
4 approval works its way through HHS and then
5 over to DOL as well. And the FOIA request
6 went in I think about four months ago, was
7 that what we found out?

8 MR. KATZ: I think the end of
9 August.

10 MEMBER ANDERSON: End of August,
11 so it's been in the works for awhile. But it
12 really is unlikely to uncover a great deal of
13 new, or any new technical information as best
14 we can tell. So that, these are really the
15 three issues that we bring to you and I don't
16 know if NIOSH, someone wants to? I'll turn it
17 to John and let him talk about the Fernald
18 data.

19 CHAIRMAN MELIUS: Ted needs to say
20 something and then I wanted to say something.

21 MR. KATZ: So before we launch
22 into any discussion about the Fernald data two

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1 things. One, I need to note for the record
2 that Dr. Lockey has a conflict with Fernald so
3 he will recuse himself from any discussion of
4 Fernald. He doesn't need to leave the table
5 because this is about Hooker, not Fernald, but
6 he does need to recuse himself from the
7 discussion.

8 Likewise there are a couple of
9 DCAS staff here who also have conflicts. I
10 believe it's Jim Neton and Stu Hinnefeld, is
11 that correct? And LaVon Rutherford, okay.
12 Oh, and Pete Darnell is waving his hands,
13 that's four. Those individuals too would of
14 course not participate in any discussion of
15 Fernald. So I just need to note that for the
16 record. They don't need to leave though
17 because again this is not about Fernald, it's
18 about Hooker for the most part.

19 And the other thing, I just wanted
20 to check as well on the line whether we have,
21 since we're discussing an SEC petition at this
22 point whether we have Mike Gibson on the line?

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1 And Mike, if you are I assume you're on mute.
2 You might have to un-mute yourself to let us
3 know. And Mark Griffon, do you know? Mark
4 Griffon, are you on the line possibly? And I
5 guess I could try too Richard Lemen who's the
6 third missing Member. Are you on the line?
7 Okay, not hearing them unless they pop up
8 shortly we'll assume they're absent right now.

9 CHAIRMAN MELIUS: Well, before the
10 recusals do not participate I was going to
11 open it up if anybody had questions for Henry.
12 Josie, go ahead.

13 MEMBER BEACH: Henry, I just have
14 a quick question. Your Work Group recommends
15 to reject this SEC. Was that a unanimous
16 decision within the Work Group?

17 MEMBER ANDERSON: Yes, I believe
18 so.

19 MEMBER BEACH: Thank you.

20 MEMBER ANDERSON: The Work Group
21 is only three, so.

22 MEMBER BEACH: That's why I was

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1 wondering.

2 CHAIRMAN MELIUS: Okay, any other
3 Board questions?

4 MEMBER ANDERSON: And again,
5 really the measure we used was not do we want
6 to use surrogate data or not but rather does
7 it meet the criteria that we rather
8 laboriously worked through for the Board. And
9 so our judgment was it met our criteria,
10 therefore it would be appropriate to use it if
11 you're going to use surrogate data at all.

12 CHAIRMAN MELIUS: Okay. No more
13 questions for Henry. Why don't we hear I
14 believe Mark. Are you? And those of you that
15 have recused are recused.

16 MR. ROLFES: Yes, this is Mark
17 Rolfes with NIOSH. I'm a health physicist.
18 I've been involved in the Fernald Work Group
19 for I guess, I've been responsible for the
20 Fernald site for probably about the past eight
21 or nine years and have been working to review
22 the Fernald air sampling data, the Fernald

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1 data. We did --

2 MS. GIRARDO: Hello? My phone
3 died out and I had to call back in so I don't
4 know what -- sorry I missed.

5 MR. KATZ: Mary, hi. This is Ted
6 Katz. That's Mary Girardo I believe on the
7 line. Mary, right now we're in presentation
8 phase of this discussion of Hooker. Okay? So
9 this is not a comment session yet.

10 CHAIRMAN MELIUS: Yes, we will
11 open it up. There will be a chance for
12 comments in a few minutes.

13 MS. GIRARDO: Okay, thank you.

14 MR. KATZ: Thank you.

15 CHAIRMAN MELIUS: Go ahead, Mark.

16 MR. ROLFES: I believe one of the
17 concerns with the air sampling data, we had
18 received an affidavit. It was actually
19 prepared for a court case earlier on or for a
20 court hearing involving the Fernald site. That
21 was an individual who had indicated that he
22 had been asked to conduct some re-sampling of

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1 high airborne operations in plant 5. Now,
2 this was involving green salt materials, it
3 was involving the uranium and not a uranium
4 contaminated material such as magnesium
5 fluoride. But the concern about the air
6 monitoring data, this individual had indicated
7 that he had sampled the operation and had
8 gotten an air concentration above the maximum
9 allowable concentration so he was asked by his
10 supervisor to re-sample that operation once
11 again. This apparently occurred another five
12 times. So he had been asked to re-sample this
13 high air concentration operation approximately
14 seven times. On the last time he was told to
15 re-sample again and he had indicated that he
16 had sampled in a location upwind from the
17 workers' breathing zone. And at that time he
18 had obtained a result which was below the
19 maximum allowable concentration.

20 So we have no indication that the
21 first seven data points are destroyed or
22 manipulated in any way. There's a possibility

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1 that the final data point for this particular
2 operation could have been manipulated to
3 appear to have had a lower air concentration.
4 However, if you take a look at the data that
5 is collected we have no indication that the
6 first seven data points were destroyed and we
7 don't believe that the distribution of the air
8 concentrations for that particular sample
9 would be skewed significantly by one low
10 sample. I don't know if there are any
11 additional details that you would like but we
12 do have this individual's affidavit available
13 to us, and then also a deposition which
14 clarifies some of the points of this
15 particular single air sample where the
16 individual had expressed concern that he was,
17 he felt that he was manipulating some of the
18 data.

19 MEMBER ANDERSON: Could you
20 comment on the dates when this happened?

21 MR. ROLFES: The individual did
22 not specify a particular date, he only

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1 specified a particular operation which was the
2 plant 5 jolting operation where they were
3 compacting green salt and magnesium prior to
4 reducing it into uranium metal. It is
5 possible, well the Fernald facility didn't
6 operate until after Hooker was closed. So as
7 far as the specific data I don't have one
8 because one was not provided to us.

9 CHAIRMAN MELIUS: I guess I have a
10 question though it's more for SC&A to comment
11 on. I don't know if Bill Thurber is on the
12 line who wrote the report but I think the
13 question is in your review of this the data
14 set, did you think -- and I think your
15 conclusion was that it was robust enough --
16 pardon me, Wanda -- and also that there was
17 appropriate in terms of what operations were
18 covered to be used for this. In some ways it
19 could be a separate determination on, I guess
20 what I'm getting at, on Fernald itself because
21 there may be other operations and so forth and
22 the comprehensiveness or utility of the data

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1 for that could, you know, could reach a
2 different determination. So, that's -- I
3 guess it's sort of, you know, we're focusing
4 in here on sort of the utility of this and
5 appropriateness of this Fernald data set for
6 use in -- on the Hooker facility. Is that?

7 DR. MAURO: Yes, I understand your
8 question. This is John Mauro, I'm with SC&A.
9 Bill Thurber I do not believe is on the line.
10 I spoke to him earlier to see if he could join
11 us but he was engaged in some other matters.
12 But we did speak at length about it to refresh
13 my memory regarding the matters with regard to
14 this specific issue. And he was very careful
15 in selecting data related to the handling of
16 the slag type material so that he picked air
17 sampling data that was as closely related to
18 the operations. And it did not only include
19 Fernald, but it also included these other two
20 facilities.

21 And so I guess to answer your
22 question the data set, now I just -- we didn't

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1 investigate the issue related to Fernald and
2 the questions that were just answered by Mark
3 but all I can say is it sounds like the data
4 set that was at question at Fernald really was
5 the different airborne samples and operation
6 than the particular type of dumping operation
7 related to this dolomite slag type material.
8 So the best I can do is say that I believe the
9 data set that was -- the numbers of
10 measurements that were selected by Bill
11 specifically for this analysis is probably not
12 affected by this particular issue that was
13 raised earlier. And I think Mark addressed
14 that matter if that helps.

15 CHAIRMAN MELIUS: Yes. I would
16 just, I guess in thinking about it is here we
17 have actually, you know, two different -- you
18 sort of independently went back to the
19 sampling data set and essentially made a, I
20 won't say it was a completely independent
21 selection but sort of re-looked at the whole
22 selection issue --

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1 DR. MAURO: Yes.

2 CHAIRMAN MELIUS: -- in terms of
3 its appropriateness. So again, I think that
4 speaks to, you know, that it would be
5 something that would certainly lend some
6 credibility to this part of the process. Yes,
7 thank you. Dr. Poston? Oh, okay. Brad,
8 okay. I'm sorry, I was -- I guess he put it
9 up and you moved your hand at the same time
10 and I just.

11 MEMBER CLAWSON: I just bring into
12 question because the Fernald Work Group is not
13 using air sampling data because it was in
14 question and that's why we went to the bio
15 part. And Mark brought that up but we have
16 not dug into if the air sampling data is good.
17 There is an affidavit out there that it was
18 questioned and Mark brought up numerous times
19 that there's nothing to say that this was
20 taken out, this information, but there's
21 nothing to, you know. There's many questions
22 with the air sampling data on it, especially

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1 with Fernald.

2 CHAIRMAN MELIUS: Dr. Ziemer?

3 MEMBER ZIEMER: But in the
4 hierarchy of things I think the bio-samples
5 take precedence in any event over air sampling
6 data. It was not, maybe Mark can clarify but
7 I thought that was the rationale as opposed to
8 the credentialing of the data in some way.

9 MR. ROLFES: That's correct, Dr.
10 Ziemer. Anytime that we have bioassay
11 monitoring available to us we would use that
12 as one of the highest pieces of, you know, one
13 of the pieces of information that's highest on
14 the health physics hierarchy of data that we
15 would use to perform a dose reconstruction
16 specific for an individual. Because of the
17 wealth of information that we have for
18 Fernald, the number of bioassay samples that
19 we have collected there's no need for us to
20 use the uranium air sampling data.

21 CHAIRMAN MELIUS: David?

22 MEMBER RICHARDSON: I'm afraid the

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1 conversation is making me more confused, not
2 less confused. The document that -- documents
3 that we're looking at regarding Hooker are
4 using the Fernald air data, is that correct? I
5 mean, they're described here as air
6 concentrations. So the issue of the hierarchy
7 is I don't think germane to how the Fernald
8 data are being applied to the Hooker
9 situation. If I'm understanding the
10 discussion correctly we're back to estimation
11 of air concentrations for Hooker based on
12 Fernald air monitoring data.

13 MEMBER ZIEMER: Well, let me
14 clarify what my point was. I thought there
15 was an implication that the Fernald Group was
16 not using the air sample data because of
17 questionable credentials as it were, but the
18 reason it's not used has to do with the
19 hierarchy issue. That was my point.

20 MEMBER RICHARDSON: Okay, okay.

21 MEMBER CLAWSON: And part of my
22 point was because the Fernald Work Group,

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1 because we are not using that air sampling
2 data we have not gone into it and dug into it
3 as we could because we used the bioassay.

4 CHAIRMAN MELIUS: And I think,
5 this is a further point but I think one of the
6 points I was trying to make is that I'm not
7 sure it is necessary before we act on Hooker
8 for you to have done that given the selection,
9 given the process that's in place for applying
10 that in the Hooker evaluation. I guess I'm
11 not as concerned about that in terms of the
12 application given the way that we're using
13 that data, given what we know about it and
14 given the way that the data was selected. And
15 again, if this were being used in Fernald I
16 could actually see where the Fernald Group
17 could reach a different determination
18 depending as you would apply it to that
19 overall workforce. It can differ and I think
20 it's how are we using it as applied to the
21 Hooker operations and the type of work that
22 was done at Hooker. Any other comments or

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1 questions?

2 MEMBER RICHARDSON: So is the
3 argument that there's coherence between
4 evidence from Electromet, Mallinckrodt and
5 Fernald and therefore we're not hanging our
6 hat entirely upon the Fernald air sampling
7 data whether some of us have concerns about it
8 or not?

9 CHAIRMAN MELIUS: That. Yes,
10 that's one. Sort of a separate, in some sense
11 validation by the fact that we have at least
12 to some extent was an independent selection of
13 samples by SC&A for use, simply developed
14 their own data set for use here. And again,
15 so we're not as reliant on just simply one
16 group, NIOSH going in and making that
17 determination. Yes. Any other questions at
18 this point? Okay.

19 MEMBER RICHARDSON: Could I ask
20 one question of SC&A?

21 CHAIRMAN MELIUS: Sure.

22 MEMBER RICHARDSON: This was about

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1 -- I mean, one of the other issues with using
2 surrogate data is not just extrapolation
3 between places but also extrapolations over
4 time. And here some of the samples that we're
5 talking about are taken let's say a decade to
6 two decades after the period of operations.
7 You're shaking your head no.

8 DR. MAURO: The timeliness -- I
9 remember the surrogate data report, I reviewed
10 it, Bill prepared it and timeliness was one of
11 the issues. And I recall the position, and
12 I'd have to look at it again, was that the
13 timeliness was supportive. In other words, it
14 wasn't that we had a break there. There's
15 five criteria and that was one of them. And I
16 can't give you the dates but I recall our
17 finding was that the timeliness worked in a
18 favorable way.

19 MEMBER RICHARDSON: And from what
20 I recall from what's in the report it's that
21 the process was relatively consistent over
22 time and so despite the fact that samples are

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1 separated by a period of 15 years there's a
2 sense that there weren't process changes.

3 DR. MAURO: Your recollection is
4 better than mine. I wish I could say that I
5 could -- we could probably get our hands on it
6 because I remember the summary page where we
7 have the criteria, we summarize each one. That
8 may very well have been some of the language
9 in there. I'm sure that the language itself
10 is relatively brief. The summary level at the
11 end of the report. If we could bring it up
12 maybe it's even possible to show it on the
13 screen, each of the -- our findings and the
14 rationale why we felt they met the exclusivity
15 requirement. That had to do with 95th
16 percentile, the impact. And then the second
17 one had to do with timeliness and I remember
18 coming out favorably but it wouldn't hurt to
19 just take a look at that if it's possible to
20 just grab it.

21 CHAIRMAN MELIUS: If you let me
22 get a word in I can point out where it is.

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1 Page 5 of 7, sort of the middle of the page
2 there. I don't think it's, I'm not sure if
3 putting it up is even necessary. I mean, the
4 process is slag handling, and slag handling is
5 I think unlikely to have changed significantly
6 over that time period. I think that's -- and
7 that's the rationale that's stated in the SC&A
8 report. I actually had the same question so I
9 had to look back to the report while we were
10 talking earlier.

11 DR. MAURO: Thanks for helping me
12 out on that.

13 CHAIRMAN MELIUS: Which is why I
14 had it up, because I think it is an important
15 question that came up. Jim, did you have a
16 comment?

17 DR. NETON: I was just going to
18 read from the report that the surrogate data
19 used for the natural right dumping operations
20 collected between 1947 and '59. So all the
21 surrogate data was in that time frame. And I
22 forget the years now that Hooker is under

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1 review for but it's in that same.

2 CHAIRMAN MELIUS: Okay. Any
3 additional questions? If not then I'd like to
4 hear from the -- is the petitioner still on
5 the line and wish to make comments?

6 MS. GIRARDO: Yes, I'm here.

7 CHAIRMAN MELIUS: Okay. Go ahead.
8 If you have any comments to make now you may.

9 MS. GIRARDO: Okay. Who am I
10 talking to?

11 CHAIRMAN MELIUS: This is Dr.
12 Melius and the whole Board, and to the
13 audience.

14 MS. GIRARDO: Okay. I have
15 several items that I wanted to read off here.
16 Item 1, before the Board makes any decision
17 regarding Hooker Electrochemical Corp.,
18 petitioners request an extension of time since
19 the request to Freedom of Information has not
20 been answered. This extension would include
21 time to receive and time to digest the
22 material.

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1 Even though the petitioners were
2 contacted by the federal advocate inquiring
3 into this request, they are not throwing in
4 the towel and feel justified in needing this
5 extension. They also question whether anyone
6 besides a Freedom of Information officer has
7 the right to call the petitioner. The
8 petitioners further add that they object to
9 being contacted and cross examined.

10 Item 2, on the matter of the
11 Ordnance Works in Lewiston, New York, would
12 the Board reconsider these points? The Hooker
13 workers went to the "dump" location on orders
14 from their employer. Therefore, they were not
15 Ordnance Works employees, but Hooker's since
16 their salaries were supplied by Hooker. They
17 should not be treated as outside contractors
18 since they themselves did not receive any pay
19 directly from another employer. Therefore,
20 since Hooker sent them there and they were
21 working for Hooker, the Lewiston site becomes
22 a Hooker location and since this SEC includes

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1 all locations, then it should be retroactively
2 approved to the date of the SEC in Lewiston.
3 The Board might also want to ponder the fact
4 that nowhere in the United States could a
5 comparable "dump" site be found. That is
6 amazing.

7 Item 3, keeping in mind, that
8 Mallinckrodt does not fit the description of a
9 company that is near, would the Board give
10 serious consideration to this question? If
11 the documents for Mallinckrodt were found to
12 be spurious in regard to thorium, then can the
13 Board be sure beyond a shadow of a doubt that
14 the Mallinckrodt documents on uranium can
15 validly and justifiably be used in judging
16 Hooker Electrochemical Company?

17 Item 4, would the Board also
18 consider that three companies have been
19 mentioned throughout this decision-making
20 process regarding Hooker Electrochemical
21 Corporation, namely, Electromet, Fernald and
22 Mallinckrodt. However, the Work Group seems

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1 to have focused only on Mallinckrodt and the
2 other two companies were still being debated
3 when the Work Group made their decision. This
4 does not serve the petitioners of Hooker
5 Electrochemical Corporation in a just manner.

6 This also does, in fact,
7 invalidate the Work Group's recommendation for
8 denial of the SEC because a judgment was made
9 before all the evidence was in. According to
10 the history of "surrogate data," a minimum of
11 three companies was chosen to strengthen the
12 validity of the comparison. Now, if you
13 eliminate two of those companies and just use
14 one, you have invalidated the "surrogate
15 data." So as a further illustration, using a
16 company that could not be trusted in one
17 regard only opens the door to suspicion of any
18 comparison if you insist on using that same
19 company, namely Mallinckrodt.

20 You also must remember that
21 Fernald was questionable in its practices.
22 Ethics must play a role in the selection of

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1 candidates for "surrogate data." And the
2 Hooker Electrochemical Corporation in this
3 case, the use of these three companies as
4 "surrogate data" is certainly suspect.

5 Item 5. When asked for an
6 explanation during the last Work Group
7 teleconference of SC&A about their report on
8 the 95 percentile, the answer given was that
9 although their figure differed from those of
10 NIOSH, they conceded to NIOSH since SC&A
11 believed it to be more favorable to the
12 claimant. The petitioner asked, "In what way
13 was it more favorable, SEC or dose
14 reconstruction?" The answer was dose
15 reconstruction. The petitioner balked at that
16 and left the conference knowing that SEC is
17 more favorable to the claimant than dose
18 reconstruction.

19 Item 6. The petitioners have been
20 made to know that they are dealing with
21 scientists who cannot fathom anything beyond
22 formulas, statistics, or in a word anything

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1 that is not quantitative. In addition, the
2 petitioners remind the Board that the author
3 of the 10-Year Review for NIOSH points out how
4 to the petitioners NIOSH is looked at as an
5 enemy. To the reader of the 10-Year Review
6 only one statement sums up the whole study and
7 it is this: NIOSH, you have done some things
8 okay, but all in all, you could have done a
9 better job.

10 What has also sadly come to the
11 attention of the petitioner is that there is
12 the distinct possibility that Hooker
13 Electrochemical Corporation is being set up as
14 a test case for all future companies coming
15 under review for this program and that is
16 probably the "real" reason for the obvious
17 rush to close by the Work Group as defined --
18 and the Board -- back up a little bit. That
19 is probably the real reason for the obvious
20 rush to close by the Work Group and the Board,
21 not the loss of "freshness" to the memory of
22 the Work Group as defined by the federal

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1 advocate regarding the Freedom of Information
2 inquiry.

3 Now we the petitioners hope that
4 you are all better than all of that and we
5 leave you with these words entitled, "The Rule
6 of Three."

7 If one is good, why look for
8 three?

9 This is the current baffling
10 mystery!

11 Who says "surrogate data" is the
12 way to go?

13 Not those who are really in the
14 know!

15 Compensatory programs must be free
16 of this numerical "Rule of Three."

17 These scientists, as great as they
18 are,

19 From simple math have gone too
20 far.

21

22 Three locations minus two

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1 An equation of one, can't be true!
2 The example given was very clear.
3 Surrogates' locality must be
4 reasonably near.

5
6 Searching the country is a ploy
7 Leading to what can only annoy.
8 Surrogate data must have very
9 clear specifics,

10 Not the generality of mathematical
11 hieroglyphics.

12
13 Can't all of you truthfully see
14 Surrogate data isn't what it used
15 to be?

16
17 What is needed is a clear recipe,
18 Listing steps as one, two, three.

19
20 Surrogate data's original true
21 design

22 Did not have compensatory programs

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1 in mind.

2 This has been made very clear.

3 Seeing an injustice leads to fear.

4

5 Realistically, the Surrogate Data

6 use

7 Has resulted in a sad abuse.

8 The question is why the need was

9 seen

10 Especially when "no records" was

11 the theme?

12

13 What is the real truth behind this

14 obstruction?

15 Is it only to satisfy the "lovers"

16 of dose reconstruction!

17 I want to thank all of you for the

18 attention you've given me this afternoon, and

19 even though we are still in the season of

20 Advent, on behalf of the petitioners I'd

21 sincerely like to extend to all of you a

22 Christmas wish that God will grant all of you

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1 the promises that the birth of Christ holds
2 remembering that they are solely for men of
3 good will. Thank you.

4 MR. KATZ: Mary, hi, this is Ted
5 Katz. Before -- I imagine you'll hang in with
6 us but if you would, it sounds like you might
7 have had a written statement there. And while
8 we could all hear you here it took a lot of
9 concentration and I wonder if you wouldn't
10 mind for the court reporter's sake in
11 particular sending me your written statement
12 if you indeed have it written down?

13 MS. GIRARDO: Yes, it is. I'm all
14 set to go and good old Josh there will receive
15 it by email.

16 MR. KATZ: Thank you. If you just
17 email it to me, Mary, that would be great. I
18 think you have my email address. Ted Katz.
19 Thanks.

20 MS. GIRARDO: No, I don't, but I
21 can send it to Josh and he can forward it to
22 you.

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1 MR. KATZ: Okay, that'll work too.
2 Thank you.

3 MS. GIRARDO: Pardon me?

4 MR. KATZ: That'll work too.
5 That'll be great, Mary. If you send it to
6 Josh he'll get it to me. Thank you.

7 MS. GIRARDO: Yes, I appreciate
8 that you realize it took concentration.

9 CHAIRMAN MELIUS: Thanks. Okay,
10 Board Members. Questions or further
11 questions? Comments? Yes, Paul. We will. I
12 was going to sort of -- first, I was going to
13 see if there was any other questions about --
14 that came up. Yes.

15 MEMBER CLAWSON: I guess, you know
16 I realize we have to use surrogate data and
17 we've had high debates over surrogate data.
18 But the thing that bothers me about Hooker a
19 little bit is how much data do you have?
20 According to the paperwork there, zero. Is
21 there any air sampling data from them or
22 bioassay from Hooker? So it's zippo. And I

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1 understand, I just really have a hard time
2 using surrogate data from a site, three sites
3 actually that are in question, in my mind in
4 question. I just, that to me is using, you
5 know, you can use as much information as you
6 want but if it's no good. Just wondering.

7 MEMBER ANDERSON: I think the, I
8 mean that's part of the issue. And what we
9 tried to do was use the criteria that we set
10 up to see. And the criteria don't really say
11 you have to have some measurements or
12 something at a facility at all. This
13 basically was just a, you know, a fairly
14 simple process of moving stuff through and
15 dissolving it and then filtering it out and
16 re-bagging it so the process was very similar
17 at these things. I think as a committee when
18 we looked at it, it was kind of, of all the
19 possible surrogate data uses that the
20 committee has looked at this seemed to be the
21 closest to the measurements are of activities
22 that are performed at all of these various

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1 facilities rather than trying to use some
2 others. So it's about as good as you can get
3 but the fact that there are no measurements
4 from the facility at least as I understand it
5 at all, that, you know, again that is an
6 issue. But we don't have any indication that
7 anything here was done differently. But
8 again, nobody was there to say yes, this is --
9 they didn't move from here to Fernald for
10 instance to say oh yes, we did it the same.

11 So it's a conundrum as to if it's,
12 the data is now relatively robust, the
13 estimates are upper bound so what do we want
14 to do. That's basically, we're three of us
15 and we're asking the rest of you to weigh in.
16 I think we were a little uneasy with it as
17 well but it's, we came down on the side of
18 using this data. If you agree to use the data
19 then it follows that you'd have to, you know,
20 reject the SEC.

21 MEMBER CLAWSON: And Henry, I
22 understand your point. I understand your

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1 conundrum too. I just, my personal feeling is
2 I thought the reason we had SECs if we had
3 insufficient data, this is why SECs were put
4 in. That's my conundrum.

5 CHAIRMAN MELIUS: No, SECs were
6 put in if we're unable to do dose
7 reconstruction with sufficient accuracy and I
8 think that's, yes. There are sites where
9 there's lots of data as we know and it does
10 not lend itself. So that's not the only
11 criteria. You know, it is obviously one
12 factor in that but it's sort of keeping in
13 mind. And I think also as a Board we voted
14 to, you know, use surrogate data in, you know,
15 certain criteria. In looking this over I tend
16 to agree with Henry and the Work Group, this
17 is certainly a simple enough operation and a
18 straightforward enough use that I'm very
19 comfortable with it. Jim Lockey?

20 MEMBER LOCKEY: Ted, make sure I
21 can comment on this. But on slide 13, the
22 Thurber memo, what I was really looking at was

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1 the 95 percent confidence level and how
2 assured you were of that boundary. It seemed
3 like from that memo that no matter what
4 technique you were using that was going to be
5 a bounding dose. Am I interpreting that
6 right?

7 MEMBER ANDERSON: Yes. I mean,
8 you've got a range but --

9 MEMBER LOCKEY: But that is --

10 MEMBER ANDERSON: -- the
11 distributions when you get out to the 95th is
12 not much difference. Because the ones that
13 stay in in all of the analyses, the high ones
14 stay there so you're not eliminating enough
15 that it really weights it.

16 MEMBER LOCKEY: But if you use
17 different technical judgments it is still
18 going to be found -- it wasn't --

19 MEMBER ANDERSON: Yes, I mean you
20 go NIOSH -- and they haven't changed their
21 position -- said to use 18 samples now. I
22 think four of those samples SC&A thought well,

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1 those really aren't what some of these guys
2 may be doing so they took them out when they
3 did theirs and then they added in a great deal
4 larger numbers because I think our committee
5 was sort of looking at well, what's the
6 smallest. You can calculate a 95 percent
7 confidence interval around 3 points but you
8 know, those statistics are pretty flexible at
9 that time. So whether you use 67 samples or
10 18, the number, the 95th percentile you know
11 moved a little but not much and I think we
12 stayed with NIOSH's because theirs actually
13 was a little bit higher, not because we
14 thought it was a more robust approach.

15 CHAIRMAN MELIUS: Anybody else
16 have -- I think there are two reasons that
17 have been put forward for possibly delaying
18 this again so I wanted to talk about this
19 before we move forward. I think the first
20 issue was the one, well, we have not finished
21 our review of the data that's being, the sites
22 from which the data is being used, you know,

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1 the surrogate data comes from, particularly
2 Fernald. And I think the question is whether
3 that is, is it necessary to weight. It's not
4 something that's likely to happen very soon
5 given all the work that the Fernald Work Group
6 has, and other issues on the SEC that the
7 Fernald Work Group has to deal with so it
8 would mean a substantial delay. And I just
9 don't know if people had thoughts or comments
10 on that, or think strongly we should delay or
11 should not delay? Wanda?

12 MEMBER MUNN: There appears to be
13 no extreme reason for us to delay for that
14 particular purpose. If we postpone each one
15 of especially these AWEs that come to us based
16 on the assumption that we haven't completed
17 some similar kind of activity or some related
18 activity at the larger site then we could just
19 push everything to the back-burner and
20 nobody's going to be happy with that. It does
21 not appear that there's a close enough
22 association that it would be necessary for us

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1 to postpone for that specific reason.

2 CHAIRMAN MELIUS: Thank you.
3 Josie?

4 MEMBER BEACH: Well, I would argue
5 the opposite. There's an awful lot of data
6 from Fernald being used for this surrogate
7 data I believe. The biggest share of it is
8 from Fernald, 95 percent. So didn't the
9 petitioner also ask us to delay?

10 CHAIRMAN MELIUS: For a number of
11 reasons. I'm going through --

12 MEMBER BEACH: Okay, so --

13 CHAIRMAN MELIUS: -- the reasons
14 that have come out one at a time so we can --

15 MEMBER BEACH: So there's my
16 reason for Fernald, 95 percent.

17 CHAIRMAN MELIUS: Anybody else
18 want to?

19 MEMBER ANDERSON: The only thing,
20 if we do on the Fernald I guess we need to
21 then have a strategy for how do you go about
22 validating that data. You can't ignore the

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1 affidavit that came in, that's a concern, so
2 you either have to say any concern like that
3 means the data is gone or shouldn't be used,
4 or we do like here and say well, in this
5 particular instance, this type of air sample
6 data is, it's consistent with the other data
7 and therefore it's appropriate to be used. But
8 we need a -- there needs to be some decision
9 because we can't make the affidavit go away so
10 you're always going to have that question
11 there. It's only a matter of does it apply to
12 these, you know, 16 or the broader number of
13 samples as well. But there is consistency, I
14 mean, within the Fernald data it's pretty
15 consistent whether you'll be using the smaller
16 number of samples or the larger number. So
17 there don't seem to be any major outliers
18 there but it's how are we going to resolve
19 that and maybe we just need to have more time
20 with the Board to decide on, you know,
21 expanding our surrogate data use thing to do
22 you need to have different criteria to be

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1 added.

2 CHAIRMAN MELIUS: I would just add
3 that also keep in mind that none of our
4 decisions are final. There's always new
5 information that can come forward and I expect
6 we'll have surprises all sorts of ways down
7 the road. Because as we know, even finding
8 documents is not by far a perfect process as
9 we go along here. So there is opportunity for
10 these decisions to be reopened. And so I
11 think that is something to keep in mind that
12 you know, should, whenever the Fernald data or
13 some other thing gets reviewed and reopened
14 then there's a different finding then the
15 implications of that for other sites would be
16 looked at and could be addressed. Paul, you
17 had a comment too?

18 MEMBER ZIEMER: Well, Mark has
19 addressed how that was looked at as far as
20 Fernald but I just wanted to sort of reinforce
21 one thing. And that is the implication that a
22 survey person would be sent back to get a

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1 better result is perhaps misleading. And I've
2 had many cases like this. If I have a, when I
3 was active doing this if I had a person who
4 came in with a high sample I would always send
5 them back for re-sampling because you want to
6 number one, confirm that and number two,
7 figure out where it's coming from. So
8 multiple samples of a high reading above some
9 limit is very common. The other part of that
10 I think Mark pointed to was there's no
11 indication that these high samples were
12 removed from the distribution that was used.
13 So in my mind the pedigree of the data is not
14 in question. I don't know if the Fernald
15 group will be looking at this data. Otherwise,
16 do we need it for anything else? I'm on the
17 Fernald Group and I don't remember that we
18 actually need this.

19 MEMBER CLAWSON: Well, this is
20 what I wanted to bring up, Paul. As you said
21 there's no data showing that this data that
22 was recovered was removed, but there's nothing

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1 showing that it was also left in there. The
2 question with the data comes up to is also
3 it's not uncommon to go out there and get a
4 high result but in the deposition I believe
5 that it mentioned that -- he was to get one
6 that was in order. The question of the whole
7 air sampling data was in question so the
8 Fernald Work Group, we have not looked at that
9 because we are not going to use it.

10 MEMBER ZIEMER: Right, that's why
11 I was asking who was really going to examine
12 this. Would it be Fernald or?

13 MEMBER CLAWSON: I understand the
14 Work Group's -- all I wanted is the Fernald
15 Work Group Chair to let people realize that we
16 are not using the air sampling data for
17 Fernald. So we have not dug into it for
18 verifying its validity or anything else like
19 that. We early on shut it off because we went
20 with the urinalysis because that's what
21 Fernald had very good.

22 CHAIRMAN MELIUS: The second issue

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1 that's been brought up in terms of delaying
2 this would be -- is the issue of the Freedom
3 of Information request which my understanding
4 is it will take a significant amount of time
5 before that is addressed. I think while the
6 Board, I think Henry stated this also is that
7 while the Board has -- we have a precedent of,
8 in situations where there are new technical
9 documents or new information relevant to a
10 petition being -- we've delayed action on. As
11 far as I recall we have never delayed it for
12 sort of a broad data request, particularly one
13 dealing with emails and other information, not
14 for technical documents. Personally I think
15 those are different situations in terms of
16 process and how we go about it. But I don't
17 know if other people have comments or thoughts
18 on that? If not I think we need to at least
19 try to bring some closure today and looking
20 for, I guess we really have a motion.

21 MEMBER ANDERSON: You have a
22 motion.

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1 CHAIRMAN MELIUS: Yes. Action on?
2 I think if anybody wants delay they can offer
3 that as a motion but if not I think we should
4 proceed to vote. The motion would be to
5 accept NIOSH's findings and to basically turn
6 down the SEC petition at this time. If no
7 further discussion then, Ted, do you want to
8 call the roll?

9 MR. KATZ: Okay. Excuse me?

10 MEMBER FIELD: What are we voting
11 on?

12 MR. KATZ: We're voting on a
13 motion to accept the NIOSH recommendation that
14 the Class should not be added, that dose
15 reconstruction can be done.

16 MR. KATZ: So, Dr. Anderson.

17 MEMBER ANDERSON: Yes.

18 MR. KATZ: Ms. Beach.

19 MEMBER BEACH: No.

20 MR. KATZ: Mr. Clawson.

21 MEMBER CLAWSON: No.

22 MR. KATZ: Dr. Field.

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1 MEMBER FIELD: Yes.

2 MR. KATZ: Just going to check on
3 the phone, Mr. Gibson. Mike, are you on the
4 line?

5 Okay, he is absent and the Board's
6 policy is all absent Members we collect their
7 vote after the fact.

8 Mr. Griffon, are you on the line?

9 Absent. And Dr. Lemen is not
10 available, I believe, I know that.

11 Dr. Lockey?

12 MEMBER LOCKEY: Yes.

13 MR. KATZ: Dr. Melius.

14 CHAIRMAN MELIUS: Yes.

15 MR. KATZ: Ms. Munn.

16 MEMBER MUNN: Yes.

17 MR. KATZ: Dr. Poston.

18 MEMBER POSTON: Yes.

19 MR. KATZ: Dr. Richardson.

20 MEMBER RICHARDSON. Yes

21 MR. KATZ: Dr. Roessler.

22 MEMBER ROESSLER: Yes.

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1 MR. KATZ: Mr. Schofield.

2 MEMBER SCHOFIELD: No.

3 MR. KATZ: Dr. Ziemer.

4 MEMBER ZIEMER: Yes.

5 MR. KATZ: So this action won't be
6 complete until we collect the absentee votes
7 but the motion will pass because it has nine
8 yeas. So the motion does pass.

9 CHAIRMAN MELIUS: Okay. Next on
10 the agenda, Stu, there you are. Now we're
11 going to switch to doing the NIOSH 10-Year
12 Review. I will say that we will need to stop
13 this discussion right at 3:15 because we do
14 have a presentation on the Weldon Spring and
15 the petitioner is going to be on the line. I
16 think we should try to say that -- and we will
17 pick up on further discussion or questions,
18 I'm not sure either -- depending on how we do
19 with Weldon Spring or we'll pick it up
20 tomorrow during our various times for Work
21 Group discussions. Because I think this is
22 important but.

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1 MR. HINNEFELD: Thank you, Dr.
2 Ziemer, and thank you to the Board for -- I
3 just flashed back three or four years --

4 CHAIRMAN MELIUS: Go ahead, Mr.
5 Elliott.

6 (Laughter.)

7 MR. HINNEFELD: You can always
8 count on me for comic relief. Thank you, Dr.
9 Melius, and thank you to the Board for
10 agreeing to talk about this. This is, our 10-
11 Year Program Review is a process that's been
12 going on for, I guess we started almost two
13 years ago now in terms of the actual
14 announcement that this was going to happen.
15 And so then there was an investigation by a
16 series of investigators sort of evaluating how
17 we have done and they provided some pretty
18 thoughtful and careful and helpful suggestions
19 that we are struggling to implement, or we are
20 working to implement. It's not so much a
21 struggle as it's just work and of course we
22 have jobs anyway so this is additive to what

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1 we're trying to accomplish and keep the
2 research and the dose reconstruction process
3 moving and the SEC processes and all that. But
4 I think that there's some very key
5 interactions and very key relationships
6 between the 10-Year Review objectives, what
7 we're trying to accomplish in terms of our
8 process improvements and the Board's action
9 and the Board's oversight of the program. So
10 I think there's some very key interactions
11 here that I hope we can take advantage of in
12 our work with the Board going forward.

13 Just to refresh everybody's memory
14 the 10-Year Program Review was presented in a
15 series of five review reports on the topics of
16 dose reconstruction, quality of science,
17 timeliness of programs and program products,
18 SEC petitions and quality of science. All
19 these reports are still available through our
20 website. They're not actually posted on our
21 website but from our website there's a link to
22 the docket where all these reports are and

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1 there is a sixth report which is sort of a
2 summary of priority recommendations.

3 That sixth report was prepared by
4 NIOSH management and it is an attempt to
5 identify what are considered the priority
6 items and priority items to work on from those
7 five reports. I believe all six of those
8 reports were included on your memory stick for
9 this meeting.

10 I'm going to go through these in a
11 slightly different order than what they're
12 listed here just for convenience of my
13 presentation. The first area I want to talk
14 about is quality of service and this relates
15 to how well are we providing information to
16 and listening to information from our claimant
17 community and the advocate community.

18 This kind of, this particular area
19 of review and this particular question sort of
20 rang true with me about the time this review
21 started getting going when ANWAG posted on
22 their website a summary of a poll that they

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1 had done of people who had been affected by
2 this program in some way. And there were a
3 lot of findings on there and some of them were
4 about the Department of Labor's part, some of
5 them were about our part, some you couldn't
6 really tell for sure which agency had caused
7 the reaction of the claimant.

8 But there was a clear message
9 throughout that that certainly in our, the
10 ones that pertained to our interactions and
11 the ones that were sort of not terribly
12 identifiable, and the clear message was that
13 people don't think that we listen to them and
14 when we talk to them they can't understand us.

15 So to me that said a lot about
16 what is it, you know, about some things that
17 we need to improve. And so the quality of
18 service findings in the 10-Year Program Review
19 very much mirror those kinds of messages, that
20 our communications to people is not done in a
21 way that people can understand very well and
22 that we do not, the claimants believe we don't

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1 listen to them, so we are not communicating
2 well enough with them. Maybe we're not
3 listening well enough. Maybe we're listening
4 better than they think and we just don't
5 reinforce back to them that we heard what they
6 said.

7 So, anyway, along these lines
8 there were several issues or groupings of
9 issues that we've been asked to look at from
10 quality of service standpoint. One of those
11 is related to our use of customer-supplied
12 information, that being claimants and
13 advocates. And to start that we figured we
14 better inventory the various ways that we hear
15 from our customers and there are a lot. There
16 are a lot of routine ways we hear from our
17 customers. We have routine passive
18 communication vehicles where our website is
19 open and people can write to our website. They
20 can send comments to the docket. The more
21 active ones, we go out to worker outreach
22 meetings and try to obtain input from them or

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1 explain to them what we're doing. We go to
2 the Joint Worker Outreach with the Department
3 of Energy and Department of Labor. We are now
4 capturing and cataloguing the comments that
5 are made to this body in public comment. And
6 so we are now trying to build a system where
7 we will have all these comments obtainable and
8 that we are making sure that we are gathering
9 the comments, dispositioning the comments in
10 some fashion, you know, the ones that require
11 response. We get a response and then we'll
12 have to work out a way for how to make those
13 responses available so that people know that
14 we are getting back to them. It may be a
15 mixture of direct communication to the
16 commenter and postings of things for instance
17 said in this meeting, or however we wanted to
18 deal with those.

19 With respect to issues related to
20 understandability of information, we've done
21 quite a lot of work on this and we are
22 continuing to do more because there's so much

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1 to do. We write so many communication
2 vehicles from routine communication vehicles
3 about dose reconstruction that we include in
4 the packet that we send to new claimants to
5 the information on our website which is really
6 what's getting the bulk of the work right now
7 on to the letters we send to petitioners and
8 the letters we attach to SEC documentation. We
9 have in fact rewritten some of the SEC routine
10 documents and have managed to reduce the
11 readability scale as determined by this little
12 piece of software in Microsoft Word from about
13 14 to 16 years of education down to about 12
14 years of education for the ones we've done. So
15 that's what we're trying to accomplish is to
16 make the readability of these documents
17 somewhat easier. We really feel like we
18 should be writing for no higher than a high
19 school graduate if we can. One of the things
20 that work against us is reconstruction has
21 four syllables and the number of syllables per
22 word increases your readability scale in these

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1 software. So we do have a little bit of an
2 uphill battle on some of these things.

3 And then access to information, we
4 are engaged in a project to aggressively put
5 on our website Work Group products so that
6 people who participate in our Work Groups can
7 understand the documents or see the documents
8 at least that are being discussed. I'm sure
9 it's hard enough to follow along with our
10 discussions at Work Groups but if you can't
11 even see the document that's being discussed
12 you really don't have a hope. So we're trying
13 to do that and we're trying to get up there
14 the products from the various reviews that
15 SC&A and the various Work Groups have done of
16 our work to make sure those are available and
17 available to the public. So this is, all
18 these things are ongoing projects in order to
19 try to arrive at a system that we can envision
20 but have not accomplished yet. Before I move
21 off that is there anything anybody wants to
22 say in this area? Okay.

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1 Timeliness of the five is the one
2 that we feel like we're probably in the best
3 shape in. The recommendations had to do with
4 maintaining a high priority on an aggressive,
5 well a high priority for DOL returns. The
6 reason for that is that a person whose dose
7 reconstruction is returned to us has already
8 been in the system once, had to go through the
9 dose reconstruction process, has been in it
10 that long and then their case is returned to
11 us because of an additional cancer or
12 something and they're back in the system
13 again. And they view their involvement with
14 the process from the time they filed until now
15 until they get their answer. So we place a
16 higher priority on DOL returns and try to get
17 those out more quickly than for instance new
18 claims. We also continue to adopt aggressive
19 timeliness objectives for dose reconstruction.

20 Certainly we are now striving to
21 get them all out within nine months of when we
22 first receive it and a much shorter time from

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1 when we have all the information available
2 because the first part of the process on a
3 claim is to get more information usually from
4 the Department of Energy. So we are -- and we
5 do that, both of those objectives we carry
6 forward into the award fee criteria for our
7 dose reconstruction contractor and those are
8 updated every six months. So as we make
9 progress we can continue to look for more
10 aggressive objectives in the future.

11 The final one is aggressive time
12 limits for the completion of the review of SEC
13 petitions is a recommendation that we're going
14 to struggle with a lot. We certainly already
15 attempt to prepare our Evaluation Reports in
16 the 180 days when at all possible and the
17 review of course is a Board function. It
18 depends upon our ability to provide additional
19 information quickly as well as SC&A's and so
20 that's a very complicated one. I think it may
21 be that the Board may or may not want to
22 consider whether it wants to have suggestions

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1 about that.

2 There is, and I list it in that
3 order because there is a third group, the
4 third report is about SEC petitions. And so
5 the timeliness on SEC petitions is probably
6 better thought of in the SEC petition grouping
7 of recommendation.

8 One thing I meant to mention
9 awhile ago when I was talking about quality of
10 service is that many of these communication,
11 the clarity of our communication and are we
12 listening to our claimants, to our customers.
13 Those are the kinds of questions that the
14 Worker Outreach Work Group is and has been
15 addressing and continues to address. And so
16 along those lines I think that that piece of
17 work, the 10-Year Review piece of work program
18 in that area is a good source of material for
19 the Worker Outreach Work Group to take up and
20 say okay, in conjunction with this Work Group
21 then can we move forward and does the Work
22 Group want to do that.

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1 Of course the Work Group will do
2 what it wants, it's just a suggestion on my
3 part that these activities we expect to engage
4 us for awhile and we would certainly rather
5 have the Advisory Board participate to the
6 extent that they want, the Work Group
7 participate to the extent that they want, for
8 instance commenting on interim products. Maybe
9 it's as easy as that, just, we have an interim
10 product, a draft product, have the Work Group
11 look at it then. I would rather have them
12 look at it then and provide recommendations in
13 all durations in course while we're preparing
14 than to bring forth the full-fledged product
15 and then have the Advisory Board at that point
16 ask questions about well, why didn't you do
17 this and this and this. So it would be much
18 easier, much more fulfilling from our
19 standpoint if we could at least get that
20 feedback from the various Work Groups as we go
21 through these processes.

22 With respect to SEC petitions of

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1 course again there is an SEC Petition Work
2 Group and so there is a Board structure that
3 is set up to provide that same sort of
4 interaction assistance to us in the SEC
5 petition recommendation. For those of us in
6 the trenches these are probably some of the
7 more difficult of the recommendations to get
8 our heads around because they speak of things
9 that we don't necessarily speak of in terms of
10 dividing policy and science. We tend to think
11 of questions that come before us as science
12 questions and the reviewers view is that, you
13 know, in very many cases these decisions that
14 are presented and addressed as science issues,
15 you know, science really can't provide you the
16 answer for, that the answer is going to be the
17 result of a policy and what policy do you
18 choose to guide you in certain circumstances.
19 So the recommendation really was to think in
20 those terms of what is it that science can
21 inform us about and what is it that a policy
22 has to provide our path. And so, and

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1 specifically speak in those fashions. Part of
2 this whole discussion, I don't know if this is
3 -- to show you how confused I am I don't know
4 if this is a science question or a policy
5 question is that when you deal with a
6 particular issue like thorium you should talk
7 about the evolution and the context of why
8 thorium now, why this thorium in the context
9 of other thorium decisions you have made about
10 reconstructability, why are you reaching this
11 decision now in the context of other decisions
12 along that same type of situation. I just use
13 thorium by chance, it doesn't have to be a
14 radionuclide-specific sort of question. So
15 that's one thing is to kind of, you know, what
16 determination you're making now and how does
17 that fit in the context of other decisions.

18 And part of this is also to write
19 a policy memo which sort of describes, okay,
20 we've done the science, it took us so far but
21 here are the various policy positions that are
22 being proposed in order to reach the

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1 conclusion that we reached. So it has to do
2 with that, speaking of some questions as
3 policy questions and others as science
4 questions.

5 The second large bullet there,
6 work to define sufficient accuracy is of
7 course very difficult. If we could have done
8 that easily we would have done it when we
9 wrote the regulation. I think our best
10 approach there is to use the history of the
11 program so far. We've got, what, eight years
12 worth of history of SEC. I forget exactly
13 when the regulation was published. And so,
14 and there have been quite a number of
15 decisions made to add SECs or not to add SECs
16 and so it's kind of a, for lack of a better
17 term a case law study here to determine what
18 is it, you know, what are the kinds of
19 situations and is there some way that we can
20 use the precedents that have been reached so
21 far in order to work on a series of statements
22 about what does it mean to be sufficiently

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1 accurate. So that again is quite a difficult
2 one. We're not terribly far down the road on
3 that.

4 The final one has to do with
5 utilizing people other than, like, different
6 than me to deal with some of these questions
7 because the -- and I may be part of the
8 contributing factor to why this ended up in
9 the report. It's my experience as a health
10 physicist that most of the times in your
11 career you're given a set of data and you're
12 told, you know, what's the answer and so you
13 write down a set of assumptions and you say
14 here's my answer. And it's not, you're not
15 normally given the option to say, you know,
16 there's not a sufficiency grade or a
17 sufficiently accurate grade on my answer. I
18 gave you all my assumptions so based on those
19 assumptions these are my answers and so you
20 just provide an answer, you know. I can't
21 give you a sufficiently accurate answer is
22 normally one of the things in the vernacular,

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1 it's not one of the options when you were
2 given the assignment. So there's a sort of
3 professional, you know.

4 So what we were trying to guard
5 against or what we want to guard against, I'm
6 not exactly sure how to do this since we're
7 mainly health physicists in DCAS is to guard
8 against that particular orientation, the
9 professional orientation to provide an answer,
10 you know, rather than to opt out, to say there
11 is no sufficiently accurate answer here. So
12 we are hopeful, you know, to find additional
13 resources that we can utilize within the
14 Institute probably on an assignment. I don't
15 think we'd like to do a big hiring move in
16 DCAS but maybe on an as-assignment as we move
17 forward to utilize some additional resources
18 for questions like that. Before I move on.
19 And as I said earlier, there is an SEC
20 Petition Work Group so these types of
21 questions and the kinds of interaction I
22 described earlier would serve us well I think

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1 if we could work through this with the SEC
2 Petition Work Group.

3 The quality of science findings,
4 again, there is a Scientific Issues Work
5 Group. The Scientific Issues Work Group can
6 choose to take these things up or not I think,
7 it would depend on what they want to do. It
8 would probably provide helpful guidance to us
9 to see feedback at some points along the way
10 rather than wait until the end. But one of
11 the items was that as a general rule we don't
12 get peer review on very many of the documents
13 we publish. We do get some expert review for
14 questions such as should CLL be a covered
15 cancer, things like that, but we haven't --
16 but as a general rule we don't get peer review
17 like a journal article gets peer review on the
18 documents that we write.

19 We're not entirely sure ourselves
20 that everything we write really warrants peer
21 review but we think there probably may be a
22 category of things that we would want to put

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1 in that category of maybe this needs some
2 other review, some peer review besides just
3 those of us in the program. And so what we
4 intend to do is try to develop some guidance
5 to sort of identify at what point, what kinds
6 of things do you want to get peer reviewed.
7 I'm going to look at Jim on this because if I
8 say anything wrong I think he's going to hit
9 me with his shoe or something.

10 (Laughter.)

11 MR. HINNEFELD: The second item
12 was to assess validity of indirect exposure
13 methods. Now, one the, of course, indirect
14 exposure methods is coworker use of -- use of
15 coworker method. We are in fact starting on a
16 trial run validation using Savannah River
17 Site. That's the site that we feel like there
18 is sufficient data from other programs and
19 uses have been done elsewhere that lend itself
20 to testing our coworker approach against the
21 Savannah River, using the Savannah River as an
22 example. So we're going to start there. If

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1 possible if we can identify additional sites
2 where we have sufficient other, you know,
3 outside data uses of it that would allow us to
4 do the validity we might do those as well. But
5 we're going to try to do that, something along
6 those lines to test validity of indirect
7 exposure methods.

8 And I characterized the degree of
9 claimant favorability in our current methods.
10 We talk about how claimant-favorable we are
11 but we never really quantify it or say
12 anything other than well, it's claimant-
13 favorable. And so from this standpoint we
14 hope to sort of take an inventory of
15 approaches that we consider claimant-favorable
16 and I believe there was a Health Physics
17 Journal article published a few years ago that
18 kind of talks about various things that are in
19 dose reconstruction that seemed to be
20 favorable and we'll see if we can't in some
21 fashion do some sort of comparison of that,
22 the approaches described there to approach

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1 that in maybe a more -- that might be used in
2 other programs, whatever that might be.

3 We were specifically asked to
4 evaluate the utility of the EPA surrogate data
5 protocol which is relevant to surrogate data
6 usage.

7 We've taken a preliminary, this
8 next bullet, NIOSH Review, that's supposed to
9 be small. It's not supposed to be the same
10 level, it's supposed to be a sub-bullet to the
11 Evaluate Utility Of. Our preliminary
12 evaluation is that it doesn't seem to be, you
13 know, the criteria in that doesn't seem to be
14 all that dissimilar from IG-004 but we are
15 continuing to review and we're asking non-DCAS
16 reviewers, I'm not sure they're all non-NIOSH
17 but we're going to ask non-DCAS reviewers
18 including non-health physicists to make a read
19 of that EPA document and see how they feel
20 that compares to how we're doing things. Of
21 course they're going to have to learn how we
22 do things too.

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1 I think we've already arranged
2 some industrial hygienists to start after the
3 first of the year as one of the people looking
4 at that because the EPA surrogate protocol
5 isn't specific to radiation. In fact, it's
6 mainly about other toxins, not about
7 radiation.

8 And then the final topic from the
9 10-Year Review document was the dose
10 reconstruction topic. And one of the
11 recommendations was directly to work with the
12 Subcommittee on dose reconstruction reviews on
13 the QA/QC evaluation. So we really are hoping
14 to work with the Subcommittee. The
15 Subcommittee had already taken up the issue of
16 dose reconstruction quality. I think if the
17 Dose Reconstruction Subcommittee Members when
18 they read this report probably said gee whiz,
19 we've already said all that because I think a
20 great deal of this 10-Year Review report on QA
21 of dose reconstruction actually came from the
22 Dose Reconstruction Subcommittee. And we have

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1 in fact discussed at the last Dose
2 Reconstruction Subcommittee meeting some
3 planned actions associated with the dose
4 reconstruction quality. From that meeting of
5 the Dose Reconstruction Subcommittee there was
6 the suggestion that gee, there ought to be
7 some sort of duplicate analysis program, sort
8 of ongoing duplicate analysis program so that
9 you have some ongoing measure of the quality
10 of dose reconstruction. So there were a
11 number of suggestions at that Subcommittee
12 meeting about how that might be accomplished.

13 The one that we hit upon that we
14 thought that we can do given the availability
15 of people with sufficient breadth of knowledge
16 and also maintaining at least some sort of
17 blindness to the test, some sort of blind test
18 is a duplicate dose reconstruction where we
19 will select claims that we will do a dose
20 reconstruction for in DCAS.

21 These will be claims that the
22 actual project's dose reconstruction will be

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1 done by our contractor. The contractor will
2 not know what claims we select. They'll work
3 these claims as they would normally work them
4 and then once they have delivered them we will
5 compare the two dose reconstructions to see if
6 they are, you know, if they are close
7 together. We don't expect them necessarily to
8 be exactly the same but we would expect that
9 they would be done in the same way and pretty
10 close. The comparison, we have an idea of how
11 we're going to compare the duplicate to the
12 actual production but until we actually start
13 comparing and see what we see, I mean we've
14 got sort of a checklist of things we're going
15 to check.

16 It's a little unclear to us
17 exactly what we'll be able to tell from that
18 but I would think we would be able to tell at
19 the very least are the directions consistent
20 and are the directions to dose reconstructors
21 clear because theoretically they should make
22 the same major decisions about how the dose

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1 reconstruction is done. Because they should
2 be following the same instructions.

3 Now, this application has started.
4 We have started selecting dose reconstructions
5 and we've started doing the duplicate dose
6 reconstructions. So we're selecting on the
7 order of two a week, roughly 2 percent, that's
8 a popular number for reviews. I think the
9 DTRA review did 2 percent of dose
10 reconstructions, the Advisory Board has a goal
11 to review 2 percent of dose reconstructions. I
12 think we're all basing our 2 percent on the
13 fact that that's what somebody else is doing,
14 so that's what we're doing as well.

15 CHAIRMAN MELIUS: You mean that's
16 valid then.

17 (Laughter.)

18 MR. HINNEFELD: Without a sharp
19 statistical test at the end it's hard to know
20 what your sample size has to be because, you
21 know, you don't have that sharp statistical
22 test that you're performing. So we're pulling

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1 about, it turns out somewhere about two a week
2 we're pulling and starting to do the dose
3 reconstructions. And last report I had we
4 have not received any of the production dose
5 reconstructions yet of the ones that have been
6 pulled. They will come sometime later.

7 MEMBER LOCKEY: Is that done
8 randomly?

9 MR. HINNEFELD: Yes, the computer
10 pulls them out randomly. And in fact we had
11 to build in the ability to reject some because
12 the claims that were pulled, we had a claim
13 that was pulled that for instance falls into
14 what we're trying to add as a Class. And we
15 think there's going to be a Class so that we
16 think that that claim will never get a
17 production dose reconstruction. So there's
18 been at least one instance when we rejected
19 the claim that was pulled randomly because we
20 didn't think we would ever get one to compare
21 the duplicate to.

22 The computer system, the NOCTS

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1 tracking system which actually, it not only
2 provides, keeps all the files but also all of
3 our work is done on that computer system by
4 clicking buttons. You approve something by
5 clicking a button and that moves it to the
6 next step in the process. That application
7 randomly pulls cases and puts them in a new
8 inbox. This new inbox is for someone to do
9 the duplicate, one of our dose reconstructors
10 or one of our health physicists to do the
11 duplicate dose reconstruction.

12 The other specific recommendation
13 about dose reconstruction quality from the 10-
14 Year Review was that if there are -- since the
15 Dose Reconstruction Subcommittee continues to
16 find findings of dose reconstructions despite
17 the quality that we try to do on them so far
18 why is that? Why is it that there are
19 findings still found in dose reconstruction
20 review? So to get a handle on that we looked
21 at the five most recently completed cases for
22 which we had a dose -- in the last set of dose

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1 reconstruction reviews. The last set that was
2 available to us I think was the twelfth set
3 that we had to report on when we made this
4 selection. From the dose reconstructions that
5 were reviewed in the twelfth set we picked the
6 five that had the latest completion date for
7 our dose reconstruction because we wanted to
8 get the most recent information we could. We
9 didn't want to start to try to figure this out
10 on cases that were done eight and nine years
11 ago. We wanted to do as recently as we could.
12 And we've looked at those findings and we're
13 doing analysis of those findings and a
14 preliminary analysis, our preliminary look at
15 those has been done to determine was this in
16 fact a quality error and then the next step,
17 well then, how did it happen. How did this
18 occur that despite what we believe is a pretty
19 careful inspection our quality program,
20 there's usually inspection for people checking
21 it, why did that happen. And of course once
22 you know why it happens then you decide what

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1 can we do to make it not happen anymore. So
2 we have the preliminary review of those cases.
3 I'm hoping we'll be able to talk about those
4 at the next Dose Reconstruction Subcommittee
5 meeting which I think is the 19th of this
6 month.

7 And then there's the other issue
8 of should we eliminate overestimating dose
9 reconstructions. This has been discussed in
10 the Dose Reconstruction Subcommittee as well.
11 The problem with overestimating dose
12 reconstruction is that you overestimate
13 somebody's dose, you send them a non-
14 compensable dose reconstruction and they then
15 get another cancer, and it comes back for re-
16 work and your overestimating technique that
17 you used the first time now with the
18 additional cancer makes it a compensable
19 claim. You know, overestimating is only
20 supposed to be done for non-compensable claims
21 so now you have to change your approach and
22 take out some of the overestimating you did

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1 and either do a best estimate or get closer to
2 a best estimate.

3 And so you have a case where a
4 person had one cancer and got a certain PoC
5 value and then they get a second cancer and
6 they get a lower PoC value. And in our dose
7 reconstruction we say every time, this is an
8 overestimate, if the situation changed a new
9 dose reconstruction has to be done. It may
10 not be as high, you know, may not be as high.
11 But it just doesn't resonate, it just doesn't
12 make any sense to people that they had one
13 cancer and they got this number and they get a
14 second cancer, they got a lower number. It
15 just doesn't make any sense. So there's a
16 recommendation to do away with the process of
17 overestimates in general.

18 So we did ask our contractor for a
19 cost analysis and it would be extremely
20 expensive not to do dose reconstruction. It
21 would add millions of dollars a year at our
22 current production rate to the cost of -- I'm

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1 thinking \$2 to \$3 million a year if we didn't
2 do any overestimates at all. We're looking at
3 other things we can do to maybe not do as many
4 overestimates.

5 One thing we are pursuing is
6 trying to, we wanted to approach the DOE, we
7 haven't quite done this yet so I'm surprising
8 Greg with this, but we gathered the sites, the
9 names of the sites that do not routinely
10 provide us medical exposure information with
11 the personal exposure histories. And so what
12 that does is typically what happens, if we do
13 that we'll say well, if we don't get the
14 exposure, the X-ray information, we will just
15 do a default, assume they got an X-ray every
16 year, include that in the dose reconstruction
17 then it's overestimating claimant-favorable.
18 The default is usually one a year, the Site
19 Profile doesn't specify what default really
20 is. And so then those are some of these
21 overestimates. Then we re-work it and we
22 write off and ask, you know, well, this is

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1 getting to close to 50 percent so we write for
2 the actual exposure X-ray information and
3 there are a number of sites who can provide it
4 if you ask specifically for it.

5 So we intend to approach DOE and
6 say hey, why don't we just get these sites to
7 just all the time as a routine matter send us
8 all the exposure information so we won't have
9 to deal with that and then stop the
10 overestimating part with medical, use the
11 actual medical X-ray information. So that's
12 one thing we could do to do fewer dose
13 reconstructions. The other thing -- re:
14 overestimates.

15 The other thing we're considering
16 is to not, you know, the overwhelming number
17 of cases, or the biggest majority of cases
18 that come back are skin cancer cases because
19 very often a person gets a skin cancer,
20 they're going to get additional skin cancers.
21 Maybe just don't overestimate skin cancers.
22 Now, all of these have a cost and that cost,

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1 the effort we use to move to dose
2 reconstruction so that we don't do all these
3 overestimates, this effort is then subtracted
4 from probably Site Profile finding resolution
5 because we'll try to keep SECs going as much
6 as we can but that delays our ability to
7 remove those SECs.

8 So the question about how much is
9 it worth and where do you, you know, what
10 decision do you make and how much is it worth
11 to stop doing overestimates comes down to a
12 comparison of what's the impact on the whole
13 program. So we're really working on kind of
14 an entire program long-term look at what we
15 expect work and cost to be, how to think of
16 when we might be in position to do something
17 like that without this huge backlog of
18 technical work that I prefer not to pay into,
19 or are there some things we can do more
20 cheaply like the medical X-ray. Or some other
21 things I haven't even mentioned that we've
22 thought of that might provide us some relief

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1 from overestimates at a low cost. So those
2 are what we're looking at there.

3 Again, this topic has also been in
4 front of the Dose Reconstruction Subcommittee
5 and I think they might want to participate
6 with us as we go along as well I think, as we
7 do this. I think that's the last of my
8 slides, so.

9 CHAIRMAN MELIUS: It is. We're
10 running to 3:15. What we'll try to do is
11 either come back depending how long Weldon
12 Spring takes at the end of that or, I know
13 you've been a long time without a break, the
14 Board has, or we will certainly take it up
15 probably right after lunch tomorrow for
16 questions. I would ask everybody to think
17 about the, you know, I think one way of moving
18 and implementing, helping DCAS to implement
19 these recommendations and help evaluate what
20 to do would be to refer a number of these to
21 Work Groups for follow-up. A simple one is
22 what Stu mentioned with the Worker Outreach

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1 and review of some of the new communication
2 stuff, documents and so forth that would be I
3 think very much in line with them and could be
4 done on a sort of periodic basis as that gets
5 implemented.

6 But I think on a number of these
7 other situations we need to decide how they
8 would work and where is the best Work Group.
9 So if you all think about that also and then
10 when we, after we've had a chance to discuss
11 this some more and then ask Stu some questions
12 we'll maybe try to resolve some of those
13 referrals and so forth. So, Stu if you can.
14 We'll try to keep everything, the slides in
15 mind and if you can be ready for questions and
16 so forth when you come back I think it would
17 be useful.

18 MR. HINNEFELD: I'll be here.

19 CHAIRMAN MELIUS: Okay.

20 MR. HINNEFELD: I'm here all week
21 as they say in the comedy clubs.

22 CHAIRMAN MELIUS: Okay. Thanks

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1 very much for that. We'll now move along to
2 the Weldon Spring SEC petition which we'll
3 have a presentation on. Actually, Mike Gibson
4 couldn't be here. I'm not sure if Mike's on
5 the phone but Dr. Lemen was going to do the
6 presentation. He didn't make it so we've
7 recruited John Mauro to do sort of the Work
8 Group presentation I believe is the way we
9 decided to proceed. We'll hear that, we'll
10 ask questions. I do believe the petitioners
11 will be on the line, may want to comment. I
12 would say up front that as I understand it the
13 Work Group does not have a recommendation at
14 this point, there's still some issues to be
15 resolved. The idea of this presentation is
16 just to get some of these issues in front of
17 the full Board and give us an update and then
18 could be very likely at our next Board meeting
19 we will be ready to proceed on this. I'm not
20 sure how tight that schedule is but I think it
21 sounds right so keep this in mind. That's why
22 we want to spend a little bit of time on it

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1 today and we thank John for under some
2 relatively short notice working this out
3 because -- and agreeing to do this. So, John.
4 So when we ask John questions and he hesitates
5 or something remember that he's not, he was a
6 recruit.

7 DR. MAURO: Good afternoon, this
8 is John Mauro.

9 CHAIRMAN MELIUS: Let me just
10 interrupt one second.

11 DR. MAURO: Sure.

12 CHAIRMAN MELIUS: Again, for these
13 people that are here because of the Pinellas
14 site we will, after this session and we will
15 be taking a break but starting around 4:30 we
16 will start first off with a presentation on
17 Pinellas and the activities there directly
18 followed by the public comment period. If you
19 wish to make public comments it's helpful if
20 you've signed up at the front desk when you
21 come in. It just gives us an order to call on
22 people though it's not -- a little bit more

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1 informal on that. But we will be doing that
2 starting at around, between 4:30 and 5 so
3 everybody knows that. So go ahead, John.

4 DR. MAURO: Okay, thank you. Thank
5 you very much, Dr. Melius. I'm John Mauro and
6 I will be preparing this. Ron Buchanan, are
7 you on the line?

8 DR. BUCHANAN: Yes, I am.

9 DR. MAURO: Thanks, Ron. Ron has
10 done all the heavy lifting here and he did
11 help prepare these slides. And I'll do my
12 best, I'm fairly close it, been following this
13 pretty closely but certainly Ron will be there
14 to help answer any questions.

15 The first slide is simply a
16 summary of the history of operations at Weldon
17 Spring. The most important bullet out of all
18 of these that we're looking at is the one that
19 says June 1957 to 12/31/1966. That's the time
20 period when there were uranium operations and
21 that's the time period that's under
22 consideration for a possible SEC. So we're

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1 going to be talking about those uranium
2 operations.

3 This is a sketch of the facility.
4 What's important here is there's a raffinate
5 pit area, an open pit area where there was
6 some potential for exposure and off to the
7 right side is the operations area just to give
8 you a general idea of the layout. You folks
9 may remember we made a visit there one time
10 and this is a photograph of a disposal cell.
11 Some of you may remember we were actually on
12 top of that and took some pictures awhile
13 back. So let me move on.

14 There's quite a history here. The
15 work that began on Weldon started with the
16 Site Profile in 2005 that was issued and SC&A
17 reviewed the Site Profile. There were 28
18 issues on the Site Profile that were in place.
19 then an SEC was qualified and in April 2010
20 there was the Evaluation Report. And then is
21 when the Work Group activities began
22 intensively and there were a series of five

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1 meetings the last of which was last week. And
2 it turns out I believe there are nine SEC
3 issues and 28 Site Profile issues. The 28
4 Site Profile issues were tracked. We did our
5 best to keep them in place as we were moving
6 through the nine SEC issues so that when we
7 got through this process we would largely have
8 covered just about everything that needed to
9 be covered.

10 A lot has been covered and I will
11 briefly identify the nine SEC issues. The
12 first one of course is a classic one that's
13 applicable all the time, accuracy and
14 completeness of the internal and external
15 dosimetry data and the degree to which there
16 was sufficient data to build a coworker model.
17 The second issue was egress monitoring. There
18 was limited or minimal amount of egress
19 monitoring. So these workers leaving the
20 premises and whether or not there may have
21 been some surface contamination of concern.
22 The third issue was it turns out the last year

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1 of concern here, 1967, there was minimal or
2 lack of records, I think it was a minimal
3 amount of records available to do dose
4 reconstruction so the question becomes how are
5 you going to do dose reconstructions if you
6 have limited data.

7 Number 4, radon/thoron
8 measurements. There are no, there are
9 buildings where uranium and uranium progeny
10 including ore were handled, where radon and
11 boron for thorium were handled so therefore
12 you have radon and thoron becoming airborne
13 within the building and the question is how
14 are you going to reconstruct the doses there.
15 That's what you're going to see later on,
16 that's one of the subjects that I believe that
17 will require a bit of deliberation.

18 The next is recycled uranium. This
19 issue in many respects was addressed and has
20 been addressed and took advantage of the great
21 deal of work that took place at Fernald.
22 There's an issue related to neutron dose

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1 reconstruction, we'll talk about that in a
2 minute, but right now I'm just trying to give
3 you a sense of the nature of the issues and
4 then we'll get on to how they were resolved.
5 There was this outdoor quarry that had the
6 raffinate pits and there's airborne dust
7 loadings associated with that. The question
8 is since there were limited data collected
9 during the actual operations period but later
10 on data were collected post '67 and the
11 question is can you reconstruct doses during
12 operations period using later data. Accidents
13 and incidents, how are you going to
14 reconstruct doses to people who may have been
15 involved in many of the accidents, the
16 incidents that occurred at a facility like
17 this.

18 And the last one has to do with
19 the doses to extremities. When you don't
20 actually monitor the hands or different parts
21 of the body, how are you going to reconstruct
22 the doses if you only have a film badge

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1 sitting on your lapel?

2 Those are the nine SEC issues and
3 we're going to go over those and how they've
4 been either closed or which ones are still
5 active. There were also 28 Site Profile
6 issues but most of these have been subsumed
7 within, are subsumed within the nine. So
8 we're in, what I would say is we're in a very
9 mature stage of addressing these, not only the
10 nine but also the 28.

11 Okay, we're getting now the
12 substance. The first issue is the accuracy
13 and completeness of data. Can you
14 reconstruct, do you have adequate data to
15 reconstruct doses? One of the first issues
16 that came up was that, well, there is a CER
17 database that supported epi-related work which
18 is a second order database. And there were
19 some questions regarding whether or not that
20 database was going to be used, and very often
21 there are questions when you work with these
22 electronic databases with secondary data. That

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1 was resolved because NIOSH has committed to
2 working with the original, what I would call
3 hard copy data, the bioassay data and the film
4 badge data. So that's how that was addressed.
5 And then the question becomes okay, given that
6 you're going to work with the, we'll call it
7 the original data, how do we know the data is
8 complete? Turns out that NIOSH's position on
9 this matter is that they have complete data
10 and that given that they have a richness of
11 data they can do reconstruction, both external
12 and internal. The Work Group tasked SC&A to
13 see if that's true.

14 So what we went in is grabbed 15
15 of the operators, people who have in our
16 judgment the greatest potential for exposure,
17 and grabbed those workers and did -- only 15
18 workers were grabbed so it doesn't sound like
19 much but it's a lot of work to go through each
20 of their records for their entire work history
21 and to see how complete those production
22 workers, I called them operation workers,

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1 production workers, how complete their data
2 are, both external and internal. And we found
3 that it was very complete. So at least for
4 the sample that we grabbed it validated
5 NIOSH's position that yes, we have a fairly
6 complete data set at least based on the sample
7 that we reviewed and that given that you do
8 have a fairly complete data set for these
9 production workers the sense is that if and
10 when the time came when you needed a coworker
11 model it could be developed. Let me point out
12 though that a coworker model has not been
13 developed and that was of some concern to the
14 Work Group, not having a coworker model. But
15 in our last conference call which was last
16 week we discussed this matter and it's our
17 understanding that I believe over 200 cases
18 have already been processed and in none of
19 those cases was it necessary to resort to a
20 coworker model. And the outcome of that
21 conversation was that's pretty strong evidence
22 that you have fairly complete data but even

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1 more importantly the survey of the 15 workers
2 implies that if the time comes that you do
3 need to resort to building a coworker model
4 you have the data to do it for the Work Group,
5 the group of workers that appear to have the
6 highest potential for exposure. So on that
7 basis this issue was closed, recommended to be
8 closed.

9 I went a little ahead of myself,
10 the coworker data I just explained. This is
11 all part of the first major issue. So we
12 concluded that even though there isn't a
13 coworker model, one can be developed if it
14 turns out a case shows up where it might be
15 needed.

16 Egress monitoring. This is a
17 concern when a worker is leaving a location,
18 you're not surveying him. He could have skin
19 contamination. What are we going to do about
20 that? That is, that he might, a person, for
21 example, you have a case shows up with skin
22 cancer and you want to reconstruct the doses,

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1 the way in which it's normally done is to go
2 with the film badge data for non-penetrating
3 radiation. But as you know from in the past
4 there are certain kinds of sites, and this is
5 one of them, where there is the potential to
6 have the skin contaminated with a particle.

7 NIOSH's position is that well, if
8 need be we could use VARSKIN, one of the
9 computer programs, to calculate what the dose
10 is to the skin right beneath the particle but
11 that issue in general is more of an
12 overarching program-wide issue. And therefore
13 it's, at least it's been closed with respect
14 to this matter here before us but I believe
15 and certainly I could stand corrected, I
16 believe it's being addressed as part of an
17 overarching scientific issue on how do we go
18 about dealing with reconstruction of doses to
19 localized areas of the skin that might have
20 become contaminated by a particle falling on
21 the skin. So this is an issue that has been
22 sort of transferred over to an overarching

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1 scientific group within NIOSH.

2 Recycled uranium. This is an
3 issue that as you know came up extensively at
4 Fernald. And what happened here is the Weldon
5 Work Group worked very closely with the
6 Fernald Work Group and sort of used the
7 outcome of the work that was being done at
8 Fernald to help make judgments regarding
9 whether or not there was an SEC issue that was
10 intractable here, a problem that was difficult
11 to manage. It turns out that the outcome of
12 this is that yes, there was recycled uranium.
13 The approach that's going to be taken by NIOSH
14 is that they will assume a conservative mix of
15 plutonium at 100 parts per billion. This
16 number turns out to be, in our judgment, in
17 SC&A's judgment, the recommendation is as a
18 reasonably bounding value based on the nature
19 of the material that was handled at Weldon and
20 in light of the knowledge we gained from what
21 took place at Fernald. So we felt that this
22 approach that's being adopted by NIOSH for

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1 recycled uranium at Weldon is appropriate and
2 reasonably bounding.

3 Neutron data. This was a struggle
4 at first until we realized we were disagreeing
5 for a very interesting reason. The way in
6 which neutron doses are being reconstructed at
7 Weldon is to use the neutron/photon ratio.
8 NIOSH came up with the neutron/photon ratio of
9 0.23 and we were asked to check that number.
10 And it turns out that the way that number was,
11 that ratio was developed was based on actual
12 measurements taken of neutron field. Oh by
13 the way, the way the neutron occurs is from
14 alpha-N reactions. So it's amenable to
15 modeling, MCNP modeling. But NIOSH did
16 something better in theory. They had actual
17 measurements of the neutron field, had actual
18 measurements of the photon field and therefore
19 came up with the neutron/photon ratio based on
20 those measurements. And by the way, this I
21 believe came from Fernald. Please confirm.
22 Yes. Thanks, John. And however, we were

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1 critical of that approach because they were
2 not paired measurements. And it wasn't that
3 they took the neutron/photon measurements from
4 the same location at the same time, they were
5 taken at different locations at different
6 times. You just can't do that.

7 So, we went ahead and said what we
8 do. We went ahead and ran MCNP and came up
9 with a neutron/photon ratio of 0.44 which was
10 about twice as high as theirs. And we're
11 saying, you know, what's the problem? Well,
12 it turns out relatively recently we found out
13 that when NIOSH came up with its 0.23 based on
14 these empirical measurements which we were
15 troubled by. We didn't say they were wrong,
16 we just didn't like the method used. We came
17 up with 0.44 but our 0.44 has built into it
18 the ICRP correction factor of 1.91, that's
19 built into -- that you have to use. In other
20 words, once you get the neutron dose you want
21 to convert it to an effective dose, you
22 multiply it by 1.91. We multiplied by 1.91 to

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1 get our 0.44. NIOSH didn't. They were going
2 to do it, not that they weren't going to do
3 it, but when they reported their 0.23 it was -
4 - so the reality is their intent is, and
5 please correct me if I'm wrong, to take the
6 0.23, multiply it by 1.91 and all of a sudden
7 our numbers agree. So, from our perspective
8 oh, okay, we didn't realize we were comparing
9 apples and oranges until it dawned on us that
10 we had the 1.91 built into our value while
11 NIOSH didn't. And so as far as we're
12 concerned notwithstanding the fact that we
13 don't like the way the 0.23 came about we,
14 once you multiply it by the 1.91 you get the
15 same number almost that we get when we ran the
16 MCNP calculations. So we recommended closing
17 this item.

18 The next one is the quarry.
19 Outdoors you had this raffinate as you
20 probably know, they processed uranium ore,
21 separated out the uranium. You have the
22 raffinate tailings piled up outdoors and

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1 there's certainly the potential for people to
2 be exposed to airborne particulates associated
3 with the raffinates outdoors. But there
4 weren't measurements made at the time the
5 raffinates were there from '57 to '67, but
6 there were samples, airborne samples collected
7 later.

8 We discussed this at length and
9 the judgment was that there's no reason to
10 believe that the airborne dust loadings of
11 particulates, radium, thorium after 1967 were
12 any different before '67. So as a result we
13 felt that yes, here's a case where in fact if
14 anything you're going to have, you know,
15 you've accumulated more and more material.
16 You're going to get the highest potential for
17 airborne exposure sort of at the back end of
18 the process. So we concurred with NIOSH that
19 using later data did not really result in an
20 underestimate of the potential for airborne
21 exposures from those raffinate pits.

22 Accidents and incidents. The fact

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1 that they have virtually a fairly complete
2 database for both external film badge data and
3 internal data from urinalysis means that
4 anyone that may have been involved in an
5 accident or incident would likely, you know,
6 we'll have the data and we can reconstruct the
7 doses associated with those incidences. It's
8 not that we need to go into and reconstruct
9 the exposures from the accident. We have the
10 actual data from every worker. If a worker
11 has been involved or, this is the argument,
12 been involved in an accident incident we
13 always do have the data for this worker. And
14 as a result there's confidence that the doses
15 that are being reconstructed for all the
16 workers, anyone that might have been involved
17 in an accident or an incident we have the
18 bioassay data in order to reconstruct their
19 doses.

20 Finally, the geometry. A question
21 was well, is it possible that a person's hands
22 or extremities could be experiencing fairly

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1 high doses but if you didn't monitor the
2 extremities how do you know where those doses
3 were. And the argument was made by NIOSH that
4 we're going to use DCAS 13 which established a
5 relationship between what you would read on a
6 badge and what you might expect your hands to
7 experience. And we review that approach and
8 the, I guess you would call it the adjustment
9 factors to back calculate what the extremity
10 dose may be from the film badge reading you
11 have that's on the lapel. And we concur that
12 that approach works.

13 Now, I'm going to go back to an
14 issue now, we're going to go back to the
15 issues that are not closed and there are two
16 of them. One is thorium. Weldon worked with
17 thorium-232 and there's no thorium bioassay
18 data but they do have extensive air sampling
19 measurements, I believe over 200 of them, many
20 of which are breathing zone samples. Again we
21 benefit from the experience that we had at
22 Fernald. When you have a very extensive data

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1 set for breathing zone samples and air samples
2 in general you could derive daily weighted
3 exposures. And we, there's a lot of history
4 to this but the bottom line is that there were
5 a lot of problems with the approach being used
6 originally by NIOSH for doing DWEs all of
7 which was hashed out under Fernald and in the
8 end NIOSH adopted a method that we refer to as
9 Strom. Daniel Strom wrote a paper, how do you
10 deal with, how do you derive bounding or
11 conservative intakes using DWE approach. And
12 he laid out a protocol that we reviewed very
13 carefully, NIOSH reviewed it. NIOSH adopted a
14 simplification of it but met the intent of it
15 so that when you build a DWE and you assign an
16 intake you could feel confident that if you
17 have a fairly complete data set, you're
18 placing a plausible upper bound on the intake.
19 So this is the approach that was adopted at
20 Fernald. It's also the approach that was
21 adopted here. And our review of it is that we
22 fundamentally agree. Even though it does

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1 deviate a bit from the Strom approach, we
2 consider it fundamentally sound except for one
3 issue and that has to do with a subject called
4 blunders or errors.

5 In Strom's original work, he found
6 that there very often could be a problem with
7 when people collect that original data, air
8 sampling data. They may take a two-minute air
9 sample from a breathing zone during one
10 operation and another two-minute air sample
11 from another operation and they collect all
12 their data, the raw data you need to derive
13 your DWEs. They found that there very often
14 was a significant number of transcription
15 errors, arithmetic errors which contributed to
16 the uncertainty and the trust you could have
17 in the ultimate intake rate that you're
18 deriving using this approach. And so what
19 NIOSH elected to do is say you're right, we
20 have to address that issue. We can't just
21 derive a DWE and say here it is. You know,
22 they went through the mechanics that are laid

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1 out by their protocol and they said here's our
2 DWE. But now we're going to go through a
3 process to work with the original numbers and
4 see how many blunders were made. And then
5 once we catch those blunders, because they had
6 the original data, so they could actually go
7 in and check on the number of blunders. So
8 they went in and did it, did this analysis,
9 and this is relatively recent all this
10 happened. And they reported back to us last
11 week that they checked the numbers and found
12 that they caught the blunders, fixed them,
13 reran the numbers and found that the -- by the
14 way, they worked with the upper 95th
15 percentile. They found the upper 95th
16 percentile of the intake for the DWEs would go
17 up by about 4 percent after the blunders are
18 corrected.

19 Now, on face value that sounds
20 pretty good but we had one concern with it.
21 That is the representativeness of the sample
22 that they used to check for blunders. Think

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1 of it like this. Let's say you've got 100,000
2 or 10,000 measurements that were the original
3 measurements used to derive your DWEs. But
4 available to you is only a subset of the
5 original data. The original data, the raw
6 data that went into get the DWEs, only a small
7 fraction of that. And it's that small
8 fraction that was available to NIOSH to
9 actually go back and check how many blunders
10 there were. Our question was how confident
11 are we that they had a representative sample
12 in order to evaluate the nature and extent of
13 the blunders and how they would affect the
14 outcome of this calculation. That
15 conversation was held on the 29th I believe
16 and SC&A's recommendation at the time was you
17 know, until we feel confident, SC&A now just
18 making a recommendation, until we feel
19 confident that the sample that was used to
20 evaluate the magnitude and the effect of the
21 blunders, until we know that or feel confident
22 that it is representative of the full data set

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1 that was used to derive the DWEs we really
2 can't say that the blunders have been, the
3 issues related to blunders have been
4 adequately addressed.

5 So that's the technical issue
6 that's still on the table. SC&A has an action
7 item. We are moving on it as we speak. We do
8 not, we have Harry Chmelynski and the crew and
9 John Stiver working the problem, and we hope
10 to get back soon. I'm not sure if we have set
11 a date for when we're going to deliver. We
12 have not yet set a date. That was just last
13 week. But we'll get back to you soon, give
14 you a date so we could plan around that. And
15 now the, let's see. Well, I just covered all
16 these slides in telling my story. Yes,
17 there's nothing new here. Okay.

18 The last item is an item that SC&A
19 has found acceptable but the Board certainly
20 will want to deliberate on this. This has to
21 do with radon and thoron. It's very similar
22 to the problem and challenge we ran into at

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1 Blockson with one exception, okay? There's a
2 building, it is handling ore and material
3 that's generating radon and thoron is entering
4 the air such as if we were in this room. You
5 can imagine you have a source of radon or
6 uranium or ore in front of you, let's say it's
7 in that table and radon is being produced
8 continuously. Thoron is being produced
9 continuously and becoming airborne.

10 When we built the Blockson model
11 we had that material coming up. We assumed a
12 certain fraction had a certain emanation
13 coefficient, a certain fraction was becoming
14 airborne and then once it became airborne it
15 was leaving the room with a certain air
16 exchange rate, a relatively simple box model.
17 As you recall SC&A came away favorably on
18 that. We felt that it was a reasonable way to
19 go. As you also know the Board said no,
20 without any data we're not too comfortable
21 with that. I just want to give you a little
22 history.

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1 Now, NIOSH has come up with a
2 similar model but a lot more conservative. In
3 this case the approach that NIOSH has elected
4 to use is to assume that all of the radon and
5 thoron that's being produced by the ore and
6 other materials that are in the room. By the
7 way, if I got it wrong let me know. My
8 understanding is that what they're doing now
9 is all of the radon and thoron that's being
10 produced by the source material that's in the
11 room, it's becoming airborne and it's staying
12 there more, it's not leaving. A hundred
13 percent produced is not, is becoming airborne
14 and not leaving so it builds up so that it
15 achieves an equilibrium that's based on the
16 decay rate of the radionuclide, not based on
17 the air turnover rate. In our opinion this is
18 an extremely conservative assumption,
19 certainly bounding because the reality is
20 there is an air turnover rate, most rooms have
21 air turnover rates. We talked about this a
22 lot, but no credit is taken for that, so

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1 they're allowing the radon to build up to what
2 you recall to be the maximum value it could
3 possibly be in that room. Now, from SC&A's
4 perspective that's certainly bounding so we're
5 not going to dispute that. Whether or not the
6 Board finds that acceptable as a way to place
7 a plausible upper bound on radon
8 concentrations in the room, this idea of
9 sufficient accuracy comes up, this
10 uncertainty, it's in your hands. It certainly
11 is bounding.

12 I believe that's it, that's the
13 story. I'd be happy to try to answer -- but
14 before I close though. Ron, did I mess
15 anything up?

16 DR. BUCHANAN: No, no, you covered
17 it quite well, thank you.

18 DR. MAURO: Thanks a lot. Okay.

19 CHAIRMAN MELIUS: Wanda, what site
20 does this remind you of?

21 (Laughter.)

22 MEMBER MUNN: Deja vu really all

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1 over again.

2 CHAIRMAN MELIUS: Maybe we'll
3 postpone this. Kidding. Okay. Questions for
4 John or Ron or comments? Yes, Dave.

5 MEMBER RICHARDSON: I've got a
6 couple questions. Starting with the
7 completeness of the personal monitoring data,
8 the bioassay data and the external film badge
9 data, it was impressive that you went back and
10 pulled records and went through. I found that
11 very useful to work through the employment
12 history and set it up side by side with the
13 monitoring data. My first question, maybe
14 NIOSH can answer this. Table 4.1 has the
15 number of claimants from the site who met the
16 definition as 244 and of those the number of
17 claims for which external dosimetry records
18 were obtained for the years in the Class
19 definition is 192. So I take that as 79
20 percent of the claimants. That seems to me a
21 larger source of data than the 15 which were
22 evaluated. I wonder if you could comment on

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1 that.

2 MR. ROLFES: Yes, this is Mark
3 Rolfes and you're referring to the Evaluation
4 Report, Table 4.1, I believe. In that we've
5 reported the total number of claimants that
6 we've received from the Department of Labor
7 that would require a dose reconstruction. That
8 includes all employees that worked at the
9 Weldon Spring plant, so it includes not only
10 production workers but it includes
11 administrative staff as well. So the analysis
12 that SC&A had completed was to sample 15
13 production workers who were believed to be in
14 the category of the highest potentially
15 exposed employees and in that category of
16 workers they found a much higher rate of
17 monitoring frequency.

18 MEMBER RICHARDSON: Yes, that was
19 my interpretation of these two numbers as well
20 which raised to me the question of, I mean it
21 wasn't a random draw. It was intentionally a
22 draw --

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1 DR. MAURO: Oh, yes.

2 MEMBER RICHARDSON: The highest
3 potential exposure which would say that it was
4 when you're looking for information on the
5 completeness of the records you were sampling
6 those for which a priori we would expect
7 information to be most complete.

8 DR. MAURO: Yes, and also because
9 if you do -- you want the information from
10 that group to be complete because you may end
11 up eventually having to build a coworker
12 model, and when you're building a coworker
13 model you will fail if there's any question
14 that your data that you have is not -- in
15 other words, if you feel that my goodness,
16 we've got a data set but it doesn't capture
17 the highest exposed individuals how can you
18 build a coworker model? That has, in the past
19 that has been a reason to grant an SEC because
20 if you can't build a coworker model because
21 you have inadequate data from the highest
22 exposed group it becomes a showstopper. So we

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1 looked at what we believe to be the group with
2 the highest potential for exposure just for
3 that reason.

4 MEMBER RICHARDSON: So in reading
5 the NIOSH report maybe I left with the wrong
6 message. Is the message that the data are
7 sufficiently complete with which to derive in
8 the future a coworker model, or is it that
9 they're sufficiently complete to do individual
10 dose reconstructions using the records in
11 hand?

12 MR. ROLFES: This is Mark Rolfes
13 again and we had a discussion of this at the
14 last teleconference meeting. For the cases
15 that we've had to complete dose
16 reconstructions for we haven't encountered a
17 case where we needed a coworker model to
18 complete that dose reconstruction. And for
19 the examples for cases where bioassay data may
20 not have been available for a production
21 worker for example we may have used an
22 overestimating approach early on in the

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1 program such as OTIB-2 where we would assign a
2 worst case scenario internal dose on the first
3 day of employment, an approach that would tend
4 to maximize the internal dose and result in an
5 internal dose much higher than one that would
6 be reconstructed based upon bioassay data. So
7 we have completed essentially all claims for
8 the Weldon Spring plant claimants. We've
9 issued dose reconstructions for all with the
10 exception of one claim I believe at this time.

11 MEMBER RICHARDSON: The other
12 thing that struck me going back to the
13 completeness of the dosimetry information for
14 the 15 workers, you had a very nice table
15 where you picked it up year by year and that
16 again kind of conformed to my expectation that
17 in the first years of operation, '57-'58, even
18 for these production workers that you sampled
19 the frequency was maybe 50 percent and then it
20 gets up to the 90-plus percent that was
21 observed later on. But that there were, even
22 in that over-sampling of those workers it

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1 seemed to me a small amount of information
2 could be drawn from a small sample. I guess
3 just from my own personal experience working
4 at kind of the contention that there's 95
5 percent of the employment period is covered
6 with personal monitoring data doesn't, you
7 know, raises my eyebrows because I've really
8 not been able to find that very often. And so
9 this looks, I mean the pictures, when you dug
10 into it, it looked more like we've seen in the
11 early years. There's gaps in the records and
12 where workers outside of some of the highest
13 exposed areas there's gaps in the records.

14 DR. MAURO: You are now beyond
15 what my knowledge of this is. The nuance that
16 you're bringing up in terms of how things
17 change with time and how that bears back on
18 the statement regarding 95 percent is a good
19 question I can't answer. Perhaps Ron could
20 help and certainly of course Mark is here. But
21 Ron, when you were looking at the data and the
22 outcome that is a fairly complete set, 95

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1 percent, could you help and get a deeper
2 understanding of the issues and the questions
3 that were just raised by Dr. Richardson?

4 DR. BUCHANAN: Yes, this is Ron
5 Buchanan with SC&A. Yes, in the Work Group
6 meeting of May the 9th of 2011 SC&A was asked,
7 we decided that there was an accuracy problem
8 because they used copies of the original data.
9 And then the completeness though, was it all
10 there. And so we used an initial test to see
11 if there was any indication that the most
12 exposed workers were not monitored on a
13 regular basis. And so this is the reason we
14 chose the production workers of course because
15 they should have been monitored and we would
16 kind of expect that in the initial years. Now
17 see for example, '57 and '58 we do not know if
18 they were assigned. They were given the job
19 production workers. We don't know exactly if
20 they were working in production the first
21 couple of years or not. But so that detail
22 wasn't available.

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1 But what we did was we wanted to
2 look at the initial, do an initial test to see
3 if there was an indication of a problem and
4 this was the results we obtained and presented
5 that to the Board then the 13th of September.

6 And so from what we've seen at the
7 first take of it is that the 15 production
8 workers that we sampled were monitored except
9 for the first two years there was a lower
10 percent of monitoring both biological and
11 bioassay and external monitoring than in later
12 years. And so you know, we're not claiming
13 that 90-plus percent of the whole work
14 population was monitored. All we're saying is
15 that for these 15 expected exposed workers
16 that they did show monitoring as we put in the
17 plots there.

18 MEMBER RICHARDSON: Yes, thank
19 you.

20 CHAIRMAN MELIUS: Brad?

21 MEMBER CLAWSON: When you are
22 talking about sampling are you using Fernald's

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1 data for Weldon Spring?

2 DR. MAURO: What we just described
3 was Fernald's data.

4 MEMBER CLAWSON: What's that?

5 DR. MAURO: I'm sorry. I just
6 crossed wires on you. No, the workers that
7 were reviewed were the Weldon workers, Weldon
8 Spring workers and the completeness of the
9 data for those workers both external and
10 internal.

11 MEMBER CLAWSON: Okay.

12 CHAIRMAN MELIUS: And just some of
13 the same methods, statistical methods have
14 been used we had discussed at Fernald also.
15 Right? The Strom I believe it is.

16 DR. MAURO: Yes. We just crossed
17 two different areas. When it comes to the
18 completeness of the bioassay data and the film
19 badge data for Weldon workers we study that as
20 a problem in and of itself, is it complete,
21 and the answer was well, we found out it was
22 fairly complete for the group of workers we

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1 looked at which were probably the high end
2 exposures. Now, the Strom question has to do
3 with okay, how are we going to reconstruct the
4 dose from inhaling thorium-232 which is
5 exactly the same problem that we had at
6 Fernald. And the solution is the same
7 solution at Weldon, namely we're going to use
8 breathing zone data that was collected and
9 estimate the upper end exposure using the
10 breathing zone data for Weldon workers, but
11 the methodology, the mechanics of how do you
12 do it, what's the acceptable way to take
13 breathing zone data and from that derive high-
14 end DWEs, daily weighted exposures. That
15 methodology was basically the Strom
16 methodology which was vetted fairly heavily
17 and closely during the Fernald meeting.

18 Now, I believe, now the way we and
19 I point over to John, John Stiver did a lot of
20 the heavy lifting on carefully looking at the
21 degree to which Fernald mechanics reflected
22 the Strom paper which is an excellent

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1 approach. And there are some differences but
2 our recommendation on Fernald is that we
3 believe that the methodology is scientifically
4 sound and does meet the intent of trying to
5 assign a plausible upper end dose on DWE
6 exposure from thorium and that same
7 methodology is being used here at Weldon using
8 Weldon data.

9 Now, the degree to which that
10 issue has been resolved, the breathing zone
11 approach, the Strom approach as implemented at
12 Fernald has been resolved quite frankly I'm
13 not sure whether or not the Fernald Work Group
14 has found that this, what I call quasi-Strom
15 approach to deriving DWEs was, whether the
16 Work Group on Fernald has found that
17 acceptable or not. I know SC&A has
18 recommended that yes, we find the approach
19 acceptable. Whether or not the Work Group
20 itself has decided one way or the other since
21 the Work Group is still very active I really
22 can't speak to that. Even though I do

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1 participate in those meetings I do not recall
2 whether or not the Work Group as a group has
3 agreed that yes, that approach is sound.

4 MEMBER CLAWSON: You also spoke,
5 so the information that we're using from
6 Fernald is the -- well, the process that was
7 discussed at Fernald, we're not using any of
8 the data for the thorium, right?

9 DR. MAURO: No.

10 MEMBER CLAWSON: But also the
11 neutron/photon ratio from Fernald.

12 DR. MAURO: The measurements --
13 good question. Ron, those measurements that
14 were made that we had a problem with the
15 neutron being measured at one location in time
16 and the photon, I believe that might have been
17 Fernald. Could you help me out a little bit?

18 DR. BUCHANAN: Okay. This is Ron
19 Buchanan with SC&A. I'd like to state that as
20 far as I recall now no Fernald data is being
21 used, the actual data is being used for Weldon
22 Spring. Some of the methodology that's been

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1 developed are, but not the actual records of
2 data except that NIOSH recommended the N/P
3 ratio from neutron measurements at Fernald be
4 used at Weldon Spring. We did an independent
5 verification of a radioactive material such as
6 was used at Weldon Spring using the Monte
7 Carlo calculations which verified that it was
8 the same number. And so in that case we
9 independently verified the number from
10 Fernald. But any of the other data is actual
11 Weldon Spring data.

12 Now, originally, in the original
13 TBDs NIOSH did use a number of Fernald
14 information. NIOSH, you know, had problems
15 with that and they went back and redid a lot
16 of that to where there was no use of Fernald
17 data except for the N/P value which we
18 verified through what would be possible at
19 Weldon Spring.

20 MEMBER CLAWSON: I thought there
21 was a question on -- this is probably a
22 question for Mark. The thorium, I thought

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1 that there was a difference of opinion on when
2 the years were.

3 CHAIRMAN MELIUS: What are you
4 talking about, at Weldon Spring or at Fernald?

5 MEMBER CLAWSON: At Weldon Spring.

6 MR. ROLFES: This is Mark Rolfes
7 from NIOSH. One of the things I think that
8 you're asking about, Brad, in our original
9 Site Profile for the Weldon Spring plant we
10 had proposed to use surrogate data from
11 Fernald to assign thorium-232 intakes. I
12 believe we're assigning a 30 nanocurie
13 thorium-232 intake and a 30 nanocurie thorium-
14 228 intake. Since that Site Profile had been
15 published we received the SEC petition. In
16 our SEC petition Evaluation Report we provided
17 updated intakes based upon the daily weighted
18 average values that were from Weldon Springs.
19 So we have proposed an updated intake rate in
20 our SEC evaluation.

21 MEMBER CLAWSON: What years is
22 covered in this? I was under the impression

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1 that for thorium that NIOSH is saying it was
2 done between '63 and '66.

3 MR. ROLFES: That's correct.
4 Thorium operations at the Weldon Spring plant
5 occurred from 1963 through 1966. We've broken
6 down.

7 CHAIRMAN MELIUS: Brad, I'd like
8 to get to the petitioners so I'm trying to
9 wrap this up. That's why I'm rushing you a
10 little bit.

11 MEMBER CLAWSON: Okay. Ingle
12 report, 1991, that states that it was there
13 from 1958 to 1966. Why aren't we using that?

14 MR. ROLFES: I'm sorry, could you
15 refer to that again, please?

16 MEMBER CLAWSON: The Ingle, I-N-G-
17 L-E, 1991 report. It stated that thorium was
18 produced from 1958 to 1966.

19 MR. ROLFES: Okay. Was this
20 specific to the Weldon Spring plant, or?

21 MEMBER CLAWSON: Yes.

22 MR. ROLFES: Was it also including

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1 Mallinckrodt possibly as well?

2 MEMBER CLAWSON: Both.

3 MR. ROLFES: Okay. It is possible
4 that Mallinckrodt was conducting the operation
5 earlier than the Weldon Spring plant. However,
6 all records that we have available to us for
7 the Weldon Spring plant indicate that thorium
8 was only processed, thorium-232 was only
9 processed from 1963 through 1966.

10 MEMBER CLAWSON: Well, okay.

11 DR. MAURO: If I may, Ron, to what
12 degree did we --

13 CHAIRMAN MELIUS: Can we --
14 please?

15 DR. MAURO: Oh, sorry, my
16 apologies.

17 CHAIRMAN MELIUS: Can we refer
18 this to the Work Group, Brad? Get it to them?
19 I think unfortunately they're not here today
20 so we can't tell what they've talked about or
21 not talked about on this. But we do need to
22 resolve these issues.

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1 Are the Weldon Spring petitioners
2 on the line and do they wish to comment? Are
3 they, if you have your phone on mute. I
4 believe they submitted some comments which the
5 Board has received. If not we can then
6 continue and Brad, you have the floor. So
7 Josie?

8 MEMBER BEACH: I just have a quick
9 general comment. I wonder if this Work Group
10 would benefit from an additional Member being
11 assigned to it?

12 CHAIRMAN MELIUS: We'll get to
13 that tomorrow. There was a number of Work
14 Groups that may --

15 MS. TRIPLETT: Hello?

16 CHAIRMAN MELIUS: Yes, hi.

17 MS. TRIPLETT: Hi. This is Tina
18 Triplett, one of the petitioners. We just got
19 kicked off.

20 CHAIRMAN MELIUS: Okay, sorry
21 about that but glad you're back on. Go ahead
22 if you'd like to make some comments.

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1 MS. TRIPLETT: Okay. We -- I am
2 with the other petitioner Karen Johnson and we
3 basically just want to -- and we're just a
4 little bit disappointed that the Advisory
5 Board Members couldn't be here. We were
6 looking for some sort of resolution today but
7 we understand there's more discussion
8 apparently that needed to be done and we're
9 hoping for that resolution at the next
10 Advisory Board meeting.

11 CHAIRMAN MELIUS: And I don't know
12 if you were on earlier but that was also our
13 intention if possible to resolve this at the
14 next Advisory Board meeting.

15 MS. TRIPLETT: Okay.

16 CHAIRMAN MELIUS: Any other
17 comments you wish to make at this point?

18 MS. TRIPLETT: Hold on a second.

19 CHAIRMAN MELIUS: You don't have
20 to, I just want you to.

21 MS. TRIPLETT: I think that's all
22 we have at this time.

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1 CHAIRMAN MELIUS: Okay. Thank you
2 very much. Josie, then? Okay. Brad, you're
3 done? Okay. Anybody else have questions or
4 comments on this? Yes. Bill, go ahead.

5 MEMBER FIELD: Yes, I just had a
6 question about the radon model that you're
7 using. You're assuming an equilibrium ratio
8 of 1 then?

9 MR. ROLFES: This is Mark Rolfes.
10 Basically the assumption is there wasn't a lot
11 of radon being produced at this site because
12 it wasn't ore that was being processed, it was
13 actually ore concentrates. And so the only
14 clearance mechanism that's being used to
15 remove radon from the building is radiological
16 decay. There's no building ventilation that
17 is being credited to reduce the radon
18 concentration.

19 MEMBER FIELD: The question was
20 with progeny. So there's no ventilation and
21 you assume there's no plate-out as well, I
22 assume.

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1 MR. ROLFES: I'd have to take a
2 look back at the model. I'm not prepared to
3 answer that today.

4 MEMBER FIELD: I'm just trying to
5 assess the equilibrium issue of 1. For me, I
6 was just trying to clarify that. Okay.

7 CHAIRMAN MELIUS: I think
8 certainly I'm a little confused by in SC&A's
9 review saying it's bounding but sort of leave
10 open the issue of sufficient accuracy. And I
11 haven't had a chance to read that report but I
12 think certainly one of the questions we would
13 have is a little bit better understanding of
14 both the assumptions in the model as well as
15 what were the activities within those
16 buildings and how many workers would be
17 exposed because I think that's usually the
18 kind of facts we want to take into account in
19 terms of determining, you know, evaluating
20 sufficient accuracy and plausibility and so
21 forth. Now, it may be in your report and I
22 don't know, John, you're here.

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1 DR. MAURO: Yes, your question
2 deals with a lot of aspects of the
3 calculation. The part dealing with, given you
4 know the quantity, and I'm not going to speak
5 to -- Ron can certainly speak to it, but given
6 you know the quantity of material, assuming
7 100 percent of the radon that's produced by
8 the source, and I apologize, I thought there
9 was some ore there but the concentrates, the
10 radium that's producing it, the thorium-232
11 that's producing the thoron, by assuming 100
12 percent of what's being produced becomes
13 airborne and reaches full equilibrium without
14 any removal by any mechanism in my opinion is
15 too high. That circumstance really can't
16 happen. So, but it's certainly bounding. The
17 reality is that radon will be depleted by
18 ventilation more so than the thoron. The
19 thoron reaches equilibrium very quickly
20 because it's relatively short half-life
21 compared to the longer lived progeny, radon
22 and progeny. So in our opinion it's certainly

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1 a very high number that places an upper bound.
2 Can you have plausible circumstances where
3 that could occur? I would say no. I would
4 be, you know, but at the same time it's
5 bounding. To start to take air turnover rate
6 into question which you certainly can do we're
7 back at the Blockson model.

8 CHAIRMAN MELIUS: Okay. Thank
9 you, that's helpful. Helpful but not
10 necessarily resolving. Okay. If there are no
11 further questions pending we will be probably
12 back to Weldon Springs in our next meeting. So
13 hopefully we'll be farther along in dealing
14 with some of these issues but thank you, John
15 and Mark also for your input and the
16 petitioners.

17 We will take a break now. We will
18 reconvene at 4:30 and we'll have a
19 presentation on Pinellas and then we will go
20 directly into the public comment period.
21 Again, for those of you that just arrived it's
22 helpful if you wish to make public comments to

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1 sign up at the desk as you came in. We
2 usually go in order and that's helpful. We'll
3 be back at 4:30, thanks.

4 (Whereupon, the above-entitled
5 matter went off the record at 4:12 p.m. and
6 resumed at 4:31 p.m.)

7 CHAIRMAN MELIUS: We're going to
8 start with an update on the Pinellas Site
9 Profile and Pete Darnell from NIOSH will be
10 first and then Phil Schofield who's chair of
11 the Work Group will make some comments after
12 that.

13 MR. DARNELL: Good afternoon. My
14 name's Peter Darnell. I appreciate the time
15 to go over the Pinellas Plant Site Profile.

16 DOE operations at Pinellas site
17 began in 1957, ran through 1997. The plant
18 was located in Clearwater, Florida and what
19 their main job was to do was produce
20 precisely-timed neutron generators that were
21 used to initiate nuclear explosions. These
22 were accelerator type generators. They also

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1 fabricated other weapons components at the
2 site including lightning-arrestor connectors,
3 specialty capacitors, crystal resonators and
4 so on.

5 In September 1994 Pinellas stopped
6 producing weapons-related components, began to
7 change its mission to environmental
8 management. The Department of Energy
9 transferred much of the Pinellas production
10 capability to Kansas City plant and Sandia
11 National Laboratory. DOE continued the
12 cleanup which was complete in December 1997.
13 The two contractors at the site were the
14 General Electric Company from 1957 to 1992 and
15 Lockheed Martin Specialty Components, Inc.,
16 from '92 to 1997.

17 And the history of the Site
18 Profile, the first profile was complete for
19 Pinellas in 2005. In 2006 we did some
20 Technical Basis Document updates, page changes
21 in the external TBD as well as site
22 description and X-ray. In May of 2007 SC&A

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1 completed their Pinellas profile review and
2 they came up with 11 primary issues and 8
3 secondary issues. And just to let you know,
4 in this presentation I'll only be addressing
5 the primary issues. June 2008, well actually
6 June 2007 we had our first Work Group meeting
7 where we discussed the issue. June 2008 we
8 met again and basically came to agreement in
9 principle how to address the issues that SC&A
10 gave us.

11 In July 2011 we started completing
12 the Pinellas Plant Site Profile updates. Rev.
13 2 went into effect for the introduction site
14 description, environmental and internal dose
15 sections. In August we did the external.
16 October we completed the medical dose.

17 The 11 primary issues that were
18 brought up by SC&A, the first one dealt with
19 the reconstruction of doses in the absence of
20 early health physics records. Basically SC&A
21 and NIOSH has come to agree that we've done a
22 comprehensive records search and SC&A concurs

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1 with the policy that NIOSH has which is we'll
2 keep looking and when we find more we'll add
3 it. We have done that several times over the
4 course of the TBD updates with Pinellas, the
5 last time being this summer where we found
6 more documentation. It turned out that most
7 of it was redundant to what we already had but
8 what little we did have we incorporated.

9 The second issue, potential doses
10 from insoluble middle tritides, were not
11 sufficiently developed. Again, SC&A and NIOSH
12 have come to at least an agreement in
13 principle on how to address this. For the
14 Pinellas site, the two workers that had
15 occupational exposure monitoring for tritium,
16 their dose will be assigned as the Class S
17 tritide dose based on the bioassay. The
18 remainder of the workers will get a tritium
19 missed dose should they be in the position
20 where they could have gotten exposed.

21 The third issue is minimum
22 detectable concentrations and uncertainties

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1 for plutonium and bioassay measurements. This
2 issue remains open although we do have a draft
3 of Rev. 2 which is being updated again to fix
4 this particular issue that SC&A and NIOSH have
5 agreed upon. Basically it's a discussion of
6 where and how plutonium was used on the site
7 and the very low likelihood of any exposure.
8 Plutonium on the Pinellas site was either in
9 triple encapsulated sources or in radio
10 checked sources for instrumentation. Very
11 little possibility of leakage, very little
12 possibility of contamination spread, very
13 little possibility of plutonium internal
14 contaminations.

15 Issues 4, 5 and 6, personnel
16 badging, personnel dosimetry and D&D area
17 again are all TBD updates that NIOSH and SC&A
18 have redefined in principle. We are awaiting
19 their review of the updated TBDs to iron out
20 any final details before closing out these
21 issues. Missing internal dose estimation
22 methods was also added into the TBDs. And

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1 again, we're just waiting for final reviews
2 from SC&A. Potential missed doses for
3 depleted uranium, adequately defined and
4 assessed medical exposures, techniques and
5 protocols for uncertainty and preconceived X-
6 ray exposure uncertainties again are all in
7 the new Technical Basis Document updates.

8 Our path forward. NIOSH has
9 completed the -- basically this happened
10 today. We completed revising the plutonium
11 bioassay section. SC&A is moving ahead with
12 several new reviews into the Technical Basis
13 Documents. What has happened is when we
14 started this effort it was a different crew of
15 SC&A personnel supporting the Work Group. Now
16 it's a new crew going back to look at the
17 summary of data captures. They're going to
18 revisit discussions about the White Paper on
19 plutonium bioassay. Excuse me. They're going
20 to review performance characteristics
21 identified by NIOSH for dosimetry. They're
22 going to be reviewing D&D monitoring

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1 information for adequacy and review the
2 revision to the TBD for any other SC&A
3 concerns. That's basically where we are.
4 NIOSH is ready to support SC&A in their
5 reviews, get them whatever information they
6 need. Questions?

7 CHAIRMAN MELIUS: Why don't we go
8 right to Phil because I think looking at the
9 presentations they're sort of complementary.
10 We'll just get confused let alone you, if we
11 try to start asking questions, but thank you,
12 Pete. Don't venture far, stay up front so
13 when we have questions.

14 MEMBER SCHOFIELD: Okay, I
15 appreciate it. First I want to compliment
16 SC&A and NIOSH both on the work they've been
17 doing on this. This is basically a complete
18 rewrite of the Technical Basis Documents so
19 they have been putting a lot of effort forth
20 in this. Pete's already gone over quite a bit
21 of the background about when we had the last
22 meetings. On the 13th of October we had the

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1 Work Group meeting and NIOSH presented their
2 summary, their changes in relation to the
3 context of the unresolved SC&A concerns.

4 Most of what I'm going to be
5 talking about is kind of concerns from the
6 SC&A action items right here. They're going
7 to review some of the documents in the table
8 summary of data capture searches for Pinellas
9 Plant and its relevance for dose
10 reconstruction. Right now this is ongoing.
11 Based on preliminary results additional
12 information will be requested from NIOSH.
13 We're going to review Mound tritides White
14 Paper as it applies to Pinellas and this is
15 something we've been bouncing around off poor
16 Josie's group. So, but we figure if we can
17 settle that issue there we can settle the
18 issue here and we'll all come out a little
19 better. So, and then there will be, SC&A will
20 prepare a formal response on the overarching
21 methodologies going on. That status of that
22 is still going on.

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1 Now, we're going to get into
2 reduced worker interviews. We luckily just by
3 pure luck ran into a couple of gentlemen out
4 in Albuquerque who happened to be out of
5 Pinellas involved in a lot of the work out
6 there and so we were able to do a classified
7 interview with them. I don't believe anything
8 we had was -- correct me if I'm wrong, Josie
9 or Brad, but I don't think anything was
10 classified, was it?

11 MEMBER CLAWSON: No, it wasn't.

12 MEMBER SCHOFIELD: I didn't
13 remember anything being classified. Okay, so
14 we're going to do worker interviews on the
15 onsite destructive testing of neutron tube
16 leaks incidents. Also unmonitored dose from
17 depleted uranium/tritium beds. The glass
18 tubes, there was a number of indications that
19 they had some of these were dropped, broken,
20 spilled so there was potential. There were
21 uptakes probably there.

22 The next thing is the, we're going

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1 to look at the revision to TBD-5, Occupational
2 Internal Dose. To remove guidance -- maybe
3 you already did that. I'm sorry, you already
4 did that, removed the plutonium bioassay
5 there. We're going to revisit discussions
6 resultant from the SC&A White Paper review of
7 Pinellas plutonium bioassay data. This is
8 dated December 9th, 2008. Review bioassay
9 data for confirmation of comprehensive null
10 results. We're going to conduct worker
11 interviews to obtain more information on the
12 types of RTGs.

13 The use of asbestos gloves implies
14 that Pu elements were in place during testing
15 and that some of these may have been fairly
16 large RTGs because of thermal energy being put
17 out there. So, you know, you use gloves but
18 I've been around those a little too much.

19 And then worker recollections of
20 their plutonium bioassay program, we want to
21 find out frequency, who was monitored, what
22 the criteria was for selection and resulting

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1 results. Review badge data, confirm that most
2 highly exposed or exposed versus non-exposed
3 were badged. The strategy will likely involve
4 matching job titles for badged versus unbadged
5 personnel. This relates back to item number
6 1. We plan on conducting worker interviews to
7 obtain more information about why badges were
8 worn, maximum exposed versus cohort sampling,
9 and criteria selection which jobs were because
10 not everyone at Pinellas was badged. You had
11 a large group of people that were badged and
12 some weren't.

13 We want to review the performance
14 characteristics of dosimeters used in the post
15 June '74 time period as identified by NIOSH
16 and tabulated in TBD-6. Occupational external
17 dose, that status is still ongoing. Based on
18 preliminary results one concern remains.
19 Prepare a memo outlining deficiencies in the
20 D&D discussion methods following NIOSH action
21 to identify and provide monitoring survey
22 results, activity descriptions to support the

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1 position that D&D activities do not require
2 additional dose assignment beyond what is
3 already considered review for adequacy -- I
4 can't speak today. Conduct worker interviews
5 to obtain more information on activities and
6 exposure potential during the D&D period.
7 Also, availability of survey data compiled
8 under 10 CFR 835 and associated DOE directives
9 standards. That status is ongoing, waiting
10 for NIOSH on their part. Then we'll have to
11 respond.

12 Their review of TBD-3 occupational
13 medical dose, this is the last one that was
14 updated. Confirm that information presented
15 at the Work Group meeting is included and that
16 the new information addresses SC&A concerns. I
17 guess that's out now so we'll have to look at
18 that and then.

19 The path forward is SC&A expects
20 that the reviews enhanced by interview results
21 will likely extend to 2012. We were scheduled
22 to do some interviews on Friday, because of

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1 problems we had to cancel. So we will be
2 rescheduling those in about the next month or
3 two sometime hopefully.

4 The process of conducting,
5 documenting process and finalizing interview
6 results will likely extend into 2012 which we
7 already know how that's going. Then we have
8 the dependence on the resolution of Mound
9 tritides issue. Though an SC&A is not tasked,
10 TBD revisions could benefit from formal review
11 in some cases. TBD-3 medical doses. And we
12 will be scheduling a fourth Work Group meeting
13 with both NIOSH and SC&A have completed their
14 assigned task. Any questions?

15 CHAIRMAN MELIUS: Just so I
16 understand this right, there's a little
17 confusion here but so, if I understand, NIOSH
18 has done major revisions in the last three
19 years I believe it is on the Site Profile
20 document. If I understood you right, Pete,
21 today you finished the plutonium?

22 MR. DARNELL: Yes.

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1 CHAIRMAN MELIUS: That's
2 timeliness, right?

3 MR. DARNELL: The Technical Basis
4 Documents have all already been revised. They
5 were completed last month.

6 CHAIRMAN MELIUS: Oh, okay.

7 MR. DARNELL: The last one was
8 completed. We then based on the Work Group
9 meeting re-revised the plutonium section for
10 that task.

11 CHAIRMAN MELIUS: And that was
12 today.

13 MR. DARNELL: That was completed
14 today.

15 CHAIRMAN MELIUS: Okay, okay. And
16 that's timely, right.

17 MEMBER SCHOFIELD: Yes, we have
18 seen that yet.

19 CHAIRMAN MELIUS: No, we
20 understand. And just clarify me on the --

21 MEMBER SCHOFIELD: Well, I
22 apologize, I guess SC&A has seen it. I

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1 haven't.

2 MR. STIVER: Hi, everybody. I'm
3 John Stiver and with Aris Papadopoulos the
4 task manager for Pinellas. I've been fairly
5 close to some of these developments and
6 attended the last Work Group meeting. And I
7 guess some of the disconnect we're seeing
8 here, some of the apparent disconnect has to
9 do with the fact as Peter mentioned that there
10 was kind of a hiatus there from June of '09
11 until we had the last Work Group meeting just
12 in this last October during which some major
13 sea changes in TBDs were instituted. And so
14 when you look at the issue matrix in that
15 snapshot in time from June of 2009 there are a
16 lot of things that we kind of had agreed in
17 principle to that we would have to see, you
18 know, whether these TBDs really implemented
19 what we had requested to the extent we felt
20 would be adequate. One example being this
21 issue number 1 was whether the references were
22 adequate characterized by exposures pre-1980.

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1 And NIOSH has provided in TBD-1 a table with
2 about 400 different references. No, it's
3 clearly not practical for us to go look at
4 every single one of those and it's even more
5 complex because some relate to internal dose,
6 some relate to external, some to environmental
7 at different time periods. And so it's kind
8 of one of the reasons I put in that last
9 bullet towards the end on the way forward that
10 because there have been such comprehensive
11 changes that, you know, even though we haven't
12 been tasked some of these TBDs might benefit
13 from review.

14 We do believe and our first
15 impressions are that they are good TBDs, there
16 are certainly some major improvements there.
17 It's kind of an ongoing process right now and
18 it would be premature to make any final
19 judgments.

20 CHAIRMAN MELIUS: And that's not
21 what I was trying to imply nor I think what
22 Phil was at all either. There clearly needs

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1 to be additional review. I was just trying to
2 get at what other, sort of the first revision
3 going through what, if anything needed to be
4 done now and I think Pete was saying you're
5 complete. The only one I'm still a little
6 confused on is the D&D period as to what is
7 required there, being looked for there.

8 MR. DARNELL: NIOSH has gone
9 through the available documentation and
10 actually addressed the D&D period specifically
11 on page 13 of the site description.

12 CHAIRMAN MELIUS: Okay.

13 MR. DARNELL: Again, it's one of
14 those --

15 CHAIRMAN MELIUS: It has to be
16 looked at. Okay, okay, I understand.

17 MR. DARNELL: Right.

18 CHAIRMAN MELIUS: Thanks,
19 everybody. Paul, then Gen. Okay, that's
20 polite of you.

21 MEMBER ROESSLER: Usually the
22 occupational medical dose is pretty routine at

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1 most sites. And it was kind of my impression
2 it's claimant-friendly. What is it about this
3 site that makes it one of the major issues
4 that's identified?

5 MR. DARNELL: It's a holdover from
6 the way the site started looking at medical
7 doses. They weren't using the TIB for medical
8 doses. Now they are, and the approach just
9 hasn't been looked over by SC&A yet.

10 CHAIRMAN MELIUS: So a loose end
11 more than a major issue I think, if that.
12 Paul?

13 MEMBER ZIEMER: I don't know if
14 this, which of you this is for but just a
15 general question on external dosimetry.
16 There's kind of an implication that we don't
17 know the basis for which people were selected
18 for dosimetry and therefore you're going to
19 talk to some of the workers. But are there
20 any records that give the official policy on
21 who gets -- who wears the badge? I assume
22 this, most of this focused on neutron

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1 dosimetry, is that correct?

2 MR. DARNELL: Actually the
3 dosimetry was a mixture. At the Pinellas site
4 dose was reported as a whole body dose which
5 included neutron, photon and tritium. So it's
6 been very difficult to split the doses up. The
7 badges that were used changed over different
8 periods. We know what they were, we know what
9 the responses were. What we didn't have was a
10 record that showed us the individual doses to
11 photon, the individual doses to neutron. We
12 got the whole body dose for most of the time
13 period.

14 MEMBER ZIEMER: And they threw the
15 tritium in there which has got to be internal.

16 MR. DARNELL: Yes.

17 MEMBER ZIEMER: Oh, okay. Well
18 that's a little different.

19 MR. DARNELL: Yes, very different.
20 That's why NIOSH has taken the approach into
21 looking at the dosimetry. It's quite apparent
22 in looking at the records and the history of

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1 the records that they have that the Pinellas
2 site focused on personnel that were performing
3 the radiological operations. At the Pinellas
4 site the radiological operations was an
5 extremely small percentage of the overall work
6 at the Pinellas site. As a matter of fact,
7 the radiological hazard is extremely low
8 compared to the chemical hazards that were at
9 the Pinellas site. So we have the contractors
10 focusing on the workers that were actually
11 doing the hands-on radiological work. So what
12 you have is a worker dosimetry set of data
13 that has a whole bunch of people at zero, 95
14 percent of them right around 100 millirem and
15 then you tail off. I think the highest
16 individual maximum exposure at the site at any
17 time was 1.71 rem. The 95 percent and 100 or
18 lower, excuse me.

19 MEMBER ZIEMER: And one other,
20 just a general question. I assume that this
21 wouldn't violate any classification issues but
22 if it does say so. But the neutron

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1 generators, are they typically the 14 MeV
2 deuterium, tritium?

3 MR. DARNELL: Because we're not
4 sure we're not going to answer that.

5 MEMBER ZIEMER: Okay.

6 MR. DARNELL: About the
7 classification issue, not the answer.

8 MEMBER ZIEMER: Okay, thank you.

9 MEMBER SCHOFIELD: Just one other
10 brief thing. I know there's been a long delay
11 from the start of this to this point but
12 Pinellas records seem to become orphans and
13 they have literally been scattered throughout
14 the complex. So you have to go all over the
15 country to find their records and that has
16 definitely slowed things down.

17 CHAIRMAN MELIUS: Okay. No more
18 questions? Thank you both.

19 MR. DARNELL: Could I add one more
20 thing? I apologize. About the external
21 dosimetry. This is a very different site than
22 most DOE sites. Either the radiation was

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1 turned on when they were doing the test or it
2 was turned off. So in your dosimetry records
3 what you were going to have is a person with
4 10 millirem or whatever on this, on day X and
5 then day Z way down the road three or four
6 months later they may have another 10
7 millirem. No exposure in between yet they
8 were monitored. And this is repeated
9 throughout the history of the site. So what
10 you get is a truly skewed set of dosimetry
11 towards the highest exposures. That's really
12 important to understand because when you know,
13 when you've captured the highs and you know
14 the lows are at zero because you have
15 dosimetry records at zero, you've got
16 dosimetry records up to 1.71 rem, it became
17 quite apparent quickly that there was a lot of
18 work that was done at the site that didn't
19 involve radioactive materials, didn't involve
20 an exposure which gave us the ability to use
21 the 95th percentile right at 100 millirem to
22 provide the unmonitored worker. So dosimetry

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1 while it's weird and different than most sites
2 it's actually a little bit easier to assign
3 the dose to the workers. Yes, sir.

4 CHAIRMAN MELIUS: Okay, go ahead,
5 Dave.

6 MEMBER RICHARDSON: Just a
7 question because it's sort of counterintuitive
8 to me. I mean, often when I talk to people
9 about neutron dosimetry in the years before
10 TLD approaches -- some health physicists are
11 really skeptical that you can do very much in
12 reconstructing the neutron dose reliably from
13 the NTA films. And they sort of caution you
14 about that. And here the sort of spin is that
15 the dosimetry is easier here but because we,
16 we're turning on and off the source but it's a
17 neutron source I guess is the paradox.

18 MR. DARNELL: Well, it's partially
19 a neutron source and photons were also
20 emitted. It is, to me it appears easier
21 because it is so discrete. You have one
22 action, it's done, it's over, there is no

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1 exposure, there's no real --

2 MEMBER RICHARDSON: But we don't
3 have a level of information which necessarily
4 reliably even allows us to place workers in
5 the plant. If I'm understanding the site
6 history correctly some of them were moving
7 from Wisconsin to Pinellas and so we're at a
8 scale of resolution which is far away from
9 determined when they were in front of a source
10 and the switch was turned on and off.

11 MR. DARNELL: Actually, we have
12 that.

13 MEMBER RICHARDSON: You have time
14 information?

15 MR. DARNELL: Well, we have the
16 day that the tests were complete and the
17 dosimetry match-up. So the person with, like
18 I told you that has that exposure, it's coming
19 on a day they were doing testing and we can
20 see that in the records.

21 MEMBER RICHARDSON: Okay.

22 MR. DARNELL: That's how discrete

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1 the exposures were to the externals. Now the
2 internal is something different, but the
3 external was pretty discrete.

4 MEMBER RICHARDSON: Thanks.

5 CHAIRMAN MELIUS: Okay. I think
6 we need to move into public comment period.
7 Thank you, Pete and Phil. I have a list of
8 about a dozen people that have signed up here
9 for public comment. I'm going to go in order
10 but I'm going to start with the people at
11 least I believe are associated with the
12 Pinellas facility first, and then do other
13 people here. And then later on we'll, if
14 there are people on the line that would like
15 to make public comment we will get to them.

16 Before we start Ted has some
17 information.

18 MR. KATZ: Yes, just to advise
19 everyone who's participating in public comment
20 that you may have noticed there's a court
21 reporter here. All these Board meetings are
22 fully transcribed verbatim meaning word for

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1 word. So your comments will be captured that
2 way as well and all of the Board transcripts
3 from all of the Board meetings get posted on
4 the NIOSH website. So whatever comments you
5 make will end up on the NIOSH website
6 available to everyone in the public. So
7 anything you say personal about yourself,
8 that'll be available to the public. We don't
9 redact that personal information. We do,
10 however, just note, redact personal
11 information you give about other people to
12 protect their privacy because it's not them
13 speaking here. So if you talk about another
14 person we will redact enough information so
15 that the public doesn't know who you're
16 talking about. It doesn't mean that people
17 will, the public will know what you've said
18 about the person but not who that person is.
19 So just want you to understand that and the
20 full policy should be on a piece of paper in
21 the back table there if you really want to
22 read it. And also for people on the phone

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1 it's also on the NIOSH website under the Board
2 section of the website. Under the meeting
3 section there's a policy called Redaction
4 Policy I believe and that's where you can see
5 the policy in all its glory. But that's
6 essentially what it is, what I just told you.

7 CHAIRMAN MELIUS: Okay. We will
8 get started and the first person that is
9 signed up is Donna Hand.

10 MS. HAND: I yield that to the
11 workers because you all hear from me all the
12 time. I prefer that you hear from workers.

13 CHAIRMAN MELIUS: Okay, well we'll
14 right down to the next person I have signed up
15 is Steve Smith. Is Mr. Smith in the? You can
16 either use that microphone there if you prefer
17 that one. Okay, that's fine. And if you have
18 something you'd like to hand in written you
19 can give it to us and we'll also make copies
20 and distribute it.

21 MR. SMITH: I'm Steve Smith of St.
22 Petersburg. I started my career with General

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1 Electric in 1979. I began my tenure in the
2 metalized department where I worked around
3 cyanide baths and acetone. I would paint
4 ceramic parts from the lathe machine with a
5 lead-based slurry. Once the parts were
6 painted I would place the ceramic parts in a
7 hot furnace. No protective equipment was
8 required.

9 The first introduction to that
10 area was the strong smell of acetone. Over
11 time I became acclimated to the smell. After
12 three years I took a position in final test
13 where I performed radioactive testing on the
14 final product before it was sent to Quality
15 Assurance. Every day I had my hands in a
16 clear liquid that would dry my hands out and
17 turn them white. I worked inside the taped
18 magenta area while the tests were being
19 performed. I operated the radiography
20 machines and would go to tube exhaust and
21 other departments nearly on a daily basis. I
22 wore a film badge and gave a monthly urine

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1 sample as well. Again, I was not required to
2 wear protective equipment.

3 The next six years I worked in
4 shipping and receiving where my duties
5 included unloading trucks, X-raying every
6 parcel that came through the Pinellas Plant.
7 My deliveries took me to every department at
8 the Pinellas Plant. Once a month I would load
9 55 gallon drums. I would assist the shipping
10 department and there was three of us that
11 would take the government truck and we would
12 transport these 55 gallon drums to MacDill Air
13 Force Base where we would meet a government
14 plane that was waiting on the tarmac and
15 transfer the drums onto the plane. The drums
16 were hot to the touch and I was wearing
17 asbestos gloves. They were still hot.

18 Once I was unloading a truck
19 removing a crate that was clearly marked
20 radioactive. As I was unloading the crate it
21 broke open, spilling out the contents onto my
22 shoes and onto the floor. I immediately

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1 contacted my supervisor as well as the hazmat
2 personnel. Looking back, the hazmat team
3 never washed me down. My supervisor allowed
4 me to receive new work shoes.

5 After 13 years of service at the
6 Pinellas Plant I was laid off. During my
7 years at the plant I developed severe
8 allergies which I still suffer from today. In
9 1986 I was diagnosed with chronic fatigue
10 syndrome. In 1984 I developed a cancerous
11 mole underneath my right eye. In 1982, this
12 is going to go into public record, my
13 physician performed a chest X-ray. It showed
14 that I had scarring on the lungs. My sister
15 who was also employed at the Pinellas Plant
16 had the same findings in her chest X-rays. She
17 had the same physician that I had. The
18 physician gave me a signed affidavit which I
19 included in my packet that I submitted to
20 NIOSH.

21 In 1998 my sister Kathy Sanders
22 was diagnosed with lymphoma-melanoma. She

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1 died July 10th, 2000. That same year I too
2 was diagnosed with melanoma. In 2001 it
3 recurred, and in 2005 it recurred again. In
4 2004 I was diagnosed with beryllium disease by
5 a doctor in St. Petersburg.

6 I attended the initial meeting for
7 the Pinellas workers in 2004. At that meeting
8 Larry Haas who represented the Department of
9 Labor divulged to us, and this is to the best
10 of my recollection, that the government had
11 knowingly exposed the employees to high levels
12 of radiation. In the same sentence he said
13 that the government was ready to write checks
14 out to employees who had been affected. I
15 stood up and challenged him that the burden of
16 proof would be placed on the employees. He
17 assured everyone that would not be the case,
18 but it has been the case. I have jumped
19 through many hoops in order to provide
20 information from my dose reconstruction only
21 to be turned down every single time. He also
22 shared at that same meeting that the records

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1 of the employees had been lost.

2 I am proud of the part I played in
3 helping to end the Cold War. Like the first
4 responders on 9/11 the Pinellas workers have
5 also been neglected. In conclusion, my family
6 had never had a history of cancer until my
7 sister and I were diagnosed with melanoma. I
8 find it strange that her and I worked at the
9 same plant and we both shared the lung
10 scarring as well as cancer. I find it strange
11 that the employees spotted an alligator with
12 three eyes and a frog with two heads. If the
13 soil was such to where it changed the mutation
14 of the wildlife imagine what the radiation was
15 doing to us.

16 I believe it would be advantageous
17 as well as cost-effective to give every
18 claimant a set settlement along with a medical
19 card. This to me would seem to be a lot
20 simpler rather than the countless studies,
21 meetings, that we're conducting here today and
22 have been conducted. Unfortunately I'm afraid

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1 that as more and more of us die off and as
2 time goes on the liability aspect just goes
3 away. Thank you for allowing me to have this
4 opportunity to share what's on my heart.

5 CHAIRMAN MELIUS: Thank you, Mr.
6 Smith. The next person signed up is Russell
7 Sherk. Okay.

8 MR. SHERK: Yes, my name's Russell
9 Sherk and I'm here on behalf of my wife Mary
10 Davidson Sherk. She worked at the Pinellas
11 Plant from 1993 to '96 and in 1998 she passed
12 away from acute appendicitis eight days after
13 our second child was born. And I don't know a
14 lot about what she did.

15 I know also, I have some
16 information on my father-in-law, David R.
17 Davidson. He worked at the Pinellas Plant
18 from 1956 to 1994. And basically my mother-
19 in-law, Judy Davidson, couldn't be here and I
20 was wanting to just give a little information
21 about him because she filed a claim. Well,
22 originally he filed a claim in 2004 for lung

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1 scarring and he went to some of the same
2 meetings that Mr. Smith mentioned earlier and
3 filed the claim. And then in 2005 he also was
4 diagnosed with a rare carcinoid cancer and
5 later died on June 1st, 2006.

6 And I just wish that the Board
7 would do the best they can for the employees
8 that worked there at the plant, that they
9 would follow through with what they were
10 intending to follow through when this program
11 was first started. And I just appreciate the
12 time that you've given me. Thank you.

13 CHAIRMAN MELIUS: Thank you. The
14 next person who is signed up is Doris Ensor I
15 believe. Okay, that's fine. And if you could
16 introduce yourself for the record so we have.

17 MR. MILLER: My name is Josh
18 Miller. My grandmother is Doris Ensor and my
19 grandfather is Stafford Hutchinson. I'm a
20 radiation worker here in Florida. I do have
21 some experience. I work with radionuclides,
22 gamma-emitting, but I do have prior knowledge

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1 of alpha and beta gamma index rate emissions
2 and dosimetry reporting. I work closely with
3 the radiation safety officer.

4 My main concern is when I heard
5 about these glass tubes, the tritium. Now,
6 whenever they were dropped the employees
7 immediately affected by that would have
8 inhaled it. It would have been absorbed into
9 their bloodstream and into their capillary
10 vessels inside their lungs, and upon that
11 point is when it does the real damage. It
12 seems as though without proper reporting was
13 there an acting radiation safety officer or a
14 person acting as such that there was a prior
15 reporting of these and the people affected
16 directly.

17 Knowing that, there was talk about
18 the film dosimetry badges. That's not going
19 to pick up alpha emissions. You're going to
20 have to have air monitoring which I heard
21 referenced but to what point. Was it near the
22 point of origin, or was it across the

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1 building? Because that point is going to be
2 dissipated into the air. Your parts per
3 million are going to be lower and the
4 concentrations are going to show different
5 than what I've seen. I saw my grandmother's
6 dosimetry report and it seems 100 millirem is
7 extremely low for a person working within an
8 environment that there is gamma and neutron
9 and photon. Or sorry, X-ray, neutron and
10 photon emissions. And then of course without
11 having volume studies for the alpha emissions
12 there is no comprehensive data for that. I
13 haven't seen it.

14 Now, my grandfather had COPD is
15 what it was diagnosed by medical
16 professionals. But it directly correlates
17 with lung scarring, the X-rays. It states it
18 throughout his entire medical records. It
19 directly correlates with the diagnosis and the
20 treatment for beryllium poisoning, or
21 beryllium disease. Immunosuppressive, oxygen
22 exchange. He was on oxygen. He was

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1 constantly on steroids and so forth and so on.
2 It seems as though, that seems to be a pretty
3 prevalent issue that at some point or another
4 it seems that all have been exposed to some
5 form or another of inhalant whether it be
6 beryllium or heavy metal contamination.
7 Nowhere in his medical records does it say
8 that he was ever submitted for any kind of
9 control. There was no process control for
10 seeing what his contamination level was for
11 heavy metal and tritides and beryllium until
12 it was too late. He died of obstructive
13 disease in his lungs which is kind of a
14 general term which I would assume looking back
15 the doctor should have checked for beryllium
16 poisoning. That being said it seems as though
17 the records weren't clearly kept, that a lot
18 of the things aren't taken into consideration.
19 It doesn't seem as though it is being treated
20 fairly. And that's as far as my knowledge of
21 it.

22 CHAIRMAN MELIUS: Okay, thank you.

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1 Pete Darnell is still here if you'd like to
2 talk to him or I think John Stiver is here
3 also about -- give you a little bit more
4 information on the sampling and what was done
5 in terms of monitoring because it is
6 complicated there. As I said, we're still --
7 the Advisory Board and our contractor are
8 still in the process of reviewing that and one
9 of the other things we look into are, you
10 know, spills, accidents and so forth, and try
11 to look at what sort of documentation, what
12 might have occurred and were exposures missed
13 in the dose records from those kinds of
14 incidents. It's one thing and it's very
15 important that, you know, people have
16 knowledge of that or you know, recollection
17 can inform us because it's not always, at
18 least at many sites those are not always
19 recorded well.

20 MR. MILLER: That's another
21 question I forgot to ask.

22 CHAIRMAN MELIUS: That's okay.

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1 MR. MILLER: Is there a current
2 survey or a background of the facility now?
3 Because I think that would be easy enough to
4 reverse decay because it's essentially a
5 proven theory, or a science.

6 CHAIRMAN MELIUS: Again, I think
7 Mr. Darnell could probably, somebody more
8 familiar with the facility than I am could
9 probably help you with that and answer that
10 question also.

11 MR. MILLER: All right, thank you.

12 CHAIRMAN MELIUS: Yes, thank you.
13 The next person I have signed up is David
14 Vaughn.

15 MR. VAUGHN: My name is David
16 Vaughn, Pinellas Plant. I started work there
17 on July 3rd, 1967, and I left on August 1st,
18 1997. That's a little over 30 years. For the
19 first 12 years I worked in the plant I worked
20 in the laboratory. In the lab my job was to
21 do tritium analysis. Now, these broken flasks
22 you're talking about, they happened. In fact,

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1 in the part of the plant where it was
2 considered to be the hot area and you had to
3 wear shoe covers and lab coats and things to
4 get in there, so those things did happen.

5 After working there about 10 or I
6 guess about 12 years I developed basal cell
7 carcinoma on the side of my head. I had a
8 habit when talking to people of rubbing the
9 side of my head right here. Now in the early
10 days we didn't have the same kinds of safety
11 procedures in place in the beginning that we
12 had later on so I didn't wear gloves. I
13 handled all these things with my bare hands.
14 So there's no doubt in my mind that basal cell
15 carcinoma was caused by the tritium contact
16 with the skin on the side of my head.

17 Well, that was the first time I
18 had surgery. About four years later I had to
19 have surgery again in a similar location. This
20 time they told me I was getting, in addition
21 to having a basal cell removed I was getting a
22 face lift on one side. What they did, they

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1 peeled the skin back from the front of my ear
2 all the way back to about here, about the
3 middle of my head, and then they removed a lot
4 of nerves, a lot of tissue under -- from the
5 side of my head. Now, I've been told that
6 tritium can't penetrate the skin. Well, I'm
7 telling you that's not true. I know for a
8 fact that it can and for about two years my
9 head was numb from the top to the chin, all on
10 the right-hand side. Well, fortunately it's
11 never come back. It was removed.

12 I also developed squamous cell a
13 little later on the side of my shoulder here.

14 And then about 10 years ago I had surgery for
15 adenocarcinoma which was colon cancer. In
16 each case I've been very lucky it was caught
17 early.

18 Now, in addition to doing tritium
19 analysis for about 10 or 12 years in that part
20 of the plant I also operated the linear
21 accelerator. This accelerator was inside the
22 main building. That was a 200 kV accelerator

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1 and basically the purpose of this accelerator
2 was to produce neutrons.

3 Now, subsequent to my operating
4 the accelerator after a couple of years they
5 moved it out of the main building into another
6 building which was specially constructed and
7 modified to house this accelerator. The walls
8 were 4 feet thick, the ceiling had 21 inches
9 of poured concrete. Now, the reason why the
10 poured concrete and this to me seems a little
11 strange but I was told this was the reason was
12 because of something called skyshine. I guess
13 some of you are probably familiar what that
14 is, I'm not. But I think it had to do with
15 airplanes flying over the building when
16 they're doing testing. The reason that I feel
17 this should be a concern was because for the
18 first two years it wasn't in that building, it
19 was operated in the main building and the only
20 thing that surrounded this accelerator were
21 chipboard walls, about 3/8 inch thick or
22 something like that. So, that's something

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1 that led -- I haven't seen this reflected in
2 any of the reports that I've read, in any of
3 the documentation.

4 Now, the accelerator, someone said
5 something about 14 MeV neutrons. This
6 accelerator produced both high and low energy
7 neutrons, not just high energy neutrons but
8 also produced neutrons that were low and as I
9 understand in the two to three range. So that
10 was the first 12 years I worked in the
11 building, at the plant.

12 The last 18 years I worked in
13 security where I basically handled technical
14 security and as part of my job there I was in
15 all areas of the plant at all times of the day
16 and night. One of the places where I spent
17 time was in the building where the RTGs were
18 built. One of the reasons why I was there is
19 because we put in portable monitoring
20 equipment to detect the presence of weapons or
21 maybe the possibility of someone taking one of
22 these RTGs out of the building.

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1 Something that I noticed about
2 this portable monitor, there was a vault, I
3 say a vault, a room where this, the RTGs were
4 stored. You walked between the monitor in
5 that room, the monitor would actually detect
6 the fact that you had walked between it and
7 the source of these RTGs. Now, someone says
8 they were triple encapsulated. I think there
9 was something besides alpha being produced by
10 these RTGs, that's what the monitor was
11 picking up.

12 In addition to working in all
13 areas and working with a portable monitor and
14 working around the RTGs I also visited most of
15 the other sites in the weapons complex during
16 the last 18 years as part of my job. I don't
17 remember ever being badged anyplace I ever
18 went. I don't remember ever wearing a
19 dosimeter when I was at the Pinellas Plant. I
20 was in the bioassay program when I did the
21 tritium analysis but I never wore a dosimeter
22 at any time.

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1 It's my feeling that maybe not
2 everything is being properly and accurately
3 reflected in the Site Profile. I haven't
4 looked at the latest revision of it so I don't
5 know what's been changed but I know the
6 earlier versions that I looked at were
7 inaccurate. I guess that's all I have.

8 CHAIRMAN MELIUS: Thank you. Paul,
9 do you want to answer the linear accelerator
10 question?

11 MEMBER ZIEMER: Dr. Melius asked
12 me to make a comment about skyshine. That's
13 fairly common in radiographic facilities. In
14 fact, it's one of the issues we have at
15 General Steel Industries currently. Skyshine
16 has to do with radiation scattered over the
17 top of shields where there is not a shielding
18 ceiling as it were, and that scattered
19 radiation that comes over the top and reaches
20 occupied areas outside is referred to as
21 skyshine. So it appears from what you've said
22 that the shielded ceiling that was added in

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1 your later facility was to eliminate that
2 radiation which otherwise would scatter to the
3 occupied areas over the top of the shield.

4 CHAIRMAN MELIUS: Thank you for
5 those comments. The next person I have signed
6 up I believe is Josh Miller.

7 MR. MILLER: I've already gone.

8 CHAIRMAN MELIUS: Okay, I thought
9 it looked familiar. Thanks. The person next
10 is Bill Sunderbruch. And Mr. Sunderbruch, if
11 it would be easier for you to sit down we can
12 bring the microphone down. Okay, fine.

13 MR. SUNDERBRUCH: I'll just sit
14 down if you can hear me.

15 CHAIRMAN MELIUS: Yes, thank you.

16 MR. SUNDERBRUCH: My name is Bill
17 Sunderbruch. I started, you said it was 1957,
18 it was actually 1956, the temporary plant in
19 St. Petersburg and worked there till -- for 37
20 and a half years. During that time I started
21 out as a early employee working at the
22 temporary plant, 34 employees. And we built

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1 generators there.

2 In May we moved to the main plant.
3 I was one of the last ones to leave the
4 temporary plant. And a couple of years later
5 I became a supervisor for 25 years. During
6 that time I built generators, quite a bit of
7 different products. My last assignment in
8 manufacturing was in the RTG for five years.
9 Department of Energy required a physical
10 inventory of heat sources every day. You
11 talked about asbestos gloves. I had to go in
12 with my bare fingers, run it across the heat
13 sources every morning, count 200 to 300 heat
14 sources then report to DOE about that they
15 were all there.

16 Mr. Darnell is, not to take
17 anything away from him but he does not have
18 all the information that he should have had.
19 And it's not his fault. I was in the tube
20 exhaust area for supervisor for 15 years. I'd
21 get a call on the phone and they say your
22 urine sample is a little high, better have a

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1 little beer on the weekend, get rid of the gas
2 I inhaled. So you come in Monday morning
3 leave a sample. They call up, say okay,
4 you're fine now. Well, if you were fine on
5 Monday then Friday's point report went in the
6 garbage. It was never recorded.

7 When I first filed for my claim I
8 got, through the Freedom of Information Act I
9 got my medical records. During the 25 years
10 that I was a supervisor every year they'd give
11 you a physical. That physical gave you a
12 blood test, X-ray, the whole smear. Even DOE
13 managers came in to get their physical at the
14 plant because it was so thorough yet in my
15 report there was not one of my tests showed
16 up, or not one of my physical exams showed up.
17 I'd looked at my radiation dosage that I
18 received over the years. Peter's probably got
19 it. The amount of phone calls I got, the
20 amount of exposure I had doesn't show up on
21 that report.

22 Now whether some of you worked at

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1 other plants or not we had what they called
2 the CIP program, cost improvement program. I
3 think it was sponsored by the government and
4 what it was, that each section of the plant
5 was given a target area to save so much money
6 a year. Well, if you reported, health physics
7 for example had a bad year, a lot of radiation
8 exposure, they didn't get as much incentive if
9 you will. So the plant's cost improvement
10 program would drop. So there was a lot of
11 things that weren't reported that happened.

12 I wished I could help Peter with
13 some of the information that may have been
14 destroyed or not recorded. I don't know how
15 he's going to recover it but there's a lot of
16 sick people at the plant. I've had, you
17 talked about an investigation going to come
18 up, you're going to get more people together.
19 Please hurry up. I'm 79. I started at 26 and
20 I was one of the young ones. Most of them are
21 gone now.

22 I would be more than happy -- I

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1 was supposed to be at MacDill on Friday. It
2 got canceled. I have friends that I met with
3 the other night at the GE Quarter Century
4 Club. Some of the engineers, the technicians,
5 section managers said they'd be more than
6 happy to discuss classified information with
7 you if it got on notice. Some things came up,
8 some programs that we had at the plant that
9 people got -- I don't want to say radiated.
10 That's a good point, they might have been. And
11 that should be brought up. I don't know how
12 you're going to do it, you can't do it here.
13 As a matter of fact I've been retired now 19
14 years and I don't know what's classified
15 anymore and what's not. But I'd be more than
16 happy to volunteer my services to help you out
17 any way I can. And I can get you a list of
18 people that would be more than happy to help.
19 Do you have any questions for me?

20 CHAIRMAN MELIUS: Thank you, but
21 we certainly I think do want to take you up on
22 your offer to help. I think that was either

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1 through NIOSH or through the Board has our own
2 contractor that helps us review these sites
3 and that's one of the paths they wanted to do
4 was to interview a number of people. So John
5 Stiver and John Mauro are there and I think
6 they'll follow up and get in contact when we
7 coordinate that. And we also have ways of
8 handling the classified information procedures
9 and so forth that protect everybody with DOE's
10 assistance on that and cooperation.

11 We appreciate it, and we
12 appreciate you coming here. And again, just
13 to reiterate, we assume we don't have all the
14 information, so the information that's
15 provided in these meetings and other outreach
16 efforts are really important to us. We try to
17 do everything we can to take them into account
18 in our review. So thank you again.

19 The next person signed up is
20 Robert Bossard I believe. I apologize if I
21 mispronounce.

22 MR. BOSSARD: I've been called

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1 worse.

2 CHAIRMAN MELIUS: Well, with a
3 name like Melius --

4 MR. BOSSARD: It's Bossard, but
5 that's okay. I started in 1963, I was an
6 hourly employee like Bill said he was and then
7 I worked my way up. I worked as a lathe
8 operator and right across the hallway they
9 machined beryllium. And of course, I've got
10 beryllium in my lungs as we speak, but I was a
11 supervisor of separators, capacitors, thermal
12 battery, LAC connectors, classified area that
13 Bill said we're not allowed to talk about, but
14 two of my employees that worked in that area,
15 they died. Another one worked with
16 radioactive parts, '56, he died.

17 We offloaded those heat sources
18 when the SST trucks came in, our job was to
19 get them unloaded as fast as possible which we
20 did. We got a lot of commendations for the
21 job we did on that. We had to put them in the
22 vault and like Bill said they were brought

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1 out. They had to be inventoried and
2 inspected. So a lot of people were involved
3 in that also. The thing that concerns me,
4 I've really been to so many meetings, I worked
5 there 34 years and nobody's ever told me how
6 they came up with the 50 percent, that number.
7 I'm still confused. How do you come up with
8 it? Do you just reach up in the air and grab
9 that 50 percent? How do they do that? Can
10 somebody explain that to me? Nobody, right?
11 I'm back to square one.

12 CHAIRMAN MELIUS: Yes, it's a
13 calculation based on what the probability is
14 that a particular cancer will be related to
15 the dose that you received. It's not simple
16 to do because it also takes into account that
17 there may be some error in making that
18 assessment. And so 50 percent was taken as
19 essentially the doubling of the risk so there
20 would be 1 chance in 2 that that was due to
21 your exposure, whatever that exposure might
22 be. And then there's an error, a correction

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1 put into it to take into account what error
2 there might be in that. So there's some prior
3 use of that not in this -- well, in
4 legislation but also in other compensation
5 programs, that's where it came from. But it's
6 not an everyday thing, that's for sure.

7 MR. BOSSARD: Okay, another
8 concern is where the people were going in and
9 out of area, where they built the tubes that
10 people was required to wear film badges. I
11 myself at that point was an expediter. I went
12 in there every day and counted the parts to
13 make sure they were going at the right speed
14 to get to their final product. There was
15 workers in there that I know, in fact there's
16 one here right now working the glove box. She
17 was not required to wear a film badge and
18 another thing is I don't think they're
19 accurate because of the simple reason they
20 just put them on a lab coat and they just
21 flopped. They weren't pressed against your
22 body which I was told that's the way they're

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1 supposed to be to get an accurate reading.
2 Does anybody dispute that? I was told from
3 Oak Ridge that's the way you're supposed to do
4 it to get an accurate reading.

5 Let's see, I guess that pretty
6 much covers it. I probably had some other
7 stuff here but. These folks, I think, I got
8 tired of going to funerals. People dying in
9 their fifties and we buried radioactive parts
10 in the North 40. People dug them up. The 55
11 gallon drums were leaking. They had to put
12 them in other new drums and those people, once
13 again in their fifties, 54, 56, are no longer
14 with us. The drums were sent back to Savannah
15 River. They did their job but they're no
16 longer with us. So that, Peter Darnell, I
17 don't know what he thinks about the Pinellas
18 Plant, but it was a dangerous plant. Thank
19 you very much.

20 CHAIRMAN MELIUS: Thank you, sir.
21 The next person I have is Robert Hill. Again,
22 Mr. Hill, if you'd prefer to sit down while

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1 you make your comments we can bring the
2 microphone down to you if that's easier.

3 MR. HILL: No, I want to be seen.

4 CHAIRMAN MELIUS: Okay.

5 MR. HILL: I've got a lot to talk
6 about.

7 CHAIRMAN MELIUS: Okay, thank you.

8 MR. HILL: All right. I started
9 with the Pinellas Plant December the 3rd,
10 1979, and I retired April 21st, 1997. Okay,
11 when I first started working there in 1979,
12 1980 it was so primitive. Pinellas Plant was
13 primitive. I mean, I want to talk about
14 neglect, negligence, a lot of negligence at
15 that plant at that time it was so primitive.

16 And there was a man down there
17 named Mr. [Identifying information redacted].

18 I used to call him Doc [Identifying
19 information redacted]. He was in charge of
20 the radioactivity program. And they used to,
21 right in front of the building they used to
22 build, take their backhoe and dig out a big

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1 hole. Then they would take all those pipes
2 and ducts that came from the stack, and you
3 know the stack was the most dangerous place at
4 the plant. That's where all your
5 radioactivity went up through the stack. So
6 they would take those ducts and throw them out
7 there in the hole. And so Doc [Identifying
8 information redacted] would say, "Any of you
9 guys want to make some overtime?"

10 "Yes, I'll make some overtime."

11 "I want you to go out there and
12 hose those ducts down." These are aluminum
13 ducts, pipes, you know, full of radioactive.
14 No badge, no nothing. The only thing you had
15 was just some coveralls and just regular
16 little plastic gloves and a little old mask.
17 And all that radioactivity. Go out there and
18 hose it down. They gave you something like
19 foam to hose it down. And that came directly
20 from the stack. And so Doc [Identifying
21 information redacted] died. I would assume he
22 died from radiation, I'm assuming, me. Doc

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1 died.

2 So then they tried to find another
3 way I guess to get rid of that stuff. And so
4 I got another job hauling chemicals. I had
5 this ca, I used to haul around some tritium,
6 krypton and argon, nitrogen, hydrogen. That
7 was some dangerous stuff. I didn't know then,
8 I was young. And I was hauling it to
9 different areas. And I went to Area 109, was
10 one of the areas that I serviced which was the
11 dangerous area at Pinellas Plant. And I would
12 take tritium there, different chemicals, and
13 finally they got dosimeters. And I remember
14 one time, I think mine registered 5 one time.
15 And then they'd tell you, "Go home, drink some
16 beer and come back."

17 So, now, another job I had I
18 worked directly with the stack. That's where
19 they used to cut up all this small material.
20 They would put it in the drum and haul it off
21 to Savannah River. So the only thing they
22 gave me was some coveralls and the little mask

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1 that you wear and some goggles and a suit, you
2 know. And then all this stuff is coming
3 directly from the stack. Now I have to cut it
4 up, put it in the barrel, cap it and send it
5 to Savannah River.

6 So out of all of that there was
7 some neglect. They didn't give you the right
8 equipment, they didn't give you the right
9 dosimeters, they didn't give you nothing that
10 was, that would protect you like it was
11 supposed to.

12 Now, I used to go down to Dr.
13 [Identifying information redacted], that was
14 our plant doctor. I used to say, "Doc, look
15 man, I'm breaking out with these different
16 allergies. I'm breaking out with these
17 different rashes, man." He said, "Well, I'll
18 give you some cream to put on that." I said,
19 "You think that's going to do any good?" He
20 said, "Well, try." These rashes and
21 allergies, and not only that I broke out with
22 a severe case of arthritis which I still have

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1 that comes from those big fans. They built
2 some generators and the buildings used to be
3 so cold in the wintertime and I contracted
4 arthritis in my spine, arms, by going to
5 different areas inside and outside.

6 And so finally, comes down the
7 plant's going to close. And so they said
8 anybody want to make overtime? Yes. So we
9 started to decontaminate the building, and
10 during the day I was working with hazmat and
11 they would have spills all over the place, you
12 know. That was dangerous.

13 You'd go down to the lab ain't no
14 telling what those guys were using at the lab
15 and they would say smoke, lab, so on and so on
16 and so on. Now we've got to go down there and
17 put this stuff out. And so I did that for
18 about four years, worked with the hazardous
19 waste, hazardous material. We used to put on
20 these suits that made us look like spacemen.

21 And so now, coming down to close
22 the place up we were using decontamination,

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1 down in the lab here, there, all over the
2 plant. And so I got out of there with
3 arthritis, I got out of there with -- this is
4 extreme arthritis. I got out of there with
5 allergy, I got out of there with respiratory
6 problems.

7 Now, I just want to say this. God
8 has been good to me because I saw all these
9 people die the whole time I was there. A lot
10 of people died while I was there, and then
11 when the plant closed down a lot of people
12 died after the plant closed down from cancer
13 and different infirmities. So, now, you could
14 call it luck, a blessing, fortunate, whatever.
15 I got out of there and I'm still around,
16 working around all that dangerous tritium. I
17 didn't even know nothing about krypton, what
18 krypton meant at all. And I used to haul that
19 stuff. So I've been blessed, fortunate,
20 lucky.

21 As I close this out I just want to
22 say this. If we get anything, it's a small

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1 price for so many people who have gave so
2 much.

3 CHAIRMAN MELIUS: Okay, thank you,
4 Mr. Hill. Is there anybody else here from
5 Pinellas Plant who would like to speak, didn't
6 sign up? Because we're going to start talking
7 about some of the other sites.

8 MS. COPE: Are we allowed to speak
9 from the phone?

10 CHAIRMAN MELIUS: Yes, you may. Go
11 ahead. If you'd identify yourself, please.

12 MS. COPE: I'm Donna Cope, wife of
13 Al Cope that worked at GE for --

14 CHAIRMAN MELIUS: GE or --

15 MS. COPE: -- from 1958 to '94.

16 CHAIRMAN MELIUS: Oh, okay.

17 MS. COPE: He passed away in
18 2003. We worked seven years on trying to get
19 some help from DOL and NIOSH. I just want to
20 encourage these workers that worked at that
21 plant to please not give up. Don't give it
22 up, keep working at it. It's sinful that they

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1 have to get up here and bare their souls and
2 beg for help. I'm really sorry. If I can do
3 anything for you guys please let me know. I'm
4 up here in Alabama right now, but several of
5 you have my address and my phone number. Just
6 don't give up. Thank you.

7 CHAIRMAN MELIUS: Thank you.
8 Anybody else from Pinellas that wishes to
9 speak? Okay. The next person we have signed
10 up related to the -- is Knut Ringen. Dr.
11 Ringen.

12 DR. RINGEN: Thank you very much.
13 This I think is the sixth time that I've come
14 before you, and you have my disclosures from
15 before. My name is Knut Ringen, and I
16 represent CPWR which is part of the building
17 trades, in this case also the Augusta Building
18 Trades Council that represents the workers at
19 Savannah River and also the petitioners who
20 are involved in the Savannah River SEC.

21 You'll recall that when you met in
22 Richland in August that Dr. Taulbee presented

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1 a proposal for a limited SEC for Savannah
2 River for some thorium areas. And the way
3 that he proposed to define that Class was to
4 use the dosimeter codes that workers had
5 because he said that the dosimeter code would
6 correspond to the very specific work area
7 where thorium had been used and therefore you
8 could use that code to identify the worker. I
9 congratulated him on his hard work after that
10 and I said, because we had just gotten this
11 the night before we had not had a chance to
12 evaluate it. And I said we were going to do
13 so. And in the interim period together with
14 Bob Warren who's a lawyer who represents many
15 of the workers down there we have done
16 considerable work evaluating this that we'll
17 talk about more tomorrow I believe. And David
18 Anderson from Bob Warren's office is here and
19 will speak a little bit about that as well.

20 What we concluded from our
21 evaluation is that in some cases, in many
22 cases the approach that Dr. Taulbee presented

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1 can be used to assign a worker to those areas.
2 But you cannot use that approach to separate
3 or to deny a person that could have worked
4 there. In other words, you can use it to
5 include but not to exclude, and that's a very
6 important distinction.

7 There are two issues that I would
8 like to go through in terms of what we did in
9 our evaluation. First is for construction
10 workers which NIOSH has acknowledged is very
11 difficult. They propose to define as I
12 understand it construction workers by using
13 the codes that are issued for the central
14 shops which is a special area where most of
15 the construction workers signed into the site
16 anyway. However, in looking, reviewing the
17 records from the construction workers at
18 Savannah River it turns out that while they
19 got their security badges in the central shops
20 in most cases those badges are not specific to
21 any work area. But they did not get their
22 radiation badges there in most cases. They'd

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1 get their radiation badges wherever they went
2 out to work in the first time they were there.
3 And they might use the same badge wherever
4 they worked in the facility. So this poses a
5 very specific problem. We don't see how you
6 can use that approach for construction
7 workers. And that's a big issue because we
8 believe that construction workers represent
9 about 30 percent of the total claimants at
10 Savannah River.

11 Jeff Kotsch earlier today talked a
12 little bit about how they go about their work
13 in terms of establishing whether a claimant is
14 a legitimate claimant under the Act. And we
15 have a contract at CPWR that I'm the PI on
16 that does employment verification for the most
17 difficult cases that they cannot get
18 information from either DOE or the corporate,
19 that is the large contractors they use to
20 verify employment and to get records and so
21 on. And about 20 percent of the claimants who
22 are construction workers mostly who have been

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1 employed by subcontractors are sent to us for
2 verification. And we have looked so far at a
3 total I think of 532 workers at Savannah River
4 that we have been asked to verify employment
5 just to confirm that they've worked on the
6 site as a whole. In about two-thirds of those
7 cases we've been able to find evidence using
8 union dispatch records, pension records and
9 that kind of thing that we have access to.

10 But to try to establish for us
11 employment within a particular area inside the
12 Savannah River Site would be absolutely
13 impossible. The likelihood of that is lower
14 than slim in the very, very majority of cases.
15 So with regard to construction workers the
16 approach in general is not going to work. It
17 would exclude too many workers, and it would
18 not be claimant-favorable, at least that is
19 our conclusion.

20 Now the second way that we
21 evaluated what Dr. Taulbee had done was that
22 Mr. Warren, who represents claimants and

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1 therefore can get access to records, submitted
2 FOIA requests for radiation records for a
3 number of workers and put together a file on
4 six individual workers based on five of them
5 had radiation records and one had -- he used
6 the determination letter that had been sent to
7 a worker from NIOSH based on the dose
8 reconstruction. After he had gotten all of
9 the records he coded them with the NIOSH
10 tracking office and sent -- with a NIOSH
11 tracking number and sent them to SC&A to
12 authenticate, have them authenticated that
13 these were real and accurate and valid
14 records.

15 Each of these records shows that
16 you cannot rely at least in these cases on the
17 dose records to either determine radiation
18 dose, place of employment or duration of
19 employment. So we think that there is very
20 considerable problems in this regard also with
21 the approach that Dr. Taulbee has presented.
22 We -- I met with Mr. Griffon and with Arjun in

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1 Washington, D.C. and we went over our findings
2 and SC&A has also done some additional
3 validation work and has found many similar
4 problems with this approach.

5 Based on our findings, we
6 basically suggested two changes to what Dr.
7 Taulbee had recommended to you. And I just
8 want to present this to you tonight so you can
9 think about it. The first is that since we
10 don't see any way that you can use dose
11 records to exclude somebody, to say that they
12 couldn't possibly have worked in a designated
13 area. We don't see how you can exclude any
14 workers here. Therefore we think that for the
15 time period proposed by Dr. Taulbee you have
16 to include all workers on the site.

17 The second finding that we have is
18 that Dr. Taulbee has presented that he's
19 looking at a lot of other radionuclides also,
20 many additional thorium areas and so-called
21 exotic nuclides there and that he wanted to
22 look at those in more detail. And we would

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1 hope that the Board would support us in saying
2 that that should be done on an expedited basis
3 at this point. If you have so much trouble
4 placing somebody in the areas where there is
5 thorium you're going to have trouble doing the
6 same thing with all of these other
7 radionuclides if you find that there are the
8 same problems in terms of establishing the
9 radiation dose. But that, you ought to be
10 able to now that he has created a model to
11 complete that work much faster and to make the
12 determination about how the Class should go.
13 Yesterday -- so those are our two
14 recommendations for you to think about.

15 Yesterday I was in Augusta, and I
16 presented our findings and our recommendations
17 to the building trades that have represented
18 the workers at Savannah River. And I told
19 them that I was going to be here today, and
20 they asked me to say a couple of things. The
21 first is that we need -- it would be very nice
22 if we could have more time to review what

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1 NIOSH recommends before it is suddenly
2 presented. In the -- when this was presented
3 at Hanford we had, the petitioners had not
4 heard about it until the night before. When
5 the Working Group reviewed this issue on
6 December 2nd, during a call Dr. Taulbee
7 proposed an amended Class Definition that
8 nobody had had a chance to deal with either.
9 And whether or not that is what's going to be
10 presented here tomorrow I don't know, maybe
11 there's another change to it also. We have no
12 idea. We got something in the mail that said
13 this may or may not be the final thing that's
14 going to be proposed. And we can't have these
15 things presented at the last minute and then
16 say well, we have not had enough time to
17 review this so therefore we have to defer this
18 to yet another time period.

19 The second thing that they asked
20 me to say is that they invited NIOSH down
21 there in 2003 first to talk about their
22 concerns about the dose records and the

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1 problems with them. And they have felt
2 consistently that since that time NIOSH has
3 spent an overly large amount of time trying to
4 show the excellence of the Savannah River
5 radiation monitoring program and its records,
6 and that it has taken the word of the health
7 physics professionals at the Savannah River
8 Site much, much stronger than it's taken the
9 word of or the evidence presented by workers.

10 So I hope you will also consider
11 those issues. I don't think that they're
12 unreasonable, and I will stop with that. I
13 have a longer written statement that I will
14 give you that you can have. It's mainly for
15 the Working Group. Thank you.

16 CHAIRMAN MELIUS: Thank you, Dr.
17 Ringen. Mr. Anderson, do you wish to? I
18 thought you did.

19 MR. ANDERSON: Do we have time?

20 CHAIRMAN MELIUS: You certainly
21 do.

22 MR. ANDERSON: Is it okay if I

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1 stand?

2 CHAIRMAN MELIUS: Yes.

3 MR. ANDERSON: It's been a long
4 day for everybody. My name is David Anderson.
5 I'm the administrative manager for the Law
6 Offices of Bob Warren in beautiful Black
7 Mountain, North Carolina. Mr. Warren would
8 love to have been here for this. This is a
9 very special meeting for him, but his health
10 has not been so great lately, so he asked me
11 if I would come down and talk to you all. I'd
12 like to just read a prepared statement if
13 that's okay and then maybe tomorrow we can go
14 further.

15 The SEC Petition Evaluation Report
16 addendum submitted to the SRS Work Group on
17 August 11 of this year illustrates many of the
18 problems associated with NIOSH's continued
19 insistence that it can accurately reconstruct
20 dose for the tens of thousands of workers in
21 different jobs at the Savannah River Site. By
22 its own admission NIOSH thought it had covered

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1 the thorium issue earlier until new
2 information surfaced about thorium being
3 stockpiled in the order of tons in parts of
4 the site where NIOSH had not looked. Even
5 with new records and documentation in hand
6 NIOSH finds big gaps in its understanding of
7 how the thorium actually moved through the
8 plant.

9 The petitioner, [Identifying
10 information redacted], who our law firm
11 represents, submits that these same gaps exist
12 in NIOSH's understanding of how workers were
13 exposed to radiation in general at the site
14 and how record-keeping varied in different
15 onsite locations during different time periods
16 and with many different subcontractors. Just
17 as the original assumptions about thorium were
18 wrong, we contend that NIOSH's assumptions
19 about having accurate records are also not
20 based in fact. Over the years this
21 law firm has represented scores of workers
22 whose radiation records appear fractured at

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1 best or completely absent at worst. SC&A and
2 NIOSH as well as this law firm have in our
3 files dozens of interviews and statements from
4 former workers who vividly recall incidents,
5 accidents, spills, off-normal work practices,
6 radiation control lapses, and less-than-formal
7 conduct of operations, yet NIOSH has glossed
8 over these worker and claimant statements
9 citing lack of documentation.

10 Now we learn through this ER
11 addendum that NIOSH has actually found
12 quantities of documentation of just such
13 events in lab notes, not in official DuPont
14 incident records or special hazard
15 investigations. Claimants have consistently
16 been asked or been tasked with documenting
17 incidents they believe would affect their dose
18 reconstruction, yet even NIOSH should
19 acknowledge that these types of lab notes will
20 never be available to the average claimant.

21 Accurate record-keeping is at the
22 core of this SEC and while NIOSH has often

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1 expressed great admiration for SRS monitoring
2 standards the lab notes identified in the
3 Petition Evaluation Report Addendum 2 provide
4 a detailed revelation of sloppy conduct,
5 control lapses, and other significant problems
6 even at the very heart of the facility, the
7 773 inner laboratories. Why would this area
8 be any different from every other area at the
9 site when it came to work practices?

10 Similarly, NIOSH states that, and
11 this is a quote, "Maintenance and construction
12 workers were consulted by Health Physics
13 before and during operations involving
14 contaminated areas or equipment," yet many
15 workers, including the petitioner [Identifying
16 information redacted], report that it was a
17 common occurrence that no HP staff were around
18 on weekends, and several workers report being
19 in areas that were originally thought to be
20 safe, then being evacuated later when someone
21 realized it was still hot and HP arrived late
22 to the scene. NIOSH paints a rosy picture of

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1 operations at Savannah River Site, but
2 countless former workers consistently maintain
3 a different viewpoint.

4 NIOSH contends that its proposed
5 Class will be easily identifiable by
6 consistent use of badge codes and remarks
7 that, and I quote, "One technician stated that
8 all workers who worked in regulated areas had
9 to wear film badges," and this is a continuing
10 quote. "The technician indicated that there
11 were no exceptions to workers having to wear
12 dosimeters in regulated areas."

13 According to the current ER,
14 quote, "The proposed Class will be based on
15 the SRS requirement that all workers entering
16 a regulated area wear a dosimeter badge," yet
17 many interviewees in operations, production,
18 and construction consistently offer a
19 different story. Why is it that NIOSH chooses
20 one technician's statement on which to base
21 its wide-ranging contention that badges were
22 always worn, yet ignores the many statements

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1 to the contrary that it already has on file
2 from other workers? It's as if the entire
3 proposed Class appears to rest on this one
4 technician's statement.

5 Using NIOSH's standard for this
6 proposed thorium-related Class will miss many
7 thousands of workers simply because their
8 records no longer exist. There's no way to
9 determine how many workers, through no fault
10 of their own, will be left out of the SEC
11 because of faulty record-keeping or non-
12 disclosure of records by the DOE and various
13 contractors and subcontractors.

14 There are many examples in our
15 files of workers who may fall into this gap of
16 documentation, and a few descriptions follow.
17 The woman with breast cancer who is documented
18 in 773-A but has no exposure records. The
19 carpenter with bladder cancer known to be at
20 Savannah River Site but whose whereabouts in
21 1967 and 1968 are undocumented. The
22 construction worker with leukemia who was sent

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1 home in a raincoat and rubber boots after his
2 clothes were confiscated for excessive
3 contamination but for which event there is no
4 incident report. The many employees who
5 started out in construction then, like many
6 others, were hired into positions but have no
7 early dosimetry records. The many clerks and
8 office workers who were not issued TLD badges
9 but who regularly delivered mail, urine
10 samples, materials, and supplies to and from
11 hot areas but whose visitor badge data is
12 missing. The Forest Service workers without
13 badges who went into all areas of the Savannah
14 River Site's almost 200,000 acres, wading in
15 contaminated ponds, digging out contaminated
16 and radioactive railroad ties before burning
17 them in some cases or taking them to burial
18 grounds and doing other jobs usually
19 associated with construction. The security
20 guards whose health was in danger when they
21 checked buildings, vehicles, or railroad cars
22 for leaks and exposures before health

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1 physicists came on the scene to measure off-
2 scale radiation levels. The escorts who
3 accompanied construction workers into thorium
4 areas and could not leave the area until the
5 worker finished the job and whose records have
6 not yet been found. And the laundry workers
7 who washed contaminated clothing including
8 masks coming out of 773-A, CMX, and TNX.

9 We applaud NIOSH for admitting
10 that the site information is inadequate
11 concerning thorium. We hope that the Advisory
12 Board will recognize this admission for what
13 it is, the proverbial tip of the iceberg,
14 because we believe other record-keeping for
15 all workers in other time periods are
16 defective as well. We contend that the
17 original proposed Class is reasonable though
18 we accept and appreciate that NIOSH has made
19 small steps to advance the process.

20 Finally, I want to follow up on
21 what Knut said, too. We have seen that
22 thorium did continue, at least in the NIOSH

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1 inventory list, until 1977 and even though we
2 don't want to see this SEC held up while we
3 wait to learn more about what happened with I
4 think there were 2,000 kg of thorium there in
5 1977, we do think we would like to ask you all
6 to consider that in an expedited way for
7 further inclusion in the Class. So, thank you
8 very much.

9 CHAIRMAN MELIUS: Thank you.
10 Gordon Rowe, is he on the line? Are you on
11 the line? Mr. Rowe? Yes, go ahead.

12 MR. ROWE: This is Gordon Rowe.
13 Can you hear me?

14 CHAIRMAN MELIUS: Yes, we can,
15 sir.

16 MR. ROWE: I'm one of the signers
17 of the petition for Savannah River Site, and
18 I'd just like to point out that there's been a
19 very long, drawn-out process that NIOSH seems
20 to come up with all kinds of excuses to drag
21 it out, to not -- to need to find, implement
22 and gather more information. And I think it's

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1 quite unfair that this petition has been drawn
2 out, drug out for so long a time, for several
3 years now.

4 And there's been any number of
5 meetings that NIOSH has had and they have been
6 told by the construction workers that we
7 haven't been to monitoring. There's been a
8 situation and the records have not been
9 accurate. And the construction workers have
10 worked for any number of areas and places
11 where they haven't been monitored properly.
12 And it seems to me that they don't listen to
13 what the construction workers have told them.
14 We are second class citizens it seems. They
15 seem to listen to what the production workers
16 say and the people they had talked to on the
17 plant site more so than they listen to
18 construction workers.

19 I just think that it's been a
20 long, drawn-out affair, and it's quite unfair
21 to construction workers and to people as a
22 whole, to all the people that filed claims and

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1 whatnot that -- they seem to not seem to want
2 to find any excuse to drag this thing out, to
3 not make a decision on this petition. And I
4 appreciate the opportunity of you letting me
5 talk and bring up my position in this matter.

6 CHAIRMAN MELIUS: Thank you very
7 much, Mr. Rowe. Is there anybody else on the
8 phone who would like to make public comments?
9 Okay. If not then we'll close the meeting for
10 today. We will reconvene at 8:15 tomorrow
11 morning.

12 (Whereupon, the above-entitled
13 matter went off the record at 6:10 p.m.)
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