

This transcript of the Advisory Board on Radiation and Worker Health, Weldon Spring Work Group, has been reviewed for concerns under the Privacy Act (5 U.S.C. § 552a) and personally identifiable information has been redacted as necessary. The transcript, however, has not been reviewed and certified by the Chair of the Weldon Spring Work Group for accuracy at this time. The reader should be cautioned that this transcript is for information only and is subject to change.

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL
NATIONAL INSTITUTE FOR OCCUPATIONAL
SAFETY AND HEALTH

+ + + + +

ADVISORY BOARD ON RADIATION AND
WORKER HEALTH

+ + + + +

WORK GROUP ON WELDON SPRING

+ + + + +

MEETING

+ + + + +

TUESDAY,
SEPTEMBER 13, 2011

+ + + + +

The Work Group met in the Zurich Room of the Cincinnati Airport Marriott, 2395 Progress Drive, Hebron, Kentucky, at 9:00 a.m., Richard Lemen, Chairman, presiding.

PRESENT:

RICHARD LEMEN, Chairman*

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ALSO PRESENT:

TED KATZ, Designated Federal Official
ROBERT ANIGSTEIN, SC&A*
RON BUCHANAN, SC&A
JOE FITZGERALD, SC&A*
MONICA HARRISON-MAPLES, ORAU Team*
STUART HINNEFELD, DCAS
KAREN JOHNSON
MARY JOHNSON
JOSH KINMAN, DCAS Contractor*
JENNY LIN, HHS*
JOHN MAURO, SC&A*
ROBERT MORRIS, ORAU Team*
GENE POTTER, ORAU Team*
BRYCE RICH, ORAU Team*
MARK ROLFES, DCAS
JOHN STIVER, SC&A*

*Present via telephone

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

2 (9:12 a.m.)

3 MR. KATZ: All right. We have an
4 agenda. It's on the NIOSH website under the
5 Board section in the meeting section, and we
6 have one small change to it, but we'll get to
7 that.

8 That's under Item 4, which is
9 discussion of open SEC issues, NIOSH and SC&A.
10 We have switched around the order of what was
11 first listed, first bullet, and I think, Mark,
12 the fifth bullet?

13 MR. ROLFES: Yes.

14 MR. KATZ: And the fifth bullet.
15 So that's the only change in the agenda, and
16 so let's get started. Dick, do you want to --
17 do you want to say anything before we get
18 going? Otherwise, we'll turn it over to Ron
19 to --

20 CHAIRMAN LEMEN: Not at this time.
21 Let's go ahead.

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1 MR. KATZ: Okay. Ron, would you
2 kick-start this for us?

3 DR. BUCHANAN: Okay. This is Ron
4 Buchanan from SC&A. I know we've all done
5 other things since we met in May, so I just
6 want to go through a brief run-down of Weldon
7 Springs, the related documents issued and the
8 recent exchange of papers to bring everybody
9 up-to-date.

10 Then I'll go through a summary of
11 the SEC issues to bring everybody up-to-date.

12 Then Item 4, we'll do an discussion of the
13 issues that are still open.

14 So, first of all, just a brief
15 history. We know that Weldon Springs
16 processed uranium or yellowcake from 1957
17 through December 31 of 1966.

18 In addition, in the early sixties
19 they had some recycled uranium, and in the
20 mid-sixties they had some uranium and recycled
21 uranium, and these facts are relevant to our

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1 discussion of some of the issues that we'll go
2 into later.

3 In 1967, there was a transition
4 period in which the plan was shut down, and
5 then they had some activity there. It appears
6 the main cleanup activity and changeover
7 started in '68 and '69, when the Army was
8 going to make a herbicide there, but that did
9 not materialize, and so our SEC period is '57
10 through '67.

11 That was monitored and maintained
12 1970 through 1985. 1985 through 2001, there
13 was a D&D effort. There was an engineering
14 disposal pile in which there's a -- 2002,
15 there's a large pile of rocks there with
16 everything cemented underneath it from the
17 plant, the quarry, and the pits. So that
18 brings us up-to-date on the physical facility.

19 Now, in June of 2005, NIOSH issued
20 TBD-28, Parts 1 through 6, which describe the
21 site and how it is going to do dose

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1 reconstruction. In March of 2009, SC&A issued
2 their Site Profile review.

3 In September of 2009, SEC Petition
4 143 was qualified, and in October -- excuse me
5 -- April of 2010, NIOSH issued its Evaluation
6 Report of the SEC. In October of 2010, we had
7 our first Workgroup meeting.

8 December of 2010, SC&A issued a
9 review of the Evaluation Report, and then we
10 had our second meeting in January. Then our
11 third meeting in May, 9th of May, was our last
12 meeting.

13 So that is the documents that were
14 issued. Now, the exchange of papers have been
15 taking place since then, and I want to go over
16 briefly over those so everybody's on the same
17 grounds here.

18 On April 21, 2011, NIOSH issued a
19 paper that covered a number of the SEC issues
20 and a few of the Site Profile issues. This
21 was just before our 9 May Workgroup meeting,

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1 and so SC&A had not had time to completely
2 review all of these.

3 We did review some of them at the
4 last meeting, and we also clarified some
5 issues. So after the meeting, the action
6 items for SC&A and NIOSH were drawn up and
7 sent out, and I will cover those so to make
8 sure that we are all addressing the same
9 issues.

10 NIOSH replied to the recycled
11 issue, recycled uranium issue, in the first of
12 November -- I mean, excuse me -- first of July
13 of '11, and that was in response to one of the
14 issues number five, which we'll address here
15 soon.

16 So SC&A then issued their response
17 to NIOSH's April paper and evaluation of that
18 meeting and paper and the recycled issue and a
19 new matrix as of June. We issued that in the
20 3rd of August and sent that out, and I hope
21 everyone got those documents.

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1 Today we will do an update on the
2 recycled issue, because that was kind of a
3 fluent issue, and so we have reached a
4 decision on that today, the recommendation,
5 and then at the May meeting SC&A was charged
6 with coming up with a initial plan to look at
7 the data completeness for Weldon Spring.

8 We looked at the accuracy, or we're
9 supposed to look at the accuracy and the
10 completeness. NIOSH states that only the
11 copies of the original documents will be used.

12 No electronic database will be used.

13 So we looked at the completeness.
14 We devised a method, and we did do an initial
15 data completeness test, which we'll have some
16 handouts here today, and we'll discuss today.

17 That was sent out on the 15th of August.

18 Then, on the 7th of September NIOSH
19 issued a paper, the latest one that I've
20 received, and that was the daily weighted
21 exposure error or what they call blunders in

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1 the data, what was originally copied and
2 calculations made. So that was issued a
3 couple days ago, and we've looked that over.

4 So that brings us to the current
5 status of what papers have been issued back
6 and forth, and, fortunately, as you can see,
7 there has been quite a bit of work done on it
8 since our last meeting.

9 So, to summarize on what is left to
10 do, at the action item list from the May
11 meeting SC&A was to look at issue -- SEC Issue
12 1A and 1C, which was the accuracy and
13 completion of the internal and external dose
14 data. Like I say, we will discuss that
15 shortly here.

16 Issue 1B was the daily weighted
17 average, and, again, I touched on that, and
18 NIOSH will present some results on that. 1D
19 was coworker, coworker data, and what SC&A
20 would like to address on that is that we have
21 found in several of the responses from NIOSH

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1 they recommended perhaps using some of the
2 workers data for people that weren't
3 monitored, so we'd like to get a definite
4 response from NIOSH on what the coworker model
5 is that they plan on using or not using or how
6 they're going to bridge that gap.

7 SEC Issue 2 was lack of egress
8 monitoring. We closed that during the last
9 meeting, and 3 was lack of records for 1967.
10 That was closed last meeting with the idea
11 that we'd use the 1966 information or previous
12 operating information, and that -- one reason,
13 it leads to the coworker model.

14 Number 4 was the no radon
15 measurements being made. NIOSH did come back
16 in their April response with a more defined
17 model, and we'll discuss that today.

18 Number 5 was the validity of the
19 recycle uranium assignments, and so we're
20 going to discuss that first off. We're going
21 to get into the details. Number 7 was the

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1 quarries and the pits, and we closed that in
2 the May meeting.

3 Number 8 was accidents and
4 incidents, the impact on dose reconstruction.

5 We pretty much wound that up in the May
6 meeting. We did have one lingering question,
7 a statement made about that the group by last
8 days was claimant favorable in accident and
9 incident situations, and NIOSH is going to
10 provide a clarification on that today.

11 The last one was -- Number 9 was
12 geometry and extremity monitoring. There was
13 no conversation for different geometries at
14 Weldon Spring in their monitoring system, and
15 NIOSH was going to present how they could use
16 geometry factors from other similar sites to
17 correct for geometry dosimetry, and so I
18 expect we'll hear from that today.

19 We did have one Site Profile issue
20 that was responded to, and that was Issue
21 Number 24, which had bearing on the SEC

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1 issues, and that was the amount of enrichment
2 of uranium that was used at Weldon Springs.
3 SC&A requested documentation to show if it was
4 less than one percent, because that affected
5 the neutron issue.

6 Okay, I did skip over that, SEC
7 Issue Number 6, lack of neutron data, which we
8 wish to discuss today.

9 So, if it's less than one percent,
10 then that affects our neutron N/P ratio, and
11 so we did look up that reference and did
12 verify according to the documents at this time
13 that it was one percent or less, so that
14 answered some of our questions on that, which
15 is relevant to our SEC issues.

16 So, that takes us through points
17 one, two, and three on the agenda, and so that
18 brings us to issue four, number four, item
19 number four, discussion of the open SEC
20 issues, and you can see we have Issue 1, 4, 5,
21 6, 8, and 9, which we wish to discuss today.

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1 We are going to put Number 5 at the
2 beginning. John Stiver, are you on the line?

3 MR. KATZ: John?

4 DR. MAURO: This is John Mauro.
5 Yes, John Stiver should be on the line.
6 Perhaps he stepped away for a moment, but he
7 will be joining us.

8 MR. STIVER: Okay, I just had my
9 mic turned off.

10 DR. MAURO: Okay, there you go.

11 MR. STIVER: Yes, I'm on the line.

12 DR. BUCHANAN: Okay. Thank you,
13 John, John and John. We do -- go ahead.

14 MR. KATZ: Before we just go
15 charging into this, just let me say for the
16 petitioners I don't know how familiar they are
17 with processes with Workgroups, but Karen and
18 Mary I believe we have. Maybe we have others
19 at this point who are interested, but we'll at
20 times get through quite a bit of technical
21 material.

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1 If you have questions, don't be
2 bashful. Ask them, and we'll try to address
3 your questions as we go along. Okay? Again,
4 Karen and Mary, are you on the line with us
5 still?

6 MS. KAREN JOHNSON: Yes, we're
7 here.

8 MR. KATZ: Okay. So do you have
9 any questions at this point about what the
10 agenda is for today?

11 MS. KAREN JOHNSON: No, not at this
12 point but I appreciate the opportunity.

13 MR. KATZ: Okay. Thank you.

14 DR. BUCHANAN: Okay, before we dive
15 into the individual issues, is there any
16 comments, corrections, additions anybody wants
17 to make?

18 MR. ROLFES: This is Mark Rolfes.
19 No, Ron, you did a great job summarizing what
20 we've covered in the past year and a half or
21 two.

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1 DR. BUCHANAN: Okay, so that brings
2 us to Issue Number 5 we're going to start
3 with, recycled uranium, and the gist of this
4 is that when the natural uranium had
5 essentially no plutonium in it, but when they
6 started processing recycled uranium in the
7 early sixties, it could have some carryover
8 plutonium.

9 The workers at Weldon Springs was
10 only monitored for uranium, and so the way
11 dose reconstruction is done is you add in a
12 certain amount of parts per billion of
13 plutonium into the uranium intake and
14 calculate the dose then from both the uranium
15 and the plutonium.

16 The question has been what is this
17 number. What number limits the dose? There's
18 been a number of numbers kicked around, 2.6 or
19 so or 10 or 100 or perhaps 400, and so what
20 SC&A has done, has looked at this at Fernald.

21 Because this material came from

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1 Fernald, Weldon Springs, they wanted to put a
2 limit on it, and Fernald Workgroup has been
3 working on this. So we've been trying to
4 find, you know, what is a practical number
5 which would limit the dose to the Weldon
6 Spring worker.

7 So John Stiver of SC&A has been
8 working on this with Fernald, and we
9 originally asked -- NIOSH originally, in the
10 end result has recommended 100 parts per
11 billion plutonium be added. Is that -- that's
12 our latest stand, right?

13 MR. ROLFES: Yes, that's correct.
14 In the original TBD we defaulted to use
15 surrogate data from the Fernald site.

16 However, in our SEC Evaluation
17 Report, when we actually went back to look at
18 the concentrations of plutonium and the
19 recycled uranium being sent from Fernald back
20 to Weldon Spring, the average concentration of
21 plutonium on a uranium mass basis was

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1 approximately 2.9 parts per billion on a
2 uranium mass basis.

3 The bounding 95th percentile value
4 for the materials at the Weldon Spring plant
5 was about 6.3 parts per billion uranium.
6 However, since we've been using the default
7 surrogate data of 100 parts per billion for
8 the Weldon Spring plant, we said that we would
9 continue to use that just because we had
10 completed so many dose reconstructions with
11 that 100 parts per billion.

12 DR. BUCHANAN: Okay, and so at this
13 point I would like for John Stiver to present
14 SC&A's current evaluation of this situation.
15 John, would you do that?

16 MR. STIVER: Certainly. This is
17 John Stiver from SC&A, and if I could back up
18 just a bit to the May meeting, at that point
19 we were somewhat concerned, because we had --
20 in our dealings with NIOSH and exchanges of
21 White Papers and reviewing the mass balance

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1 reports, we had come to a point where we felt
2 that the concentrations in the initial feed
3 materials really weren't the primary concern
4 for worker exposures, but it was really the
5 concentrations they were experiencing in the
6 jobs in which those kinds of materials could
7 be concentrated.

8 The one set of data for which that
9 was probably the highest would have been
10 metals production, and this would have been
11 the material that was entrained in the
12 magnesium fluoride slag reduction pipeline
13 during the metal reduction process.

14 Those values came in at about 400
15 parts per billion plutonium at the 95th
16 percentile of allowed normal distribution, and
17 due to a lot of back-and-forth discussions
18 with NIOSH we came to a point where we felt
19 that that for Fernald was probably a pretty
20 good number for most of the workers.

21 There was still some concern about

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1 these people that might have handled the
2 material on the front end, the unblended
3 materials, but most of that material was
4 blended down before the metal reduction
5 process, although because of that we were kind
6 of concerned that maybe at Weldon Springs,
7 while the 100 parts per billion certainly
8 seems to be a high number given the
9 concentrations in the group 6A, you know, the
10 PUREX materials that were coming in in the
11 1960s, we thought that because we really
12 didn't have a good handle of the amount of
13 concentration that took place in this material
14 that maybe that 100 parts per billion wasn't
15 really a bounding number.

16 I believe it was right before the
17 August Workgroup meeting for Fernald that DCAS
18 had posted a position paper on what they
19 believed to be bounding defaults for Fernald,
20 and along with that were about 50 citations.
21 SC&A began reviewing those before the meeting,

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1 and we're kind of still in the process of
2 putting together a response to this position
3 paper.

4 The one thing we did discover was
5 that there is evidence in some of the
6 citations that some unblended materials were
7 actually, indeed, processed through to metal,
8 and so that kind of put our concern to rest to
9 some point, because that would indicate that
10 when these highly contaminated materials came
11 in in the seventies and eighties, we were
12 initially, based on the references we were
13 able to find, believed that pretty much
14 everything was down-blended before it made it
15 to the metals process.

16 So what you would actually be
17 seeing in the metals reduction process would
18 be no different from some of the materials
19 that came in earlier, which were a relatively
20 low contamination level, but these other
21 references cast some doubt on that.

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1 There may very well have been some
2 unblended materials that were processed
3 through to metal, which would indicate that
4 then the 400 was more indicative of what took
5 place at Fernald in the seventies and
6 eighties.

7 So, based on that, I think, you
8 know, while there is still some uncertainty
9 regarding what that number should be, whether
10 it should be 100 or something higher, we feel
11 that this is really a Site Profile issue and
12 that the 100 is probably going to be okay.

13 Like I say, we're in the process
14 now of responding to the NIOSH paper, so I
15 don't want to say anything conclusive at this
16 point, but I would say that the evidence would
17 indicate that 100 is probably going to be
18 pretty good for Weldon Springs based on what
19 we know at this time.

20 It would be about a factor of ten
21 higher than the 95th percentile of the

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1 materials that were actually received, I
2 believe, up through about 1967. So that's
3 where we stand at this point.

4 MR. ROLFES: Thank you, John. This
5 is Mark Rolfes. I was just going to clarify
6 in there that the 400 parts per billion
7 magnesium fluoride concentrations, that was
8 the 95th percentile. That was observed in the
9 1980s following the processing of the highest
10 transuranic contaminated material ever
11 received by the Fernald site.

12 MR. STIVER: Mark, you are correct
13 in that. Yes, that's true.

14 MR. ROLFES: That was -- that was
15 the plutonium out of specification material.
16 It was Paducah Tower ash.

17 MR. STIVER: Right, and that's what
18 we were kind of concerned about. You know,
19 was this material all down-blended before it
20 made it to the metals? That was really kind
21 of a pivotal issue, and I think what we had,

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1 as I said, we found a reference that indicated
2 that some of that materials was processed
3 without blending.

4 MR. ROLFES: Okay.

5 MR. STIVER: So what we see in that
6 magnesium fluoride may actually be indicative
7 of some unblended materials, as well as
8 blended.

9 MR. ROLFES: Well, this material
10 was never sent to the Weldon Spring plant.

11 MR. STIVER: Yes, exactly, and
12 because it was never sent to Weldon Spring,
13 this was far, you know, beyond the time period
14 we're interested in. We feel that it was
15 probably a pretty solid number that you guys
16 were using.

17 MR. ROLFES: Really, the only
18 concern that we have regarding recycled
19 uranium is primarily from 1970 forward. The
20 concentrations of the transuranic contaminants
21 increased in the more recent era, from 1970

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1 and 1980. That was tied to the Paducah Tower
2 ash, some of the other processes at the
3 gaseous diffusion plants.

4 The period of concern for the
5 Weldon Spring plant is primarily -- the
6 processing time period is 1957 through 1966.
7 However, we don't have any indication that
8 recycled uranium was processed at Weldon
9 Spring until 1961, at least 1961. That's all
10 I had to clarify. Thanks.

11 MR. STIVER: Okay, Ron, that's
12 really all I had to say if there's no more
13 questions to be entertained here.

14 DR. BUCHANAN: Okay. Well, thank
15 you, John. So that brings us up to -- it
16 looks as if 100 parts per billion plutonium is
17 limiting at Weldon Springs.

18 Now, I did want to clarify where
19 we're at. I went through and found five cases
20 at Weldon Springs, I think back in February,
21 that only one they actually did that, assigned

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1 the 100 parts per billion, and I sent those
2 case numbers to you. Where is that at?

3 MR. ROLFES: We did take a look at
4 that, and you're right. There were, I think,
5 four -- was it -- refresh my memory a little
6 bit.

7 DR. BUCHANAN: One out of five was
8 assigned. Four were not.

9 MR. ROLFES: Four did not have it.
10 We need to go back and look at those in more
11 detail to see if there would be any kind of
12 impact on the outcome of the dose
13 reconstruction, and if there is going to be an
14 impact, meaning that it would go from less
15 than 50 percent to greater than 50 percent
16 Probability of Causation, we would issue a
17 program Evaluation Report, and we would rework
18 those dose reconstructions.

19 So, yes, that is something that we
20 do need to make sure that we write down as an
21 action to determine whether or not those cases

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1 would be affected, and if they are, we would
2 definitely rework those dose reconstructions.

3 MR. HINNEFELD: Well, this is Stu
4 Hinnefeld. Sounds to me like we should take a
5 look at Weldon Spring, completed Weldon Spring
6 cases in general. I mean --

7 DR. BUCHANAN: Not just a --

8 MR. HINNEFELD: -- a sampling of
9 four out of five, four out of five, then we've
10 got to look at all of them.

11 DR. BUCHANAN: Right.

12 MR. HINNEFELD: That will be our
13 action.

14 MR. ROLFES: And a Program
15 Evaluation Report.

16 MR. HINNEFELD: Yes, we'll do a
17 Program Evaluation Report or something.

18 DR. BUCHANAN: Okay, are there any
19 questions or comments on the line? Okay, so
20 we have the action item of that, and that's
21 where that stands on Item Number 5, recycled

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1 uranium.

2 So now we'll start down the list of
3 Item Number 1, Issue Number 1, which is data
4 completeness, and, again, this was -- came out
5 of the fact that we had talked about at Weldon
6 Spring there is the original data, which is on
7 hard copies, and in the files there is actual
8 photographs of the scannings of the hard
9 copies.

10 They're legible, for the most part,
11 and I haven't found any that's hard to read.
12 So the accuracy, since NIOSH stated that the
13 dose reconstruction would only use the copies
14 of the original bioassay and external
15 monitoring data, therefore the accuracy is
16 acceptable.

17 Now, however, the completeness is
18 another issue to be addressed. All of the
19 files there or most of the files there, of
20 course, you probably never will get 100
21 percent, find all the files, but is there

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1 enough there, number one, to do dose
2 reconstruction on an individual worker?

3 Number two, is there, if you need to create a
4 coworker model, is the data sufficient to be
5 used?

6 So, what I did -- at the May
7 meeting we were charged with doing an initial
8 test. We don't know whether it's a problem or
9 not with the completeness, so we didn't want
10 to spend a lot of resources if there isn't a
11 problem.

12 So we did a initial limited test to
13 see if there is any indication of a problem,
14 and so today I'd like to present to the
15 Working Group what we found, and then you can
16 judge if anything else needs to be done
17 further on it.

18 So what I did was I went and took
19 15 cases from Weldon Springs during the period
20 '57 through '67 for workers that job
21 categories indicate that they were potentially

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1 exposed to external radiation or intakes, and
2 these were such as operators, chemical
3 operators, and such as that, because we
4 wouldn't expect secretaries and guards at that
5 time to have been monitored, so I looked at
6 the ones that we thought should be monitored.

7 So I went through, and I looked at
8 their records. There was 15 cases, about 500
9 DOE files, about 5,000 pages of does records,
10 and I have a copy of those results here. I
11 don't know if any of you need it. Do any of
12 you need a hard copy?

13 MR. ROLFES: We've got the --

14 DR. BUCHANAN: You've got it?

15 MR. ROLFES: You sent the email
16 out, I think.

17 DR. BUCHANAN: Yes.

18 MR. ROLFES: Okay.

19 DR. BUCHANAN: Okay.

20 MR. ROLFES: Let me just pull that
21 up here, though.

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1 DR. BUCHANAN: Okay, let me get my
2 hard copy so I can talk from it. This was
3 sent out on the 15th of April -- I mean,
4 excuse me, 15th of August, and so went through
5 and looked at it two ways, individual case
6 basis and also collective dose.

7 So, first I'll talk about the
8 individual cases, and we see that Figure 1 on
9 page five of the report illustrates the number
10 of years that the worker was monitored. Now,
11 these workers usually worked most of this
12 period. Sometimes they'd start a few years
13 later or a year or two earlier, but there was
14 a pretty good span of ten, eight, ten, 11
15 years for each worker there.

16 So you see C1 through C15 are the
17 15 cases, and in Figure 1 it illustrates the
18 number of years that they -- the percent of
19 years that they worked that they were badged.

20 See the average, that's 91 percent badging
21 for the 15 workers, and the bioassay you see

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1 in Figure 2, about 94 percent of the time we
2 had bioassay.

3 Now, I did not go down on this
4 initial test and say how many months or how
5 many weeks out of the year they were badged.
6 If they were -- if they showed badge records
7 for 1959, well, I put that year as being
8 badged.

9 That takes a lot more resources to
10 go down and see what percent of the year they
11 were badged, but, generally, if they were
12 badged, they had a string of badge information
13 there. There usually wasn't just one badge
14 result or something, and I did scan and glance
15 at the records to see that that was true.

16 Bioassay, again, if they was
17 bioassayed one time, well, then it counted.
18 If they was bioassayed ten times, it still
19 counted as a point. They were bioassayed
20 sometime during that year.

21 You see that about 94 percent of

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1 the years that they worked they were
2 bioassayed. So that gives me information on
3 an individual person, but we also want to look
4 at the year.

5 So if you do a collective
6 monitoring analysis, you look at the per year,
7 and you see in Figure 3 there is the external
8 monitoring per year, and so I added up all the
9 worked years for 1958 or whatever the year it
10 was and then told the number of badged years.

11 So you see those two bars in Figure
12 3 illustrate the number of years badged versus
13 the number of years worked total for these 15
14 workers, and more illustrative is what year --
15 what percent of a year weren't they badged,
16 and so that's in Figure 4. You can see that
17 they was badged pretty much 100 percent there
18 in the middle years.

19 We see that '57 and '58 they were
20 badged around -- they weren't badged about 40
21 percent of the time. 1967 they weren't badged

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1 at all. We have already discussed that. We
2 know there was no badging and no monitoring,
3 bioassay monitoring in '67.

4 Now, 1957 shows that about 38
5 percent were not badged. This was their
6 startup year. Now, '58 was kind of a
7 different year in the records. Apparently,
8 '57 had some cycle data. 1959 had cycle data.
9 1958, they had no cycle data, but they had
10 summary data.

11 Now, this plot does not show
12 summary data. They'd have the '57 total.
13 They'd have the '58 total, and then '59 they'd
14 have cycle data plus total.

15 So if you extract the '57 and '58,
16 that gave you the dose, and then you could
17 calculate the maximum missed dose. So it's
18 actually, if you include that summary data,
19 that drops down to 15 percent, okay, rather
20 than 45 percent not monitored during '58. So
21 '58 does have data there. It just wasn't in

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1 the cycle form.

2 So, in summary, for external
3 monitoring on a collective basis we see that
4 1957 you had about 63 percent of the time the
5 workers were monitored. 1958, it was 54
6 percent if you don't include the summary data,
7 85 percent if you include it. 1967, there was
8 no external monitoring, and the average for
9 all 11 years was 91 percent for external
10 monitoring.

11 Then we go to bioassay. Was there
12 any question on external monitoring?

13 MR. ROLFES: No. No. Thank you.

14 DR. BUCHANAN: Okay, then on
15 bioassay monitoring we see I did the same
16 thing. The number of years worked and number
17 of years bioassayed there is shown in Figure
18 5. That's about 94 percent were bioassayed.

19 Then in Figure 6 you see that that
20 shows the years not bioassayed, and that was
21 about six percent average for the 11 years.

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1 Again, '67 there was no bioassays.

2 So the bioassay was only
3 urinalysis. It did not include any breath
4 test or in vivo counting for thorium. This
5 was strictly uranium bioassays urinalysis.

6 So, in summary, it looks as if the
7 external and bioassay monitoring was about 90
8 percent through most of the years. 1957 and
9 1958 were lower, and, of course, there was
10 none for '67.

11 Now, we did -- SC&A independently
12 did this work, and then I went back and
13 checked the 15 cases as a cross-check with
14 what NIOSH had done in dose reconstruction to
15 see if our results matched our results.

16 So I pulled up each case. Each
17 case, our final report has accompanying files,
18 which you can go back and see how they broke
19 down each year's worth of monitoring data in
20 bioassay, and I checked to see if my results
21 agreed with what the dose reconstruction did,

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1 and I found that there was agreement.

2 There wasn't any problems,
3 conflicts between what I found and what was
4 used for dose reconstruction in 15 cases,
5 except one minor thing I found was that in one
6 dose reconstruction they did use a 454
7 millirem of beta and 374 millirem of gamma
8 from the CER database, which wasn't in the
9 original files.

10 Now, this case was compensated, and
11 so it didn't affect it, but that was the only
12 discrepancy I found between our -- in the 15
13 cases. So I present that information to the
14 Working Group, and, you know, they can decide
15 whether they want any further work done for
16 data completion for Weldon Spring.

17 MR. KATZ: Mark, do you have any
18 comments or questions?

19 MR. ROLFES: No. No, I don't. I
20 think the only thing that comes to mind is I
21 know we exchanged some emails trying to figure

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1 out where that 454 millirem came from, and I
2 think we're okay.

3 I mean, that case was over 50
4 percent Probability of Causation. We added it
5 in, because there was uncertainty whether we
6 might not have received a DOE file. I don't
7 recall.

8 You know, we gave the benefit of
9 the doubt to the claimant, because that
10 information was included in the case file that
11 we received, and since we didn't have a DOE
12 response filed that showed that 454 millirem,
13 we thought it might have been possible that
14 they received that as a covered exposure at
15 the Weldon Spring plant.

16 Maybe we didn't receive that
17 particular film badge result from DOE, and it
18 was included in the CER database, which had
19 been provided to us somewhere in the claim
20 file. I don't know if it was in the DOL
21 initial case file or in the DOE response file,

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1 but that data was identified to us. We
2 included it.

3 Whether or not we included it
4 wouldn't have made a difference in the outcome
5 of the case, so we just went ahead and
6 included it, and ultimately we didn't have to,
7 but we did.

8 MR. HINNEFELD: I just think as a
9 general practice if we have two sources and
10 one indicates more exposure than the other,
11 we'll go with the higher exposures. That's
12 just a matter of practice.

13 CHAIRMAN LEMEN: This is Dick
14 Lemen.

15 MR. KATZ: Yes, go ahead, Dick. We
16 can hear you.

17 CHAIRMAN LEMEN: In relationship to
18 Issue 1, then, what is the bottom line that's
19 going to happen now that SC&A's report is
20 done? Where are you going at NIOSH to go with
21 this information? Can you be a little bit

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1 more specific?

2 MR. HINNEFELD: Well, this is Stu
3 Hinnefeld. If I understand the report here,
4 it appears that we have somewhere over 90
5 percent of employee years monitored. Is that
6 right?

7 DR. BUCHANAN: Correct.

8 MR. HINNEFELD: And so at that
9 level of monitoring our position would be that
10 we have essentially a fully monitored
11 population, perhaps, that certainly if there
12 are people who are not -- who don't have
13 exposure information in the file who we think
14 from their job history they may have, I think
15 we would be confident to say that the data
16 that we have would be representative of the
17 workers there.

18 It would seem hard -- it would seem
19 kind of farfetched to believe that the six
20 percent or nine percent of people who were not
21 monitored were the most highly exposed, and

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1 therefore -- I mean, they specifically
2 excluded those people. It seems like the
3 people who were excluded were probably, you
4 know, in likelihood administrative, I would
5 guess, employees who --

6 CHAIRMAN LEMEN: So the bottom line
7 would be that you would go ahead and do dose
8 reconstruction and therefore not designate
9 this as a SEC. Is that correct?

10 MR. HINNEFELD: Yes, our position
11 is that with this rich a data set we believe
12 we have -- the data is complete enough that we
13 would believe dose reconstruction is feasible,
14 so we don't believe this issue -- I guess,
15 from our position, this issue would not lead
16 us to conclude that the data is insufficient
17 to do dose reconstruction --

18 CHAIRMAN LEMEN: Oh.

19 MR. HINNEFELD: -- with this rich a
20 data set with this high a percentage of people
21 monitored.

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1 CHAIRMAN LEMEN: So the bottom line
2 of action on this would be that NIOSH would
3 recommend not to establish an SEC in this
4 group.

5 MR. HINNEFELD: Based on this
6 issue.

7 CHAIRMAN LEMEN: Right.

8 MR. HINNEFELD: Speaking for this
9 one issue, yes, we don't believe this issue
10 argues for an SEC at all.

11 CHAIRMAN LEMEN: Okay. That's what
12 I wanted to know.

13 DR. MAURO: This is John Mauro.
14 Just to add in, I think the only thing --
15 certainly, I agree with Stu's position. The
16 only question I think, and perhaps we'll
17 discuss it a little more, is -- and this is
18 more of a Site Profile issue -- is because
19 there are some people that aren't monitored or
20 have incomplete monitoring, whether it's
21 external or internal, there is a need for a

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1 coworker model to address those people, and
2 how will that be done?

3 But I agree that that is a Site
4 Profile issue that needs to be dealt with, and
5 I don't know whether or not -- Ron, is there a
6 coworker model, or is that something that's on
7 the table?

8 DR. BUCHANAN: No, there isn't, and
9 that is the next issue for discussion.

10 DR. MAURO: Okay, very good. Nice
11 segue.

12 DR. BUCHANAN: I forgot about that.
13 Thanks for bringing it up.

14 DR. MAURO: Okay.

15 CHAIRMAN LEMEN: Back to one thing
16 John just said -- this is Dick Lemen again --
17 then one action item would be that NIOSH would
18 come back and talk to us about how they would
19 use coworker data, right?

20 MR. HINNEFELD: That sounds like
21 it's the next issue here. This is Stu

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1 Hinnefeld, and before acquiescing to that we
2 do want to hear the discussion on the next
3 issue that there is a possibility that the
4 people who were not monitored were truly not
5 exposed, that they walked through the
6 administration building, and they stayed in
7 the administration building, and they went
8 home, in which case there may be what we call
9 the environmental.

10 They received the exposure that
11 people receive just from being there, from
12 being in the proximity to the radioactive
13 materials that were used there, and so they
14 would receive an environmental assignment,
15 rather than a coworker. That is a
16 possibility.

17 I don't know where we are right now
18 on this, and I don't know how strong that
19 argument -- how strong an argument we could
20 make that that is the case, so I'm just saying
21 that that's another alternative besides the

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1 coworker approach for the unmonitored people.

2 CHAIRMAN LEMEN: So we can't really
3 resolve this coworker issue today, right?

4 MR. ROLFES: This is Mark Rolfes,
5 and in our original Evaluation Report we've
6 gone through a similar data completeness
7 analysis, which basically SC&A has now agreed
8 with us. We have stated that we feel a
9 coworker model is not needed, because the
10 people who needed to be monitored were
11 appropriately monitored.

12 As Stu had indicated, there is
13 information showing that there were people who
14 did not enter into the production area who
15 were outside of the controlled production area
16 at the Weldon Spring plant performing
17 administrative functions that did not need to
18 be monitored.

19 So our position is that a coworker
20 model does not need to be produced, there
21 really is not anyone who should have been

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1 monitored that was not monitored.

2 MR. HINNEFELD: So, now, that is a
3 position that is subject to verification every
4 time you get a claim where there is no
5 monitoring data, you know, so each claim I
6 think has to be sort of considered on its own
7 merits in terms of what information you have
8 about that claim.

9 CHAIRMAN LEMEN: Yes, and so this
10 issue of coworker data may come back up at
11 some point in time on individual cases. Is
12 that what you're saying?

13 MR. HINNEFELD: It could. It
14 could.

15 CHAIRMAN LEMEN: Okay.

16 MR. ROLFES: NIOSH just has not
17 identified a case where a coworker model has
18 been necessary to complete the dose
19 reconstruction at this point.

20 CHAIRMAN LEMEN: And how can -- how
21 can you assure yourself that those that Stu

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1 was talking about that you don't think had
2 exposure indeed did not have exposure? Is
3 there any way to verify that?

4 MR. ROLFES: Well, right now SC&A's
5 report has indicated that 94 percent of people
6 were monitored, and basically we have not
7 received many cases where there are people
8 that are unmonitored.

9 CHAIRMAN LEMEN: Well, that still
10 leaves six percent, and how do you handle
11 that?

12 MR. ROLFES: Well, it would depend
13 upon the individual's employment, their job
14 duties. If an individual was not in the
15 production area, they would be assigned
16 environmental intakes. That's something
17 that's evaluated during each -- in the process
18 of each dose reconstruction.

19 We just haven't identified anyone
20 who would be in a position where they were --
21 had a potential for exposure and were not

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1 monitored appropriately. We haven't
2 encountered that in the dose reconstruction
3 process. I mean, 94 percent of the cases or
4 94 percent of the cases evaluated by SC&A had
5 monitoring data.

6 CHAIRMAN LEMEN: So does that mean
7 that at the very minimum everyone would
8 receive at least the environmental?

9 MR. ROLFES: That's very true,
10 correct.

11 CHAIRMAN LEMEN: And that there
12 would be no one left out?

13 MR. ROLFES: Correct. At the very
14 minimum in a dose reconstruction process, the
15 very minimum that an employee or a claimant
16 would receive in the dose reconstruction would
17 be environmental intakes, medical x-rays.

18 CHAIRMAN LEMEN: So is there any
19 way that a person could file a claim, and I
20 understand they can be denied because of the
21 dose reconstruction, but is there any way

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1 anyone could file a claim and not at a minimum
2 have it considered for dose reconstruction,
3 either environmental or otherwise?

4 MR. ROLFES: If we -- if NIOSH
5 receives a case from the Department of Labor
6 with a cancer that's diagnosed following their
7 employment, there are some instances, for
8 example.

9 We would still complete a dose
10 reconstruction, but there are some instances,
11 and we would still find a dose for that case.

12 There could be instances where the
13 Probability of Causation would be very low.

14 CHAIRMAN LEMEN: Well, I understand
15 that. I understand that, but I'm just saying
16 there wouldn't be any worker that would slip
17 through without having some consideration.

18 MR. ROLFES: We would -- there
19 would be no case where we would assign no
20 dose, so we would always assign at least
21 environmental doses and medical x-ray doses at

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1 the very minimum for any dose reconstruction
2 that we would complete for the Weldon Spring
3 plant.

4 MR. HINNEFELD: Now, Dick, this
5 presumes the case gets to us, you know.

6 CHAIRMAN LEMEN: Right, I
7 understand that, Stu. That completes my
8 questions. Thanks.

9 DR. BUCHANAN: Okay, this is Ron
10 Buchanan, SC&A. Dick, I just wanted to
11 clarify something here. So SC&A feels that
12 the data, especially for '57 through '67, that
13 earlier period, was fairly complete for Weldon
14 Spring, 90-some percent.

15 So I think, to answer your
16 question, I think that fairly well closes
17 that. I don't want to speak for the Advisory,
18 the Working Group, but as far as SC&A is
19 concerned, we don't have any further thing to
20 offer on that, unless you direct us to do some
21 other study.

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1 Now the other issue was coworker
2 data, and so we had to kind of hinge was this
3 data set complete so that a coworker data
4 model -- a coworker model could be
5 constructed, if desired. So I think, you
6 know, we've answered that, so our next issue
7 is coworker, so I would like to spend a little
8 more time on that from my point of view.

9 The coworker model, now, in your
10 April response NIOSH did provide some intake
11 coworker data in your tables there, Table 1
12 through 4, for environmental work, and so but
13 the external, you had some external for later
14 on.

15 Now, I guess my question is when
16 you've got a person performing a dose
17 reconstruction and he comes to one of these
18 cases, and the person worked '57 to '66 or
19 whatever or '67 and he's got some years filled
20 in, as we've seen, but there are some years,
21 like in '57, '58, he might not have some

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1 information.

2 We've seen the average was 91 or
3 something, so that means ninety percent of the
4 years he wasn't monitored, and we don't have
5 an external coworker model built up. We don't
6 have a table he can go and select anything
7 from. What is he going to do at that point?

8 I mean, you say there's not a need
9 for a coworker model, yet in a number of the
10 responses it said, "Could be bound by
11 monitored data." So I guess I'd like
12 clarification on this coworker, especially
13 external.

14 MR. ROLFES: Okay. Yes, in those
15 cases, that's something that's encountered
16 pretty routinely or fairly routinely in a
17 case. When a dose reconstruction is
18 completed, any DOE response information on
19 radiation exposures -- we'll keep it limited
20 to external for this discussion, I guess --
21 NIOSH would receive that information, upload

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1 it into a system.

2 ORAU would go in and perform data
3 entry of that external dose information.
4 During the dose reconstruction process they
5 would evaluate whether or not that data was
6 complete. It gets down into the details of
7 the individual's employment history, I guess.

8 If you have someone, say, that was
9 hired outside of the production area, for
10 example, as, you know, an administrative
11 worker, possibly, that didn't have a potential
12 for exposure, you can make an argument that
13 they likely didn't need to be monitored for
14 external exposure.

15 If there's a job change, say, in
16 1959, and that individual starts being
17 monitored for external exposure, then you can
18 make an argument, yes, that the 1957-1958 time
19 period, they probably didn't need to be
20 monitored.

21 In the worst case, if that person

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1 wasn't monitored and we don't know what his
2 job was for the first couple of years that he
3 wasn't monitored, we could use doses from the
4 years that he was monitored to assign, you
5 know, a bounding exposure for those earlier
6 years.

7 That's something that's done on a
8 case-by-case basis. We can use, you know,
9 data from, say, you know, 1960 to fill in a
10 gap from 1959, or we can interpolate, you
11 know, from an earlier year and a later year to
12 fill in a gap for a year or a badge cycle that
13 they weren't monitored. So those aren't
14 really coworker models, per se.

15 DR. MAURO: Mark, this is John
16 Mauro. I have a question related to this. I
17 understand that you did not develop a specific
18 coworker model for these circumstances when
19 and if they arise, but you do have certain
20 procedures, OTIBs, I believe, that provide
21 overarching guidance regarding both external

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1 and internal coworker model development, which
2 has broad applicability.

3 To what degree do you feel that
4 those what I would call generic protocols
5 would help and provide sort of a standardized
6 process when you're in a circumstance like
7 this?

8 What I'm getting at is that one of
9 the things that are of concern, and this is
10 purely a Site Profile issue now, I agree that
11 all regard to this data adequacy, completeness
12 and regard to your ability to build a coworker
13 model should one be needed, I do not believe -
14 - we do not believe that we have an SEC issue.

15 What we have here is how are you
16 going to do the dose reconstructions if and
17 when these circumstances arise? I guess my
18 question to you is in a circumstance like this
19 where you have not developed a specific
20 coworker model, is the dose reconstructor
21 aided in any way by some of your other OTIBs

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1 that might provide him with some guidance so
2 you have some consistency on how that's done
3 on a case-by-case basis by individual dose
4 reconstructors?

5 MR. ROLFES: Yes, there's
6 definitely OTIBs out there available, and even
7 before some of the OTIBs were written, some of
8 our implementation guidance on dose
9 reconstructions.

10 For example, the implementation
11 guideline -- I can't remember if it's 1 or 2 -
12 - on external dose reconstruction information,
13 we discussed some of the methods to estimate
14 external doses to people that were monitored
15 for some years but not for all years.

16 That information is discussed in
17 there, and that is something that is
18 considered in the dose reconstruction process
19 for every dose reconstruction. If you look at
20 our dose reconstruction references, I believe
21 that external dose reconstruction

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1 implementation guideline is one of the first
2 or second references in every dose
3 reconstruction report.

4 MR. HINNEFELD: This is Stu
5 Hinnefeld. I'll offer this. John, I think,
6 if I can paraphrase your point here, it is
7 that for this instance, Weldon Spring, knowing
8 what we know about Weldon Spring, your
9 question is should we have a consistent set of
10 guidelines to dose reconstructors for dealing
11 with this situation where you have a person
12 monitored for a portion of their employment
13 but not all --

14 DR. MAURO: Yes, that's a good way
15 to --

16 MR. HINNEFELD: -- so that the
17 outcome of the claim is not dependent on the
18 luck of the draw, which dose reconstructor
19 picks it up and happens to use one of several
20 "acceptable approaches."

21 So what you're saying is that let's

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1 define what will the approach be, or what are
2 the approaches? You know, given this
3 condition, this is the approach. Given this
4 condition, this is the approach, something
5 like that. Isn't that -- is that what you're
6 saying, John?

7 DR. MAURO: You hit the nail on the
8 head. That was the only concern I have, and
9 my question went a step further.

10 Do you believe that some of your
11 overarching coworker guidance in OTIBs somehow
12 will help ensure that you have a consistent
13 approach, or is there a need for a coworker
14 model, because there are -- clearly we have
15 some years and some people that you are going
16 to have to fill in some gaps, which may not --
17 where environmental dose may by itself not be
18 sufficient.

19 MR. HINNEFELD: Yes, John, I think
20 that's a good point, and I think it's
21 something we need to pursue. I don't know

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1 that it's something we're particularly well
2 prepared for today, though --

3 DR. MAURO: Okay.

4 MR. HINNEFELD: -- to talk about
5 that very long today.

6 You know, we kind of come in here
7 with the SEC on our mind and trying to address
8 sufficiency at this step. And while we
9 certainly understand the importance of the
10 dose reconstruction following on and getting
11 that part right, I don't know that we're
12 prepared today to go very far down that
13 discussion.

14 DR. MAURO: Okay, thank you.

15 MR. KATZ: So I just -- I think
16 maybe that would be a good thing to follow up.

17 We're going to need to have another Work
18 Group meeting with at least one other Board
19 Member, as in the Chair, so that Dick isn't
20 all by himself here trying to make judgments
21 for the Work Group, so I think that would be a

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1 good follow-up item to touch on a little bit
2 more when we have that.

3 MR. HINNEFELD: And we can recap
4 the whole --

5 MR. KATZ: Yes, we can recap, and
6 he can read the transcript so that he knows
7 what happened here, and then you can help him
8 recap, but then he can get that information on
9 that matter, which might help settle --

10 MR. HINNEFELD: Well, I want to
11 make sure we get the right dose reconstruction
12 expertise in the room because we have Site
13 Profile and SEC expertise, and then we have
14 some -- you know, well, you're familiar with
15 the dose reconstruction experts that we bring
16 to the DR Subcommittee, so I want to make sure
17 we get the right kind of people engaged in the
18 discussion from our side in order to come up
19 with a position.

20 DR. BUCHANAN: Yes, I just think we
21 need a clarification on the coworker model.

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1 We haven't pressed it too much because we
2 didn't know about the data set.

3 Now we know about the data set, and
4 we just -- because several times it's been
5 referred to, "Well, we don't need a model."
6 "Well, we could use the 50th percentile" is
7 quoted in one of the documents, so we just
8 need to assure that however the dose
9 reconstruction is done you have a set policy
10 and it's done uniformly and have to fill in
11 the gaps. Excuse me.

12 MR. KATZ: Go ahead, Mary.

13 MS. KAREN JOHNSON: I have a
14 question. This is Karen.

15 MR. KATZ: Oh, Karen, I'm sorry.

16 MS. KAREN JOHNSON: We do have
17 quite a few office workers who were not
18 monitored who have been denied. I guess I'm
19 confused as to why or how they are being
20 dosed. They are getting a very low
21 Probability of Causation.

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1 Can you talk about that a little
2 bit? And I do want to state, too, that these
3 people, including Mont Mason's secretaries,
4 state they had full access to the entire
5 facility and could walk wherever they wanted
6 and did so.

7 MR. ROLFES: This is Mark Rolfes,
8 and, yes, if there are individuals that were
9 not monitored, we would look to see if they
10 entered production areas or were involved in
11 productions and had an exposure potential
12 above the ambient exposure potential.

13 To date, we haven't found any cases
14 where there were people that should have been
15 monitored that were not monitored. Most of
16 the time we've found that the assignment of
17 continuous exposures at ambient environmental
18 levels is representative of the individual's
19 actual exposure.

20 So, yes, the environmental doses
21 would typically be pretty low. The

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1 environmental doses are relatively low for the
2 Weldon Spring plant, and so that would be the
3 reason for the low Probability of Causation.

4 MR. HINNEFELD: This is Stu
5 Hinnefeld, and I think that, speaking for
6 NIOSH, we will look into what you've said here
7 about access to the plant and how that would
8 affect, whether that affects our argument
9 here, and so we will do that going forward.

10 I don't know that we'll be able to
11 achieve a better outcome for very many cases
12 if we do something different, but we will take
13 a look at, you know, the propriety of that,
14 whether that's an appropriate decision to make
15 as to people who were not monitored were de
16 facto not exposed except to environmental.

17 We will look at that based upon
18 evidence that we can find that these people
19 did, in fact, have free access to the entire
20 plant. Is that helpful?

21 MS. KAREN JOHNSON: Yes, that does

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1 help, and I don't know if you've ever spoken
2 to Mont Mason's secretary.

3 MR. HINNEFELD: I personally have
4 not.

5 MS. KAREN JOHNSON: Okay, but she
6 did have quite a bit of information that was
7 very helpful as far as administrative workers
8 and their access.

9 MR. HINNEFELD: Okay. I don't want
10 to get into discussing people's names on the
11 phone here, but if you could maybe in a later
12 call could to Ted or a phone -- do you have
13 Ted's email or my email or the OCAS email?

14 MS. KAREN JOHNSON: I can't recall
15 if I do or not, probably somewhere.

16 MR. HINNEFELD: Well, I'll tell you
17 what. We will -- we will contact you from our
18 email address and ask you to send us that name
19 and then make sure that we look at the
20 information that person has provided us or
21 speak -- is she still able to speak to us?

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1 MS. KAREN JOHNSON: Yes, she is.

2 MR. HINNEFELD: Okay.

3 MR. KINMAN: This is Josh. If you
4 want to provide that to me directly, she has
5 my email address, and I'd be happy to pass
6 along any information.

7 MR. HINNEFELD: Okay. You have
8 Josh Kinman's email address, ma'am?

9 MS. KAREN JOHNSON: Yes, we do.

10 MR. HINNEFELD: Okay. Send it to
11 Josh; it'll get to me.

12 MS. KAREN JOHNSON: Okay. Thank
13 you.

14 MR. HINNEFELD: Sure thing.
15 Thanks, Josh.

16 MR. KATZ: So that's another action
17 item, I guess, for DCAS.

18 DR. BUCHANAN: Okay, so concerning
19 the coworker model, Issue 1D, NIOSH will
20 summarize their method they plan on using at
21 Weldon Spring and also look into the access to

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1 the plant by non-operation chemical operator
2 personnel.

3 So if we're done with that, we can
4 move on to 1B. The reason these got divided
5 up, there's one all issue considered data, and
6 this got divided up into sub-issues here.

7 So look at 1D, which is the daily
8 weighted average exposure from air
9 concentration. I want to give a little bit of
10 background. Then I'll turn it over to NIOSH
11 on their results.

12 This came about, again, connected
13 with Fernald. Now, I would like to state that
14 the data actually used is Weldon Spring data.

15 However, there's been a debate on
16 the method to be used to use daily weighted
17 exposures, and that consisted of taking air
18 samples, either lapel or area monitors, at a
19 work station and determining how long a person
20 worked there, what the concentration was, and
21 then what that corresponded to intake.

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1 Then the validity of this applied
2 to dose reconstruction, and this, of course,
3 took place at Weldon Spring and Fernald, and
4 so the method was developed for Fernald, which
5 was more complex than Weldon Spring.

6 So we have been working at Fernald,
7 and SC&A has been working with NIOSH on
8 getting a model or a method defined. I think
9 in the last year or so we came to agreement on
10 the method to exchange, about three revisions,
11 but then at the May meeting I understand that
12 NIOSH was charged to look at the accuracy of
13 the data and calculations.

14 A lot of these are handwritten.
15 They're typewritten data sheets, and sometimes
16 there was errors in them, mistakes in the
17 math, mistakes in the equations, or
18 transposing numbers or something.

19 So we wanted to -- the Work Group
20 wanted to know what effect this would have on
21 dose reconstruction. Number one, what's the

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1 magnitude of these errors?

2 Are they significant or
3 insignificant? If they are significant, then
4 how would NIOSH compensate for this when doing
5 dose assignment using air intake
6 concentrations?

7 So NIOSH presented a -- sent out a
8 paper on this last week, the 7th of September,
9 and we've read it over, but we would like for
10 NIOSH to present their findings at this time.

11 MR. ROLFES: Thanks, Ron, and just
12 to give you a brief summarization of what we
13 did, we went back and looked at the
14 calculations that were used to develop the
15 daily weighted exposure concentrations that we
16 would use to assign intakes of thorium for the
17 Weldon Spring plant.

18 I believe we have Robert Morris on
19 the phone from ORAU. I'd like for him to
20 maybe go through a brief summarization of what
21 the analysis looked at and what the ultimate

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1 results of the analysis of the blunders that
2 were discovered in the calculations that were
3 used to develop the daily weighted exposures.
4 Bob?

5 MR. MORRIS: Okay, this is Robert
6 Morris. I'd just like to -- I'm having a
7 difficult morning, just as some of the other
8 people are. My computer just turned off as I
9 opened this up, so I'm rebooting, actually, to
10 my default.

11 In summary, I can tell you that we
12 looked at the numbers of arithmetic
13 calculation errors and the number of data
14 transcription errors for the full data sets
15 that we could find representing daily weighted
16 exposure.

17 I guess we have to acknowledge that
18 we are constrained by the data that are
19 available to us, because usually the reports
20 that we had were only at the summary level,
21 you know, after they had been received by the

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1 typist and gotten the final signature.

2 So it was rare, actually, to find
3 the working papers associated with those
4 reports because many times they would point
5 back to a set of air samples, and the air
6 samples, then we would have to go into the
7 record to locate those, and once we did that,
8 then we could see the handwritten arithmetic
9 that was associated with it. But, as I said,
10 there were probably only a half dozen really
11 robust sets of things we could compare to.

12 Blunders are a technical term,
13 actually, if you can believe it. It's not
14 stupid mistakes. It's mistakes that are
15 associated with things that are more
16 mechanical like transcription errors, rounding
17 errors, and arithmetic errors. Now, as you
18 can imagine, in the '50s and '60s arithmetic
19 errors are more common than they are now when
20 we have access to calculators.

21 I think the bottom line is that we

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1 found an error rate, but it was not a large
2 error rate, and we found a -- then we looked
3 at where those errors occurred in the process,
4 and it turns out that most cases that we saw,
5 it was one spot where a technician had divided
6 by a number instead of multiplied by a number.
7 Fortunately, it didn't have much impact.

8 So, you know, as I said, my
9 computer stopped right as I covered the top
10 here, and I don't have the numbers open in
11 front of me right now, but, Mark, you probably
12 do -- that data, I assume.

13 MR. ROLFES: Yes, Bob, I do have
14 the report here. I can just go ahead and read
15 the results section, and that should summarize
16 basically what we found. This is on page five
17 of 15, the results.

18 Nine SRDB documents containing dust
19 studies and DWE evaluations were located.
20 There were 81 pages that contained
21 calculations of interest. These pages

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1 contained an estimated 1,405 operations that
2 contributed to the assessment of error rate.

3 Typographical blunders occurred 12
4 times, resulting in an error rate of .08
5 percent. Arithmetical errors occurred 54
6 times, resulting in an error rate of 3.8
7 percent. The reviewer was unable to identify
8 any blunders of the self-contradicting type.

9 Of the 54 arithmetical errors, 41
10 of them were made by the same individual at
11 the same place in the calculation process.
12 This error resulted in the calculated
13 concentrations being too low by a factor of
14 approximately two.

15 The remaining errors impacted the
16 specific calculation by less than ten percent
17 with three exceptions. The error shown in
18 line 78 of the attached database was dividing
19 by 105 instead of 10.5, resulting in a
20 weighted concentration being too low by a
21 factor of ten.

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1 However, the report that
2 accompanied the calculations called out that
3 the individual area concentrations near the
4 test stand were in excess of the maximum
5 allowable concentration and recommends
6 corrective action, so the blunder in this case
7 likely had little impact.

8 The error identified in line 71
9 appeared to be a typographical error in that
10 the correct answer was 600, but the
11 handwritten answer in the table was 60. This
12 page contained 15 calculations for air sample
13 results but no indication of whether the
14 results were used in any other calculation.

15 The error identified on line 17 in
16 the time-integrated calculation being too low
17 by a factor of four, but when combined with
18 the other value and reduced to a relative
19 maximum allowable concentration, the value was
20 1.6 instead of the correct 2.14, a 33 percent
21 error.

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1 In summary, the typographical error
2 rate was .08 percent, while the arithmetic
3 error rate was 3.8 percent. If the 41
4 identical errors made by the one individual
5 were removed, the arithmetical error rate
6 would have been .9 percent, very much in line
7 with the typographical error rate and with the
8 expected human error rate of about one
9 percent.

10 So we've gone through and provided
11 all of the data from pages seven through 15
12 showing where we -- showing which document we
13 reviewed from the Site Research Database, what
14 the title of the document was, the date that
15 the data were collected, the page in the Site
16 Research Database, the number of operations
17 represented in that report, the number of
18 typographical errors or blunders, the number
19 of arithmetic or mathematical blunders, and
20 the number of self-contradiction blunders and
21 the impact of each of those. I don't know,

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1 Bob, if you have anything to add.

2 MR. MORRIS: Well, I guess the last
3 thing I would add is that this is not out of
4 line with what Strom and his associate Davis -
5 - in the paper that defines the DWE
6 uncertainty method and called to our attention
7 the fact that blunders can be an important
8 part of the analysis.

9 In fact, it's probably pretty close
10 right in line to where you would see in the
11 AWE site's data that they never quote on. So
12 my sense is that there's no surprises here,
13 and, if anything, the error rates are a little
14 bit lower than what, in terms of their impact,
15 than what Davis and Strom found in the AWE
16 project.

17 MR. ROLFES: Thank you, Bob.

18 DR. BUCHANAN: John Stiver, you had
19 worked with this at Fernald on the DWEs and
20 the data accuracy and the blunders. Would you
21 like to comment on this particular application

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1 to Weldon Springs?

2 MR. STIVER: Yes, sure. We
3 received a paper. We found it posted. I
4 believe it was last Wednesday or Thursday, and
5 so we made some -- looked at it and made some
6 preliminary observations. However, we have
7 not had an opportunity to provide any kind of
8 a detailed analysis of this report.

9 We believe it's important because,
10 you know, this is kind of in the overarching
11 issue in a way because it's applicable to any
12 particular site or reconstruction where these
13 air samples or, you know, weighted average air
14 samples are going to be used to assess
15 intakes.

16 We came up with some preliminary
17 observations here. I mean, basically what Bob
18 and Mark say are pretty much true. The data
19 is quite limited. However, the report doesn't
20 really provide an identification of which of
21 these particular -- I'm looking back here now

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1 from the SEC 143 for the Weldon Spring site
2 looking at the uranium air data and the
3 thorium air data.

4 I went through and did some kind of
5 preliminary correlations here, but it's not
6 entirely clear to me which -- really, the
7 bottom line here is that there is no
8 explanation in the paper of how these -- the
9 uncertainty and variability that's due to
10 these blunders is going to actually be wrapped
11 up in the overall uncertainty estimate.

12 The way I would assume that would
13 be done would be that there would be some kind
14 of -- since we can assume these are
15 uncorrelated to the measurement errors that
16 there would be some kind of an error
17 propagation and log space to account for the
18 geometric, you know, the fact that this is
19 really based on a log-normal distribution, but
20 that's something that obviously NIOSH would
21 have to come up with.

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1 It was interesting in this limited
2 data set that the average error rate was about
3 a factor too low, which is exactly what Davis
4 and Strom found. The worst was about a factor
5 of ten, so there is consistency there.

6 The error rate about four percent,
7 there really wasn't much of a discussion about
8 that in Davis and Strom, but it would appear
9 to be about what you might expect given the
10 time period and that these were all hand
11 calculations.

12 So, you know, I really hesitate to
13 make any definitive statements on this until
14 we have a chance to really do a more in-depth
15 review. I guess my main concern is the data
16 are limited and that the paper doesn't really
17 provide a method for integrating this into the
18 overall uncertainty terms. That's really my
19 preliminary ideas at this point.

20 MR. MORRIS: Robert Morris one more
21 time, Ted, please. My only comment is that,

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1 you know, Davis and Strom did include the idea
2 of propagated uncertainties in their paper,
3 and the GSD -- that is, geometric standard
4 deviation, pardon me -- that is associated
5 with the DWE uncertainty analysis is already
6 quite generous. Our information here doesn't
7 lead us to think that we need a different
8 value.

9 MR. STIVER: Bob, this is John
10 again. I understand the GSD, the derived, was
11 quite generous, but that's really -- if you
12 recall, the paper stated that they did not
13 include any analysis of blunders in their
14 data. They basically went through and
15 corrected it all because they had the raw
16 data, and then they used that data to generate
17 the uncertainty distribution.

18 So this is really, in our case, we
19 have a couple of different additional
20 uncertainties. We don't have a complete set
21 of raw data, and what we do have indicates

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1 that, you know, we may be off by up to a
2 factor of ten.

3 Because this is an uncorrelated
4 type of additional uncertainty, SC&A's
5 position would be that that would have to be
6 factored into the overall uncertainty term.

7 While the factor -- while the GSD
8 of five is clearly -- would appear to be
9 generous, it's really based on the corrected
10 data, and so it reflects the actual
11 variability that were in the data that were
12 collected, it doesn't account for these
13 arithmetical errors of that sort.

14 MR. MORRIS: Well, I think you kind
15 of overstated it, John, when you said that the
16 factor -- that the -- I agree in the extreme
17 situation that we explored here there could
18 have been a factor of ten error, but in the
19 great majority of data there was not a factor
20 of ten error.

21 MR. STIVER: Certainly, that would

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1 be a -- probably reasonably you would assume
2 that it would be fairly unlikely. However,
3 because we have such a small data set, it's
4 kind of hard to say. It becomes a subjective
5 judgment.

6 I can't tell you. It's certainly
7 not our position to tell you how to go about
8 doing this, but I would assume that you'd want
9 to try to factor it in in some kind of a log-
10 normal error propagation scheme.

11 If it turns out that it becomes 5.1
12 instead of 5.0, then it's kind of a wash, but
13 I don't think we can just ignore it all
14 together based on the variability in the data
15 that Davis and Strom looked at.

16 MR. MORRIS: Well, okay, granted,
17 but at that point I think it becomes a TBD
18 issue.

19 MR. MORRIS: Oh, I agree it's a TBD
20 issue, but it becomes a matter of how do we
21 properly account for the uncertainty.

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1 MR. ROLFES: This is Mark Rolfes,
2 and from what I'm hearing SC&A is going to
3 take a look at what we've provided and get
4 back to us with a report. Is that -- is that
5 what I'm hearing?

6 MR. STIVER: We haven't been
7 formally tasked, but I would assume that would
8 be the logical next step.

9 MR. KATZ: Sure. John, certainly,
10 you're tasked to do that.

11 MR. STIVER: Okay.

12 MR. KATZ: Thanks.

13 DR. BUCHANAN: Okay. So we will --
14 SC&A will provide a response to the recent
15 paper. Of course, obviously, we have not had
16 time to correspond too much on this and get
17 anything out, but we'll get out a paper on our
18 take on their recent DWE blunder and issue
19 that as soon as possible.

20 Any other questions on Issue Number
21 1? I think that we've covered A, B, C, and D

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1 at this point.

2 MR. HINNEFELD: Anybody else
3 thinking about a comfort break?

4 DR. BUCHANAN: Anybody need a break
5 before we go to 2 or 4?

6 MR. KATZ: Yes, why don't we do
7 that? So what's the time right now?

8 DR. BUCHANAN: 10:30.

9 MR. KATZ: 10:30?

10 DR. BUCHANAN: Yes.

11 MR. KATZ: So why don't we take a
12 break until quarter to 11? I'm just going to
13 put the phone on mute here.

14 (Whereupon, the above-entitled
15 matter went off the record at 10:29 a.m. and
16 resumed at 10:44 a.m.)

17 MR. KATZ: Okay. Short break,
18 Weldon Spring Work Group. Let me just check
19 in and see if we have our Board Member. Dick,
20 are you there?

21 CHAIRMAN LEMEN: Yes, I'm here.

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1 MR. KATZ: That's great, and, Dick,
2 I heard from Mike. He's got a family issue
3 going on. That's why he's not with us today.

4 CHAIRMAN LEMEN: Okay.

5 MR. KATZ: I'll bring him up-to-
6 date, and we'll figure something out going
7 forward for another Work Group meeting.

8 CHAIRMAN LEMEN: Okay.

9 MR. KATZ: Okay.

10 CHAIRMAN LEMEN: I was wondering,
11 do you want to go ahead and complete all of
12 these issues, or do you want to save some of
13 them for another Work Group when Mike's here,
14 too?

15 MR. KATZ: No, I think we should go
16 through them all. He can read the transcript,
17 and that'll make the next meeting, which I
18 think we could probably do by teleconference,
19 much more efficient.

20 CHAIRMAN LEMEN: Okay.

21 MR. KATZ: That way, if there are

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1 more action items to capture, too, we can get
2 that work done for the next Work Group
3 meeting.

4 CHAIRMAN LEMEN: All right.

5 MR. KATZ: I think that would be
6 good. Ron?

7 DR. BUCHANAN: Okay. Thank you.
8 This is Ron Buchanan, SC&A again, and we are -
9 - we've addressed SEC Issue 5 and 1, and we're
10 ready for SEC Issue Number 4, which is lack of
11 radon measurements, and I'll recapture that
12 issue a little bit and then give our
13 evaluation of it.

14 There were no radon measurements at
15 Weldon Spring during the operational period
16 either inside or the environment, and so what
17 NIOSH has proposed is a method to determine
18 what the limits of exposure could be.

19 So what I want to do is briefly
20 describe that method -- if I have it wrong,
21 Mark, you'll correct it -- and then give our

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1 evaluation of the method and the path forward
2 from there.

3 The initial TBD provided a
4 simplistic general model for radon, and we
5 debated that at one of the meetings. NIOSH
6 came back in April 2011 and gave a more
7 detailed, actually, I understand, two models,
8 one for indoor where the highest point would
9 be and then one for environmental outside.

10 So we evaluated this to see if it
11 was claimant-favorable, and, essentially, what
12 it boils down to, like I say, there was no
13 radon measurements made, and so they used the
14 uranium throughput and made certain
15 assumptions, a model that assumed that so much
16 -- that one percent of the activity was due to
17 radon or radium.

18 The activity in the ore was one
19 percent due to radium, and radium decays to
20 radon, and so generally it doesn't come out
21 well, but in the digestion building would be

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1 the maximum point of release. It could --
2 they assumed 100 percent of it was emitted
3 into the room and that it was in 50 percent
4 equilibrium with its daughter products, and
5 there was no ventilation. It built up to some
6 concentration, maximum concentration, which
7 SC&A looked at this.

8 The details are in Appendix A of
9 their April paper. We looked at their model
10 and went through and don't have a problem with
11 the model in that it appears to be very
12 favorable.

13 We realized there would be
14 ventilation. There would be leaks and that
15 sort of thing, so it probably would build up
16 at that point.

17 Now for external of the building in
18 the environment, environmental radon, they
19 used a stack emission of this material from
20 the uranium throughput and then a dilution
21 factor as it drifted away from the plant in

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1 another model.

2 So people that were in the assigned
3 environmental dose would be assigned a radon
4 intake according to the environmental model,
5 and the people that worked in the operations
6 buildings would be assigned the higher dose
7 for the indoor model.

8 So we -- is this correct?

9 MR. ROLFES: Yes, that's correct,
10 Ron.

11 DR. BUCHANAN: Okay. So we looked
12 at this, and also the same theory would be
13 applied to the thoron emission. So we looked
14 at this and agree that it's claimant-
15 favorable, the model is, and so we presented
16 that to the Working Group Members.

17 Now we would like to add is that
18 the radon model has not been accepted by the
19 Advisory Board at any of the DOE sites. And
20 so because there was no radon measurement, it
21 was based purely on a model.

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1 So that's where SC&A stands on it.

2 We don't have a problem with the model. I
3 don't know that the Advisory Board will accept
4 the radon model, the assigned dose.

5 Dick, do you have any questions on
6 that?

7 CHAIRMAN LEMEN: Not at this time.

8 I do have one question not related to your
9 presentation, but will this be brought up to
10 the full Advisory Board about the radon soon,
11 Ted?

12 MR. KATZ: So, Dick, I mean, once
13 the Work Group closes out all its issues or
14 finds it can't close any issue, whatever might
15 be the case, when the Work Group is finished,
16 and I'm guessing the next Work Group meeting
17 will probably take care of that, then
18 everything will be brought to the Advisory
19 Board.

20 CHAIRMAN LEMEN: Maybe I
21 misunderstood. I thought you said the radon

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1 model had not been considered by the full
2 Board in general, not just for Weldon Spring.

3 MR. KATZ: Right. What Ron was
4 referring to is that there have been radon
5 models proposed for other sites. Dick, I
6 think you were present and on the Board, for
7 example, with Blockson.

8 That's an example. In Blockson, it
9 was a different situation, but there was a
10 radon model, and the Board didn't accept it,
11 despite the fact that I think SC&A was
12 comfortable with that radon model in that
13 case.

14 CHAIRMAN LEMEN: I guess my
15 confusion is is the Board going to consider
16 the issue of radon model when -- in general
17 are they going to do it by each Work Group?

18 MR. KATZ: Right, and I think the
19 answer to that question is, if I recall the
20 discussion of the Board, the Board did not
21 say, "In all cases we will never accept a

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1 radon model," but they said in the case before
2 them they didn't accept it. So I think it's a
3 case-by-case determination.

4 CHAIRMAN LEMEN: That's all I
5 wanted to know.

6 MR. KATZ: At least, at this time
7 until the Board considers otherwise.

8 CHAIRMAN LEMEN: That's all I
9 wanted to know.

10 MR. KATZ: Sure.

11 CHAIRMAN LEMEN: So we're not going
12 to separate this out. We will consider it
13 when we present this whole thing to the Board.

14 MR. KATZ: Exactly. I would think
15 that the Work Group would report to the Board
16 all the major issues, how they were closed
17 out, and since this radon issue is an issue
18 that the Board has, you know, dealt with
19 differently, you know, I'm sure the Board will
20 take that up and consider it --

21 CHAIRMAN LEMEN: That's fine.

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1 MR. KATZ: -- as a particular case.

2 CHAIRMAN LEMEN: That's all I
3 wanted to know. Thank you.

4 MR. KATZ: Sure.

5 MR. HINNEFELD: I guess, perhaps,
6 the discussion of the radon model for the
7 other site and the transcript of that might be
8 instructive or -- you know, in terms of
9 similarities among sites or differences among
10 sites.

11 MR. KATZ: Yes, I mean, I think
12 that's up to the Board, but the Board, it
13 makes sense to me the Board may want to
14 consider, compare the situation they had with
15 Chapman Valve to the --

16 MR. HINNEFELD: Blockson.

17 MR. KATZ: I mean Blockson. I'm
18 sorry. Those two always switch in my head,
19 but Blockson with the situation they have with
20 Weldon Spring, and they may decide that
21 they're significantly different, and they may

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1 decide that they lump them together and they
2 have the same issues. We'll just -- that's up
3 to the Board.

4 DR. MAURO: Dick, this is John
5 Mauro. This might be helpful. The way I see
6 it is that, you know, there was concern by the
7 Board regarding Blockson, as you are well
8 aware.

9 This model is more conservative
10 than the Blockson model. It is still a model,
11 very much a model. It is a simplified version
12 of the Blockson model, and it's extremely
13 conservative in that it doesn't take credit
14 for the fact that radon is being ventilated
15 and removed.

16 You could almost visualize. In the
17 Blockson model, you had radon becoming
18 airborne, continuously, and it was
19 continuously being exhausted at some rate. In
20 this case, the radon is continually emerging
21 and entering the building air space, but it's

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1 not leaving, and the only way it leaves is by
2 radioactive decay.

3 So, I mean, I think that that --
4 when I look at this and I say, "What is the
5 distinction, the important distinction between
6 the two models that needs to be taken into
7 consideration to ensure consistency in the
8 judgment as made as applied to, let's say,
9 Blockson, as opposed to as is applied here?"
10 that is, I would say, the fundamental
11 difference between the models, which I think
12 might be important to be a subject for
13 deliberation by not only the Work Group but
14 also by the Board.

15 CHAIRMAN LEMEN: Thank you, John.
16 That helped a lot, and I think maybe when we
17 present this to the full Board we ought to
18 maybe have that discussion at that time.

19 MR. KATZ: I agree, Dick, and I
20 think even as a prelude to that in our next
21 Work Group meeting, at least you and Mike can

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1 have that discussion on the Work Group.

2 CHAIRMAN LEMEN: Yes, thank you.

3 MR. KATZ: Absolutely. So that
4 should sort of be an item to note for the next
5 Work Group's agenda.

6 CHAIRMAN LEMEN: Okay. I don't
7 have any more on that issue.

8 MR. KATZ: Thank you, John Mauro.

9 DR. MAURO: You're welcome.

10 DR. BUCHANAN: Okay. So, on the
11 radon issue, we will -- like I say, SC&A
12 doesn't have any further material to present
13 on that, so we'll let the Work Group discuss
14 that.

15 So that brings us to Issue 6, which
16 is neutrons, and a little background on this
17 is that generally natural uranium does not
18 have enough neutrons to be a dose issue.
19 However, when you get enriched uranium, then
20 you do have uranium-235 and some carryover
21 234, which have alpha emissions, which

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1 interact with the material and emit neutrons.

2 The interaction depends very much
3 on the material that it's mixed with, how well
4 it's mixed, and everything, a lot of
5 variables. So there are neutrons produced --
6 do have enriched uranium, and this is one
7 reason that the Site Profile Issue Number 24
8 was addressed, because what was the
9 enrichment, we found out it was one percent or
10 less at Weldon Spring.

11 So how do we monitor neutrons or
12 assign neutron dose for Weldon Spring during
13 the period that they did use enriched uranium
14 and -- workers were in those buildings?

15 So the Weldon Spring did,
16 apparently, issue some NTA neutron films when
17 it had enriched uranium, but there is no
18 record of them on the DOE files, and so we
19 can't use the recorded dose. I don't know if
20 they developed them or didn't record them or
21 what the issue was, but, anyway, how do we

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1 assign neutron dose?

2 Well, at other sites, obviously, a
3 lot of the sites besides uranium sites, even,
4 we use the N/P method, which means that the
5 neutron is assigned as a ratio to the photon
6 dose. If the worker was monitored or assigned
7 a photon dose, and say your N/P value is .5,
8 then you assign him a .5 rem for every rem of
9 photon dose.

10 This is an acceptable method,
11 provided the N/P value has a solid base to it.
12 So since there was no values measured at
13 Weldon Spring, the TBD recommend using the
14 Fernald N/P value of .1 as a mean and .23 as
15 the 95th percentile.

16 I objected to this last -- a couple
17 meetings ago because of the way the values
18 were obtained. When you do N/P values, you
19 want to try to do them at the same time, same
20 place, under the same conditions to get the
21 best value you can, and this was not done at

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1 Fernald.

2 Now there was a problem in that
3 SC&A did sign off on Fernald neutrons in the
4 past. However, when this came up, then SC&A
5 has revisited that and decided that, indeed,
6 this was not a scientific method to determine
7 N/P value.

8 The way I understand it and the way
9 it's documented in the TBD is the neutron dose
10 was determined, measured in 1995 on some
11 canisters, and then in 2001 the gamma dose was
12 measured on some drums of UF4.

13 We don't feel that this is
14 correlated data, different time, different
15 place, different geometry, different
16 attenuations within the material itself,
17 different material that the alphas interact
18 with, so we don't feel that this is a
19 scientific method to determine N/P values.

20 So we don't feel that the method
21 used to determine N/P is scientifically sound,

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1 and so that's the point that we'd like to
2 bring up. We have brought up some, but this
3 is -- we would like to discuss that today.

4 MR. ROLFES: Okay. This is Mark
5 once again. I think we've provided everything
6 that we can. We do agree with you that that
7 wouldn't be the best way to develop a neutron-
8 to-photon ratio.

9 However, assuming nothing was done
10 to the materials at Fernald, there really
11 shouldn't be any difference in the -- there
12 definitely wouldn't be any difference in the
13 neutron dose rates, and there wouldn't be much
14 of a difference in the gamma dose rates if any
15 at all.

16 The separation in time, we agree
17 that, you know, it's best to collect all the
18 data at once, but we don't feel that this
19 invalidates the N/P ratio in any manner, and,
20 plus, for the other reasons that we had
21 discussed, the materials at Fernald, there was

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1 material above one percent enrichment at
2 Fernald.

3 That wasn't the case at Weldon
4 Spring, so the source term from the Fernald
5 site included materials above one percent
6 enriched green salt. The Weldon Spring
7 material, I think the highest enriched uranium
8 at the site was still under one percent
9 enriched.

10 So, yes, you know, there is some
11 separation of the measurements. However, we
12 don't feel that it invalidates the neutron-to-
13 photon ratios that would be developed.

14 DR. BUCHANAN: SC&A also looked at
15 some of the dose reconstruction at Fernald and
16 Weldon Spring and found that in one case they
17 was assigned .1, which was the mean N/P value
18 of .1, and in another case they assigned the
19 95th percentile, .23, and also the same thing
20 at Fernald. One case was .1, and one case was
21 .23.

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1 So, you know, I guess this is where
2 SC&A stands to the Working Group. We just --
3 we don't believe that these are solid numbers,
4 and we don't think that they're being applied
5 uniformly.

6 MR. ROLFES: Well, to discuss the
7 difference in which neutron-to-photon ratio
8 was applied for a Weldon Spring plant dose
9 reconstruction, the individual possibly could
10 have worked in an area that didn't have
11 significant quantities of slightly enriched
12 green salt. That would have been one of the
13 areas that an employee would have had to have
14 worked in to receive a higher potential
15 neutron dose.

16 With that being said, neutron dose
17 wouldn't have been -- even in the Fernald
18 study, I believe they had pretty extreme
19 difficulty. They had to leave bubble
20 dosimeters in contact with the enriched
21 uranium green salt canisters for months, I

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1 believe, at a time to receive any kind of
2 recordable neutron dose that was observable by
3 the dosimeter.

4 That's, you know, in direct contact
5 inside of a warehouse full of enriched green
6 salt, so, really, it's very difficult to get
7 any kind of measurable neutron dose from large
8 quantities of green salt, enriched green salt
9 at the levels that were processed at Fernald.

10 That would be the bounding value
11 for the Weldon Spring plant, so we feel that
12 the 95th percentile of .23-to-1.0 neutron-to-
13 photo ratio would be bounding for the Weldon
14 Spring plant given the source term, given the
15 quantities of material that were processed at
16 Weldon Spring in comparison to Fernald and
17 also the enrichments.

18 DR. BUCHANAN: But you're not
19 necessarily saying that .23 would be applied
20 all the time.

21 MR. ROLFES: We wouldn't apply the

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1 95th percentile value all the time.
2 Definitely, we would not do that. We would
3 have to take a look at the facts of the case.

4 If there is an individual who would
5 be in the category that would have the highest
6 potential for neutron dose -- for example, in
7 the Fernald Site Profile we have some
8 information on the facilities that produced
9 enriched uranium, and it would be in those
10 facilities that we would assign the 95th
11 percentile neutron doses.

12 That would be the same for the
13 Weldon Spring plant. We would go back and
14 look to see if we had information to determine
15 if the individual whose dose is being
16 reconstructed worked in an area where there
17 was either enriched green salt being stored or
18 enriched uranium being produced during that
19 time period.

20 If that's the case, if we have no
21 other information, in order to bound that

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1 employee's neutron dose we would apply the
2 95th percentile to that employee. If we had
3 no information, we would apply the 95th
4 percentile if there was a potential for a
5 worst case neutron dose exposure.

6 If we believe that the employee,
7 you know, possibly had some employment or some
8 work in an area where enriched uranium was
9 being stored or produced, then we would likely
10 apply the 50th percentile, but that would
11 depend upon the facts of the individual's
12 exposure history and the information provided
13 to us. So, no, we wouldn't automatically
14 default to the 95th percentile.

15 DR. MAURO: Mark, this is John
16 Mauro. It turns out that SC&A had an internal
17 conference call on this subject yesterday, and
18 Bob Anigstein was very much a part of that
19 conference call.

20 Unfortunately, he had a medical
21 situation that he had to attend to this

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1 morning, but I'd like to try to capture where
2 we feel that maybe there is a disagreement on
3 the .23 number that you have selected.

4 So I think Ron told some of the
5 story, but as I understand it, you'll be using
6 the .23 as your bounding neutron dose ratio.
7 You know your gamma. You multiply that gamma
8 dose by .23, you get your neutron dose,
9 effective dose.

10 I believe the bottom line is we
11 came away based on looking at real paired data
12 and running some models, MCNP simulations and
13 for various enrichments, recognizing that
14 Weldon, probably one percent is probably a
15 reasonable number to use, as opposed to two
16 percent enrichment, as was used at Fernald.

17 We come in, and, Ron, correct me if
18 I'm wrong, that when all is said and done, the
19 work we've done and the data we looked at
20 seems to indicate that a number perhaps twice
21 as high as the .23, maybe something closer to

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1 .4 or .5, would be more appropriate for
2 Weldon. I tell this story simply because this
3 is what I got out of our internal conference
4 call yesterday.

5 Unfortunately, as I said, Bob
6 Anigstein is not on the line, but Ron and the
7 other John and Joe, if you're on the line,
8 when we discussed this yesterday, did I
9 package that up correctly? Is that the way
10 where we stand right now on this matter?

11 MR. STIVER: John, this is John
12 Stiver. I think the issue was that we had the
13 modeling exercise, and I think the one
14 configuration that gave the highest neutron-
15 to-photo ratio was the array of 81 drums
16 stacked up. That we came to about 4.2. That
17 was for two percent enriched uranium.

18 DR. MAURO: Oh, okay.

19 MR. STIVER: What we're -- the
20 concern we had was there is a very limited
21 data set, and I believe it was this Robinson

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1 2001 position paper on neutron monitoring had
2 some actual pair data, 15 measurements that
3 were taken, I believe, at the retention
4 support structures at Fernald, and this was
5 for the green salt, which had previously been
6 stored in another area and was moved to these
7 support structures.

8 So they took measurements there,
9 and the highest measurement they came into was
10 about one. It came in at about .96, and this
11 was also for two percent enrichment.

12 So I guess the way I interpret the
13 discussion we had a couple days ago was that
14 here you have a model value, a complete
15 construct using MCNP with a particular
16 arrangement, and we come in at .42. Here we
17 have some actual measurements where we have a
18 high value of almost one for green salt.

19 The actual configuration for the
20 support structures, we really don't know what
21 that was, so we have this uncertainty about a

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1 factor of two or so just based on that limited
2 data set and our modeling at a given percent
3 enrichment.

4 So, when we try to look back to the
5 one percent enrichment, that doesn't just
6 scale linearly, as Bob described. I believe
7 it was -- I can't remember exactly how he
8 described it, but there are some other
9 processes going on that are non-linear, and so
10 it's fairly close.

11 I mean, even looking at the model
12 you can see from .7 up to 2.0 percent. It's
13 pretty much a factor of two increase in the --
14 for each different configuration that Bob ran.

15 So, just as a ballpark figure you
16 could say, "Okay, factor of two, maybe," and
17 so that brings us down from one to about .5,
18 so that's why we thought that maybe, you know,
19 there is some uncertainty here that hasn't
20 been factored in.

21 .23 appears to be reasonable for

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1 one percent, but just based on the actual
2 measurements that were taken, it could be
3 higher, and I think that's why we came in
4 thinking probably about .4 or .5 might be
5 probably a more realistic bounding value, you
6 know, given this data that we've looked at.

7 MR. ROLFES: This is Mark. Keep in
8 mind in the dose reconstruction process that
9 if we have a photon dose that we would
10 multiply by the .23 95th percentile neutron to
11 photon ratio, in the dose reconstruction
12 process we'd also multiply that neutron dose
13 by ICRP-66 quality factors and organ-specific
14 correction factors.

15 So the ICRP-66 quality factors or
16 neutron effectiveness factors are almost 2.0.

17 They're 1.91, so we're essentially doubling
18 the neutron dose right off the bat here.

19 DR. MAURO: Is it possible that we
20 are just miscommunicating? Perhaps when Bob
21 made his runs, and, John, you seem to be a lot

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1 more knowledgeable about this than I am, did
2 Bob calculate the adjusted, in other words,
3 what I would call the effective dose
4 equivalent?

5 MR. STIVER: Actually, we did look
6 at that, and the idea being is that, you know,
7 we're going to have those factors in any case.

8 It's really the -- I think he was looking at
9 -- yes, it was an H-10. It was a deep-dose
10 equivalent.

11 DR. MAURO: A deep -- okay.

12 MR. STIVER: Yes, it was.

13 DR. MAURO: With the correction
14 factors for the quality factor or RBE or
15 whatever term we're using these days, because
16 what I just heard is that when NIOSH -- after
17 NIOSH multiplies the photon dose by .23 to get
18 the neutron dose, that's just an absorbed
19 dose, you know, rads.

20 Then they -- what I'm hearing is
21 then they multiplied by another factor of 1.9

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1 something or close to 2.0 to get it into rems.

2 Is it possible that Bob was calculating rems
3 when he came up -- in other words, when we
4 made this comparison, this factor --

5 It seems to be sort of coincidental
6 that we're coming in a factor of two higher,
7 and maybe it's because we incorporated this
8 quality factor when we finished our work, but
9 NIOSH didn't, and, as a result, we're really
10 not arguing about it? We are in agreement?

11 I mean, I'm not sure.
12 Unfortunately, you know, Bob isn't here. I
13 thought that we were sort of comparing apples
14 and apples, but maybe we're not.

15 MR. HINNEFELD: This is Stu. I'll
16 just offer that the ICRP-60 correction factor
17 that we described is, you know, is a change in
18 the quality factor, what we used to call RBE
19 for neutrons of certain energies in the ICRP-
20 60 recommendation, whereas most recorded DOE
21 doses, certainly up through some period, would

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1 have used prior, which was probably 26,
2 recommendations for quality factors for
3 energy.

4 So it's rems to rems. It's not
5 rads to rems. It's rems with the ICRP, the
6 old ICRP rems with the ICRP-60. That's a
7 minor point, but the factor is still about two
8 from those common IREP energy bands. It's
9 about two from those commonly assigned IREP
10 energy bands, so just as a minor clarifying
11 factor.

12 Now, I'm curious about you've
13 discussed your internal telephone call
14 yesterday about a modeling exercise that Bob
15 did. Is that among the things you've provided
16 to us, that modeling he did?

17 MR. STIVER: Stu, this is John
18 Stiver. I can tell you that. That was done,
19 actually, in 2007. That was the original
20 analysis that Bob did.

21 MR. HINNEFELD: Okay. Okay.

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1 MR. STIVER: So we've already
2 discussed this, I believe, in the May meeting,
3 as well. This is not a new analysis. I mean,
4 he went through and did a review of that after
5 the May meeting. I believe we finally
6 published it.

7 MR. KINMAN: This is Joe. John,
8 John, Bob Anigstein did indicate he was
9 available upon a quick phone call, so he is
10 available if we want to get him on the line.

11 DR. MAURO: You know, I have my
12 cell here. While we're talking --

13 MR. KINMAN: Go ahead and give him
14 a call. He can certainly describe it better
15 than we are.

16 DR. MAURO: Let me see if I can
17 give him a call. I'll try to get -- I'm going
18 to try to get him on the line right now.

19 MR. MORRIS: Bob Morris here.

20 MR. KATZ: Yes, Bob?

21 MR. MORRIS: Could I propose a

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1 question here? When Dr. Anigstein did this
2 analysis was in 2007, I think you said, John.

3 I recall that he had modeled an array of
4 drums in order to get his values, and we
5 discredited that as being contradictory to the
6 criticality safety practices at Fernald at the
7 time. I think that he quickly agreed and
8 said, "Oh, yes, that's a mistake. We'll
9 change that."

10 MR. STIVER: Yes, Bob, after we had
11 that discussion -- actually, I'm looking at
12 Bob Anigstein's report from, I think, May 18,
13 and he discusses this issue, the challenge,
14 the MCNP analysis.

15 He's not questioning the processes
16 that were in place during Stu's tenure at
17 Fernald, but he ran some calculations that
18 showed that the array would not have been
19 critical at two percent enrichment.

20 MR. MORRIS: I don't think it --

21 MR. STIVER: He also found two

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1 different references from Fernald in the mid-
2 sixties that showed two and five percent
3 enrichment. I'm sure that was actually stored
4 in that same type of configuration, and so it
5 becomes an issue really not of if it would
6 have been a critical arrangement but mainly
7 more of what the policy may have been in later
8 decades compared to the earlier decade.

9 MR. MORRIS: So, what's in the
10 transcript from Fernald from, what, three
11 years ago you're now saying where you said,
12 "Oh, yes, we agree that that would not have
13 been a" --

14 MR. STIVER: Yes, John can probably
15 speak to that.

16 DR. MAURO: Yes, I will take a --

17 MR. MORRIS: Let me ask the
18 question, please.

19 DR. MAURO: Yes, I will take a --

20 MR. MORRIS: Can I finish the
21 question?

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1 DR. MAURO: Oh, I'm sorry. Go
2 ahead.

3 DR. ANIGSTEIN: This is Bob
4 Anigstein. I just called in.

5 MR. MORRIS: Okay. The question I
6 had is, John, I think you were, in fact, the
7 one who said this a few years ago --

8 DR. MAURO: I was.

9 MR. MORRIS: -- that we no longer
10 hold the position that the two-drum-tall stack
11 is a valid modeling arrangement. Do you
12 recall saying that?

13 DR. MAURO: Bob, you recall
14 correctly, and --

15 MR. MORRIS: Okay. The second part
16 of the question, then, for Dr. Anigstein, who
17 just called in, is when we're talking about
18 this --

19 DR. ANIGSTEIN: I'm going to have
20 to call back, because this is a bad
21 connection.

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1 MR. MORRIS: Okay. When we're
2 talking about this model that has come up in
3 the last five minutes of the conversation, are
4 we still holding to the two-tall, two-drum
5 stack, or is it down to a one-drum stack?

6 DR. MAURO: This is John. I will
7 maybe try to deal with the first question, and
8 the second question I don't have an answer to
9 you. Bob probably could help out.

10 With regard to the first part, yes,
11 you are absolutely correct. When we discussed
12 this matter at Fernald a number of years ago
13 and we pointed out, well, we felt that, you
14 know, .4 or something on that order would be
15 more appropriate for the two percent enriched
16 material -- UF4, I believe it was -- and Stu
17 Hinnefeld at that time --

18 DR. ANIGSTEIN: Okay, it's Bob
19 Anigstein. I'm back.

20 DR. MAURO: Bob, yes, you probably
21 want to step in. I'm just taking a mea culpa

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1 right now.

2 At that time, it was pointed out to
3 SC&A that Fernald would never configure
4 storage of UF4 at two percent in that form
5 because of criticality concerns. I
6 immediately said, "Oh, never mind."

7 You know, I accepted that
8 statement, and at that point I let go of the
9 issue. I said, "Okay, that being the case,
10 you know, if you're not going to do that, and
11 you'd be closer to something greater than one
12 percent under their policies because of
13 criticality concerns, we let it go." So
14 you're right. At that time, we closed the
15 issue at Fernald.

16 Now, as it turns out, during the
17 process of discussing Weldon, for obvious
18 reasons, this issue came back to life again.
19 We re-discussed it again, and that's where we
20 are now.

21 We're really at a point now where I

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1 guess we're sort of resurrecting the Fernald
2 discussion and seeing, you know, were we --
3 was SC&A right or wrong in letting go at the
4 .23 at Fernald, and how does this matter now
5 play out as applied to Weldon?

6 It was Friday, I believe, not
7 yesterday, that we had this conference call,
8 and thank you, Bob, for joining us, because we
9 are in the middle of discussing this matter,
10 and we're really at a place where we're
11 agreeing to disagree right now, whereby NIOSH
12 is standing by their .23 factor.

13 We are saying that at Weldon we
14 think perhaps a number that might be about
15 twice as high as that, something closer to .4
16 or .5 would be more appropriate. We made
17 reference to some of the work that you had
18 done, and that's why I called you to see if
19 maybe you could shed some light.

20 DR. ANIGSTEIN: Now, the answer to
21 the criticality issue was that based on

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1 research that I had done, back in 1966 -- or
2 this is -- the reference is from 1966 -- they
3 did use a two-ton -- a ten-ton cylinder of 2.1
4 percent enriched uranium hexafluoride at
5 Fernald, and it was much bigger than the stack
6 on the photograph. In my report I estimated
7 the cylinder to be about five feet in
8 diameter.

9 So the fact that what was said
10 maybe in later years they would not have done
11 that, but here is one evidence where they, in
12 fact, did do that. So, basically, this is a
13 much greater quantity than this stack of drums
14 three drums high.

15 Another reference stated that up to
16 five percent enriched uranium hexafluoride was
17 stored in ten-ton cylinders 48 inches in
18 diameter, 119 inches long. This contradicts
19 the fact that it could never happen.

20 MR. HINNEFELD: Well, this is Stu
21 Hinnefeld, and what I said was that storing

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1 drums, you know, 55-gallon drums two high of
2 two percent enriched would have violated the
3 criticality safety controls when I was there
4 and I think probably earlier, and that is
5 fact.

6 That would have violated. It
7 doesn't mean that would have gone critical.
8 That would have been a long way from critical,
9 but that was the controls that were
10 established there to make sure they stayed
11 well under. Bob is exactly right that Fernald
12 did, in fact, handle enriched UF6 in large
13 cylinders in the sixties.

14 MR. ROLFES: This is -- this is
15 Mark, and I was going to add, though, this is
16 all new information to us that you're
17 presenting from your call on Friday, and we
18 haven't seen any of the analyses.

19 We're not prepared to discuss any
20 rebuttal to what you've developed within the
21 past couple of days, so I don't know if we

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1 want to discuss this issue until after we've
2 seen the report, possibly. That would
3 probably be the best use of our time.

4 DR. BUCHANAN: Well, I wanted to
5 ask one critical question of Bob. This is Ron
6 Buchanan, SC&A. Bob, when you say neutron-to-
7 photo ratio like .42, are you including the --

8 Well, what we just stumbled on
9 before you got on the phone was, see, NIOSH
10 says .23, and then you multiply it by a factor
11 of 1.91 because of ICRP-60. So --

12 DR. ANIGSTEIN: Oh, no, no, no.
13 This is the dose using -- we ran MCNP, and we
14 used the ICRP-74 dose conversion factors for
15 neutrons and photons.

16 DR. BUCHANAN: So you wouldn't
17 multiply this by any additional quality
18 factor, correct?

19 DR. ANIGSTEIN: No, it's already
20 built in.

21 DR. BUCHANAN: It's already built

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1 in, so if they had a .23 and they multiply it
2 by two, that gives a .46, which is almost what
3 you arrived at, correct?

4 DR. ANIGSTEIN: Yes, which is
5 actually even a hair higher than what we got.

6 DR. BUCHANAN: Well, theirs is
7 actually 1.91, so it would come out almost the
8 same.

9 DR. MAURO: Is that what we've got
10 here? I mean, that's an important -- I mean,
11 we may have just put this issue to bed if
12 that's the case.

13 What I mean by that is if Bob's .4
14 is not really the same as the .23 that NIOSH
15 uses and the reason is that our calculation
16 has embedded in it a multiplier, a quality
17 factor, RB or whatever term you want to use --

18 DR. ANIGSTEIN: It's not -- it's
19 not a quality factor.

20 DR. MAURO: Go ahead.

21 DR. ANIGSTEIN: It's a dose

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1 conversion factor. In other words, we have
2 the dose already. Dose includes quality, and
3 it was effective dose.

4 DR. MAURO: Okay. That's what I
5 thought. I thought that was what NIOSH was
6 doing, also, but what I'm hearing is perhaps
7 they're not. Maybe that .23 is not the same
8 number as our number. I guess I could use
9 some help here.

10 MR. HINNEFELD: Yes, John, this is
11 Stu Hinnefeld, and I am pretty confident that
12 the .23, the neutron measurements collected at
13 Fernald would not have incorporated the ICRP-
14 74 correction factor or dose conversion
15 factor, whatever you want to call the
16 conversion from rads to rems.

17 DR. MAURO: Right. Right.

18 MR. HINNEFELD: That would not have
19 incorporated that. That would have been in an
20 earlier version, and therefore that's why we
21 apply the 1.91 for this particular IREP energy

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1 band, the more common one, to adjust recorded
2 doses using old, the old ICRP system to adjust
3 those to the current ICRP system, which is the
4 basis for the risk in IREP.

5 DR. MAURO: Got you.

6 MR. ROLFES: This is Mark.

7 DR. ANIGSTEIN: Stu, when you say
8 old, you mean earlier than 1994?

9 MR. HINNEFELD: Yes. The DOE sites
10 changed practice when the DOE rule told them
11 to, and so the regulation that was existent in
12 1994 would have been --

13 That would have been before 835,
14 right? No, it would have been 835, probably.

15 It was about that time that 835, 10 CFR 835
16 became effective, and 835 finally adopted
17 ICRP-26 and 30.

18 DR. ANIGSTEIN: Well, okay. Okay.

19 Okay, but here our calculations use ICRP --
20 just look that up -- Table A.42, and if I can
21 -- give me a second. I'll pull it. I have it

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1 right here.

2 Okay, this is the ambient and --
3 this is the ambient dose equivalent per
4 neutron, so it goes directly from neutron per
5 square centimeter to 8×10 .

6 MR. HINNEFELD: Right.

7 DR. ANIGSTEIN: And this is, of
8 course, using -- this is ICRP-74, so it
9 certainly uses the ICRP-60 methodology of both
10 the tissue weighting factors and the radiation
11 weighting factors.

12 MR. HINNEFELD: Right.

13 DR. ANIGSTEIN: So, if they had
14 been doing something using the older numbers,
15 then it's correct. They would have to have a
16 multiplier to increase it, but the
17 calculations that we did don't require that
18 multiplier, because it's already -- we're
19 using the right numbers to begin with.

20 MR. HINNEFELD: Correct.

21 DR. ANIGSTEIN: So there's nothing

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1 to correct.

2 MR. HINNEFELD: That is correct.

3 DR. MAURO: Okay. Am I hearing
4 that --

5 DR. ANIGSTEIN: I was -- what are
6 we -- do I understand correctly that we just
7 discovered that we're really talking about the
8 same thing? We're really coming up with the
9 same values?

10 MR. HINNEFELD: That almost sounds
11 almost too good to be true, but it almost
12 sounds that way.

13 DR. MAURO: Yes, it sure does.

14 DR. ANIGSTEIN: Because here we are
15 comparing millirem to millirem.

16 MR. ROLFES: We are now in the dose
17 reconstruction process. As Stu had said,
18 basically, and I said earlier, we would take
19 that neutron-to-photon ratio, the .23 to 1.0.

20 We would multiply the recorded and
21 missed photon dose by the .23. Then we would

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1 apply basically a biological effectiveness
2 factor, quality factor, whatever you want to
3 call it, for 100 keV to 2 MeV neutrons.

4 We would assume that all neutrons
5 fell into that energy category, because that
6 has the highest correction factor. We would
7 apply the ICRP-60. I misspoke earlier and
8 said 66 -- ICRP-60 correction factor, 1.91.
9 It's in the organ dose.

10 DR. MAURO: That makes our numbers
11 identical.

12 DR. ANIGSTEIN: So it comes up on
13 my calculator at 2.44, and we get .43.

14 DR. MAURO: We just put -- sounds
15 like we just put this one to bed.

16 MR. ROLFES: Okay.

17 DR. BUCHANAN: Okay, so --

18 MR. MORRIS: This is Bob Morris
19 here.

20 DR. BUCHANAN: Go ahead, Bob.

21 MR. MORRIS: When you present your

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1 findings, John, on this, could you make sure
2 that you provide us the source, MCNP source
3 code input file so we can check that, please?

4 DR. ANIGSTEIN: Sure.

5 MR. MORRIS: Thank you.

6 DR. MAURO: This is good, though.
7 I mean, I think we may be on a trail putting
8 this to bed.

9 DR. ANIGSTEIN: You want all the
10 files or just that limiting case, the, you
11 know, the big stack of drums? We had the --
12 we did a single drum. We did something like
13 48 drums, and then we did a conical pile,
14 which is actually unrealistic.

15 MR. MORRIS: What I would really --
16 you know, I don't care about the geometry so
17 much as the input details.

18 DR. ANIGSTEIN: Okay. Fine.

19 MR. MORRIS: So any one of those
20 would be fine, Dr. Anigstein.

21 DR. ANIGSTEIN: Very good. We'll

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1 get that to you.

2 MR. MORRIS: Thank you.

3 DR. BUCHANAN: Okay, so let's
4 summarize the neutron Issue 6 as the fact that
5 SC&A adapted to way it was derived. However,
6 SC&A has done some Monte Carlo calculations
7 that show that we agree with the outcome,
8 which is actually what is applied in dose
9 reconstruction.

10 So I think that we will write up a
11 summary of this, but that's our present
12 position. If it changes, we'll let you know
13 in the summary, but that's the way we see it
14 at this point. So we'll write a short summary
15 on our position on the neutron issue, and it
16 looks like at this time that it has been
17 resolved.

18 MR. ROLFES: Okay. Thank you, Ron.

19 DR. BUCHANAN: And Bob is going to
20 send that code to Morris, right?

21 MR. KATZ: It sounds like that

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1 could just be a memo. It's not even really a
2 White Paper, right?

3 DR. BUCHANAN: Yes, just a memo?
4 Okay. SC&A will send a memo.

5 DR. ANIGSTEIN: We can attach it.
6 Is there a larger writeup needed or just --

7 DR. BUCHANAN: Well, Bob, provide
8 that code to Morris, and I will write up a
9 summary memo and send it around. Is that
10 okay?

11 DR. ANIGSTEIN: Okay.

12 DR. BUCHANAN: Okay.

13 MR. KATZ: Sure, absolutely.

14 DR. MAURO: Let's make sure, though
15 --

16 DR. ANIGSTEIN: Who do I -- sorry,
17 who do I send this to?

18 MR. MORRIS: You can send it to
19 Mark. That would be fine.

20 DR. ANIGSTEIN: To Mark, okay.

21 MR. ROLFES: Yes, I'll make sure

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1 that Bob Morris receives it and that the ORAU
2 team receives it. Thank you, Bob.

3 DR. MAURO: Yes, I think it's -- I
4 think it's -- this is John. I think it's
5 important that after Bob has a chance to look
6 at it and confirm that, yes, there is no
7 disagreement, that --

8 DR. ANIGSTEIN: I mean, from what
9 I'm hearing, they're already.

10 DR. MAURO: I am, also, but I think
11 that since Bob wants to -- you know, if Bob
12 takes a look at the DEC -- we'll call it the
13 DEC.

14 DR. ANIGSTEIN: Wait, who are you
15 talking about?

16 DR. MAURO: Bob Morris. I'm sorry.

17 DR. ANIGSTEIN: Oh, I'm sorry. You
18 said Bob. I thought you meant me.

19 DR. MAURO: Yes, Bob, Anigstein,
20 after you send it out and after Bob Morris has
21 a chance to look at it and say, "Yes, we're

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1 calculating -- they included for all intents
2 and purposes the 1.91 while our .23 does not,
3 which we apply later, and, as a result, we
4 actually are coming in at the same place,"
5 something .43 or whatever the number is, and
6 that confirmation from Bob Morris I think will
7 put this thing to bed.

8 DR. BUCHANAN: Okay. Well, then
9 Bob needs to send that to me so I can
10 summarize it and close the issue or give
11 SC&A's final position on it.

12 MR. KATZ: I think that would be
13 good, so if, Bob, you can write up something,
14 however DCAS wants that to be done, but get
15 something final to Ron Buchanan, and then he
16 can close the issue as might be appropriate.

17 DR. ANIGSTEIN: Okay. So the
18 mechanics of it, I should simply send this
19 directly to Mark Rolfes?

20 MR. KATZ: Sure. Yes, Bob.

21 DR. ANIGSTEIN: Okay.

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1 MR. MORRIS: This will be a very
2 quick review for me. I just want to double-
3 check it.

4 DR. BUCHANAN: Yes, and then, Bob
5 Morris, if you could send me an email with
6 your opinion, and if it's okay, then I'll send
7 a summary email around with SC&A's current
8 position on it.

9 MR. KATZ: The Workgroup.

10 MR. MORRIS: I think our protocol
11 will be that Mark will actually communicate
12 with you.

13 MR. KATZ: Right.

14 DR. BUCHANAN: Okay. Whatever.

15 MR. KATZ: However this needs to be
16 done by DCAS.

17 DR. BUCHANAN: However.

18 MR. KATZ: Right.

19 DR. BUCHANAN: Okay. Make a few
20 notes here. Okay. Now, so that takes care of
21 Issue 6, neutrons.

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1 Okay, the other issue on Issue 8
2 was we discussed the accidents and incidents
3 and these unusual occurrences. We went
4 through some files and discussion at several
5 of the meetings on how we can do dose
6 reconstruction that's favorable and takes in
7 these situations.

8 We fairly well had closed this out
9 except that NIOSH had made a remark at the end
10 of their April 21, 2011 paper. Under
11 Accidents and Incidents on page three it says,
12 "In fact, Working Group monitoring data likely
13 to result in more favorable dose estimate." I
14 asked for explanation on that, and so, Mark,
15 do you want to --

16 MR. ROLFES: Yes, and the short
17 answer is that the use of Workgroup monitoring
18 data to estimate dose for unmonitored workers
19 is likely to result in a favorable dose
20 estimate. It just needs to be clarified in
21 our opinion that we should specify to estimate

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1 dose for unmonitored workers.

2 DR. BUCHANAN: Okay, to unmonitored
3 workers. Making a few notes here. Okay, then
4 that makes sense if it's to unmonitored
5 workers.

6 Okay, Number 9 was geometry
7 factors, and this issue is that Weldon Spring
8 just record the photon dose. It calibrated
9 film against calibrated film that were -- and
10 the badges were mostly on the upper chest
11 area, lapel pocket area.

12 So, obviously, if the person is
13 irradiated in the lower torso, it wouldn't be
14 the same dose as the upper torso and
15 extremities. Dose would be different than the
16 lapel dose.

17 So we had discussed this briefly at
18 some of the other meetings, and I believe that
19 NIOSH is going to show how at other sites,
20 similar sites, they had geometry factors to
21 compensate for this if necessary, but this was

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1 not addressed in the TBD or the ER.

2 So we wanted to have NIOSH give us
3 a summary of how this is going to be applied
4 in the dose reconstruction, and there will a
5 modification to the TBD to reflect that.

6 MR. ROLFES: Yes, I think SC&A had
7 looked at geometry correction factors for the
8 Mallinckrodt site, and I believe NIOSH had
9 developed some specific geometry correction
10 factors for Mallinckrodt Chemical Works. SC&A
11 had provided some comments on that geometrical
12 correction factors that we had recommended,
13 and we had a specific TIB for Mallinckrodt.

14 Since we had received those
15 comments, I believe in late 2010 DCAS had
16 revised that TIB specific to Mallinckrodt and
17 made it a more broad scope document. It's
18 DCAS TIB-13, Revision 1, and it's Selected
19 Geometric Exposure Scenario Considerations for
20 External Dose Reconstruction Considerations at
21 Uranium Facilities. So this information

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1 contained in here would be applicable to the
2 Weldon Spring plant, as well.

3 DR. BUCHANAN: That was TIB-13,
4 Revision 1.

5 MR. ROLFES: That's correct, DCAS
6 TIB-13, Revision 1, and the title is Selected
7 Geometric Exposure Scenario Considerations for
8 External Dose Reconstruction at Uranium
9 Facilities. I can give you a little bit
10 additional information.

11 It says, "This document is
12 applicable to Weldon Spring, and use of
13 geometric correction factor of 2.1 to all
14 organs within the lower torso would be applied
15 to claimants who performed hands-on work with
16 uranium or equipment contaminated with
17 uranium.

18 "This would include operators,
19 material handlers, and trade workers,
20 including maintenance personnel, pipe fitters,
21 welders, electricians, sheet metal workers.

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1 "The correction factors assumed
2 have a log-normal distribution with a
3 geometric mean of 2.1 and a GSD of 1.34. The
4 value of the GSC is discussed in DCAS TIB-13,
5 Rev 1, and it is based upon data developed in
6 DCAS TIB-10, Revision 3, Best Estimate
7 External Dose Reconstruction for Glove Box
8 Workers."

9 DR. BUCHANAN: Now, that will
10 appear in the revised TBD. Is that what you
11 read, or how will that be applied?

12 MR. ROLFES: We might need to put a
13 statement in the revised TBD that says, you
14 know, consider information in DCAS TIB-13,
15 Revision 1, for applicability in the dose
16 reconstruction process of Weldon Spring.

17 DR. BUCHANAN: Will there be a PER
18 on that?

19 MR. ROLFES: That would something -
20 - that would be something to consider, as
21 well, yes. We'll certainly take a look into

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1 that.

2 DR. BUCHANAN: Okay, so that's
3 SC&A's discussion of the SEC issues and the
4 action items that we're to take from that.
5 There is -- there was a number of Site Profile
6 issues, which we've been discussing along with
7 SEC issues.

8 I guess at this point, unless
9 there's something specific we want to discuss,
10 what I have found that we had 28 Site Profile
11 issues, and most of those have funneled down
12 into the SEC issues. They've been addressed
13 during the SEC issue process.

14 There are about four, I believe,
15 that were going to be addressed by changes in
16 the TBD. I could look at that and see if Mark
17 agrees that's what's going to be done if you
18 give me a minute here to pull them out.

19 MR. ROLFES: I recall I think one
20 of them, Ron, was related to uranium daughter
21 products. I think that might have been one of

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1 them we needed to clarify a statement about --

2 DR. BUCHANAN: Yes.

3 MR. ROLFES: Let's see. Our result
4 here says --

5 DR. BUCHANAN: Number 18, uranium
6 decay products, P-18, incomplete assessment of
7 uranium decay products. At the January
8 meeting you said there would be a revised TBD
9 on that.

10 MR. ROLFES: Correct. That's
11 correct. Let's see here.

12 DR. BUCHANAN: And different
13 solubility types, again, on the January
14 meeting you say there would be clarification
15 in that these were all the possible, that they
16 didn't necessarily all exist, but there would
17 be a possibility that these type could exist.

18 There was confusion there that you had
19 different solubilities for the same isotope.

20 MR. ROLFES: Right. We would
21 clarify. In the dose reconstruction process,

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1 we choose the solubility of the uranium that
2 results in the highest dose or probability
3 causation for that specific target organ, and
4 we can put a statement in the TBD that more
5 formally documents that.

6 DR. BUCHANAN: And then there's
7 several secondary findings on the 14 and 15.
8 I have a note from the January meeting that
9 you would also put -- that that would be
10 revised, that the -- and I forgot exactly all
11 the details.

12 I have here stated uranium,
13 thorium, radon ratio should be used with
14 caution. Let's see. On the main matrix maybe
15 we have further explanation of that.

16 Okay, this has been superseded, I
17 think, by your environmental report of 4/21,
18 so I think that the S-14 actually was answered
19 by your 4/21/11 environmental paper.

20 MR. ROLFES: Okay. You said there
21 were four, and so you should have one more.

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1 DR. BUCHANAN: One more. It's 15,
2 and that was the thorium and thoron, okay, and
3 we've addressed this issue of the pits and the
4 quarry and when the material was handled, and
5 so I think that that issue has been addressed,
6 also. I would say we close that.

7 We can close those two, the
8 secondary findings 14 and 15, and you will
9 incorporate the revisions for primary findings
10 18 and 20. The others have either been closed
11 or have been addressed during the SEC issues.

12 MR. ROLFES: Okay.

13 DR. BUCHANAN: Okay. So, at this
14 point, then, that was Item 5, and we've
15 addressed those, the SEC issues. So 6, then,
16 is decided to fast forward, since our Chair is
17 not with us today. I guess Dick and Ted and
18 all of us decide what we want to do next.

19 MR. KATZ: Right. So, Dick, are
20 you on the line still?

21 CHAIRMAN LEMEN: Yes, sir.

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1 MR. KATZ: So, "Yes, sir," I should
2 be saying to you, but, so, I mean, my
3 suggestion is, as we've discussed before, we
4 don't have Mike with us today, but once we
5 have a transcript from this meeting Mike can
6 get completely up to speed with this, and
7 that'll also give folks time.

8 My sense was that all of the
9 remaining action items are pretty brief ones
10 in terms of how much work is required --

11 CHAIRMAN LEMEN: I think that's
12 true.

13 MR. KATZ: -- to close them, so as
14 soon as we -- we know it's sort of roughly 30
15 to 45 days to get the transcript to you.
16 Actually, we can get the transcript to you
17 before we PA clear it or anything, so closer
18 to 30 days.

19 I will give Mike a brief update. I
20 may even have Mike speak with Ron, too, just
21 so that he can hear something orally, and then

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1 he'll get the transcript, and we'll be setting
2 up then a Workgroup meeting. Sounds like that
3 would fall also in the November time frame,
4 and you're back, then. Is that true, Dick?

5 CHAIRMAN LEMEN: I am back after
6 the first of November.

7 MR. KATZ: Okay, so that'll
8 probably work out well, and with some luck we
9 can then close out the Workgroup's work and
10 prepare in that meeting, as well, to report
11 out to the Board, which meets in December.

12 CHAIRMAN LEMEN: That'll work for
13 me.

14 MR. KATZ: And as everyone both on
15 SC&A's side and DCAS goes forward with these,
16 if there's any fly in the ointment that nobody
17 recognized before that means we might need
18 more time, just please holler so that we know
19 it's coming.

20 DR. BUCHANAN: Do you think the
21 next, the final Workgroup meeting will be like

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1 a phone conference, then?

2 MR. KATZ: So, I think there's a
3 good chance we can do it by phone conference,
4 but part of that will depend, too, on what
5 Mike's comfortable doing if he wants to be --
6 he tends to like to meet face-to-face, but
7 we'll see. So we'll just leave that open, an
8 open question.

9 Let me ask, Karen and Mary, whether
10 you have questions at this point or comments,
11 if we still have you with us.

12 MS. KAREN JOHNSON: Not right now.

13 MR. KATZ: Okay. So, Karen and
14 Mary, you'll be kept abreast, too, of
15 scheduling of the next Workgroup meeting, and
16 any of these papers that come out, we'll get
17 those PA cleared so that you can see them.

18 MS. KAREN JOHNSON: Okay. Thank
19 you.

20 MR. KATZ: Okay. You're welcome.
21 So, Dick, anything else for the good of the

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1 order?

2 CHAIRMAN LEMEN: No, nothing good
3 for the order.

4 MR. KATZ: Okay, and nothing bad, I
5 hope, as well.

6 CHAIRMAN LEMEN: Nothing bad,
7 either. I appreciate both SC&A and NIOSH for
8 their presentations today. I think it was a
9 very good discussion. At least, it helped me
10 and clarified questions that I had, so I
11 appreciate the good work that both groups are
12 doing and thank you.

13 MR. KATZ: Yes, and I echo that. I
14 think everyone was incredibly efficient and to
15 the point and clear, and that made for
16 excellent discussions. Thank you. So, we are
17 adjourned. Have a good day, everybody.

18 (Whereupon, the above-entitled
19 matter was adjourned at 11:48 a.m.)

20

21

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