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CENTERS FOR DISEASE CONTROL

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NATIONAL INSTITUTE FOR OCCUPATIONAL
SAFETY AND HEALTH

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ADVISORY BOARD ON RADIATION AND
WORKER HEALTH

+ + + + +

100th MEETING

+ + + + +

TUESDAY
JULY 29, 2014

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The meeting convened at 8:30 a.m.,
Mountain Time, at the Hotel on the Falls, 475
River Parkway, Idaho Falls, Idaho, James M.
Melius, Chairman, presiding.

PRESENT :

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

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ZEITOUN, ABE, SC&A

*participating via teleconference

T-A-B-L-E O-F C-O-N-T-E-N-T-S

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

(8:28 a.m.)

CHAIRMAN MELIUS: Welcome to this, our 100th meeting of the Advisory Board. I notice that the City of Idaho Falls have a special greeting planned for us.

I was walking down beside the river. They have a little war memorial, a nice cannon there, and a nice memorial to our veterans. And I did notice that the cannon was pointed directly at this hotel. So, let's be careful with our celebration and what we do today. So, anyway, welcome everybody. And, Ted, do you want to do the honors?

MR. KATZ: Sure, thanks. And another welcome from the Secretary and the Director of NIOSH as well. Can you hear me? Is that? Okay, that's good. So let's just start with roll call, conflict of interest.

We have no agenda items that raise conflict concerns for any of our Members. So, we can just run with a straight roll call. And we'll do that alphabetically. We have a number

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1 of Members who are on the line. Some may not
2 be able to be, attend consistently through the
3 meeting.

4 (Roll Call.)

5 MR. KATZ: I'm wondering if someone
6 on the phone can just speak up, so we know
7 whether we have a problem hearing the folks on
8 the line. Anybody. Can someone on the line
9 speak up? Eric, are we all --

10 Okay, I'll rerun the Board Members
11 who are on the phone. So, Ms. Valerio, are you
12 on the line, Loretta? Okay. How about Dr.
13 Ziemer, Paul? I'm pretty sure he's on the
14 line. So, I think we have a technical glitch.
15 It's okay, Eric. But, can they hear me while
16 you're doing that? Okay.

17 So, I'll carry on with some other
18 things I have to say while you're working that
19 out. So, we'll go back to roll call. Some other
20 things to note. The agenda and all the
21 materials for the Board Meeting, including
22 being on the back table of this room, are
23 online, on the NIOSH website under the Board

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1 section, under today's date. Meetings, that
2 part of the Board's website.

3 All the materials related to the
4 presentations today are there. In addition,
5 this meeting is on Live Meeting. And the
6 agenda for the meeting lists how you join Live
7 Meeting, so that you can follow-on as people
8 present slides in real time, and see the slides.

9 There's a public comment session
10 today at the end of the day. It begins at 5:30
11 and goes to 6:30. It will begin with people
12 from here in the room in Idaho, and then
13 following that we'll have everybody who wants
14 to make public comment from the phone.

15 And they can, several people on the
16 phone have signed up by sending me emails. But
17 they don't need to sign up, the folks on the
18 phone, they can just speak up at that point.
19 People here in Idaho, there's a sign-up sheet
20 outside, at the table outside, to register if
21 you want to make public comment during that
22 public comment session. And we welcome that.

23 Okay. And that covers what I need

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1 to cover. So, I think we need to wait a minute
2 until we get this line in corrected, so that we
3 can finish roll call.

4 (Whereupon, the above-entitled
5 matter went off the record at 8:34 a.m. and
6 resumed at 8:38 a.m.)

7 MR. KATZ: So I am going to complete
8 the roll call because we missed everyone, of
9 course, on the line. And I've got Paul, so let
10 me work back from there.

11 (Roll call.)

12 CHAIRMAN MELIUS: Okay, we'll get
13 restarted. And the first item on our program
14 for today is a program update from NIOSH. Stu
15 Hinnefeld, Stu, go ahead.

16 MR. HINNEFELD: Thanks, Dr.
17 Melius. I'm refreshing my memory on running
18 this thing. Okay, there we go. Thanks, Dr.
19 Melius and Members of the Board. I'm here to
20 give my normal, routine report on how things are
21 going from a program standpoint. I've put a
22 few program news items up here to cover briefly.

23 I usually like to say a few words

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1 about the budget when I'm here at the meetings,
2 just so we all know we're working from the same,
3 or what we're all facing here. Right now, our
4 budget prospect seems relatively stable.

5 Of course, it's hard to predict what
6 will happen in Washington. But the current
7 expectation is that we'll continue to receive
8 the budget we've received the past years, which
9 is sequestered from what we used to get. So
10 we're about nine percent less than what we got
11 a few years ago.

12 For many years we were steady at
13 55.3 total. And we're about nine percent less
14 than that. So we've been, so we're looking at
15 that lower level of spending. But that's what
16 we're at this year. And so, it looks like the
17 amount of progress we'll be able to make, and
18 the rate we'll be able to go will be similar to
19 the kind of progress we're making this year.

20 For the foreseeable future, I've
21 been advised that our particular allocation
22 should be, expect to kind of be at this level
23 for the foreseeable future, until something in

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1 Washington is done to change it. So that's
2 where we appear to be now.

3 Sort of counterbalancing the
4 sequester amount a little bit, that's made
5 things a little less tight this year than they
6 would have been otherwise, is that the CDC
7 changed their method for charging for the
8 administrative support services that CDC
9 provides to all its organizations. They kind
10 of changed the accounting method.

11 And I won't get into it very far.
12 Just it worked in our favor a little bit. So,
13 we're paying a little less to CDC for the
14 administrative services they provide, than we
15 did previously. So that kind of offsets to a
16 slight extent the sequester amount.

17 I wanted to mention travel costs
18 just very briefly. Because this year, for the
19 first time, we did start to have to worry about
20 our travel costs, and bumping up against a
21 travel ceiling that's imposed on us. This is
22 an administrative limit that is not dependent
23 strictly on the total amount of money

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1 available.

2 It's essentially a government cost
3 watch, a measure to make government look
4 carefully at its costs. And so we in every
5 organization CDC has essentially a travel
6 ceiling that we're not to exceed. I guess
7 there might be some slight relief if we needed
8 it. But we try to not to exceed it.

9 Up until this year we've not really
10 come very close to our travel ceiling. And so,
11 it's not really been an issue. This fiscal
12 year it did start, it did kind of become a
13 planning issue here, as we getting toward the
14 end of the fiscal year. It looks like it won't
15 actually affect any planned travel though right
16 now. But we were getting pretty close.

17 We were not, you know, we make a
18 fairly generous estimate of the amount of
19 travel that we're going to face during the year.
20 And based on that kind of generous estimate of
21 how many people would be traveling, we were
22 going to exceed the ceiling.

23 So, once we started making more

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1 realistic, you know, paring back on some sorts
2 of travel, and maybe dropping a few people off
3 our travel list. Now, this ceiling only
4 applies to federal employees, and special
5 government employees.

6 So, the travel of our contractors
7 does not apply to this ceiling. It only
8 applies to the NIOSH staff and the Board
9 Members. Wanda, did you have a question about
10 that?

11 MEMBER MUNN: Has the ceiling been
12 lowered, or has the cost of travel increased?

13 MR. HINNEFELD: No. Our ceiling's
14 the same as it was last year. It's just that
15 there was either more travel or more cost to
16 travel.

17 MEMBER MUNN: Okay.

18 MR. HINNEFELD: One of the two.

19 MEMBER MUNN: Okay. Thank you.

20 MR. HINNEFELD: Okay. So, just,
21 that came up. And it came as part of the
22 discussions here in the last few weeks. So, I
23 thought I'd talk about that briefly.

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1 Presumably, if we do the same amount of work,
2 make the same progress next year that we're
3 making this year, we should still, I think we'll
4 probably be okay with the travel, with the
5 travel costs.

6 One quick mention of personnel. I
7 think I may have mentioned last time, because
8 -- or maybe I didn't. We had a couple of
9 resignations from the organization, just about
10 the time of the last meeting.

11 Tom James, who many of you know has
12 provided computer support to us for a long time,
13 has gone to work for the World Trade Center
14 organization within NIOSH. He still works for
15 NIOSH, just not for our organization.

16 He's down the hall, you know, we can
17 ask him questions in an emergency. And he
18 continues to help us out when we need it. So,
19 he's not gone completely. But it was a, that's
20 kind of a --

21 It bothered me. Well, it didn't
22 bother me a lot. He got a promotion. So I
23 understand why he left. But it was a loss to

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1 us, because he's been here so long. And not
2 only, you know, besides his technical skills,
3 he has so much historical knowledge of our data
4 structures, that he's really kind of a tough one
5 to lose.

6 Our other loss was our
7 Administrative Officer, Helen Buelow. I don't
8 know how much the Board has dealt with Helen,
9 but she, I always kind of figured that she was
10 running the organization anyway. That they
11 just propped me up in front of meetings, but she
12 really ran things. And she retired this year.

13 So, we are pursuing a replacement
14 Admin Officer. We expect to have someone on
15 board pretty shortly. In fact, we're working
16 with the VA to maybe have some veteran placement
17 on an, sort of a training placement.

18 And then if they work out, there's
19 a pathway for employment for them, for disabled
20 veterans, that is a little streamlined compared
21 to most federal hiring practices. So, we're
22 pursuing that. And someone, I think Mia,
23 started this week in that training assignment.

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1 And then the additional work with
2 Department of Labor I thought I would mention
3 very briefly. The Department of Labor
4 approached NIOSH earlier this year. I would
5 interpret it as asking for assistance on a
6 couple of issues, one Part B issue, and one Part
7 E issue.

8 The Part B issue was that they
9 professed that they did not feel terribly at
10 ease in adjudicating protests to dose
11 reconstructions when it becomes, when it comes
12 to the final adjudication step. And they
13 wondered what could be done about that.

14 They first asked, can you guys
15 adjudicate dose reconstruction questions?
16 And we said, well, we don't have an adjudication
17 process, you know; you guys do. But what we
18 will do is, we will make a serious effort to try
19 to answer questions at close-out interview
20 process.

21 So we're in the process now of
22 redesigning our closing interview process,
23 which is, we always do in dose reconstruction,

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1 and try to enhance that to make, to try to answer
2 the questions associated with the dose
3 reconstruction at that point, rather than just
4 saying, if you don't, you know, take it to your
5 adjudication staff.

6 In addition, we expect in cases
7 where there is still a protest against the dose
8 reconstruction at the Adjudication Process, we
9 would expect to participate with the Department
10 of Labor, and assist them in essentially
11 defending the dose reconstruction, or
12 defending what was done, or explaining what was
13 done in the dose reconstruction.

14 So, that's the Part B part of the
15 ask, that Department of Energy came to us about.
16 The second part had to do with Part E, which I
17 don't, clearly I don't know a lot about and
18 never worked in. And I think they were looking
19 for some assistance in Part E decisions because
20 of some criticism they've gotten about
21 inconsistent decisions on claims.

22 And so, we're just nibbling around
23 the edges of this. I'm not so sure there's

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1 anything we, NIOSH, can do to help them to
2 improve, to make it a better process. Because
3 in reality there's just not the same amount of
4 exposure data for non-radiological exposures,
5 as there is for radiological exposures.

6 So, we're looking into it, see if
7 there's something we think we might be able to
8 do that's helpful. I'm associated with that
9 because I would deal with DOL all the time. And
10 I'm kind of the conduit for news. But we're
11 utilizing staff in another division to kind of
12 do this exploration.

13 And if it works out to be, we feel
14 like there's some suitable effort here, and
15 Labor agrees there's some suitable effort, that
16 might be another part of NIOSH's role.

17 I don't know if it would really
18 affect the Board; the Board, I think, is a Part
19 B Board. But some aspect of what we're working
20 on the program. But I'm kind of a blank slate
21 on that one. I don't have a lot of opinion on
22 how that's going to turn out at this point.

23 Before I go on to our routine

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1 statistics, any questions or other comments on
2 these four items? Okay. Here we are. I'll
3 go through the statistics very briefly.
4 They're in, they were sent to everybody. I
5 guess they're in, probably, there's probably a
6 handout on this.

7 The totals of claims so far. We're
8 up to almost 42,000 have been referred, close
9 to 40,000 returned. And our familiar
10 breakdown of the cases that are still with us.
11 There's 250 of them are with claimants already,
12 you know, waiting of the draft is with the
13 claimant.

14 And our percentage of success at
15 being able to show causation is around 30
16 percent, probably slightly lower than that now.
17 It's been tracking a little lower than that in
18 the recent year or so. I attribute that to the
19 larger number of cases going to SEC process.

20 And the long-term submittal and
21 production numbers, you can see, perhaps a very
22 slightly downward trend in the long-term
23 incoming claim list. So it hasn't changed very

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1 much though over the years.

2 Status of claims. Any claim in the
3 first 5,000 that's not done, is not done because
4 it's either been returned as a re-work
5 recently, or reinstated from being pulled.
6 And the same situation for the first 10,000.

7 DOE continues to support us very
8 strongly in our response to exposure requests,
9 and to support our site research effort. So,
10 you can see, we have very few requests greater
11 than 60 days.

12 And they're a certain, that we
13 thought, there are certain initiatives which
14 allow electronic sharing of requests and
15 responses has, I think, been a big improvement
16 in term, in that process. And has helped that
17 process quite a lot.

18 And this is our SEC summary table
19 which LaVon will talk about in greater detail
20 later on. We do have, let's see, I think we
21 have a few. Yes, we have a few in the
22 qualification process. We don't get that many
23 petitions. We haven't received that many

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1 petitions in the last year or so.

2 But we did get three relatively
3 recently. One was, not .14, one of those is
4 .14. No, they're all about .13? Okay. So we
5 did get three relatively recently.

6 And again, summary of where we are
7 so far on our SEC process. I think I might be
8 at the end, because it's not advancing anymore.
9 Any questions now, from the statistics sample?

10 CHAIRMAN MELIUS: Yes. I have one
11 question. First, one comment. I'm glad that
12 LaVon is being gainfully employed, and has work
13 to do. So, that's a good -- I think it's good
14 that petitions keep coming in.

15 My question's back to the DOE
16 request for records. For the 23 requests
17 greater than 60 days, do those cluster in a
18 certain way, certain sites?

19 MR. HINNEFELD: I don't think so.
20 I think they're kind of spread around. I don't
21 know the exact reason for, you know, why a case
22 would go over 60 days. But it doesn't seem to
23 be, you know, there were times when there were

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1 certain sites that were problematic. But I
2 don't think that's the case right now.

3 CHAIRMAN MELIUS: Yes. If you're
4 going to cover that in your presentation, you
5 can do it then also, DOE. It's up to you. I
6 don't -- yes, okay. Any other questions for
7 Stu? Okay.

8 MEMBER ZIEMER: Dr. Melius.

9 CHAIRMAN MELIUS: Oh, I'm sorry, on
10 the phone.

11 MEMBER ZIEMER: Yes, this is
12 Ziemer. And I have a question on
13 administrative reviews. I don't really know
14 that much about the process.

15 But I was curious to know whether or
16 not the Administrative Review Boards or Panels,
17 or whoever does this, are they empowered to
18 overturn the Secretary's decision on SECs, or
19 do they simply make a recommendation, or to
20 Congress? Or, what is the outcome or the
21 output of an Administrative Board, and what
22 happens?

23 MR. HINNEFELD: I don't know --

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1 MEMBER ZIEMER: That review board
2 that they --

3 MR. HINNEFELD: Well, I believe the
4 Review Board is supposed to -- oh, okay, good.
5 DeKeely's going to help out with that one.

6 CHAIRMAN MELIUS: Yes, our Office
7 of General Counsel attorney, DeKeely
8 Hartsfield will, can answer that.

9 MS. HARTSFIELD: Yes. So, the
10 Administrative Review Panel will provide a
11 recommendation to the Secretary, which they can
12 consider. And then the Secretary can
13 determine whether or not she wants to make a
14 change in her decision regarding the SEC
15 petition.

16 MEMBER ZIEMER: Thank you.

17 MS. HARTSFIELD: You're welcome.

18 CHAIRMAN MELIUS: Any other
19 questions from Board Members on the line?
20 Okay, if not, thank you, Stu. And next on our
21 agenda is an update from the Department of
22 Labor.

23 You may notice that no one from the

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1 Department of Labor is in the room, because
2 they're going through various difficulties.
3 So they're going to be making the presentation
4 from on the phone. I'm not even sure who's
5 doing it. Ted, do you know?

6 MR. KATZ: Yes, Jeff Kotsch.

7 CHAIRMAN MELIUS: Okay, Jeff.
8 Great. Welcome, Jeff. Are you there?

9 MR. KOTSCH: Yes, I'm here.

10 CHAIRMAN MELIUS: Oh, okay. Good.
11 You're just trying to make us worry for a
12 second.

13 MR. KOTSCH: I'm sorry. I
14 apologize for that. Chris Crawford was
15 initially scheduled to be there. But he's a
16 little bit under the weather. So I just got
17 back from vacation, and I had said I would do
18 this.

19 CHAIRMAN MELIUS: Okay.

20 MR. KOTSCH: I haven't spoken to
21 the Board for a while.

22 CHAIRMAN MELIUS: No, we've missed
23 you.

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1 MR. KOTSCH: Hopefully I'll be at
2 the next one.

3 CHAIRMAN MELIUS: Okay. We'll
4 remember.

5 MR. KOTSCH: We do have a
6 representative, both from the Seattle District
7 Office and the local Resource Center, to assist
8 claimants who have questions. So I, you know,
9 they should be around somewhere, if they're not
10 already there. And also, I don't know, is
11 there someone who could just advance the slides
12 for me?

13 MR. HINNEFELD: I'll do that, Jeff.

14 CHAIRMAN MELIUS: Yes. Stu's at
15 the computer. And we'll handle that.

16 MR. KOTSCH: I appreciate it, Stu.
17 Thanks. So, is that up now?

18 MR. HINNEFELD: Your first, your
19 introductory slide is up now, Jeff.

20 MR. KOTSCH: Okay. So we can move
21 to the next slide, which is the enactment of the
22 Energy Employees Occupational Illness
23 Compensation Program Act. Again, just a quick

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1 overview.

2 Enacted in October of 2000, there
3 were two parts initially, Part B, which
4 basically includes the NIOSH piece. Part D was
5 the DOE piece, which in 2004 became -- that Part
6 D was abolished, and Part E was created,
7 essentially doing the same thing and
8 transferred to the Department of Labor.

9 As of July 20th, we had 172,565
10 cases filed, and over \$10.6 billion dollars in
11 total compensation. And then you see the rest,
12 the players of the game, the Departments of
13 Labor and Energy, Health and Human Services,
14 and the Department of Justice for the RECA
15 claims. Next slide.

16 Basically just a pie chart showing
17 the compensation. As of July 20th, paid out
18 \$10.6 billion total. There's the breakdown,
19 \$5.4 for Part B, billion, and Part D \$3.25
20 billion for Part E. And then another \$1.97
21 billion for medical expenses. Next slide.

22 These are the Part B cases filed by
23 distribution. Evidence there, NIOSH 34

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1 percent, plus another 14 percent that were SEC
2 cases that have been at NIOSH. Another 12
3 percent of the cases were SECs that were never
4 sent to NIOSH.

5 They were basically adjudicated at,
6 after the creation of the SEC Classes, and never
7 sent to NIOSH. You see the nine percent RECA.
8 The others are, of course, other claims that are
9 either not adjudicated, or silicosis, chronic
10 beryllium disease, things like that, that are
11 also addressed in the program.

12 The next slide is the Part B status
13 and location of NIOSH referrals. Again, you
14 see 42,200, roughly, cases referred to NIOSH.
15 And roughly 400, I'm sorry, 40,300 returned.
16 You see the distribution with and without dose
17 reconstruction.

18 And again, our number, I'm sure,
19 doesn't match the NIOSH number exactly. But a
20 little over 1900. We're showing a little over
21 1900 cases currently at NIOSH.

22 The next slide, Stu, is Part B cases
23 with dose reconstruction and final decision.

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1 Here you see the numbers, a little under 34,500
2 returned by NIOSH with the dose reconstruction.
3 And 27,700-plus cases with dose reconstruction
4 and a final decision.

5 You see the breakdowns for the final
6 denials and approvals. Sixty-five percent
7 denials, 35 percent approval. The next slide
8 is Part B cases with a final decision. There
9 you see the percentages. Of 85,603 cases that
10 have been issued a final decision under Part B,
11 we've had 44,240 approvals and 41,363 denials.
12 Next slide.

13 Part B cancer cases with a final
14 decision to accept. A lot of numbers there
15 that can be basically read. Accepted DR cases,
16 dose reconstructed cases, a little over 9,000.
17 The number of payees, a little over 12,800, and
18 \$1.34 billion in compensation. The accepted
19 SEC cases of a little over 21,300. Around
20 35,360 payees and \$3.18 billion in
21 compensation.

22 The next category is the cases
23 accepted based on SEC Class, status and PoCs

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1 greater than 50, 711. Eight hundred fifty-one
2 payees, \$106 million, a little more than that
3 in compensation. For the totals, 31,100
4 roughly cases, 49,000 roughly payees, and \$4.6
5 billion in compensation. Next one, Stu.

6 We always try to give an indication
7 of the top four work sites that are generating
8 Part B claims. These numbers are, information
9 is for the second quarter of this year. And as
10 you would expect, they are the larger DOE sites:
11 Hanford, Savannah River Site, Rocky Flats
12 Plant, and Los Alamos National Laboratory.
13 That data is through the end of June.

14 The next slide is, shows the
15 percentages of new cases for DOE versus Atomic
16 Weapon Employer sites. DOE sites roughly run
17 at about 90 percent a month. AWE is
18 fluctuating, again, around ten percent,
19 occasionally going up.

20 And I assume, I didn't look
21 specifically, that that may relate to outreach
22 at certain AWE facilities, when the numbers pop
23 up a little bit, like in March and June. You

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1 still there, Stu?

2 MR. HINNEFELD: I'm still here,
3 Jeff.

4 MR. KOTSCH: All right. Next
5 slide. It's always tough on the phone when
6 there's silence there. Next slide is
7 basically DOL outreach events. First bullet,
8 in response to new SECs, DOL has conducted town
9 hall meetings and Traveling Resource Centers,
10 as well as, for smaller SECs, press releases
11 have been issued.

12 DOL is hosting informational
13 meetings regarding medical benefits provided
14 under the Act. And in some cases these
15 meetings are held in conjunction with SEC town
16 hall meetings.

17 Next slide is the Joint Outreach
18 Task Group. I think usually Pat or Greg
19 discuss this. There is the distribution of the
20 memberships, again, Labor and Energy and NIOSH,
21 the ombudsmen for both DOL and NIOSH. There
22 are monthly conference calls with all the
23 members.

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1 The next slide shows the recent DOL
2 outreach events. And actually, pretty good
3 attendance if you look at the numbers there.
4 And even a fair number of claims taken at the
5 outreach events, which is always encouraging.

6 So, the Nevada meetings obviously
7 are associated with the Nevada Test Site
8 primarily. The Cromwell, Connecticut meeting
9 on June 19th, 2014, primarily again, a program
10 overview and medical benefits town hall meeting
11 up there.

12 In the Connecticut area we have
13 Combustion Engineering and Connecticut
14 Aircraft Nuclear Engine Lab, CANEL.
15 Attleboro, Massachusetts, they had a meeting on
16 June 18th, a program overview and medical
17 benefits town hall meetings.

18 There are seven sites up in that
19 area. I don't know the distribution of the
20 people that might have shown up. It's Hood
21 Building. There's Metals and Controls.
22 There's two Norton Company sites up there.
23 There's Nuclear Metals. There's Ventron, and

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1 also Winchester Engineering and Analytical
2 Center is up in the Massachusetts area.

3 And then the last Moab meeting,
4 Moab, Utah meeting on June 25th and 25th,
5 program overview town hall meeting. Primarily
6 related to the RECA, you know, the bills that
7 are in that vicinity. Again, a fair, a nice
8 turnout as far as attendance, and actually,
9 even nice numbers for claims taken at those
10 meetings.

11 The next slide is upcoming DOL
12 outreach events, medical benefits town hall
13 meetings in August 2014, in Augusta.
14 Actually, that, I think they're scheduling
15 another now that's actually scheduled for
16 August 19th. And then September 2014, they
17 have a Buffalo meeting listed. And I don't
18 have a date for that. So, that's September.

19 I'm sorry, back, but going back to
20 the Augusta one, the 19th there'll be a round
21 table meeting for physicians and providers at
22 the North Augusta City Hall. And then there'll
23 be public meetings regarding medical benefits

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1 at the North Augusta City Hall on August 20th.
2 So the 19th and the 20th are the real dates for
3 the first meeting.

4 And then, just looking a little
5 further ahead, again, September 2014 Buffalo
6 meeting, September 2014 Rochester program
7 overview town hall meeting. And then the next
8 slide is our basic summary of SEC petition
9 sites, either that are in the locale of the
10 meeting, or on the agenda.

11 Consequently, you've got listed the
12 General Atomics, Simonds Saw and Steel, Idaho
13 National Engineering and the Argonne National
14 Lab West. You see the numbers there, and the
15 compensation amounts to date, Part B and Part
16 E approval.

17 Idaho, we've had roughly a little
18 over 5,000 cases, 2,236 final decisions Part B,
19 of which 599 were Part B approvals, and 875 were
20 Part E approvals, for \$172 million. You see
21 the compensation amounts for the other, and
22 medical bill payments for the other sites,
23 General Atomics \$18 million, Simonds Saw \$18.3

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1 million and Argonne National West \$34.3
2 million.

3 And then the slides after that, I
4 don't even know if they show up on the
5 presentation, are our standard background
6 slides we provide for attendees if they want a
7 little more information on the program. And
8 with that, I guess I should ask whether there
9 are any questions.

10 CHAIRMAN MELIUS: Yes. Board
11 Members with questions? And Wanda is first.

12 MEMBER MUNN: Jeff, am I on or off?

13 CHAIRMAN MELIUS: Yes.

14 MEMBER MUNN: How are the sites and
15 frequency of your outreach meetings
16 determined?

17 MR. KOTSCH: That's actually
18 another group that takes care of that. But
19 they primarily trigger off of either interest
20 that has been expressed. Say, the
21 Massachusetts meetings, Representative
22 Kennedy asked for meetings in that area. So we
23 responded by providing those meetings.

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1 Sometimes there appears to be a kick
2 up in just general requests for the meetings.
3 Otherwise, we're, we pivot off upcoming, or SEC
4 Classes that have been basically implemented.
5 We try to follow up on those sites.

6 Or if we think there are areas that
7 we just have not had a lot of activity, then
8 we'll check into looking at those areas and see
9 whether there's, you know, those might be
10 useful for a meeting.

11 MEMBER MUNN: Okay. Thank you.

12 CHAIRMAN MELIUS: Any other
13 questions? I would just like to, Jim Melius,
14 I'd like to, you know, congratulate you. I
15 think these outreach meetings are excellent.
16 I'm glad to see you reaching out to the AWE sites
17 because I think lots of people that are eligible
18 there and, you know, many of the sites are
19 closed as facilities. So outreach is
20 difficult. And I was impressed by the numbers
21 you were getting in some of those locations,
22 given, you know, some of the difficulties in
23 notifying people.

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1 So I think that's very good. I'm
2 glad you're doing it. Any Board Members on the
3 phone have questions? First, I got one more
4 question here. Dave Richardson. Yes, sorry.

5 MEMBER RICHARDSON: Thank you for
6 the presentation. I have a question. I think
7 I've asked this before. You have a table that
8 shows columns that are headed with different
9 facilities. And the first column is General
10 Atomics. Yes, it's the table that's up here.

11 I'm, sometimes I'm, I guess I remain
12 a little bit puzzled by situations in which Part
13 E approvals are lower than Part B approvals.
14 And so, I was trying to understand.

15 I know there's several things that
16 are different between Parts B and Parts E. But
17 to establish that you're eligible for benefits
18 for radiogenic cancer under Part E, you're
19 diagnosed with cancer, you worked for the DOE
20 or its contractors, and there was a
21 determination made that it was at least as
22 likely as not caused by radiation exposure.
23 And that would have been the conditions also

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1 which would have gotten you approval under Part
2 B.

3 So, for General Atomics, for
4 example, how is it that the Part B approvals are
5 87, and there are no non-radiogenic cases that
6 are compensated under Part E, and there are
7 fewer radiogenic cancers compensated under
8 Part E than Part B? How does that happen?

9 MR. KOTSCH: I'm going to have to
10 check those numbers. I mean, usually, well,
11 always if there's a Part B compensation, I mean,
12 approval for cancer, it automatically becomes
13 a Part E approval.

14 Now, obviously, Part E is more about
15 toxic exposures than cancer exposures. So,
16 there may be that those people didn't have --
17 you're right. I have to check that number,
18 because that does look a little bit odd.

19 But generally, and in fact, maybe
20 they're just inverted. Well, I'll have to get
21 back to you on that, because I'm not sure. But
22 you're right. If there's a B approval for a
23 cancer, there's always an E approval. The only

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1 other thing that might complicate it might be
2 survivor status, things like that.

3 MEMBER RICHARDSON: Right. Yes, I
4 was thinking about that as well.

5 MR. KOTSCH: Yes.

6 MEMBER RICHARDSON: I've, Part E's
7 been a mystery to me often because I would
8 imagine it should encompass most of the people
9 compensated under Part B, and then be more
10 expansive. And if we also look at --

11 MR. KOTSCH: Right. It should be
12 in addition to those people.

13 MEMBER RICHARDSON: If we look at
14 the numbers it often doesn't look that way to
15 me.

16 MR. KOTSCH: Yes. But at least the
17 other two facilities, the Part E approval
18 numbers are higher than the Part Bs, which you
19 would expect, at least that trend.

20 MEMBER RICHARDSON: And why is the
21 second column, why is there an N/A? Why isn't
22 there eligibility for wage loss or other sorts
23 of things on there?

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1 MR. KOTSCH: AWEs are not covered
2 under Part E.

3 MEMBER RICHARDSON: Okay. Okay.
4 Thank you.

5 CHAIRMAN MELIUS: Thanks, Jeff.
6 Any other questions for Jeff? On the phone?
7 If not, thank you. Thank you for substituting
8 in long distance.

9 MR. KOTSCH: All right. Well, I --

10 CHAIRMAN MELIUS: And we --

11 MR. KOTSCH: -- hope to be at the
12 next meeting.

13 CHAIRMAN MELIUS: And I will assure
14 you, Jeff, that everybody, all the Board
15 Members are still at the table, and everybody
16 in the audience is still there. So we didn't
17 all abandon you. We thought of just running a
18 tape. But it's, you know, figured it wasn't
19 interactive enough. So, anyway --

20 MR. KOTSCH: I appreciate the
21 opportunity.

22 CHAIRMAN MELIUS: Thanks again,
23 Jeff.

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1 MR. KOTSCH: Take care.

2 CHAIRMAN MELIUS: Okay. Next up
3 on our -- I guess I went out of order, didn't
4 I? I did. And nobody said anything.

5 MEMBER BEACH: It was too late,
6 Jim.

7 CHAIRMAN MELIUS: Travel
8 restrictions, and getting -- yes, we had to wait
9 to get approval to get Pat up to the podium here.
10 But I apologize, Pat. We'll have a Department
11 of Energy program update, Dr. Pat Worthington
12 and Greg Lewis. You can forgive me, it's the
13 100th meeting, so --

14 DR. WORTHINGTON: Now? Is that
15 better?

16 CHAIRMAN MELIUS: Yes, that's
17 great. Yes.

18 DR. WORTHINGTON: Okay, thank you.
19 If it's okay with the Board I'll stand here.
20 And that will give you a break a little bit from
21 looking back for a few moments. I wanted to
22 talk a little bit briefly about sort of the
23 reorganization of the structure at DOE.

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1 Since we, since I came before the
2 Board last time, that restructuring was
3 complete. So, I wanted to share that with you,
4 and to reassure you that the commitment to this
5 program is still very strong.

6 On May 4th of 2014 the HHS
7 organization as you knew it was reorganized
8 into two offices. One was the Office of
9 Environment, Health, Safety and Security. And
10 one was the office of Independent Enterprise
11 Assessment.

12 Many of you are familiar with Glenn
13 Podonsky. He is now leading up the EA
14 organization. That organization is focused on
15 oversight enforcement. And the Office of
16 Environment, Health, Safety and Security,
17 that's where Greg and I reside. And I'll talk
18 a little about that organization.

19 Again, I just wanted to mention it
20 briefly this morning, so that you would
21 understand that our commitment to workers and
22 to this program is still very strong. Here's
23 the organizational structure. Hopefully you

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1 can see it on your viewgraphs; it's quite small
2 there.

3 But if you'll look under the Office
4 of the Under Secretary for Management
5 Performance, you'll find our organization.
6 And it is now clustered in a number, in this
7 organization where you have a lot of other
8 support. So, you're looking at organizations
9 that support many of the various DOE missions.
10 And as you can see, it's reporting fairly high
11 up in the organization.

12 If we go to the next slide, you'll
13 actually see, again, this is where we are within
14 that organization. If we go to the next slide,
15 it will just focus primarily on who we are. If
16 you look over to the left, you'll see the Office
17 of Health and Safety. That's our
18 organization.

19 And the boxes that you see there in
20 that organization are the ones that were under
21 Health and Safety in the previous organization.
22 So there's no change there.

23 We're reporting to Matt Moury and to

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1 Steve Kirchoff. Right now those two
2 individuals are in acting positions. And it's
3 my understanding that in the very near future
4 they will be permanent positions there. But
5 again, if you go to the, sort of the end of the
6 Office of Health and Safety you'll see Greg's
7 organization there.

8 And so we are still here. We're
9 still supporting the various things in the open
10 and former worker, and other things. A little
11 bit about the name. If you go back one second,
12 Greg. A little bit about the name.

13 If you're looking for us, if you
14 happen to be mailing anything to us, our symbol
15 is AU. I could say it stands for gold, we're
16 the gold standard for the organization. But
17 actually, many of the other symbols, EHSS
18 organizations were taken up either now or in the
19 past. And so, we had to resort to something a
20 little bit different.

21 But we are the Office of
22 Environment, Health, Safety and Security. And
23 our sort of symbol is AU organization. Now

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1 that I've talked a little bit about we're the
2 same, we're very serious about carrying out
3 that mission, I'll give you some very quick
4 updates.

5 Because pretty much, as I said
6 before, we remain unchanged in our commitment
7 and the various things that we're doing. We
8 are a support organization to the Department of
9 Labor and NIOSH, in terms of providing them with
10 the information.

11 It's all about information. You
12 have the right information about the workers,
13 about the work environment, so that you can
14 adjudicate claims on the back end. So, we're
15 still doing that.

16 DOE's responsibilities, again, I
17 think that they're huge in terms of making sure
18 that the information is available, responding
19 to information across the board, in the three
20 areas that you see here, still remains a big
21 part of what we do in our budget for the
22 organization.

23 A little bit about the DOE EEOICPA

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1 site points of contact. Work was done at the
2 site, very little hazardous work was actually
3 done in headquarters. And so, it's very
4 important. Greg has a very strong network of
5 EEOICPA points of contact at all of the major
6 DOE sites, that he can go to and reach out for
7 information, to establish tours, to look for
8 records to do various things.

9 And this is a very important part.
10 And actually, there's a good interaction.
11 They're meeting on a regular basis. They're
12 sharing lessons learned. We have some sites
13 that are really, really good at retrieving
14 records and doing researches.

15 And so we ask them to, you know, on
16 these calls and other times to kind of work, or
17 give some information or insights to the other
18 organization. So again, big network. You
19 never see them. But they're out there. And
20 they're working to provide the various
21 information that we need.

22 Individual records. I think our
23 stats here on verification, dose records for

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1 NIOSH, and other things are kind of remaining
2 the same. They kind of go up or go down a little
3 bit. But I think we've established a process.
4 We're working that. And we're working hard to
5 get the information.

6 And on the back end we'll answer
7 questions for you that you had about some of
8 those that may be more than 60 days. There's
9 a lot that goes into something that goes beyond
10 60 days. Sometimes the extra effort, just to
11 make sure that we're not, we're turning over
12 every stone and that we're getting back to you
13 in terms of the things that you need.

14 DOE is a complex organization. And
15 it's becoming more complex and different as we
16 go through time. Many of you that are familiar
17 with the old DOE, you had one contractor come
18 in and stay for a long time. And so you had all
19 the systems and things tied up within that one
20 organization.

21 A lot of the work at DOE, especially
22 clean-up work, is being done by various
23 organizations at a given site, and so it becomes

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1 even more difficult. And whether it was in the
2 past, or whether it's current today, whenever
3 you have subs you create some additional
4 organizations and structures.

5 And so, we're looking for ways to be
6 more creative. But also to establish firm
7 requirements for records, and other things
8 related to subcontractors.

9 So record packages that DOE
10 provides to DOL and NIOSH, some of them are
11 small, some of them are huge. And so,
12 certainly, whatever it takes, and whatever it
13 is to be a complete package is what we're trying
14 to focus on at DOE.

15 I think we've talked about these
16 things in the past, about looking for different
17 data sources. Do they work together? Are
18 they able to communicate? And so, it takes a
19 lot. And some of them are old kind of
20 databases. But whatever it is, we're looking
21 to gather that information.

22 And it's certainly always exciting
23 for us when we uncover a new collection of

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1 records that we weren't aware of, and we can
2 make them available and provide some additional
3 insights.

4 Large-scale research projects, you
5 know, they certainly are challenging and
6 interesting and costly, but sometimes needed.
7 And so, we continue to work on those things
8 across the different agencies. At any given
9 time we have more than one project going on.
10 And certainly, it's a juggling act in terms of
11 providing funding.

12 But also, you know, sometimes, you
13 know, Greg has to get in and be up close and
14 personal with Legacy Management or other
15 organizations that are working with us. But
16 certainly, as I said, we continue to work, and
17 try to massage and, you know, find ways to do
18 that better.

19 Here is a listing of most of the
20 ongoing large-scale research projects that we
21 have going on right now. And so, I'm sure the
22 Board is familiar with those, and looking for
23 various things from us in those areas.

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1 Documents reviews, I want to just
2 take a few moments to talk about the security
3 plan that we developed out of specific need many
4 years ago. I think it was issued in 2009. I
5 think it turned out to be a very useful
6 document. Painful in the beginning, but I
7 think it certainly helped us to improve our
8 overall process.

9 It's been some time since we issued
10 that. So, at some point, you know, Greg will
11 work with security, kind of step back and
12 reflect, just review it quickly to see if there
13 are any changes or anything that we might need.
14 So, if we do find that we certainly will, you
15 know, come back to you and discuss that, and
16 work it into your schedules and other things.

17 Again, we always want to work on
18 turnaround time. When, typically when things
19 are requested people want them right away. And
20 I think we've found some ways to sort of
21 expedite that when needed.

22 Facility research, our database is
23 there. And we continue to, you know, to work

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1 that. We have a full listing of the database
2 here. We've checked and double checked the
3 lengths. Because as you know, at DOE we moved
4 to a different strategy.

5 The DOE website that we're using now
6 is something that we're struggling with. And
7 we're trying to make it the best that we
8 possibly can. So, anytime, if any of you are
9 searching or looking for things, and you find
10 that those links aren't working, you know,
11 please let us know so we can fix it. Because
12 a lot of things certainly got moved around.

13 I think NIOSH mentioned this
14 morning our Secure Electronic Records
15 Transfer, or SERT as we refer to it. We're very
16 proud of that. And in fact, I believe that one
17 of the things that we did in the very beginning,
18 when we were trying to figure out how to do that,
19 was that we got some ideas of some things going
20 on here in Idaho. I think, yes.

21 So, we take lessons from wherever we
22 can. But we're very proud of the SERT system
23 that's been developed. And we hope to continue

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1 to refine that. One thing about the system is
2 it's very transparent. And so, we're able to
3 do things, like what Stu said.

4 We can look into the system at any
5 given time and see where we are, and how long
6 it's taking. And it's amazing what
7 transparency does. It certainly makes you
8 better, actually, when people are looking.
9 And then it can be done, you know, in a very fast
10 way.

11 So, we're certainly proud of that
12 system. And we want to be very cautious about
13 protecting information. And so that helps us
14 quite a bit in doing that.

15 Outreach, I think DOL just talked
16 about the Joint Task Force that we have. And
17 certainly we appreciate the discussion on that.
18 We think it's a very good coalition between the
19 three agencies. It's one-stop shopping for
20 some people. It certainly provides additional
21 information across the different agencies.
22 And I think it puts a very important and
23 realistic face on the agencies that are

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1 involved, that we're working together. We're
2 working together to provide information, to
3 provide services for the workers.

4 And so, this video, I think Greg's
5 mentioned it several times in the past. And
6 so, I think it's useful. Some of you are quite
7 familiar. But if you're looking to help other
8 people understand what we're doing, it might be
9 helpful to point them to that video. We think
10 it's very good.

11 Former Worker Medical Screening
12 Program, we know that the focus of this meeting
13 is EEOICPA, but we always want to mention the
14 EEOICPA former workers. It think it's, you
15 know, we have some very unique hazards and
16 activities in operations at DOE.

17 And so, I think that the idea of once
18 you leave, if you want to come back and have an
19 exam, this focus on the hazards that you were
20 exposed to, or potentially exposed to during
21 your work at DOE, this is a good thing.

22 And we get some very powerful
23 testimonies from some of the former workers

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1 when they come back. So, it's a program that
2 we want to continue. We think it's useful.

3 And we think it has a very strong
4 link to the EEOICPA program. And so, we're
5 very happy about that. And so, we just always
6 want to mention that in the briefings here.

7 I've listed specifically the things
8 that relate to Idaho, in terms of Former Worker
9 Medical Screening Programs. So this
10 information is helpful for people in this area.
11 We have certainly the three that are identified
12 here, and their contact information. Please
13 pass it on to others. It may be helpful.

14 I think at this point we can answer
15 questions. There was one question, I think,
16 that we had earlier, that Greg may want to talk
17 about, in terms of what's happening with the 60
18 days.

19 MR. LEWIS: Sure. And for the
20 claims that are 60 days, you know, as Pat
21 mentioned our SERT system really allows us to
22 be on that. We have real time data.

23 If, you know, someone responded

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1 this morning, if I went to check it now it would
2 show complete in SERT. So, it really helps us
3 both know what's going on out there, and hold
4 our sites accountable.

5 The numbers that I checked were for,
6 the numbers that I had handy were for all
7 claims, so not just NIOSH. I think Stu showed
8 22, or something like that. And I think we have
9 somewhere around 50 when you count all of the
10 employment verifications and the DOL DARs.
11 And I think the largest, the site with the
12 greatest number I think was at 16.

13 So right now it's sort of spread
14 between all of the sites. And typically what
15 we'll see, it will be kind of, you know, a couple
16 of examples that -- right, we were having some
17 issues with USEC because of a contract
18 changeover, as they're kind of phasing out of
19 the DOE business.

20 There was some issues with their
21 contract and whether it covered our work. So
22 there was a temporary work stoppage. We, you
23 know, worked with them to make sure the right

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1 language was included in the contract.

2 Actually, you know, Stu and his
3 group were looking for some research out there
4 as well and it held that up shortly. But, you
5 know, we were able to get it resolved. And now
6 they're working again. So, you know, that, and
7 even with that I think there was, you know, only
8 a handful of claims that went over the 60 days.

9 And another site, Livermore, our
10 main point of contact moved up within the
11 organization, accepted a new job. And so, as
12 they were backfilling the position and training
13 up the new people, some claims went late. And
14 that's typically, it's those type of things
15 that are causing the claims to go late.

16 It's usually a handful that will be
17 something, you know, workload or priority
18 within one of the departments. You know, the
19 medical department will have a big effort, or
20 will be short-staffed for some reason. And so,
21 our claims will fall a little bit behind.

22 We'll see that in the SERT, work
23 with the site to come up with a solution, and

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1 kind of get them back to even keel. And there's
2 no particular sites that have been the main
3 problem.

4 It kind of, it will be a few here and
5 we'll resolve that issue. And then a few will
6 develop somewhere else and we'll resolve that
7 issue. So, it's a bit of a Whac-A-Mole issue.
8 But there's, you know, typically only a handful
9 spread between the sites.

10 CHAIRMAN MELIUS: Okay. Well,
11 thanks. It just helps us to know if there's a
12 site with a particular problem because of
13 demand or whatever, and in terms of organizing
14 work, and so forth.

15 I'll add, it's also the most common
16 excuse we hear why something is late from the
17 various parties involved. But we've learned a
18 long time ago not to believe that. You know,
19 it's always, well, where's the report? Oh,
20 DOE's reviewing it. It got held up at DOE. It
21 got --

22 MR. LEWIS: Well, it does happen.
23 But we try to --

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1 CHAIRMAN MELIUS: No, no. You --

2 MR. LEWIS: -- keep that to a
3 minimum. We try to avoid that.

4 CHAIRMAN MELIUS: No, we
5 understand that. But it usually works out.
6 And most often, you know, DOE got it, you guys
7 got it the day before, or something.

8 MR. LEWIS: That's happened.

9 CHAIRMAN MELIUS: Do that. Any
10 questions? Yes, Josie?

11 MEMBER BEACH: Yes. My question
12 goes back to Slide 8 on the funding,
13 coordinating of records retrieval. And I
14 guess I want to understand this slide a bit
15 better, where the dose records for NIOSH you've
16 got 4,500/year. Is that what is being spent
17 during the year?

18 And also, what kind of support are
19 you giving some of the sites that have extra
20 records that are being retrieved? Like, for
21 me, Kansas City is one that comes to mind, and
22 Idaho. Those are the two I'm working on. And
23 the need for records has increased recently.

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1 MR. LEWIS: Yes. So the --

2 MEMBER BEACH: How are you
3 supporting the sites?

4 MR. LEWIS: Those numbers are the
5 number of requests that we get. And that's
6 ballpark.

7 MEMBER BEACH: Okay.

8 MR. LEWIS: I mean, those have been
9 the same. They probably, I should probably go
10 back and review. Those are just kind of
11 typically what we get per year, in terms of the
12 split between employment verification, DAR and
13 the NIOSH request.

14 Those may not be exactly accurate.
15 But they roughly add up to about, what is it,
16 a year, something like. So that's not
17 dollars, that's number of requests.

18 As far as dollars, I mean, you're
19 exactly right. You know, that's what's tough
20 for us, you know, with a, you know, with a set
21 budget each year: the places we send it, it can
22 be vastly different. Even though the claims
23 are pretty similar, the claims can go up and

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1 down depending on if a new SEC comes in, or a
2 new outreach.

3 And then of course, with the
4 large-scale records research projects, you
5 know, again with Kansas City or Idaho or, you
6 know, Hanford and PNL, we're doing work,
7 Savannah River. So we absolutely have to, you
8 know, be aware of those projects, see them
9 coming, and try to get additional funding to the
10 sites to, you know, be ready for that.

11 DR. WORTHINGTON: One of the things
12 we do with the budget that we do receive for
13 EEOICPA, is that we don't just give all the
14 money out in the beginning. We are monitoring
15 through the course of the year where the money
16 is needed.

17 And then we're putting the money out
18 to address that. And it varies from year to
19 year, in terms of where the big dollars are
20 going. But it's to target the need at that
21 time, to try to get it done.

22 CHAIRMAN MELIUS: Okay, great.
23 Phil, you had a question? Or is that -

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1 MEMBER SCHOFIELD: I've got a
2 question. This came up recently with an
3 individual that I know of. And what happened
4 is, they were, they're kind of covered under
5 both programs, the RECA and the, this Energy
6 employee compensation program.

7 So, part of the time he did work for
8 the AEC as a, I guess you call it a contractor.
9 Part of the time he did work for them as an
10 actual employee. And part of the time he did
11 it for some of the different uranium mines.
12 But he kind of bounced around, depending on
13 where he, well, what he was doing. Where would
14 he look for the records?

15 MR. LEWIS: Yes. So, I think the,
16 I mean, there could be a number of different
17 locations. Now, typically with DOE, when we
18 get a request, and those are the difficult type
19 ones.

20 We'll have folks that worked for
21 multiple contractors. They might have been a
22 fed at one point. They might have been a
23 contractor. They might have been retired and

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1 come back as a contractor for a different group.

2 So, you know, on our end, we'll look
3 for those records on the DOE prime contractor,
4 the DOE fed side. On the RECA, if it was a
5 uranium miller or miner, DOL, I think, will
6 typically have some corporate verifier
7 contacts. I don't know, I'm not certain that
8 they have reliable contacts for all of the
9 different places that did that type of work.

10 I think, you know, I think that they
11 sometimes have to go to Social Security, and
12 things like that. But you really have to ask
13 DOL as far as how extensive their network is on
14 the uranium miller/miner side.

15 And then, with the AWEs as well,
16 sometimes DOE will have some records from these
17 AWEs, and DOL knows which sites we have records
18 for. Sometimes with the AWEs, there'll be a
19 corporate verifier, and DOL will go to that
20 corporate verifier.

21 And then also, in some cases,
22 they'll kind of have to piece it together
23 through some information from corporate

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1 verifiers, for those Social Security
2 affidavits, things like that. But again,
3 you'd really have to ask DOL as far as, you know,
4 which facility, and how they gather those
5 records.

6 DR. WORTHINGTON: Isaf, I know, are
7 you still on the line? Do you have any other
8 DOE-specific comments?

9 DR. AL-NABULSI: No.

10 DR. WORTHINGTON: Okay, thanks.

11 CHAIRMAN MELIUS: Okay. Thanks.
12 Any Board Members on the phone have comments?
13 And then I'll get to Brad. I guess they're
14 deferring to you, Brad. Go ahead.

15 MEMBER CLAWSON: Greg, I was just
16 wondering, you were telling me that we've got
17 most of the issues taken care of. I was just
18 wondering about Savannah River. It seems like
19 we've run across a lot of roadblocks into that,
20 where they don't have the people, and have --
21 is that kind of taken care of?

22 MR. LEWIS: We're working on it, is
23 the short answer. Yes, with Savannah River

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1 that's been, you know, I was working with Stu
2 and his team on, you know, a few different
3 issues.

4 Again, I mentioned we ran into some
5 trouble with USEC in terms of a contract. And
6 there were a few places where we had some
7 short-term money issues. We were able to get
8 the funding out to them, and they're working.

9 The one that continues to be a
10 challenge has been Savannah River. And you're
11 exactly right. The issue there is resources in
12 their Office of Classification.

13 And that's always a tough one for us
14 because, you know, because of the training and
15 knowledge necessary to be the, you know, a
16 declassifier. It's not always easy to pull in
17 auxiliary staff. So at some places we've been
18 able to hire retirees to do our work on a
19 part-time basis, you know, bring them in on a
20 subcontract and work our stuff through the
21 system.

22 In this case we're still looking
23 into options. Another option is sending

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1 documents and records to DOE Headquarters to
2 assist. But, you know, they're also, you know,
3 have a set staff and, you know, a number of
4 responsibilities. So they're not always able
5 to drop everything and do our work.

6 But we're, I've been working with
7 the site and the Classification Officer over
8 the last couple of weeks, trying to identify a
9 solution to that. Because there are quite a
10 few.

11 I don't have the numbers in front of
12 me. But there's quite a few documents and
13 pages selected. There's a pretty large volume
14 of records that we're trying to figure out how
15 to get out to you guys for Savannah River.

16 DR. WORTHINGTON: One of the things
17 that, on the organizational chart, you'll see
18 that the Classification Office for
19 Headquarters is still in the same organization
20 with us. And so we'll reach out to them when
21 we need to do it.

22 I kind of mentioned during the
23 discussion that each DOE site is kind of

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1 different now. It's broken up into a lot of
2 pieces. And in the case of Savannah River and
3 some others, some offices or organizations are
4 only one deep.

5 And so, when they have some issues
6 or problems we have to either bring more people
7 or we have a delay. And so actually, every one
8 is kind of unique in terms of what's the problem
9 and what's going on there.

10 But because of the transparency
11 piece that I mentioned before, we can see
12 whether it's getting better or worse. And we
13 keep working with them. And so, we haven't,
14 you know, given up on Savannah River in terms,
15 we're not leaving them on their own, you know,
16 we're working with them to try to, you know,
17 help them resolve the issue, and be more
18 responsive.

19 MR. LEWIS: And just to clarify.
20 The issue with Savannah River is not with the
21 claims. The claims are, you know, rolling
22 through. I don't, I can't remember from the
23 list I just checked. But they may very well

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1 have zero. They're very close. They're not
2 one of the ones with even a handful on the
3 claims.

4 It's more the large-scale requests
5 for documents and information with the SEC
6 research. And that was a large request. So I,
7 you know, we are working it. We've been
8 coordinating with the Site and the
9 Classification Officer. And we're hoping to
10 identify a solution, you know. Within the next
11 week or so, I'd like to.

12 It's kind of in fits and starts in
13 terms of the right staff being available for
14 conference calls, and things like that, to
15 resolve. So, we're working through it,
16 though.

17 MEMBER CLAWSON: Appreciate it.

18 CHAIRMAN MELIUS: Any other
19 questions from Board Members? Yes, Dave,
20 David Richardson.

21 MEMBER RICHARDSON: You mentioned
22 the, kind of the changing nature of contracting
23 in the DOE. And how it's gone from long-term,

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1 stable contractors to activities now that
2 involve frequent changing of contractor and
3 subcontractors.

4 I'm wondering if you can talk about,
5 as this program looks to the future, are issues
6 of record access, record retention, the types
7 of information needed to handle claims: are
8 things getting better or are things getting
9 worse?

10 DR. WORTHINGTON: I think that the,
11 our ability to be responsive in terms of
12 providing the information that's needed for
13 NIOSH or Department of Labor is better, that we
14 have better processes. We target sites that
15 have old processes. We work with them. In
16 some cases we find other ways that they could
17 do it better.

18 But we are going to continue to be
19 forced to work with the system that they have
20 at the site. And how do we get the data, and
21 how do we get it better and faster? And we also
22 look to, you know, requirements or expectations
23 for them to do things better.

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1 We certainly, whenever we have the
2 opportunity, we kind of weigh in on those
3 things. But I think that, from the time that
4 I've been involved with the program, and Greg
5 actually has been involved longer, I think that
6 things are better. That we're able to do
7 things and to be more efficient.

8 Are we perfect, or do we have new
9 challenges? Yes, we do, and no, we're not.
10 But I think that we're better. And we just keep
11 working. And we always welcome, you know,
12 comments on things that aren't working right,
13 and how can we, you know, help to make it better.
14 I don't know if you have some comments.

15 MR. LEWIS: Yes. Well, just to
16 add. One of the things that we have been
17 working on is, you know, what we call our, it's
18 an access to an ownership of records clause.
19 And it's in the rulemaking process.

20 It's been probably almost a
21 two-year process to get this thing up. But
22 with federal government rulemaking, you know,
23 with all of the different hands that have to

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1 touch it and approve, and as well as, you know,
2 public comment period, and things like that,
3 we're really close.

4 I mean, I would have said the same
5 thing about four or five months ago. But, I
6 mean, it's approaching the point where we
7 really think it's going to get out.

8 And just to explain a little bit, I
9 think that within the DOE world, you know, your
10 prime contractors and your major contractors,
11 even if it's split up, and there's a number of
12 prime contractors, the requirements for
13 records retention, and what they're supposed to
14 do with the records when they leave the site are
15 very clear.

16 Sometimes it gets a little bit more
17 muddled with subcontractors. Because
18 there's, you know, there's large
19 subcontractors, there's small subcontractors,
20 there's subs to subs, things like that.

21 And it's traditionally been a
22 little bit less clear in terms of what the
23 responsibilities are for who takes the records

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1 and, you know, how long they're supposed to be
2 retained. And so this access to an ownership
3 of records clause, it flows down to all of those
4 subs.

5 And so that's something that, you
6 know, if -- that clause should be included in
7 pretty much any contract. There's certain
8 triggers that cause that clause to be included.
9 And basically, it's on-site work.

10 So, if you're a vendor or if, you
11 know, you do research, or you provide a service
12 off-site, you typically wouldn't be included.
13 But if you're doing any type of work on-site
14 that might get you in the health and safety, you
15 know, where you have to deal with site health
16 and safety programs, and things like that, this
17 clause should be included.

18 And so, we think that will be a big
19 benefit toward making it very clear to the subs
20 what they're supposed to do with those records.
21 And clear to the site what they're supposed to
22 hold their, you know, their contractors and
23 subcontractors to. So, we think that that's

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1 going to be a huge step.

2 It's coming, you know. And
3 certainly when it gets final, I'll let you know.
4 But I think that's one thing that we've done.
5 And we partnered with various groups throughout
6 the complex within DOE, different sites, you
7 know, NNSA and Office of Science. All the
8 different program offices and records officers
9 were involved.

10 And we were involved, you know,
11 basically because we're probably the biggest
12 consumer of Legacy Records, DOE-wise, is us and
13 our program. So, we're very involved in that
14 effort. And I think we're really excited about
15 it. We just --

16 MEMBER RICHARDSON: Yes, that's
17 good to hear. I mean, I was, my impression was,
18 and maybe that will be a major step in the right
19 direction. My impression was that they're --

20 When I said better or worse, I guess
21 I was thinking let's say, the comparison
22 between the types of information that we're,
23 not from the 1950s, but from the 1980s and '90s.

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1 And recalling back in the early 2000s,
2 concerns, for example at Hanford, that things
3 were going backwards in terms of breaking up the
4 contracting, and the kind of access to some of
5 the records for many of the workers,
6 particularly involved in cleanup activities.
7 It wasn't being, it had gotten more
8 complicated.

9 So this sounds like a step towards
10 trying to address that problem. It does pose
11 a problem for us if there's a gap of a decade,
12 or something where there are going to be
13 complicated records. Concerns about gaps, I
14 guess. But thank you. That looks good.
15 Great to hear it.

16 CHAIRMAN MELIUS: Any other
17 questions? I'll just add, certainly in terms
18 of our, this program's interaction and the
19 Board's interaction with DOE, you know, several
20 years ago the slide that they showed would have,
21 or Stu would show, would, you know, we had 120
22 days, 180-day delays.

23 I mean, those were, and those were

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1 the ones, the sites we were focusing on. Now
2 we're down to asking questions about 60 days.
3 So, I think that's a marked improvement than,
4 and certainly much better coordination, much
5 better, you know, ability to address issues as
6 they come up. So, good. Okay. Thank you.
7 Thank you both.

8 Now we'll hear from, I think it's,
9 Josie's going to do work -- Oh, no, no. I guess
10 it's LaVon. We'll have an SEC program status
11 update from LaVon Rutherford. Got a little
12 delay here. Big time, LaVon, get ready. You
13 know, this is --

14 MR. RUTHERFORD: My presentation
15 is so short, I'm delaying, you know, starting
16 it.

17 All right. I'm going to give the
18 SEC update. Now, we do this update at every
19 Advisory Board Meeting. And it gives us a
20 little summary of what SECs we've got, current
21 qualification, evaluation and so on.

22 It identifies the Petition
23 Evaluations that are with the Board for review.

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1 We talk about potential SECs. And it provides
2 updates for future Board Meetings and Work
3 Group Meetings for the Board to prepare for.

4 Summary table, as you can see, as of
5 July 21st, we had 219 SEC petitions. Petitions
6 in the qualification process, we have three.
7 I'll discuss that a little further here in a
8 second. I must have wanted to emphasize that,
9 because I changed the color on that one. I
10 don't know why.

11 You can see where petitions
12 qualified for evaluation, 131. You have 11
13 Petition Evaluations with the Board, and 85
14 petitions that did not qualify. The three
15 petitions that are in qualification, as Stu
16 mentioned, they, we haven't received many
17 petitions. So, to get three in a relative
18 short period of time was kind of, was different.

19 The Dow Chemical Company, Walnut
20 Creek, California. This site actually did
21 some phosphate extraction, some of the pilot
22 work and the early process work. There is also
23 indication of discussion of work with uranium

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1 ore and thorium ore. We're not sure exactly
2 about that process. But the work was from 1947
3 to '57.

4 That petition has qualified.
5 There is actually only one petition, or
6 actually one claim associated with this site at
7 this time.

8 Let's see, SEC-0217 Westinghouse
9 Electric Corporation. This is actually a site
10 that we've already added an SEC for. However,
11 this petition is for the residual period. And
12 it is qualifying as well.

13 SEC-0219, that's the most recent
14 petition we received. And it is for Idaho
15 National Laboratory, for the period 1949 to
16 1970. Just briefly, the basis provided was for
17 lack of monitoring plutonium exposures,
18 neptunium exposures. That is in the
19 qualification phase. And we're working on
20 that right now.

21 They actually have only one
22 Petition Evaluation that is with the Board,
23 that has not had some initial Board reaction.

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1 That's the Kansas City Plant. And there's a
2 lot of activities that have been going on with
3 that.

4 And these are the sites that have at
5 least a portion of the petition that still
6 requires some action be taken. You can see
7 Fernald is the last five years of that Petition
8 Evaluation. Grand Junction Operations
9 Office, we're actively working that one.

10 Internally, we anticipate at this
11 time I believe an issuing of an addendum in the
12 November time frame, if I remember correctly.
13 Hanford, continue a lot of work there. Los
14 Alamos National Laboratory, we're looking at
15 the post 10 CFR 835 period at that site.

16 Rocky Flats, I'll give a little
17 discussion for Mark Griffon if he's not
18 available during the Work Group discussions.
19 Sandia National Laboratory, Albuquerque,
20 again, looking at the 835 era there as well.
21 Santa Susana Field Laboratory, some additional
22 work going on there.

23 Savannah River Site, a ton of our

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1 activity has been focused on Savannah River
2 Site, and this post-73 period. Simonds Saw and
3 Steel I believe is going to be discussed today.
4 And then some additional work with the St. Louis
5 Airport Storage Site.

6 This list got one shorter, or
7 hopefully will get one shorter. We have
8 potential 83.14s associated with Sandia
9 National Lab Albuquerque, the early years.
10 And then Dayton Project Monsanto, which had a
11 facility designation change. We had General
12 Atomics on that list. And we'll be discussing
13 that one today. And that's it. Questions?

14 CHAIRMAN MELIUS: Questions for
15 LaVon? On Grand Junction, some of these have
16 been around for a while, some of these sites.
17 What was the problem with Grand Junction, in
18 terms of getting that?

19 MR. RUTHERFORD: Well, to be honest
20 with you, it really, it dropped off our radar.
21 I'm not sure exactly. After we presented the
22 Evaluation Report we identified late in the
23 game that there was some additional work that

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1 needed to be looked at for the post-1975 period.

2 And we continued, and looked into
3 some DR methodologies for that period.
4 However, we never came back to the Board with
5 that addendum or, you know, additional
6 evaluation for that period. So, there has been
7 some work done with the DR methodology, but we
8 never got back to the Board. And we are
9 actively working that now. And as I said, we
10 anticipate presenting that in end of November
11 time frame. Or actually having it complete in
12 November time frame. It may not be ready for
13 the November Board Meeting.

14 CHAIRMAN MELIUS: Okay. But have
15 you gone back through and tried to identify any
16 other things --

17 MR. RUTHERFORD: Yes.

18 CHAIRMAN MELIUS: -- we've
19 dropped?

20 MR. RUTHERFORD: Yes. Actually --

21 CHAIRMAN MELIUS: And I said we, so
22 I'm taking you off the hook to some extent.

23 MR. RUTHERFORD: I appreciate you

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1 adding yourselves in there. That's great.
2 That takes a little less pressure off me.
3 Actually, Ted and I, Ted Katz and I actually
4 went back, and I went back through a number of
5 the past transcripts.

6 If you look at early on a lot of
7 actions were taken on these SEC petitions. But
8 formal recommendations for the rest of the
9 period were never given. Like, the Board may
10 recommend adding a Class for the operational
11 period, but did not leave a recommendation out
12 for the residual period.

13 And so a number of those got left
14 off. And we went back and we looked at those,
15 and we actually identified. So this is a
16 complete list of what we believe is actually
17 open for the Board to make recommendations on
18 some period.

19 CHAIRMAN MELIUS: Yes. I think we
20 were also sort of stymied early on, because we
21 had, sometimes the petition only covered, say,
22 parts of the residual period. And so it gets
23 a little bit complicated that way. And, what

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1 about Santa Susana? That seems to be --

2 MR. RUTHERFORD: Well, I know that
3 we're actively working on reviewing -- I'll let
4 Jim, Jim's been, Jim Neton's been heavily
5 involved in this one.

6 DR. NETON: I'm a little bit
7 puzzled by the 1965 date that's up there. I'm
8 not quite sure why it's '65. I can tell you
9 what we're doing at Santa Susana.

10 CHAIRMAN MELIUS: Yes, okay. Yes.

11 DR. NETON: We're looking at
12 neutron exposures, neutron/photon ratio to
13 cover the workers at Santa Susana. That's
14 being investigated. We've also captured the
15 database of all the bioassays.

16 We got the entire database. And we
17 developed coworker models based on that. But
18 right now the neutron, N/P ratio issue is the
19 thing holding things up right now. We're
20 getting close.

21 MR. RUTHERFORD: And I can address
22 the 1965. The 1965 was actually when the
23 initial petition came through. And I don't

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1 remember the exact start date. I believe it
2 was '56, or somewhere, that time period, '54,
3 '56. They qualified up through 1965.

4 And so we've taken action. We've
5 added a Class up through '64. But there's been
6 no action taken for that one: 1965. I would
7 suspect after the Work Groups, and the
8 additional work that we're doing now, that we
9 can make a recommendation on that somewhere.

10 CHAIRMAN MELIUS: Okay. And
11 wasn't there a facility designation issue there
12 also, that was very --

13 DR. NETON: Well, there's a
14 facility designation issue at Santa Susana
15 related to, what is it, Area 4? Is that --

16 MR. RUTHERFORD: Yes.

17 DR. NETON: Area 4, which was the
18 DOE-derived work. And whether people entered
19 Area 4 from other areas, and were monitored --

20 CHAIRMAN MELIUS: Right, right.

21 DR. NETON: -- or such and such.
22 But that's somewhat of a different issue.
23 That's sort of a Department of Labor Class, site

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1 facility definition issue, at least in my
2 opinion.

3 CHAIRMAN MELIUS: It may be. But
4 it's sort of, I think we're trying to resolve
5 these, you know --

6 DR. NETON: Yes. Stu actually --

7 CHAIRMAN MELIUS: -- efficiently.

8 DR. NETON: -- had a conference
9 call recently on that.

10 CHAIRMAN MELIUS: Yes.

11 DR. NETON: He might be able to shed
12 some light on that.

13 CHAIRMAN MELIUS: Yes, right.

14 MR. HINNEFELD: Yes. We did have a
15 conference call with the other two agencies,
16 DOE, DOL, and representatives from Boeing, who
17 run the site.

18 CHAIRMAN MELIUS: Yes.

19 MR. HINNEFELD: Yes. And from
20 that we learned that, for the period of time
21 we're talking about, you know, this historical
22 operation period at Santa Susana, if a person
23 was monitored and has a radiation exposure

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1 record, then they were involved in Area 4 DOE
2 work.

3 And so, from our standpoint -- and
4 we get from -- and what, they're exposure will
5 be recorded via something called a Visitor
6 Entry Log. Because they logged into Area 4
7 from the area they were assigned to. And we get
8 that for each person when a person files a
9 claim. That's part of the record that we get
10 with the claim.

11 So, we know now to interpret those
12 exposures, even though the person's assigned to
13 Area 2, for instance, for a particular year.
14 In that year, if they're on that Visitor
15 Exposure Log, that exposure should be included
16 in their Dose Reconstruction. So we do know
17 that.

18 CHAIRMAN MELIUS: And we handle
19 that through, assuming it qualifies through a
20 Class Definition.

21 MR. HINNEFELD: Yes. I'm not
22 exactly sure how Labor is going to deal with --

23 CHAIRMAN MELIUS: Yes.

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1 MR. HINNEFELD: -- a covered
2 employment, right, those sort of issues. But
3 from our standpoint --

4 CHAIRMAN MELIUS: Okay.

5 MR. HINNEFELD: -- we get one of
6 those claims, we know how to deal with the doses
7 now from Santa Susana. That's true at Santa
8 Susana. It's not necessarily true at the
9 corollary facilities out there, what, Downey
10 and Canoga, you know.

11 CHAIRMAN MELIUS: Yes, yes.

12 MR. HINNEFELD: The other
13 facilities --

14 CHAIRMAN MELIUS: Yes.

15 MR. HINNEFELD: -- where
16 radiological work was not daily work.

17 CHAIRMAN MELIUS: Yes, okay.
18 Well, I think it's something we just need to,
19 and the Work Group needs to make sure it gets
20 addressed as best we can, and do that. Other
21 questions for LaVon? Yes, Phil.

22 MEMBER SCHOFIELD: Yes. I've got
23 a question. And this relates to Santa Susana.

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1 I was wondering if you guys are actually looking
2 at the fact that there's a number of records,
3 like from the state of California and EPA and
4 stuff, that show contamination was offsite,
5 some of it even below the caldera there.

6 And whether you're looking at the,
7 whether you're going to look at a model for
8 those people who were not monitored, but had the
9 potential for internal uptakes, or even
10 external exposures?

11 MR. RUTHERFORD: Well it, for the
12 people that could have been exposed off site,
13 they wouldn't be covered under the program.
14 but individuals that are on-site and are
15 covered were, or that have worked in that, in
16 the area, we would look at releases and
17 exposures to those individuals. Stu's going
18 to --

19 MR. HINNEFELD: Yes. I don't know
20 the entirety of the situation at Santa Susana.
21 But recently there has, you know, so with the
22 information you're talking about, fairly
23 recent information, there has been

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1 contamination discovered outside Area 4, which
2 is due to a disposal area for disposing of
3 non-DOE items, which were essentially radium
4 dial.

5 It's radium. The contamination is
6 radium in that area. And they were, I believe
7 they incinerated, or at least they disposed of
8 these devices in some other area. But that,
9 they knew those devices were not part of the DOE
10 work. And so, that would not be part of the DOE
11 work.

12 Now, there are some people, during
13 this remediation effort, now that that's, you
14 know, that's identified. So, the more recent
15 years there is some badging done outside of Area
16 4. What I was talking about earlier was, back
17 during the operational period that we normally
18 deal with back there, all the radiological work
19 was in Area 4.

20 So, there's some remediation work
21 in Area 2 where some people might actually be
22 monitored, but that is not DOE work. And that
23 would not be covered exposure.

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1 CHAIRMAN MELIUS: Okay. Brad.

2 MEMBER CLAWSON: Part of my
3 question was, back in the time that they were
4 doing the work there, and Area 4 sits right in
5 the center of it, they had some releases at that
6 time. And they were also running a burn pit for
7 some of the sodium, and so forth like that.

8 It seems like this can be pretty
9 difficult to me to be able to put a magic line
10 around Area 4 to be able to say that that
11 contamination stayed in there.

12 MR. HINNEFELD: Okay. Well --

13 MEMBER CLAWSON: And I'm just --

14 MR. HINNEFELD: It will be
15 something I'll have to --

16 MEMBER CLAWSON: Well --

17 MR. HINNEFELD: I'm not, I wasn't
18 in the phone call, you know.

19 MEMBER CLAWSON: Right.

20 MR. HINNEFELD: So I'm not really
21 the area, the Santa Susana expert. But it's
22 something we'll have to look at when we get any
23 of that done.

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1 MEMBER CLAWSON: Okay. But we
2 are, we're addressing that?

3 MR. HINNEFELD: Well, certainly
4 we'll be open to discussion when we get through
5 finishing up Santa Susana. It sounds like it
6 would be an area of discussion. But I'm not --

7 MEMBER CLAWSON: Right. I
8 understand. It's just something that's been
9 out there for a long time. And I just want to
10 make sure we're addressing it as we get nearer
11 to it.

12 CHAIRMAN MELIUS: Someone may have
13 said this. I may have missed it. But, do we
14 have a time frame for reports, this neutron
15 issue and --

16 MR. RUTHERFORD: I think the Work
17 Group Coordination document has the Santa
18 Susana estimated dates on it.

19 CHAIRMAN MELIUS: Okay. I'll just
20 --

21 MR. RUTHERFORD: I think it's --

22 CHAIRMAN MELIUS: We'll look it up.
23 We can look it up. That's fine.

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1 MR. KATZ: Just before November I
2 think, or November.

3 CHAIRMAN MELIUS: Okay.

4 MR. RUTHERFORD: That sounds
5 correct.

6 CHAIRMAN MELIUS: Yes. I have
7 another question related to the Idaho petition.
8 Do you have a time frame on the review and
9 qualification for that? And I'm asking that
10 because there's a lot of, as you know, active
11 interviewing and so forth going on at the site.

12 And there's some timing issues that
13 would be helpful, as well as a public comment
14 period later, that we ought to be able to
15 address that question I think, the best we can.

16 MR. RUTHERFORD: Okay. We had our
17 initial consultation phone call with the
18 petitioner. We sent the petitioner, or we, I
19 don't know if it's sent yet. But we're sending
20 the petitioner a letter that identifies things
21 that we need clarification, or if there were any
22 deficiencies noted.

23 The petitioner has 30 days to

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1 respond to that. And then once we get that,
2 and/or, you know, if we recognize sooner that,
3 or if we recognize sooner that it's going to
4 qualify, we'll move forward. But, during this
5 it will be 30 days roughly before we would have
6 a full decision.

7 CHAIRMAN MELIUS: Okay. But I'm
8 assuming there's coordination between the
9 staff working on the, actively on the site --

10 MR. RUTHERFORD: Oh, yes.

11 CHAIRMAN MELIUS: -- and what
12 you're doing. Yes. So --

13 MR. RUTHERFORD: Yes, yes.

14 CHAIRMAN MELIUS: So if those,
15 quote-unquote, deficiencies can be addressed
16 by information you have, it would be utilized?

17 MR. RUTHERFORD: Correct.

18 CHAIRMAN MELIUS: Okay. Thank
19 you. Any Board Members on the phone have
20 questions?

21 MEMBER ZIEMER: No questions.

22 CHAIRMAN MELIUS: Okay. Thank
23 you, Paul.

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1 MEMBER ZIEMER: Not from me yet.

2 CHAIRMAN MELIUS: The others okay?
3 I just wanted to make sure I kept checking.
4 Okay. LaVon, off the hook.

5 Okay. Save the best for the end of
6 the session here. Jim and Jim. So, I will
7 start off, and then I will turn it over to Jim.
8 Is that fair? Actually, I can just stay up
9 here. I won't get any more credibility
10 standing behind a lectern.

11 MR. KATZ: There's no
12 presentation.

13 CHAIRMAN MELIUS: Unless Jim
14 wanted to, was planning. Okay. This deals
15 with the sufficient accuracy coworker dose
16 modeling issue. And the Work Group had a
17 meeting yesterday afternoon for four hours,
18 along with obviously people, Jim and Stu, and
19 people from SC&A. And Paul was on the phone for
20 it, as well as some other people from ORAU and
21 so forth, on that.

22 We had a very good discussion. We
23 sort of delayed the meeting to just before this

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1 meeting. One is to, the thought that going in
2 in person would be better, given the type of
3 issues that we were discussing. And we were at
4 one point expecting another report to be
5 completed by SC&A that we were going to try to
6 include in the meeting.

7 But that report wasn't finished.
8 So we just focused on the three reports that Jim
9 Neton had prepared along with other staff. And
10 had, I think, been shared with the Work Group
11 and with the entire Board. And I'll let Jim
12 talk about those in a second.

13 Most of our focus at the meeting was
14 on the first report, which was on basically the
15 basic guidelines for the, for development of
16 coworker models, which there really is no sort
17 of general guidance on, document on that so far,
18 within the NIOSH/ORAU volumes of various
19 technical documents and so forth.

20 And so we spent a good deal of the
21 time on those issues, basically trying to
22 extend out and clarify and determine what would
23 be helpful information, which is not going to

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1 be, we can't really develop something that's
2 very prescriptive. But rather, again, similar
3 to the documents we've, that have been
4 developed in the past on surrogate data or on
5 individual SEC evaluations and so forth.

6 They would sort of provide sort of
7 general checklist types of things that would be
8 important to address. So, we've focused on
9 that, had a fairly long discussion of those
10 differing opinions on what would be the
11 approach. Though I think in general, we had a
12 pretty good consensus on where to go.

13 We gave a lot of work for Jim to do.
14 And Jim got the lion's share of the talking and
15 responding and so forth to that. And then we
16 spent a little bit of time at the end of the
17 meeting on the two other reports, which were
18 more, I'll say statistical in nature on that.

19 And those, again, I think we're in
20 fair agreement. SC&A, some of these reports
21 came out fairly recently. So SC&A did have a,
22 sort of an initial review of those reports,
23 which was also discussed as we went, or at least

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1 some of their concerns or issues they raised
2 were discussed during the Work Group meeting.

3 But I think we made significant
4 progress and have a work assignment for Jim to
5 do, particularly in terms of expanding out that
6 first general guidance document, and doing
7 that. And we will [identifying information
8 redacted].

9 CHAIRMAN MELIUS: [Identifying
10 information redacted]. So, great. And then
11 we'll progress from there. I don't know. But
12 Gen or Josie, you have anything to add from the
13 Board perspective, or Paul?

14 Well, I'll let Jim talk a little
15 bit. And then I'll sort of give you what our,
16 what see as our next steps in going forward,
17 and, tentatively, a schedule. But, go ahead,
18 Jim.

19 DR. NETON: Okay. Thank Dr.
20 Melius. As in the last time we discussed this
21 I don't have any formal slides. Because it's
22 always hard to predict what might come about as
23 a result of these Work Group meetings we have

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1 shortly before the Board meeting.

2 But I do want to talk about the three
3 papers that NIOSH has put together to try to
4 help move this coworker issue forward. I know
5 that the Board has, the full Board has received
6 copies of all these papers.

7 And as we decided at the meeting
8 yesterday, people should provide comments to me
9 within three weeks to incorporate at least for
10 the first paper, which is the draft criteria for
11 evaluation of coworker models.

12 I would appreciate comments from
13 any Board Members, email is fine, as to your
14 thoughts on the completeness or anything that
15 appears to be, you know, a little bit erroneous
16 in the document itself.

17 The first document is this sort of
18 overarching or high-level document, what we
19 call an implementation guide. But it's meant
20 to just sort of flesh out the philosophical
21 nature of how you go about doing coworker model.
22 If you're going to do a coworker model, what do
23 you really need to look at?

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1 And it's attempting to cover the
2 ground, a fair amount of ground on, you know,
3 what type of data needs to be there, a very close
4 look at the monitoring programs. We've
5 identified that the three types of monitoring
6 programs that have been in place at these sites,
7 you know, weren't representative sampling of
8 the workers that were monitored.

9 Or maybe the monitoring program was
10 only for the highest-exposed people, or third
11 tier, I'll call it the Type 3 monitoring, which
12 would be incident-driven. And
13 incident-driven actually tends to be present in
14 both of the first two at times. Because you can
15 have a routine monitoring program with incident
16 samples interspersed.

17 So, depending on what type of
18 monitoring program was in place determines what
19 you do for your evaluation of your coworker
20 model, and there's some language in this
21 document as to how to move forward to do that.

22 Most important though, we did
23 discuss stratification. I mean, that's really

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1 one of the main issues that has not really been
2 dealt with to a large extent in these coworker
3 models. How do you do stratification? What
4 do you, you know, what do you do a priori to look
5 at? Do you develop an all work, all coworker
6 model first, and then try to stratify? Or, as
7 I heard from the Working Group session
8 yesterday, maybe you should actually look at
9 what the gaps are first, and develop your
10 coworker models around the gaps, not develop an
11 all-work, all-coworker model, and then try to
12 flesh out any differences.

13 So, that's something to be, I'm
14 going to be looking at in the next couple of
15 weeks. You also get involved in issues such as
16 sufficient accuracy. And we had decided that
17 we will use the 95th percentile of the coworker
18 model. If it's an all-coworker model we would
19 use the 95th percentile for the most highest
20 exposed, the highly exposed workers.

21 But if a model is stratified, then
22 we would use the full distribution, the
23 geometric mean, and the geometric standard

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1 deviation in PC calculation for dose. And
2 that's gets to some issues whether, well, is
3 that 95th percentile really sufficiently
4 accurate? How do you define that? And those
5 sort of issues.

6 I think we had a very productive,
7 lengthy discussion. And Dr. Melius is right.
8 I spoke quite a bit yesterday. And it's
9 affecting my voice today. I feel like I've
10 come down with something after that meeting.
11 But it's all fleshed out in that overview paper,
12 the implementation guide.

13 And again, I'd appreciate any
14 comments the Board Members might have. The
15 other two documents are slightly more
16 technical. And they have to do with
17 implementation issues on the coworker models.

18 The first one has to do with, you
19 know, we, as you all know, we have developed
20 log-normal distributions to describe coworker
21 models. They tend to fairly fit a log-normal
22 distribution fairly well.

23 The question at hand though is, what

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1 type of data makes up these distributions? Our
2 original coworker models use what SC&A has been
3 calling the pool data, which is all the bioassay
4 samples, for example, were just ranked and used
5 in a log-normal distribution.

6 But as it turns out, you have
7 multiple samples per person in these models.
8 So then, is it really a coworker model? Or is
9 it a co-sample model? And our opinion at this
10 point, and this has to do with this one person,
11 one statistic concept is, you actually have to
12 do some sort of data reduction on the multiple
13 bioassay samples you have per person and then
14 develop a distribution.

15 And of course, once you make that
16 decision, then there's about four or five
17 different ways one could do that. You could
18 just take the arithmetic average of the
19 bioassay samples. You could take a
20 time-weighted average. You could either
21 integrate the time-weighted average forward or
22 backwards. You could connect the dots. Or
23 you could go full blown dose reconstruction.

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1 So, there's a lot of different ways
2 to do this. Right now, NIOSH's proposal on the
3 table is that we will do a time-weighted
4 average.

5 We did propose a forward-looking
6 average. There is some merit in SC&A's
7 position that going backwards in time makes
8 more sense because a bioassay sample, in fact,
9 represents what happened before it was taken,
10 not what happened after it was taken. Although
11 there's some valid reasons for actually going
12 the other direction. So that's still being
13 discussed. And that second White Paper that
14 you all have a copy of goes into some detail
15 about why we decided to do what we did in that
16 area.

17 The third one, which is kind of an
18 interesting switch on this whole topic is, once
19 you do stratify, you have to make some sort of
20 decision as to well, is this stratified model
21 different? How is it different?

22 There are statistical tests that
23 we've put forth that can do estimates as to

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1 whether this, you know, the coworker sample is
2 statistically different than the previous one,
3 than the full model. But the problem with that
4 is that these coworker distributions tend to
5 have large geometric standard deviations.

6 So once you're comparing two
7 distributions with very large standard
8 deviations, you have to have a very large shift
9 in the geometric mean in order to say they're
10 statistically different. So you can't see
11 very small differences.

12 And we've gone through this before.
13 We did that 100 millirem test, that sort of
14 thing. In the last Working Group meeting
15 though, I got to thinking about this. And if
16 you agree that the 95th percentile of the full
17 distribution would, of the full coworker model,
18 would be used for heavily exposed workers, but
19 when you stratify the full distributions would
20 be used, that gives you some very different
21 Probability of Causation inputs.

22 If you take that, the dose that will
23 be calculated using the 95th percentile, and

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1 run it through the IREP program, and then you
2 take and implement the full distribution and
3 run it through the IREP program, our estimates
4 show that you can get about a factor -- it would
5 have to be, the geometric mean of the full
6 distribution would have to be at about a factor
7 of two higher than the 95th percentile.

8 The geometric mean of the
9 stratified distribution would have to be about
10 a factor of two higher than the mean of the --
11 No, yes. The full distribution, correct.

12 So in other words, if you compare
13 the full distribution of the geometric mean,
14 and then you stratify, and you have a, that
15 geometric mean would have to be a factor of two
16 higher in order for there to be a result in a
17 higher PC value, PC estimate for that case.
18 So, that's outlined in this White Paper.

19 There's some caveats. We tried to
20 put some conservative assumptions to do these
21 tests. But it looks to me like a statistical
22 test alone really is not the ultimate answer.
23 One has to sort of look at the effect on the

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1 outcome of the claims in general.

2 And it may, in my opinion, not be
3 claimant-favorable to stratify, unless there
4 are some significantly large, I hate to use
5 significant, some very large differences on the
6 order of almost the factor of two in the
7 geometric means of the stratified versus the
8 full distribution. And that's discussed in
9 this White Paper.

10 It's a somewhat hard concept to get
11 your head around. But I think it's written
12 pretty clearly if you look at it. I'd also
13 appreciate any comments on that concept itself.
14 That's all, about, I have to say. I'd be happy
15 to talk, answer any comments, questions.

16 CHAIRMAN MELIUS: Go ahead, Dave
17 Richardson.

18 MEMBER RICHARDSON: So, when I had
19 first been thinking about stratification, I had
20 been thinking about it the way -- differences
21 in characteristics between workers, like jobs
22 or areas where they work. And then I read
23 through the White Paper again.

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1 And I realized, and it was very
2 clearly written, and very useful in thinking
3 about the issue. What's proposed is averaging
4 over all workers, over all years, if I'm
5 correct, and taking the 95th percentile of that
6 distribution.

7 DR. NETON: No, averaging over all
8 workers. You develop a -- well, this is where
9 it gets a little complicated.

10 MEMBER RICHARDSON: Yes, I guess
11 frame it the other way.

12 DR. NETON: Yes.

13 MEMBER RICHARDSON: Is, when
14 you're talking about stratification is
15 calendar time one of the dimensions that one
16 could or could not consider stratifying upon?

17 DR. NETON: Yes, yes.
18 Stratification actually applies to an
19 incremental analysis, like a year's worth of
20 data. You look at the data in one year for a
21 pipefitter versus the all monitored workers.
22 And is that distribution or bioassay sample
23 different? That's the first test though.

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1 That's the test on the stratification with
2 this.

3 MEMBER RICHARDSON: Right. You
4 describe significance testing running year by
5 year, if there wasn't significant difference --

6 DR. NETON: Differences.

7 MEMBER RICHARDSON: -- at a P .05.

8 DR. NETON: Right.

9 MEMBER RICHARDSON: Then you would
10 fall back to an approach, which I was taking
11 then to be the 95th percentile of the exposure
12 distribution no longer stratified by time.

13 DR. NETON: That's correct. Well,
14 no. That 95th percentile of that distribution
15 goes into a chronic exposure model.

16 MEMBER RICHARDSON: Yes.

17 DR. NETON: And, see, because
18 that's just the bioassay samples themselves.
19 At some point you have to get into an intake
20 model for internal exposure. So, for every
21 year, you would have a plot of the excretion
22 over whatever model period of time there is.

23 Say there was ten years' worth of

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1 data that were modeled as a chronic exposure,
2 each of those 50th percentiles from that, what
3 we'll call the full distribution, would go into
4 a curve-fitting process, and you would fit a
5 chronic exposure intake through those bioassay
6 points. And that would be your 50th
7 percentile. Then you would do the 84th
8 percentile fit the same way, and come up with
9 a geometric standard deviation of the chronic
10 intake model. And then you can calculate the
11 95th percentile.

12 MEMBER RICHARDSON: Maybe this is
13 too much detail for a question now.

14 DR. NETON: Yes. But the bottom
15 line is right, that we would use the 95th
16 percentile of a distribution. How we get there
17 is a little bit complicated --

18 MEMBER RICHARDSON: Yes, yes.

19 DR. NETON: -- to explain.

20 MEMBER RICHARDSON: No, it is.
21 And because there are, I mean, if I imagine the
22 pictures of the dose distributions that we
23 constructed for a number of these facilities,

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1 to say that the geometric means of the exposures
2 between 19, let's say '47, and 2007 differ by
3 a factor of 2. That's very, very plausible.

4 DR. NETON: Oh no, no. That's not
5 the --

6 MEMBER RICHARDSON: But it -- and
7 so this gets to the 95th percentile of what?

8 DR. NETON: Yes. I wish I, I
9 wonder if I can bring up my -- I have a nice
10 slide. I think we have some time.

11 CHAIRMAN MELIUS: Yes, we do.

12 MR. KATZ: While Jim's bringing
13 this up, just let me just note for all the Board
14 Members who may comment on Jim's paper --

15 DR. NETON: Comment, yes.

16 MR. KATZ: Please copy me when you
17 comment, so that I get a record of everybody's
18 comments. So it sounds like there's --

19 CHAIRMAN MELIUS: Ted, excuse me.
20 Let me just, I'd like you to copy me also. Just
21 so I make sure that -- because between now and
22 the next Board Meeting the Work Group will be
23 meeting. And I want to make sure I, we're, you

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1 know, keeping track of your comments also.

2 It's not --

3 MEMBER RICHARDSON: So, it sounds
4 like there's a package of three papers.

5 CHAIRMAN MELIUS: Correct.

6 MEMBER RICHARDSON: And maybe,
7 could they be circulated together as a package?

8 MR. KATZ: They are circulated. I
9 have circulated them, actually, to you. They
10 are part of the Board materials, under the SEC
11 section. So you do have those, actually.

12 MEMBER RICHARDSON: I mean,
13 perhaps --

14 MEMBER BEACH: Wasn't the last one
15 --

16 MR. KATZ: So that was sent to your
17 CDC address, which -- so for you, I understand,
18 David, you didn't, you have that. But it's in
19 an account that you can't get to right now.
20 Because your CDC account is locked up.

21 MEMBER RICHARDSON: It won't
22 unlock --

23 MR. KATZ: And I can't send it to

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1 you on --

2 MEMBER RICHARDSON: They won't
3 unlock it until I go to my CDC account --

4 MR. KATZ: Until you do your
5 homework.

6 MEMBER RICHARDSON: -- and verify
7 myself.

8 MR. KATZ: Yes.

9 MEMBER RICHARDSON: Beautiful
10 government catch-22.

11 DR. NETON: Unfortunately, I can't
12 get to that, the slides that I presented
13 yesterday. It's on my --

14 CHAIRMAN MELIUS: Jim's having the
15 same trouble you are.

16 DR. NETON: But I think what we are
17 getting -- we do not model over a 50-year period
18 one value. We will select, based on the
19 bioassay sample distributions what look like
20 similar chronic intake periods.

21 So, let's say if you have from 1991
22 to 2000, some bioassay sample points that look
23 fairly even per that decade, then you will fit

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1 a chronic exposure model through those ten data
2 points. That would be the 50th percentile of
3 the bioassay samples for each of those years.
4 And that's how you get to the 50th percentile.

5 MEMBER RICHARDSON: So, you are
6 doing something which is, I guess, not
7 described in the procedure here, which is a
8 visual examination of the data, not
9 statistically driven.

10 DR. NETON: Yes.

11 MEMBER RICHARDSON: Doesn't
12 involve hypothesis testing in format --

13 DR. NETON: No, it --

14 MEMBER RICHARDSON: -- categories
15 --

16 DR. NETON: Exactly.

17 MEMBER RICHARDSON: -- of what
18 appear to be qualitatively homogeneous.

19 DR. NETON: Yes.

20 MEMBER RICHARDSON: Okay.
21 Because the way it's written there is the 95th
22 percentile is described as a constant. And to
23 me a constant would be time and variant --

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1 DR. NETON: It's a constant over a
2 specified period of time --

3 MEMBER RICHARDSON: Okay.

4 DR. NETON: -- that we analyze
5 using --

6 MEMBER RICHARDSON: No, I like that
7 procedure much more.

8 DR. NETON: Yes, yes. I wish I had
9 that here because really, the input term into
10 the IREP program is dose, not a bioassay sample
11 result.

12 MEMBER RICHARDSON: Yes.

13 DR. NETON: You have to get the
14 dose. And that dose is modeled over
15 incremental periods of time where bioassay
16 samples appear to have been at some level that
17 you could model a chronic exposure. So, that's
18 about as good as I can explain it without some
19 graphics.

20 CHAIRMAN MELIUS: Any other
21 questions for -- yes, Phil.

22 MEMBER SCHOFIELD: When you take a
23 look at some of the data, particularly the

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1 earlier years when we had higher exposure
2 limits, safety equipment wasn't as good as it
3 was in the latter years.

4 So, you might run across, and I
5 would expect you to actually run across, that
6 there are individuals that have higher intakes,
7 exposures in the earlier years of their career.

8 And then it kind of tapers as we get
9 into better procedures, better equipment,
10 lower exposure rates. Are you going to break
11 that down into like a subset of years?

12 DR. NETON: Yes.

13 MEMBER SCHOFIELD: The early
14 years, and then the middle years and, say, the
15 later years?

16 DR. NETON: Definitely. Each time
17 interval is modeled separately. So there may
18 be as many as ten or 12 or more incremental
19 analyses, based on the exposure scenarios that
20 we were seeing in those different time periods.

21 MEMBER SCHOFIELD: Okay. I just
22 wanted to make sure I understood that.

23 DR. NETON: Yes.

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1 MEMBER SCHOFIELD: Thanks.

2 DR. NETON: Yes. I see more how
3 coworker models, or actually how doses are
4 calculated versus how the coworker models are
5 constructed, but yes.

6 CHAIRMAN MELIUS: Any other
7 questions, Board Members on the phone?

8 MEMBER LEMEN: Can you hear me,
9 Dick Lemen?

10 CHAIRMAN MELIUS: Well, you --

11 MEMBER LEMEN: Can you hear me,
12 Dick Lemen?

13 DR. NETON: I can hear you, Dick.

14 CHAIRMAN MELIUS: You have
15 questions?

16 MR. KATZ: Go ahead, Dick.

17 MEMBER LEMEN: Can you hear -- This
18 is Dick Lemen. Can you hear me?

19 MR. KATZ: Yes, we hear you.

20 MEMBER LEMEN: I have one question
21 just about the report that Jim wrote on June
22 17th, 2014. And in Section 1 it says that --
23 I think it's Paragraph 2.

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1 It says, coworkers are considered
2 to be workers at the same site, as radiation
3 monitoring measurements are considered to be
4 representative or plausibly bounding of those
5 received by one or more workers with no
6 individual monitoring data.

7 My question is, does that mean you
8 will not be going to coworker data away from the
9 actual site you're comparing the coworker data
10 to?

11 CHAIRMAN MELIUS: Yes. We're not
12 talking about surrogate.

13 DR. NETON: Yes, this is not --

14 MEMBER LEMEN: Okay. You're not
15 going to do --

16 CHAIRMAN MELIUS: Yes. We're
17 going to do separate --

18 MEMBER LEMEN: Okay. I just
19 wanted clarification on that.

20 CHAIRMAN MELIUS: Yes. I mean, I
21 guess there may be situations where, I'm trying
22 to think --

23 DR. NETON: Well, we have coworker,

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1 I mean the TBD-6000 is what comes to mind.

2 CHAIRMAN MELIUS: Yes.

3 DR. NETON: And that's really not a
4 coworker model based on necessarily bioassay
5 samples. It's based on process knowledge --

6 CHAIRMAN MELIUS: Yes.

7 DR. NETON: -- and air sampling
8 results and that sort of thing. But this
9 particular paper that we're looking at now is
10 really talking about bioassay data or external
11 monitoring data from the same facility.
12 That's what the --

13 MEMBER LEMEN: That's all I wanted
14 to know. I just wanted to clarify that. Thank
15 you.

16 DR. NETON: You're welcome.

17 CHAIRMAN MELIUS: Any other
18 questions? Okay. So, what the process that I
19 envision, and I welcome your comments on this,
20 is we'll get comments to Jim Neton within the
21 next three weeks, questions.

22 I know for, you know, Board Members
23 that weren't at the meeting, you know, not heard

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1 all that was -- the Work Group has heard. But,
2 and this will not be your last time to comment
3 on this whole issue, obviously.

4 We will be talking about this more
5 in future Board Meetings, as well as Work Group
6 meetings, and so forth, going ahead. So, we
7 will go ahead from there. We will have revised
8 documents. We'll circulate them, you know.

9 I'm thinking one thing that might be
10 useful for some of the statistical documents,
11 if there are Board Members that are, you know,
12 interested in those, or still have questions on
13 those, we may do a Work Group meeting with some
14 of those other Board Members participating.
15 And then I'm sure the Work Group will be meeting
16 again. I think we'll have a meeting.

17 So our hope is that by the time we
18 get to our next full Board Meeting we will have
19 a, you know, document ready for full
20 discussion, and hopefully close to final, you
21 know, review and ready for implementation on
22 this. There's a lot of issues here.

23 But I think it's also important that

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1 in our discussion to understand that -- I think
2 one key understanding, and we've seen this over
3 and over again, that each site is different.
4 And so, we're not trying to come up with a
5 general coworker model approach that would
6 benefit every single site.

7 It's going to depend on
8 availability of data, circumstances at each
9 different site. And so it's going to require,
10 you know, a fair amount of judgment in that, but
11 it will be more focusing on what needs to be
12 considered and looked at in terms of sites.

13 I don't think at this point that, I
14 think on the statistical issues we're probably
15 closer to agreement, because they've been
16 worked through a little bit more. I think the
17 other, I think we will come up in agreement.

18 I think there's a pretty good
19 consensus. But those need to be fleshed out a
20 little bit more to make sure we've captured
21 everything. But, so our plan is that we will
22 have in, I believe it's our November Board
23 Meeting we will have a full discussion on this.

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1 Is it November?

2 MR. KATZ: Yes.

3 CHAIRMAN MELIUS: Go ahead.

4 MR. KATZ: And just to add to that,
5 I can get that transcript for the last meeting,
6 which I think will be useful for those of you
7 who want to provide input, get it expedited to
8 try to get that to you within your window when
9 you're reviewing Jim's.

10 And if not, I think you can add on
11 to your comments. Even Jim's not going to
12 immediately turn it around. But I'll try to
13 get it within a time frame so you can actually
14 incorporate, have a chance to read that
15 discussion, which I think will be useful.

16 CHAIRMAN MELIUS: Optional reading
17 though. Not on the required reading list for
18 your summer. Back-to-school time. Okay. We
19 are, I think we're ready for a break. So why
20 don't we take a break between now?

21 We'll reconvene at 11 o'clock. We
22 will be discussing a petition at that time. So
23 we need to try to start promptly at 11:00 a.m.

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1 And thank you, everybody.

2 (Whereupon, the above-entitled
3 matter went off the record at 10:30 a.m. and
4 resumed at 11:03 a.m.)

5 CHAIRMAN MELIUS: Okay. We're
6 going to start off. And first of all, I think
7 Ted just gave me a short announcement. It
8 seems one of the Board Members has lost two ATVs
9 and an electrical generator. So, if anybody
10 should see those in the area, could you please
11 notify me? And we'll make sure that Board
12 Member locates his property.

13 And let me turn it over to Ted who
14 has a few administrative items today.

15 MR. KATZ: I just, we're about to
16 start an SEC petition session. So I just want
17 to check and see about Board Members on the
18 line, see who may have joined us in addition to
19 who we had already. So, Paul, are you still on
20 the line with us?

21 MEMBER ZIEMER: I'm on the line.

22 MR. KATZ: And Loretta?

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1 MEMBER VALERIO: Yes, I'm here.

2 MR. KATZ: Super. And how about
3 Dick Lemen? Are you still on the line with us?

4 MEMBER LEMEN: I am.

5 MR. KATZ: Great. And how about
6 Mark Griffon? Are you on the line with us?
7 Mark? Okay. How about Andy Anderson? Are
8 you on the line with us? Okay. So, same
9 Members are absent.

10 CHAIRMAN MELIUS: Our next item is
11 the General Atomics SEC Petition. And LaVon
12 Rutherford's going to make the presentation.

13 MR. RUTHERFORD: Okay. Thank you,
14 Dr. Melius. I'm going to, as Dr. Melius said,
15 talk about the General Atomics Special Exposure
16 Cohort Evaluation Report. I'll start out with
17 some background information.

18 We actually issued an Evaluation
19 Report for this site all the way back in '06,
20 2006. I'm not sure, I think, I know at least
21 five or six of the Advisory Board Members were
22 present during that time period. That was an

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1 83.14 evaluation where -- it says 84.14, it's
2 actually an 83.13 evaluation, where we had
3 determined that dose reconstruction was not
4 feasible.

5 We presented this evaluation report
6 to the Advisory Board on December 11th of 2006.
7 The Board agreed with our recommendation to add
8 a Class to the Special Exposure Cohort. Okay.
9 In June of 2010 we actually completed a review
10 of the SEC Class Definitions.

11 After the Rule had been promulgated
12 we had added Classes based on divisions. We
13 had added Classes based on monitored or should
14 have been monitored. We had added Classes
15 based on facilities. All of these things had
16 been done up to that point.

17 So what we did was we went back and
18 we looked at the existing Class Definitions to
19 see if there was, you know, consistency,
20 applicability, and whether we needed to modify
21 any of the Class Definitions. And I'll talk a
22 little bit about that, a little bit more about

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1 that.

2 For General Atomics we recognized
3 the need to adjust the existing Class
4 Definition from workers in specific buildings,
5 to include all employees. The problem was we
6 had to wait for a litmus case to serve as the
7 petitioner for an 83.14. You would think that
8 that wouldn't be that difficult. But
9 actually, Department of Labor had included most
10 of the individuals that came through in the
11 previous Class Definition.

12 In October of 2013 SC&A completed a
13 review of the Site Profile. And in June of 2014
14 we actually received a potential litmus claim.
15 And just to give you a feel, we put it on our,
16 basically our tickler to routinely check for
17 litmus claims for General Atomics. So we were
18 routinely waiting for one to come in. So, we
19 got one in June of 2014.

20 And June 17th we informed that
21 General Atomics claimant that we were unable to
22 reconstruct the radiation dose for their claim.

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1 We received a Form A SEC petition on July 1st.
2 And we issued our Evaluation Report on July
3 17th.

4 Site information, location La
5 Jolla, California. So, private contractor for
6 the AEC from 1960 to '69. Actually, the work
7 began much earlier there. And then out at the
8 Site there was, it was actually originally put
9 together in the '50s, looking at commercial
10 applications using nuclear power and other
11 nuclear processes.

12 They operated under a license first
13 issued by the AEC, and later by the State of
14 California. They performed an array of
15 radiological research, production activities
16 involving various radionuclides. Uranium,
17 plutonium, thorium, fission and activation
18 products and tritium were just a few.

19 Radiological operations, developed
20 and fabricated reactor fuels in both commercial
21 application and part of their own three
22 reactors. They developed the reactor fuel for

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1 those. As well as they did a number of studies
2 with the reactor fuels. And did some work for
3 the AEC as well with that fuel.

4 They operated three on-site
5 Training, Research, Isotopes, General Atomics
6 reactors, TRIGA. They had fusion research
7 with tritium, experimental criticality test
8 facilities, experimental operations with
9 radioactive materials, special nuclear
10 material and radioactive tracers.

11 They'd been involved in the SNAP
12 program. A number of, they also operated four
13 linear accelerators. I just jumped a little
14 ahead. Internal monitoring data. Bioassay
15 monitoring are available from the start of AEC
16 operation.

17 Initially the samples appear to
18 analyze for gross alpha uranium activity.
19 Initially, during the early phases of the
20 bioassay program they were random sampling.
21 Or they were based on a incident or the need from
22 a nasal swipe or smear that gave an indication

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1 that they may want to do a bioassay sample.

2 There was no routine personal area
3 monitoring for internal exposure to thorium,
4 plutonium during the AEC period. They did have
5 whole body counting starting in 1966.
6 However, those samples were identified as
7 unreliable. And we have also seen from that
8 Helgeson whole body counting that that period
9 that, their unreliability within that whole
10 body counting approach.

11 And we also had one whole body count
12 for thorium in 1969. Bioassay monitoring for
13 fission products began in the early 1960s.
14 However it was mostly incident based early on.
15 There was routine, routine monitoring kicked in
16 relatively around the 1963 time frame.

17 Bioassay for tritium started in
18 1965. This was an issue that we had already
19 identified in previous evaluation. And there
20 were no thoron measurements. Although routine
21 reference to thoron contamination on air
22 samples.

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1 There was a lot of thorium
2 production work, or a lot of thorium work that
3 went on in this site. And again, when we looked
4 at the air sample data it routinely identified
5 thoron interference.

6 External monitoring data are
7 available from the start of AEC operations.
8 Film badges sensitive to beta-gamma neutron
9 were issued for individuals working in areas
10 with potential for neutron exposure. And
11 actually, let me come back. That's kind of
12 misleading.

13 Film badges were issued for all
14 individuals that were working in areas with
15 potential exposure. But they had a neutron
16 element. And neutron badges were issued
17 whenever there was neutron exposure. Early on
18 there were neutron badges issued. So that's
19 kind of misleading.

20 The first Petition Evaluation,
21 since this was an 83.14, you know, during that
22 period, we did not address feasibility for each

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1 radionuclide. Once, you know, at that time we
2 identified the infeasibility associated with
3 thorium. And from that we moved forward with
4 the 83.14 evaluation.

5 So we identified infeasibility in
6 restructuring thorium exposures and tritium
7 prior to 1965. There are no personal area
8 monitoring data specific to thorium, diverse
9 operations with thorium, and no correlation
10 with other radionuclides. No tritium data
11 prior to 1965.

12 So, our first Class we, when, back
13 early on, when we started our Class Definitions
14 I mentioned that we looked -- In fact, if you
15 looked at the first one at Mallinckrodt we
16 identified uranium division at Destrehan, you
17 know. We did not talk to the Department of
18 Labor about whether they could identify
19 individuals that would specifically work
20 within that division.

21 Some of our follow-ons, where
22 monitors should have been monitored, because

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1 that was tied to the statutory SECs that we
2 already had. And then we also looked at the,
3 at identifying specific buildings where we know
4 that source term existed.

5 So we did not, as I mentioned, we did
6 not talk to the Department of Labor early on to
7 determine if they could administer the Class as
8 identified. In this case, can the Department
9 of Labor identify the locations people worked?

10 Early, as I mentioned, early in the
11 program NIOSH did not recognize the potential
12 of worker movements through various
13 facilities, you know. We, I think we did
14 recognize it, but not to the degree of the
15 Class.

16 We weren't looking, were there
17 maintenance workers that supported all the
18 buildings? Were there access controls for
19 each of the facilities that would control
20 movement of workers? These types of things.
21 So, because of this a number of our Classes were
22 defined based on buildings where the exposures

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1 may have occurred.

2 General Atomics' Class was defined
3 by buildings where work with thorium may have
4 occurred. As you can see, the Class
5 Definition, and you'll see it later on, it
6 identifies a number of buildings that we had
7 identified that thorium existed, or may have
8 been used within that facility.

9 I will say that, just another note,
10 that the other facilities that had facility
11 designations, we have, or building
12 designations, we have moved forward with 83.14s
13 previously, and removed, I believe, all of
14 those except for General Atomics. And so, this
15 is the last one.

16 Additionally, as I mentioned, in
17 October of 2013 SC&A reviewed the Site Profile.
18 I think the Site Profile was issued shortly.
19 It was a revision to an existing Site Profile.
20 And it was issued shortly after the first SEC
21 in 2006.

22 SC&A identified a number of issues

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1 associated with our dose reconstruction
2 approach for the SEC period, as well as the
3 residual period.

4 NIOSH, you know, when we recognized
5 back in 2010 that we needed to modify this
6 existing Class Definition, we started looking
7 for the litmus claim. And then we also decided
8 that, you know what, we could start developing
9 the Actual Evaluation Report now. And so, when
10 we get the litmus claim in we can issue this
11 Evaluation Report quickly and get it out.

12 So, we were already working on the
13 Evaluation Report for this, and had done quite
14 a bit of work with it. However, when SC&A
15 issued their review of the Site Profile, we also
16 went back and we looked at the issues that they
17 identified. And looked to determine if there
18 were additional infeasibilities that should be
19 included in this evaluation.

20 Our additional infeasibilities,
21 uranium, plutonium and thorium are mostly
22 associated with fuel fabrication. However,

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1 there was significant amount of work with
2 thorium in other avenues, as well as plutonium.
3 We have no personal or area monitoring data
4 specific to these radionuclides during the 1960
5 to '64 period.

6 We had, bioassay was alpha. And we
7 had no routine personal or area monitoring data
8 specific to radionuclides other than uranium
9 during the entire AEC period.

10 Whole body counts starting in, and
11 this is associated with uranium, plutonium and
12 thorium. Whole body counting started in 1966.
13 However, they were not usable. Isotopic
14 ratios of airborne activity and gross alpha
15 bioassay cannot be established.

16 The uranium, the mixtures of
17 thorium, the fuels that were produced at the
18 site with uranium and thorium could not be
19 identified. There were a number of different
20 tests, fuels fabricated, and so on, that we
21 could use a ratio for this, to address this.

22 The Site Profile currently uses a

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1 back extrapolation method from 1965 to 1968
2 period, to address exposures in the 1960 and '64
3 period, and data outside the operational period
4 for plutonium. The actual, they use a 1994
5 ratio of contaminants that they actually used
6 to support alpha air data in the 1965 to '68
7 period, to come up with intakes for plutonium,
8 to address this '60 to '64 period.

9 So, we're not only using back
10 extrapolation on the process, we're also
11 looking at ratios that were identified well
12 after the operations had ceased at the Site.
13 And, in fact, by 24 years past our AEC covered
14 period.

15 Fission and activation products.
16 Initially incident based bioassay program
17 started in the early '60s. Some, these are
18 just some routine operations involving
19 potential for exposure to mixed fission and
20 activation products. Working with irradiated
21 fuels, yttrium-90 production. There was also
22 strontium-90 production, which goes hand in

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1 hand.

2 Experimental facility work during a
3 portion of the AEC period. The incident based
4 monitoring would not support coworker model.
5 And it's not clear, based on the number
6 activities involving the potential exposure to
7 fission and activation products, that the
8 routine bioassay program covered all the
9 activities.

10 As I mentioned, there were a number
11 of different tests and different applications
12 that involved the potential for fission and
13 activation products exposure.

14 Tritium metal tritides. General
15 Atomics began monitoring for tritium in 1965.
16 They identified 194 bioassay samples from 1965
17 through '69. However, metal tritides were
18 present during the operational period, with no
19 indication of any analysis performed to
20 determine the type of tritide.

21 NIOSH has determined that without
22 the knowledge of the type of metal tritide

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1 present at General Atomics a sufficient
2 accurate dose estimate cannot be made.
3 Thoron.

4 As I mentioned, there was a lot of
5 work. It was a thorium pilot plant. There was
6 a lot of thorium oxide used in development of
7 fuels. And so there was definitely a potential
8 for thoron exposure. We had no personal or
9 area monitoring data for thoron available for
10 the entire AEC period.

11 Routine reference to thoron
12 interference on air samples. Site Profile
13 uses thoron data from 1975 for the operational
14 period. It basically took some thoron
15 measurements that were taken from a hood in the
16 thoron file plant after operations had ceased,
17 and used that for the operational period.

18 Recognize though, that the Site
19 Profile did call out that, the limitations in
20 that thoron measurement. NIOSH determined
21 that the approach in the Site Profile does not
22 provide a reasonable assessment of potential

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1 exposure to thoron during the operational
2 period. External exposures.

3 External exposure issues were
4 identified during the Site Profile review that
5 questioned the ability to reconstruct external
6 exposures to unmonitored workers. It really,
7 you know, questioned the ability of a number of
8 different things, beta exposures, whether beta
9 exposures were active or accurately bounded.

10 There was a, neutron correction
11 factors were actually, whether they were
12 applied properly, or whether the right ones
13 were being used, shall I say. As well as some
14 other issues that were identified.

15 NIOSH has determined that it is
16 unable to define individual worker exposure
17 scenarios for those workers who were not
18 monitored for external exposure. NIOSH has
19 determined that it cannot estimate unmonitored
20 external beta-gamma neutron exposure for the
21 AEC period.

22 Okay. So, in summary, NIOSH does

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1 not have access to sufficient personal
2 monitoring, workplace monitoring, or source
3 term data to estimate potential internal
4 exposures to unmonitored radionuclides,
5 including unmonitored uranium, thorium and
6 progeny, plutonium, tritium, and fission and
7 activation products in the resulting doses for
8 the Class and employees covered by this
9 evaluation.

10 And NIOSH does not have access to
11 sufficient personal monitoring, workplace
12 monitoring or source term data to estimate the
13 unmonitored external beta-gamma neutron
14 exposures for the Class of employees covered by
15 this evaluation.

16 The evidence reviewed in this
17 evaluation indicates that some workers in the
18 Class may have accumulated chronic exposures
19 through intakes and direct exposure. And
20 consequently, NIOSH feels that health was
21 endangered.

22 Dose reconstruction. Our approach

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1 for dose reconstruction we intend to use any
2 internal and external monitoring data
3 available for individual clients to support
4 partial dose reconstruction for claims that did
5 not qualify for inclusion in the SEC.

6 As we indicated in our previous
7 evaluation, we are, our positional
8 occupational medical dose did not change. We
9 will continue to reconstruct this dose. A
10 number of the issues identified by SC&A with the
11 Site Profile would be resolved with this
12 Petition Evaluation.

13 However, NIOSH will work with the
14 Advisory Board's Work Group and SC&A to resolve
15 the remaining issues. Once all issues are
16 resolved we will revise the Site Profile to
17 include the findings of this Petition
18 Evaluation, as well as resolution to the issues
19 that were identified in the Site Profile
20 review.

21 So, our current Class, and I'm not
22 going to read this because it may take me an

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1 extra ten minutes. It's all AWE employees who
2 were monitored or should have been monitored
3 for exposure to ionizing radiation while
4 working at the following, at a number General
5 Atomics locations, as you can see.

6 These were all locations that we'd
7 identified thorium as being within the
8 facility. And our recommended Class is
9 consistent with how we would recommend a Class
10 today, with AWE, all Atomic Weapons employees
11 who worked for General Atomics at its facility
12 in La Jolla, California during the period from
13 January 1, 1960 through December 31, 1969, with
14 the rest. And there's a recommendation again,
15 feasibility no health endangerment, yes. And
16 that's it. Questions?

17 CHAIRMAN MELIUS: Questions, Board
18 Members. Josie.

19 MEMBER BEACH: This is just a real
20 minor one on the Evaluation Report. On the
21 Table 7.1 it's got the feasibility and not
22 feasible. Actually, oh, you have on Page 33 of

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1 42, under tritium you've got the date feasible
2 October 1965 onward, and then not feasible
3 before October 1963. Is that just a date
4 thing? Or is there something that happened in
5 that time period?

6 MR. RUTHERFORD: No. That's, it
7 actually should have a little clarification to
8 it. And it's a good catch. We don't discuss
9 the tritide issue as well.

10 MEMBER BEACH: I understand.

11 MR. RUTHERFORD: So that does need
12 to be fixed. Good catch.

13 CHAIRMAN MELIUS: Go ahead. Yes,
14 Dave, sorry.

15 MEMBER RICHARDSON: On the same
16 table, I was, I guess I'm interested in thinking
17 about -- the table looks a little different than
18 other tables in which there are, let's say in
19 the 1960s, getting up, nearing to the 1970s.
20 And there was an onsite external dosimetry
21 program. And it, NIOSH might have said it's
22 feasible to reconstruct let's say gamma and

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1 beta exposure, but not otherwise.

2 Here there's sort of a caveat that
3 it's, I mean, it's the box, the X is clearly in
4 the reconstruction not feasible column, with a
5 little flag that says unmonitored, with a
6 superscript above it.

7 And I'm, you know, that's fine. I
8 know what you're trying to say. But I'm
9 thinking about the implications for somebody
10 who's not covered by the Class, but makes a
11 claim. Where in the past you would have said,
12 well, it is feasible to reconstruct the
13 external doses.

14 And so those would be reconstructed
15 for people who have cancers that fall outside
16 the Class, the compensable diseases. And they
17 would be, that would contribute to the
18 calculation of Probability of Causation for
19 those claimants.

20 If the X is in the not feasible
21 column, is the implication for those people, as
22 we've been told for other, in other situations,

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1 it's not feasible to reconstruct here any
2 external or internal exposures? And so,
3 there's really no basis for them to have a
4 determination.

5 MR. RUTHERFORD: And that is
6 correct. I mean, identifying them as not
7 feasible would indicate that we don't, in our
8 opinion we don't have enough monitoring data or
9 enough -- we don't have enough information on
10 worker movement, where they worked. For
11 individuals that were not monitored we don't
12 have that information.

13 If you look at individuals that were
14 monitored, most of the bioassay data, or other
15 dosimetry information does identify a room or
16 a building that they may have worked in. In the
17 case with unmonitored workers, we have no
18 indication that those workers, where they
19 worked, other than administrative areas.

20 MEMBER RICHARDSON: I mean, I
21 understand that. I guess I'm wondering if I,
22 just how this is going to play out in terms of

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1 a claimant. Is it like, is what you're saying
2 there's really two columns here? There's
3 reconstruction feasible for monitored people
4 and reconstruction not feasible for
5 unmonitored people?

6 Or is it administratively going to
7 be that, anybody who doesn't have a compensable
8 cancer, despite the fact that there's, they may
9 have been badged, because this X is in the
10 infeasible column, they don't get, it's
11 basically the way the policy is going to move
12 forward. Somebody is going to say, it's not
13 feasible to reconstruct any dose for anybody at
14 General Atomics.

15 MR. RUTHERFORD: Well if they were
16 badged they would definitely, we would
17 reconstruct that dose if they were badged. Are
18 you talking about -- because you said,
19 individuals that weren't, that were badged.

20 MEMBER RICHARDSON: Yes, I --

21 MR. RUTHERFORD: What we're saying
22 is --

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1 MEMBER RICHARDSON: That's the way
2 you interpret it.

3 MR. RUTHERFORD: Okay.

4 MEMBER RICHARDSON: Everybody's
5 going to understand that.

6 MR. RUTHERFORD: Okay. So yes.
7 No. What we're saying is we will use any
8 internal and external personal monitoring data
9 for individual claims, and reconstruct the dose
10 based on those. And what we won't, we don't
11 have the information to reconstruct claims that
12 do not have individual personal monitoring
13 data.

14 Now, indications are most of the,
15 most of our claims that workers that worked in
16 the areas where there was exposure, we do have
17 external monitoring data. If you look at the
18 1960 to '64 period, or '65 period we've got a
19 significant amount of personal monitoring data
20 for those individuals.

21 So, we got a indication that the
22 workers that worked in the areas where there was

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1 exposure were monitored. And we do have, and
2 we're getting data for a number of those
3 employees.

4 However, the individuals that
5 worked outside those areas may not have been
6 monitored. We do not have enough information
7 on where they worked that we could identify
8 specific exposure, external exposure pattern.

9 And you've got to realize too, this
10 is much like a National Lab. I mean, they did
11 a number of activities at this Site, you know,
12 that were, where they could have had different
13 levels of external exposure, and different
14 levels of energy distributions for those
15 exposures.

16 CHAIRMAN MELIUS: Yes. But this
17 puzzled me also.

18 MR. RUTHERFORD: Oh, okay.

19 CHAIRMAN MELIUS: Because I think
20 it's unusual in designating in SEC that we have
21 such a wide number of exposures that we say are
22 not feasible to reconstruct. And yet, you've

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1 been, usually not been so specific about the
2 large number of people that you say you have
3 data for, and will be able to reconstruct. And
4 I was, I'm not sure that's captured in the Class
5 Definition the way we normally dealt with.

6 Normally we tend to focus on what's
7 clearly infeasible. And where there's some
8 question, or there's a mixed situation where
9 some people were well, you know, well
10 monitored, and others weren't, we sort of leave
11 it up to you to figure out what's the most, you
12 know, appropriate way of doing the dose
13 reconstruction.

14 MR. RUTHERFORD: That's true.

15 CHAIRMAN MELIUS: And on an
16 individual basis. And, I mean, they could get
17 thrown in the Class. But you seem to have, sort
18 of want it both ways here. And it's very -- I'm
19 just, I think it's more of a question of how we
20 write this up and communicate this Class. So
21 then --

22 MR. RUTHERFORD: Well, either, I

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1 mean, I can say that the Class Definition will
2 not change, whether we include the external
3 portion of any infeasibilities or not.
4 Because the Class is covered as all employees,
5 no matter what.

6 So, if additional discussion, you
7 know, if your Work Group discussion, or
8 whatever to work through the external portion
9 of this is, I mean, we can do that. It's not
10 going to change the Class Definition. It's
11 still all employees. Do you understand what
12 I'm saying?

13 MEMBER RICHARDSON: Oh yes, I --

14 CHAIRMAN MELIUS: Yes.

15 MEMBER RICHARDSON: And this is
16 just sort of a nuance to make sure that at some
17 point down the road it's not forgotten. And
18 what happens is that you have people who are,
19 who have diseases which need to be compensated,
20 or potentially are compensable, but are outside
21 the SEC Class.

22 CHAIRMAN MELIUS: Right. And when

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1 I wrote up the letter I left out external.

2 MR. RUTHERFORD: Yes.

3 CHAIRMAN MELIUS: Because I was
4 confused by, and then was surprised that nobody
5 commented.

6 MR. RUTHERFORD: Well, you know, I
7 was waiting for it. I mean, I'll be honest with
8 you, I was waiting for it.

9 CHAIRMAN MELIUS: Again, it
10 doesn't change the Class. But the letter that
11 I drafted, that you all haven't seen yet. This
12 was sort of saying our, you know, just focused
13 on the internal.

14 Because it was hard to express what
15 you had been saying about external. It's sort
16 of partially feasible. I mean, it's unusual.
17 But, Ted, you had a comment?

18 MR. KATZ: Yes, I just, I don't know
19 if this is helpful. But I think we always have
20 the caveat that where we have records we'll do
21 the most we can with those.

22 MR. RUTHERFORD: Exactly. And

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1 that's in there.

2 MR. KATZ: And that would still
3 apply in this case too.

4 So, I think the only difference is
5 that here those people who were monitored you
6 actually might be able to do a complete dose
7 reconstruction. It wouldn't really be a
8 partial dose reconstruction for those
9 individuals. But it's the same situation, you
10 apply what records you have to the cases that
11 come to you.

12 CHAIRMAN MELIUS: But your caveat
13 here, at least in the slides, I haven't gone
14 back and -- is that it's for, it's for partial
15 I thought.

16 MR. RUTHERFORD: Well it is, I
17 mean, it's a partial dose reconstruction no
18 matter what. Because of the fact that we've
19 already identified infeasibilities. So it's
20 going to, I mean, the internal infeasibilities.
21 So, it's a partial dose reconstruction.

22 But we may, as Ted had said, we may

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1 be able to reconstruct individuals total
2 external exposure if they have the personal
3 monitoring data available.

4 CHAIRMAN MELIUS: Okay. David
5 Kotelchuck.

6 MEMBER KOTELCHUCK: And then when
7 you monitor the external dose, what are you
8 going, fully monitor, what are you going to do
9 with it?

10 MR. RUTHERFORD: Well, we would
11 apply it to the individual claim that's
12 associated with that monitoring data. So, if
13 we have neutron exposures, beta-gamma
14 exposures, we'll make corrections as necessary
15 to those exposures associated with those film
16 badges.

17 And then, you know, as well as, you
18 know, if we have internal monitoring data that
19 is available, then we'll use that internal
20 monitoring, you know, within the limitations of
21 that data.

22 MEMBER KOTELCHUCK: But within the

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1 Class. But they, if they're in the Class of all
2 AWE employees, then they'll be compensated, no
3 matter whether --

4 MR. RUTHERFORD: If they have a
5 presumptive cancer they will be compensated, a
6 presumptive cancer in 250 days, they will be
7 compensated.

8 MEMBER KOTELCHUCK: Okay.

9 CHAIRMAN MELIUS: So, what would
10 you do if this were only an external exposure
11 site? Just, you know, forget the internal
12 exposures that -- how would we do the Class
13 Definition there, where we have, say half the
14 Class has complete external monitoring data and
15 half doesn't?

16 MR. RUTHERFORD: Yes. How would
17 we define it?

18 CHAIRMAN MELIUS: How would you
19 define it?

20 MR. RUTHERFORD: Yes.

21 CHAIRMAN MELIUS: Because you
22 really can't say it's infeasible, because it's

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1 feasible for, you know, you have a
2 stratification. You have two different groups
3 there.

4 DR. NETON: I think what we're
5 simply saying is we don't believe that we can
6 reconstruct, we can construct coworker models
7 for unmonitored workers. That's what it
8 really says.

9 MR. RUTHERFORD: Yes.

10 DR. NETON: We're not going to be
11 able to build coworker models to reconstruct
12 doses --

13 CHAIRMAN MELIUS: But --

14 DR. NETON: -- with no monitoring
15 data.

16 CHAIRMAN MELIUS: But that's
17 feasible. I mean, that's feasibility.

18 DR. NETON: What do you mean? It's
19 not feasible to reconstruct doses to
20 unmonitored workers.

21 CHAIRMAN MELIUS: Yes. But that's
22 not your Class Definition.

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1 MR. RUTHERFORD: No. Because the
2 Class Definition is all, I mean, it's all
3 employees. Because we can't do internal
4 exposures to a number of different things,
5 thorium, plutonium. So, all internal
6 exposures can't be done. That forces everyone
7 into the Class at that point.

8 CHAIRMAN MELIUS: Yes. I mean, in
9 that case what I would say is that our
10 justification from the Board is that it's
11 internal.

12 MR. RUTHERFORD: And that's fine.

13 CHAIRMAN MELIUS: And I'm
14 uncomfortable with this mixed situation.
15 Because again, it's how do you express it?

16 MR. RUTHERFORD: I mean, and you
17 are right. That portion was not necessary to
18 say all employees. You're absolutely right in
19 that.

20 CHAIRMAN MELIUS: Yes, yes. Any
21 Board Members on the call have questions? Or
22 have we confused you too?

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1 MEMBER ANDERSON: Well, on the last
2 part -- This is Andy, I've been on a while.

3 CHAIRMAN MELIUS: Okay.

4 MEMBER ANDERSON: But I think your
5 last comment there has clarified it better.

6 We've really been talking about,
7 we've been really talking about those people
8 who don't qualify, that you can in fact, for
9 some of them you may be able to do a pretty good
10 dose reconstruction. At least that's how I
11 interpreted it.

12 MEMBER ZIEMER: This is Ziemer. I
13 don't see this as being any different than ones
14 we've previously done. For the people who
15 don't qualify for either 250 days or not
16 presumptuous cancer, whatever dose
17 reconstruction you do is still going to be a
18 partial.

19 But that's virtually always the
20 case where there's an SEC. You do as much of
21 the construction as you have the information
22 for. But they won't be able to do the internal

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1 for those folks, so it's always going to be
2 partial. So how is this different than what
3 we've always done in the past?

4 CHAIRMAN MELIUS: I think, Paul,
5 it's different in sort of the way that the
6 justification is written up. Because they're
7 saying that reconstruction is not feasible.

8 Table 7.1 in the report,
9 reconstruction's not feasible for external
10 employees, it applies for all. And what LaVon
11 is telling us is that for external exposures it
12 may be possible for some. I mean, it's for the
13 monitored --

14 MR. RUTHERFORD: For the monitored
15 people, the people that were monitored.

16 CHAIRMAN MELIUS: Yes, and --

17 MEMBER ZIEMER: Yes, but that
18 table, as I read it, you know, it was only not
19 feasible for the unmonitored people.

20 CHAIRMAN MELIUS: Yes. But then
21 that's not captured in the, sort of is not clear
22 in the Class Definition. I mean, it's what --

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1 MEMBER ZIEMER: Oh, I see what
2 you're saying. Okay.

3 CHAIRMAN MELIUS: I mean, it's this
4 dilemma we've faced before, where you have
5 these, you know, different types. For
6 different time periods or different groups of
7 people you have different justification for why
8 they're included in the Class. And again --

9 MEMBER ZIEMER: Yes, yes, yes.
10 So, you're sort of saying that in Table 7, that
11 maybe where it says reconstruction feasible you
12 should say yes for monitored and no for
13 unmonitored, or something like that. You need
14 an X in both columns. Is that sort of what
15 you're thinking?

16 CHAIRMAN MELIUS: Ted has another
17 --

18 MR. KATZ: Yes, just a couple of
19 things. Because I'm concerned about what gets
20 specified, since the Secretary needs to act on
21 the Board's actions here. I mean, we have
22 added lots of other Classes at other places

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1 where we've said it's infeasible to do internal
2 exposures.

3 And yet, there would have been some
4 workers there who had complete records on those
5 very internal exposures that we said were
6 infeasible. Maybe not a large number like
7 here. But there would have been workers that
8 did have records.

9 And those people would have been
10 reconstructed. Even though, you know, if they
11 had a cancer that, if they didn't have a cancer
12 that put them in the Class anyway.

13 So this situation still is
14 analogous. And I think it is important for the
15 Board to concur or not, but on that the external
16 is not feasible for the people who weren't
17 monitored.

18 Because that specification, the
19 Secretary's going to have to specify what doses
20 are not feasible to reconstruct, such that down
21 the road when someone comes in who doesn't have
22 a cancer that puts them in, or doesn't have 250

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1 days that puts them in the Class, they won't be
2 expecting a dose reconstruction for doses we
3 can't reconstruct, those external doses in that
4 case, for that worker who did not have
5 monitoring.

6 So I think the Board does need to
7 address all the sources for which there's
8 non-feasibility. I don't think it should be a
9 partial recommendation on those counts.
10 Otherwise the Secretary could still, of course,
11 make a final determination.

12 But it's certainly ideal that the
13 Secretary get a full recommendation from the
14 Board on all the matters.

15 CHAIRMAN MELIUS: I'm personally,
16 I'm very uncomfortable doing that without more
17 information, and some thought given to how we
18 express that, and maybe how you express that in
19 the NIOSH report.

20 Because this is, goes back to
21 monitored and unmonitored. And that's proven
22 not to be a feasible Class Definition in the

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1 past on the DOL, in terms of implementation.

2 MR. RUTHERFORD: Well, I see --

3 CHAIRMAN MELIUS: I understand
4 what you're saying. But you've never made
5 recently, at least in the last several years,
6 this kind of a distinction in this kind of a
7 claim. And I think that's, that needs to be
8 done carefully. Again, for the reasons you
9 said, Ted, that it's, the Secretary makes some
10 designations there. But I think we have to
11 think through this a little bit more then, if
12 we're going to do that.

13 MR. RUTHERFORD: Ted, are you sure
14 that -- I mean, I was just thinking, in the past
15 I don't know that we've always addressed all
16 feasibilities in the designation.

17 MR. KATZ: So let me clarify.

18 MR. RUTHERFORD: Yes.

19 MR. KATZ: The Class Definition
20 doesn't include all of that. But the
21 determination documents, the designation
22 document, right, the Secretary will review all

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1 the bases for making that Class determination.

2 MR. RUTHERFORD: But my point is,
3 under 83.14s, when we initially, when we do
4 83.14s we may only identify one infeasibility.
5 And we haven't evaluated the rest of the
6 infeasibilities associated with it. We're
7 looking at moving a Class forward.

8 So those, we typically have said
9 likely or may. Or we try to use wording that
10 has allowed us to move that designation
11 forward. And I think, why can't we do, I mean,
12 I don't --

13 And my opinion is that the
14 feasibilities of doing the external could be
15 worked out in a Work Group, and a decision made
16 from that. It's not going to change the Class
17 Definition. So, I mean --

18 MR. KATZ: Right.

19 MR. RUTHERFORD: There's a number
20 of things that the Secretary doesn't decide,
21 that we decide in Site Profiles and stuff, that,
22 you know --

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1 MR. KATZ: No. I think you make a
2 good point about exactly with 83.14s, that
3 sometimes you don't even address much of the
4 exposure.

5 CHAIRMAN MELIUS: In fact, that's
6 been the pattern, and I think a very deliberate
7 pattern in the 83.13s also. Because we try to,
8 again, focus on the Class, getting, defining a
9 Class.

10 Once we've got that Class defined
11 then, you know, in terms of years and sort of
12 coverage, then we don't try to go through
13 exhaustively ever single --

14 MR. RUTHERFORD: Exactly.

15 CHAIRMAN MELIUS: -- type of
16 exposure within that facility. And if they're
17 not going to, unless they add to the Class,
18 extend the Class in some way, then it's not a
19 subject of focus. It may be a subject of some
20 Site Profile work, or may not. I mean, it
21 depends on how meager the data is, and lots of
22 circumstances. So, I'm, I guess I'm very --

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1 Again, I don't have any problems with the Class.
2 I just have problems making sure we --

3 MR. RUTHERFORD: Well, I mean,
4 after that just can't we move forward with the
5 Class without the external portion discussed
6 at, just how you wrote it in the letter?

7 CHAIRMAN MELIUS: Yes.

8 MR. RUTHERFORD: And then we'll
9 address the external portion in Site Profile
10 review.

11 CHAIRMAN MELIUS: Yes. If that --
12 DeKeely, you -- Okay. Yes. Wanda. Sorry if
13 I've been ignoring you in all of this.

14 MEMBER MUNN: No, you haven't. I
15 haven't had my flag up. We, by our past
16 actions, have set up this situation very
17 clearly. We've repeatedly made decisions that
18 made it impossible for the Agency to make some
19 of these definitions on their own.

20 And we're, certainly I'm very
21 appreciative of this very thorough
22 presentation that we've had, for more reasons

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1 than one. It points out, for those of us who
2 are sensitive to this it points out to us very
3 clearly three major wrongs that we've set up.
4 So that the Agency must makes these kinds of
5 definitions.

6 Because we've, by prior decision,
7 not allowed anything else. We know that it's
8 wrong to say that all employees should be
9 covered for these specific cancers. Because
10 we know all employees were not, in fact,
11 exposed.

12 But because we can't prove that they
13 weren't exposed, we say, all right, everybody's
14 going to be covered by this. And we've, we know
15 from experience that these exposures have not
16 created any excess cancers in these
17 populations.

18 And yet, we know that by our own
19 actions we've made sure that we were going to
20 ignore that fact and move forward, because of
21 the way the program is set up. And we ignore
22 the fact that these actions that we take have

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1 a very negative effect on the understanding of
2 both the general public and the workers, with
3 respect to what the actual effects of radiation
4 are, and what we can expect from them.

5 So, we've set it up. But now that
6 we've set it up we have a situation where we
7 don't give our dose reconstructors any real
8 option, other than to set up this kind of Class
9 that covers everybody for all of the
10 presumptive cancers. So, it's hard to see that
11 this is noticeably different than other actions
12 we've taken in the past.

13 I see that we have, by our
14 standards, allowed no vote on this kind of
15 thing, other than, of course, you have to
16 approve his Class. Because that's the way
17 we've set up the program, so that you have to
18 approve all people.

19 And I guess, just very pleased to
20 have such a thorough outline of exactly how we
21 come to these conclusions, despite the fact
22 that we are very evidently making some less than

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1 factual decisions when we decide to cover all
2 people like this. So, we really, in my view,
3 have no option other than to approve the Class,
4 approve NIOSH's recommendation.

5 CHAIRMAN MELIUS: Jim Lockey.

6 MEMBER LOCKEY: I just have one
7 question. All AWE employees who worked at
8 General Atomics during this location are
9 eligible for the SEC? Is that correct?

10 MR. RUTHERFORD: Currently, yes.
11 The one now actually, yes, this is the, yes all.

12 MEMBER LOCKEY: So the only way you
13 would use the other dose is if they can get one
14 of those 20 qualifying cancers?

15 MR. RUTHERFORD: Yes. That's
16 correct.

17 MEMBER LOCKEY: Okay.

18 MR. RUTHERFORD: That's correct.

19 MEMBER LOCKEY: I just wanted to
20 make sure. I thought that's what you were
21 saying.

22 MR. RUTHERFORD: Or if they didn't

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1 have 250 days.

2 MEMBER LOCKEY: Or 250 days, right.

3 Okay.

4 CHAIRMAN MELIUS: This is not, it's
5 not an issue about the Class Definition, it's
6 about the justification for it, and what that,
7 the implications of that justification in terms
8 of, you know, how this is interpreted, I guess.

9 MEMBER LOCKEY: No, I understood
10 that --

11 CHAIRMAN MELIUS: Yes, yes.
12 That's --

13 MEMBER LOCKEY: I just wanted to
14 make sure we had that --

15 CHAIRMAN MELIUS: Yes, yes. Any
16 further comment?

17 MEMBER RICHARDSON: Could I ask for
18 a clarification? It relates to something Ted
19 had said. In the past my understanding was
20 that a Class was defined, statement that it was
21 not feasible to reconstruct some component of
22 the dose, component or components.

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1 And my, perhaps, misunderstanding
2 of the procedure forward for a claim that was
3 not one of the covered cancers for the Class,
4 was that NIOSH would reconstruct the remainder
5 of the dose, that part which was in the column
6 checked feasible. And so, if it happened that
7 it was infeasible to reconstruct, let's say
8 internal doses from uranium.

9 Now, if NIOSH were to find, what I
10 understood Ted to say is, if NIOSH were to find
11 that, you know, that there were 23 bioassays for
12 uranium taken over the operations, and one of
13 those 23 bioassay results happened to be for
14 this claimant, you're saying that NIOSH would
15 say, well, it is feasible to reconstruct
16 uranium intakes for this worker. And they
17 would include that uranium bioassay
18 information.

19 Whereas, I, my perhaps
20 misunderstanding was they would say, it's not
21 feasible to reconstruct the internal
22 component, and proceed forward.

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1 MR. KATZ: So, you're correct in
2 what you're just repeating. So, if they had to
3 do a dose reconstruction for that person they
4 would include that information, yes.

5 MEMBER RICHARDSON: Yes.

6 MR. RUTHERFORD: And I also want to
7 clarify too is, it totally depends on what drove
8 that infeasibility. If, we may have a uranium
9 bioassay. But we determined that that
10 bioassay technique was now no good, you know,
11 then we would not use that data.

12 So it, but if there's good data, and
13 it's data we can use within our current
14 procedures, we'll use it.

15 MEMBER RICHARDSON: Thank you.
16 That's --

17 CHAIRMAN MELIUS: Again, this is
18 only for the non-SEC cancers.

19 MR. RUTHERFORD: Right. Correct.

20 MEMBER RICHARDSON: Right.

21 CHAIRMAN MELIUS: That's just --
22 And there can be more or less information

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1 available. It's a --

2 MR. KATZ: And it's useful to keep
3 in mind also, in addition to 250 days and
4 non-SEC cancer, the non-SEC cancer applies even
5 for people in the SEC when they want to have
6 coverage for their non-SEC cancer. Right? Is
7 that correct?

8 MR. RUTHERFORD: Say that again?

9 MR. KATZ: For a person who's in --

10 MR. RUTHERFORD: Yes.

11 MR. KATZ: -- the SEC, and has been
12 compensated in the SEC. But if they developed
13 or had a cancer that's not covered But the SEC,
14 they require that partial dose reconstruction
15 for that non-SEC cancer, to have the medical
16 coverage.

17 MR. RUTHERFORD: That's correct.

18 MR. KATZ: So that also is another
19 place where it's important for them.

20 MEMBER RICHARDSON: So, Ted, just
21 for me to finish out. You're saying that
22 there's no difference in Table 7.1 than the way

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1 that operationally other tables, other SEC
2 definitions would be made, where you could say
3 infeasible.

4 And yet, for some group or subgroup
5 within the claims it actually was feasible, and
6 they would move forward. So, the only thing
7 confusing me at this point is the parentheses
8 in the superscript. Really, you could say it's
9 infeasible.

10 But it happens that the nuances of
11 why it's infeasible or not feasible are, have
12 to be fleshed out. And NIOSH needs to
13 understand that.

14 MR. KATZ: Correct. Because it's
15 not a separable Class. Those people --

16 MEMBER RICHARDSON: Right.

17 MR. KATZ: -- that happen to have
18 the records they need, it's not a separable
19 Class. So you can't segregate. So that's
20 why.

21 CHAIRMAN MELIUS: It's not
22 possible to administer it as a separable Class.

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1 MEMBER RICHARDSON: Right.

2 MR. KATZ: You could say it in
3 words, but you couldn't --

4 CHAIRMAN MELIUS: Yes.

5 MR. KATZ: -- deal with it.

6 CHAIRMAN MELIUS: That's the
7 realities we have to deal with that. Any
8 further questions? I think the petitioners
9 may be on the line. But I don't know if the
10 petitioner wishes to speak or comment. He's
11 not required to, or that. But I just wanted to
12 make the offer. Okay. If not, could I, I
13 would entertain a motion. David.

14 MEMBER KOTELCHUCK: So moved --

15 CHAIRMAN MELIUS: Okay.

16 MEMBER KOTELCHUCK: -- that we
17 accept the recommendation for the SEC Class.

18 CHAIRMAN MELIUS: Do I have a
19 second to that?

20 MEMBER ANDERSON: I'll second it.
21 Andy.

22 CHAIRMAN MELIUS: Andy, okay. The

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1 As beat the Bs.

2 MEMBER ANDERSON: Oh. I got to get
3 on --

4 CHAIRMAN MELIUS: The Andersons
5 beat the Beaches, so okay. Any further
6 discussion of the motion? If not, Ted, Call
7 the roll call.

8 MR. KATZ: Sure. And I'll cover
9 everyone, because I don't know if we have also
10 maybe Dick. I mean, I know we have Dick. I
11 don't know whether Mark has joined us, so I'll
12 go down the list. Anderson.

13 MEMBER ANDERSON: Yes.

14 MR. KATZ: Beach.

15 MEMBER BEACH: Yes.

16 MR. KATZ: Clawson.

17 MEMBER CLAWSON: Yes.

18 MR. KATZ: Field.

19 MEMBER FIELD: Yes.

20 MR. KATZ: Griffon, Mark Griffon.

21 Okay, I'll collect his vote after this meeting.

22 Kotelchuck.

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1 MEMBER KOTELCHUCK: Yes.

2 MR. KATZ: Lemen.

3 MEMBER LEMEN: Yes.

4 MR. KATZ: Lockey.

5 MEMBER LOCKEY: Yes.

6 MR. KATZ: Melius.

7 CHAIRMAN MELIUS: Yes.

8 MR. KATZ: Munn.

9 MEMBER MUNN: Yes.

10 MR. KATZ: Poston.

11 MEMBER POSTON: Yes.

12 MR. KATZ: Richardson.

13 MEMBER RICHARDSON: Yes.

14 MR. KATZ: Roessler.

15 MEMBER ROESSLER: Yes.

16 MR. KATZ: Schofield.

17 MEMBER SCHOFIELD: Yes.

18 MR. KATZ: Valerio.

19 MEMBER VALERIO: Yes.

20 MR. KATZ: And Ziemer. Paul

21 Ziemer. Are you on mute perhaps? Because you

22 were here for the discussion.

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1 MEMBER ZIEMER: Ziemer.

2 MR. KATZ: Ah, there you go. Is
3 that a yes?

4 MEMBER ZIEMER: Yes.

5 MR. KATZ: Okay. Very good. It's
6 unanimous with one outstanding vote. The
7 motion passes.

8 CHAIRMAN MELIUS: I've just --
9 Ted's passing out the draft letter, our usual
10 letter for these, and to that. And I also
11 emailed it to the Board Members who aren't on
12 the line. Or, excuse me, are on the line, not
13 at the meeting.

14 So, hopefully you've got that in
15 your, that draft letter in your email. It's
16 helpful. Let me quickly read it into the
17 record.

18 The Advisory Board on Radiation
19 Worker Health (the Board) has completed its
20 evaluation of Special Exposure Cohort (SEC)
21 Petition 00218 concerning workers at the
22 General Atomics facility in La Jolla,

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1 California, under the statutory requirements
2 established by the Energy Employees
3 Occupational Illness Compensation Program Act
4 of 2000 and incorporated into 42 C.F.R. '83.13.

5 The Board respectfully recommends
6 that SEC status be accorded to "all Atomic
7 Weapons employees who worked for General
8 Atomics at its facility in La Jolla, California
9 during the period from January 1st 1960 through
10 December 31st, 1969 for a number of workdays
11 aggregating at least 250 workdays, accruing
12 either solely under this employment or in
13 combination with workdays within the
14 parameters established for one or more other
15 Classes of employees included in the Special
16 Exposure Cohort."

17 This recommendation is based on the
18 following factors: individuals employed at
19 this facility in La Jolla, California during
20 the time period in question worked on research
21 and production activities for reactor and
22 accelerator operations.

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1 Two, the National Institute for
2 Occupational Safety and Health (NIOSH) review
3 of available monitoring, as well as available
4 process and source term information for this
5 facility, found that NIOSH lacked the
6 sufficient information to complete individual
7 dose reconstructions with sufficient accuracy
8 for internal radiological exposures to
9 uranium, thorium, tritium, and fission and
10 activation products to which these workers may
11 have been subjected during the time period in
12 question.

13 Board concurs with this
14 determination. NIOSH determined that the
15 health may have been endangered for employees
16 at this facility during the time period in
17 question. Board also concurs with this
18 determination.

19 Based on these considerations, and
20 the discussion July 29th, 2014 Board Meeting,
21 held in Idaho Falls, Idaho, the Board
22 recommends that this Class be added to the SEC.

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1 Enclosed is the documentation for the Board
2 Meeting where the SEC Class was discussed.

3 Documentation includes copies of
4 the petition, the NIOSH review thereof, and
5 related materials. If any of these items are
6 unavailable at this time they will follow
7 shortly.

8 And I would just add, I think we've
9 had enough discussion that clarifies the points
10 on external exposures, and so forth. I think
11 LaVon clarified on occupational radiation
12 exposure also, that medical radiation
13 exposure. So, I think we're okay on the
14 record, in terms of what needs to go forward.
15 Paul. Did somebody have a question?

16 Okay, if there are no comments I
17 think we're set. And it's now time for our
18 lunch break. We will reconvene promptly at
19 1:15 p.m. We do have another petition issue to
20 address at 1:15 p.m. So please try to be
21 prompt.

22 (Whereupon, the above-entitled

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1 matter went off the record at 11:58 a.m. and
2 resumed at 1:19 p.m.)
3
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1 MR. KATZ: Oh, I didn't hear Stu
2 but, yes. Dick, are you with us, Lemen?

3 MEMBER LEMEN: I am with you.

4 MR. KATZ: Oh super, super. You
5 sound very remote but glad you're --

6 MEMBER LEMEN: Well, I am remote
7 but I'm all here.

8 MR. KATZ: Super. Okay.

9 MEMBER LEMEN: I'm waiting to hear
10 the Chairman's voice.

11 CHAIRMAN MELIUS: You must have
12 just gotten there because the Chairman's
13 already spoke and the Chairman will now
14 introduce our section on Simonds Saw and Steel
15 and I'm not sure what the order is going to be.

16 MEMBER ZIEMER: This is Paul Ziemer
17 and I'll kick it off here and make a few opening
18 remarks.

19 Simonds Steel and Saw SEC, the
20 review process involved the TBD-6000 Work
21 Group. The Members of the Work Group are, in
22 addition to me, it's Josie Beach and Wanda Munn

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1 and John Poston.

2 And today the presentation will be
3 as follows. First, Tom Tomes of NIOSH is going
4 to give NIOSH's position on the SEC for the
5 residual period.

6 You may recall from LaVon's
7 presentation earlier that residual period for
8 Simonds Saw and Steel was one of the items that
9 was carried over by the Board.

10 And Tom will give a brief overview
11 as well to refresh our memories of what goes on
12 at Simonds Saw and Steel and a little bit of the
13 history of the previous actions on that
14 petition.

15 And then Bob Barton from SC&A will
16 go over the SC&A review of the NIOSH
17 recommendation for the residual period.

18 And then also, I believe the
19 petitioner is on the line. Ms. Valentine I
20 think is on the line and may have some comments.

21 And then I will conclude with the
22 recommendation of the Work Group to the Board.

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1 So if that sounds appropriate, Mr. Chairman,
2 we'll proceed on that basis.

3 CHAIRMAN MELIUS: That sounds very
4 appropriate and very well organized. Thank
5 you. Go ahead, Tom.

6 MEMBER ZIEMER: So to begin with,
7 Tom, I assume you're either there in person or
8 on the line.

9 MR. TOMES: I am. Thank you, Dr.
10 Ziemer.

11 MEMBER ZIEMER: Go ahead.

12 MR. TOMES: I'm Tom Tomes, health
13 physicist with NIOSH for those of you who
14 haven't met me before.

15 We're here to discuss the issues
16 with the residual period at Simonds Saw and
17 Steel and, first, we would just like to briefly
18 go through the facts of the site and what we've
19 done previously.

20 Simonds Saw and Steel is located in
21 Lockport, New York, was an Atomic Weapons
22 Employer from 1948 through 1957 and a residual

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1 contamination period from 1958 through 2011.

2 Simonds rolled uranium billets into
3 rods for the AEC and they also rolled a small
4 amount of thorium rods, relatively small amount
5 of thorium rods, and they also employed a hammer
6 forge.

7 Their rolling operations consisted
8 of a 16-inch rolling mill, which was the bulk
9 of the work done on, and a smaller amount was
10 done on a ten-inch rolling mill.

11 There are some uranium monitoring
12 data available at the site and very limited
13 thorium work, I mean, excuse me, very limited
14 thorium data which was the basis for the SEC in
15 the operational period.

16 At the termination of the contract,
17 some cleanup work was done on the site which
18 consisted, as far as we know, of just removal
19 of loose contamination in the facility but
20 there was a substantial amount of contaminated
21 equipment and physical contamination
22 remaining.

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1 Simonds continued to operate the
2 facility until 1983. The facility went
3 bankrupt and never reopened. At that time it
4 was operated by Guterl Specialty Steel.

5 Then in 1984, the year after
6 bankruptcy, the facility was split. I believe
7 a 70-acre site was split into different areas.

8 There was a nine-acre site where
9 their rolling mill was located. It was
10 isolated and it remains isolated to this day.
11 The remainder of the facility was sold and is
12 an operating warehouse to Allegheny Ludlum
13 Steel. And since the bankruptcy, there have
14 been extensive characterizations of the site.

15 To review the previous SEC
16 petition, NIOSH received a petition on December
17 4th, 2009, and that was for all employees who
18 worked at the facility from 1948 to 2006.

19 NIOSH qualified the petition in
20 March 2010 based on lack of thorium monitoring
21 data. Like I said previously, there was some
22 thorium monitoring data but very little.

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1 NIOSH issued a report in October of
2 2010 and recommended adding the Class through
3 the operational period of 1948 through 1957.
4 At that time NIOSH concluded that we had
5 sufficient information to reconstruct doses
6 during the residual period.

7 Shortly after it was approved,
8 NIOSH presented the petition to the Advisory
9 Board at the meeting in Santa Fe, New Mexico,
10 recommending that Class. The Board agreed
11 with NIOSH's recommendation and that Class
12 became effective in February 2011.

13 The Board also at that time
14 postponed discussion of the residual period
15 feasibility conclusions until a Site Profile
16 Review was completed.

17 SC&A submitted a review of the Site
18 Profile in June 2012 and that review has been
19 addressed at the Work Group level, Dr. Ziemer's
20 Work Group, as well as between SC&A and NIOSH
21 we have looked at all the findings.

22 There were seven findings in total.

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1 Findings 1 through 5 were various findings on
2 the operational period for which we've already
3 had the SEC Class.

4 Those findings involved details of
5 the external doses/the internal doses. We
6 have discussed those findings at the Work Group
7 level and agreed on a path forward to resolve
8 those findings.

9 Finding 6 and 7 were on the residual
10 contamination period, which is what we're here
11 to discuss.

12 Finding 6, to summarize Finding 6,
13 it stated that more quantitative and
14 substantive discussion of available external
15 monitoring data during residual period needs to
16 be provided.

17 Finding 7 had to deal with the
18 appropriateness of chosen internal methodology
19 during the residual period and consistency with
20 residual period modeling according to OTIB-70.

21 The doses assigned as during
22 residual period would be primarily from

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1 inhalation and ingesting uranium and thorium
2 from remaining contaminated equipment as well
3 as surfaces in the facility, and also the
4 external doses in the residual period would be
5 from photon and beta exposures in the same
6 equipment.

7 The analytical data we have on the
8 facility indicates that over 99 percent of the
9 contamination is uranium and this is supported
10 by the fact that during the operational period
11 the facility rolled between 25 and 30 million
12 pounds of uranium and only 30,000 to 40,000
13 pounds of thorium.

14 The specifics of the finding for
15 Number 6 on the external doses during the
16 residual period was that there was more
17 discussion needed on available radiation
18 surveys during the residual period.

19 They also wanted to question,
20 excuse me, they also questioned the values that
21 NIOSH was using in the gamma dose rate
22 distribution and they also wanted to discuss

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1 the dose rates of the ten-inch bar mill.

2 And finally the last main issue of
3 that finding had to do with number of hours that
4 the Site Profile assumed for exposures, which
5 was a comment on both Finding 6 and 7 for
6 external and internal doses.

7 Dose rates in the facility were
8 measured in 1957. At that time the facility
9 was still under contract with the AEC and the
10 AEC came in and performed quite a few
11 measurements, dose rates at the facility,
12 smears, et cetera, and that data is available.

13 Characterizations were also
14 performed on numerous occasions. Extensive
15 characterization was performed in 1976. At
16 that time the plant was still an operating steel
17 rolling mill.

18 Additional survey points were added
19 in 1980 and after plant closure there were
20 extensive characterizations performed in 1999
21 and 2007. So we have a substantial amount of
22 data during the residual period.

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1 Upon review of the findings from
2 SC&A, NIOSH went back and evaluated all
3 available data as well as the comments made by
4 SC&A and we are recommending some changes to be
5 made to the Site Profile.

6 We have their comment concerning
7 the dose rate. We have evaluated that and we
8 are recommending now that we assign a constant
9 dose rate, excuse me, a dose as a constant
10 rather than a distribution based on a dose rate
11 of 80 micro-R per hour and exposure period of
12 2500 hours per year.

13 The SC&A also commented on the beta
14 dose rates at the ten-inch bar mill.
15 Previously the dose rates in the current
16 profile does not include the dose rates in the
17 bar mill, ten-inch bar mill, and it was
18 well-characterized in one of the
19 characterizations.

20 So we are proposing that we are
21 assigning beta dose rates based on the ten-inch
22 bar mill which represents an increase in the

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1 beta dose rates. And additionally we are
2 proposing to use 2500 hours a year of continuous
3 exposure.

4 And we believe that both of those
5 assumptions for the gamma and beta dose rates
6 will provide a bounding dose rate.

7 Finding 7 had to do with the intakes
8 during the residual period. SC&A questioned
9 and wanted discussion on several issues, one of
10 which was the air concentration that NIOSH
11 assumed at the beginning of the residual period
12 in 1958.

13 They also wanted to discuss the
14 exposure point concentrations that NIOSH used
15 in 2007, and the significance of that is that
16 NIOSH developed a depletion model based on the
17 estimated air concentrations in 1958 and
18 connected it with the 2007 estimates to get a
19 depletion rate.

20 And a part of that depletion model
21 was an assumption in the TBD that was questioned
22 regarding an assumption that was made in the

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1 current TBD, that depletion ended when the
2 facility closed down in 1983. And we have
3 looked at that in great detail.

4 The number of work hours used to
5 calculate the intake rates was also questioned,
6 similar to the external dose rates.

7 We reviewed the available data that
8 we used to estimate the air concentrations
9 beginning of the residual period. We had no
10 air concentration measurements at the
11 beginning of the residual period so we were
12 looking at air concentrations from the
13 operational period to bound the dose rates
14 after the work stopped.

15 And there was several sets of data
16 and we had some discussion on this at the Work
17 Group level and it was agreed that we would
18 proceed with using the 1954 general area air
19 measurements that were taken during uranium
20 rolling operations.

21 The later years after that there was
22 limited data and more limited work done as well

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1 and that was the best set of data we had.

2 Now, the other comment, concerning
3 exposure at the end of the residual period, were
4 values that were called exposure point
5 concentrations.

6 Those were values taken from the
7 Remedial Investigation Report published by the
8 Army Corps of Engineers for the remediation of
9 the site.

10 The Army Corps of Engineers did
11 extensive characterizations. They literally
12 did thousands upon thousands of smears and
13 fixed dose rate readings, fixed contamination
14 readings.

15 And they published all this data in
16 a very lengthy report that describes everything
17 that was done and they published the final
18 results for each building in what they call
19 exposure point concentrations which was the
20 upper 95 percent confidence level.

21 Well, upon reviewing at the Work
22 Group level, there was a desire to have a

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1 discussion of how these numbers were determined
2 by the Army Corps of Engineers.

3 And so we looked at all the data and
4 we went back to the Corps of Engineers and asked
5 them for additional information which they
6 provided to us.

7 The Remedial Investigation Report
8 is about 900 pages and it was basically a
9 summary of all the sampling and dose rates and
10 everything and it had tables of the results of
11 their calculations but it did not have the
12 actual raw data.

13 So the Army Corps of Engineers, we
14 noticed that there was a mention in the
15 footnotes to the tables that the data is
16 available.

17 So they sent us all the individual
18 surveys, survey maps, spreadsheets where all
19 the data had been entered and calculated and so
20 we looked at that data to see if we could better
21 explain how these values were determined.

22 Upon reviewing that data, it

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1 appeared that some of the values may have been
2 from multiple distributions within a certain
3 facility and I can explain that.

4 For example, they had a building
5 that was a very large building. Part of that
6 building there was uranium work. There was
7 uranium contamination and was contaminated in
8 certain areas. Other parts of that building
9 were added after operations ended and it was not
10 contaminated.

11 And in other buildings there would
12 be -- the AEC work involved the rolling mills
13 in very large buildings but some of those
14 buildings were remote areas of the building.

15 So for the remedial investigation
16 for any individual building, they clumped all
17 the data together and when we looked at that
18 data as a single distribution it was apparent
19 that there was more than one distribution of
20 data in each building.

21 So NIOSH reevaluated that data and
22 we eliminated hundreds of the survey points.

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1 Some of the contamination data was actually
2 from exterior of the building.

3 And there was hundreds of results
4 that were of remote areas of clean doors and
5 rooms that we didn't think would be applicable
6 to someone working in the rolling mill area so
7 we eliminated those from consideration.

8 And then we went back and we also
9 looked at the 1999 data. The 1999
10 characterization, that was very extensive
11 also.

12 So NIOSH, in doing its
13 reevaluation, they looked at the buildings
14 where the AEC work occurred, looked at the 1999
15 data and looked at 2007 data and calculated an
16 upper 95th percentile contamination level for
17 each building.

18 And what we did was we selected --
19 And the values are fairly consistent and we
20 selected the building that simply had the
21 highest result and used that as the basis for
22 estimated air concentrations in 2007. This

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1 represents an increase in the intakes.

2 And the other part of the finding
3 was how we handled depletion. The facility was
4 isolated in 1983 and it remains isolated. And
5 the characterization data we have in 2007, in
6 the current Site Profile it assumes that it has
7 not changed since 1983 which is a good
8 assumption, on the surface at least.

9 But when we went back and looked at
10 the data, the data that we have is inconclusive.
11 It doesn't show whether it continued to deplete
12 or remained the same. It was inconclusive.

13 And we also discovered that one area
14 of the building that's contaminated is an
15 active warehouse, Building 24, and that's one
16 of the buildings that is contaminated.

17 That particular building has
18 contaminated overheads and I believe that's
19 because part of that building, at least the
20 overhead structures, were in place during the
21 AEC operations and then they came in later and
22 added clean area of the building to it.

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1 So that seemed to be a good reason
2 not to assume the depletion ended in 1983,
3 because we still had an active facility that was
4 occupied.

5 And also part of that is the fact
6 that by continuing the numbers on through 2007
7 is a more claimant-favorable approach. It
8 gives you slower depletion, therefore a little
9 higher intakes in some years.

10 So to summarize, we've got the
11 Finding 6 on the external doses and Finding 7
12 on the internal doses and NIOSH currently has
13 the Site Profile in revision.

14 And I don't have the exact schedule
15 on that but the draft will be out very soon and
16 we're incorporating these discussed changes
17 into the Site Profile as well as changes in the
18 operational period that were discussed at the
19 Work Group.

20 And for the feasibility, per the
21 previous determination, we could not
22 reconstruct doses with sufficient accuracy

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1 from 1948 to '57 but we believe we can
2 reconstruct doses during residual period. Any
3 questions?

4 MEMBER ZIEMER: Tom, thank you very
5 much. Dr. Melius, you rather have Board
6 discussion at this point or shall we continue
7 with the SC&A?

8 CHAIRMAN MELIUS: Why don't we
9 first, if the Board has any specific questions
10 for Tom to clarify the presentation. If not,
11 we'll go ahead to SC&A. I don't see anybody
12 here with questions. Anybody on the phone have
13 questions?

14 MS. VALENTINE: No, I don't right
15 now. Thank you.

16 MEMBER LEMEN: No, I don't.

17 CHAIRMAN MELIUS: Okay.

18 MEMBER ZIEMER: Then I think we're
19 ready to hear from Bob Barton from SC&A. Bob.

20 CHAIRMAN MELIUS: Yes, he's
21 putting on his jacket and getting ready for --

22 MEMBER ZIEMER: Okay.

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1 CHAIRMAN MELIUS: Even though the
2 TV camera just left.

3 MR. BARTON: Good afternoon,
4 everybody. My name is Bob Barton and I'm with
5 Sanford Cohen and Associates and I'm here today
6 to discuss our evaluation of essentially the
7 presentation we just saw from Tom.

8 So as seen in the previous
9 presentation, essentially we had two findings
10 for the residual period. The first finding
11 really related to how external doses would be
12 reconstructed, and the second finding really
13 related to how internal doses would be
14 reconstructed.

15 So I'll start off by talking about
16 the residual external dose. Now, NIOSH sort of
17 came up with what we consider to be an entirely
18 new method. I mean it has some parts of the old
19 method but it has some significant changes.

20 So our concerns going in or I guess
21 lines of inquiry, as was said in the previous
22 presentation, what measurement data is

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1 actually available during this period? How
2 many surveys were performed? How many data
3 points do we have to work from? How do the
4 proposed dose assignments that NIOSH is
5 recommending, how do they compare with the
6 other available measurements?

7 And the third facet, as was
8 discussed, is how long is the worker going to
9 be assumed to be exposed to those external dose
10 levels? And as was mentioned, that issue is
11 for both the external dose model and the
12 internal dose model.

13 So the available external
14 measurements, we'll start with the gamma
15 portion or the penetrating radiation
16 measurements. There are six survey
17 activities, as was mentioned, spanning from
18 1957 through 2007.

19 The first five survey attempts,
20 there were about 79 measurements of penetrating
21 dose from '57, '76, '80, '84 and '99. Those
22 ranged from not able to be detected to about a

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1 maximum of 300 micro R per hour.

2 The 2007 survey on the other hand
3 was much more extensive. You had over 2,000
4 measurements of essentially a gamma walkover
5 survey and those ranged from background
6 measurements to a maximum value of about 63
7 micro R per hour.

8 For the non-penetrating portion or
9 beta portion, our data is a little bit more
10 limited because, of course, you want
11 measurements that are three feet or nominally
12 one meter off the ground and really we could
13 only find those in the original 1957 survey
14 report.

15 And the results from that report are
16 shown below and, as you can see at the very top
17 there, there's a ten-inch bar mill which had the
18 highest measurements of beta at three feet.

19 Now, we don't actually know how many
20 measurements went into that range of values
21 from 1 to 1.7 millirems per hour, but as you can
22 see, the other positive measurements here were

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1 much less than that.

2 And actually that 1957 report noted
3 that for most of the plant, they had no
4 measurable non-penetrating external dose and
5 it was all essentially at background.

6 So now we have the proposed gamma
7 penetrating value which is 80 micro R per hour
8 and, as was said, this represents the maximum
9 measurement that was observed in that 1957
10 survey.

11 Just for comparison again with the
12 other survey results we saw, of the 79 total
13 measurements spanning from 1957 to 1999 only
14 four of those measurements actually exceeded 80
15 micro R per hour.

16 The highest values, which on the
17 previous slide we showed was about 300 micro R
18 per hour, was really a localized hot spot. And
19 you could see because they took measurements
20 around that hot spot and you essentially
21 decreased below the 80 micro R per hour within
22 about ten feet of that area.

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1 The other measurements that were
2 higher than 80 micro R per hour were
3 significantly lower than that 300 figure.
4 They were more around 100 and 120 micro R per
5 hour.

6 Now, if you consider the 2007
7 survey, none of the 2,000 measurements exceeded
8 the proposed value of 80 micro R per hour and,
9 in fact, the 95th percentile measurements taken
10 only in the areas that performed AEC work is
11 down around 11.3 micro R per hour, which is
12 essentially within range of the background
13 radiation in the Lockport area.

14 For the non-penetrating portion,
15 NIOSH has selected the 1.35 millirems per hour.
16 If I backtrack here for a second, you can see
17 that represents the midpoint in that ten-inch
18 bar mill bed area between 1 and 1.7.

19 Measurements in the other plant
20 areas, as I mentioned before, were much less
21 than that and what that should say is positive
22 measurements in the other plant areas because,

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1 as I said, that 1957 survey found that most
2 areas had no measurable non-penetrating
3 external dose.

4 So it's clear, at least to SC&A,
5 that we're sort of on the high end of the
6 available data, but as I said before, the
7 non-penetrating information is rather limited.
8 One, it's only the 1957 survey and we don't have
9 all that many physical numbers related to it.

10 So SC&A attempted to sort of
11 investigate the scientific credibility of it,
12 of the two chosen values. And one way you can
13 do that is to compare the beta/gamma dose ratio.

14 And basically what that means is
15 there's a ratio between the beta component and
16 the gamma component for natural uranium that's
17 sitting on the ground.

18 Table 3-10 of TBD-6000 prescribes a
19 beta/gamma dose ratio of about 100. So
20 essentially the beta component will be about a
21 factor of 100 higher than the gamma component.

22 A second study by SC&A using MCNP

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1 calculated beta/gamma dose ratio of about 45,
2 so essentially half that value.

3 But what you have to understand is
4 both of those studies assumed an infinitely
5 thin layer of contamination and, as we know, the
6 beta component will be essentially
7 self-attenuated or shielded by any
8 contamination that's on top of it and that will
9 actually lower that beta/gamma ratio so, in
10 reality, that ratio will be likely even lower
11 than 45.

12 So when we look at the proposed
13 beta/gamma ratio, we're in around 17 and what
14 that tells us is that we're well within range
15 of essentially the bounding values for the
16 beta/gamma dose ratios but still within range.

17 So we felt that that lends it some
18 scientific credibility, that the values we're
19 actually choosing here make sense together.
20 We're not just choosing two random high numbers
21 that really don't even make any sense in the
22 physical world.

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1 The third facet there was the work
2 exposure duration. Now, the TBD originally
3 assumed a work duration of ten hours. That was
4 largely based on worker interviews and worker
5 outreach activities, saying that overtime was
6 quite common.

7 Originally the TBD also said that
8 during the residual period the work day was
9 going to get shortened to eight hours, so we
10 questioned why that change was being made.

11 And it turns out there's really not
12 evidence to suggest that once uranium
13 operations stopped that the practice of
14 overtime stopped and the work day actually
15 decreased.

16 NIOSH agreed with that exposure
17 duration and agreed to essentially expand it to
18 ten hours per day, which is consistent with the
19 operational period.

20 So to summarize the external
21 portion of this, the proposed method assigns
22 measured values essentially in the upper end of

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1 what we have available to us which for gamma
2 surveys is, you know, quite to the extent.

3 For beta/gamma certainly the data
4 is less available or the measurements simply
5 weren't taken or they're not available to us.

6 But when you compare the beta/gamma
7 dose ratio, the fact that it falls well within
8 the ballpark of what you would expect to find
9 for that ratio, we just believe that the number
10 is a good one.

11 Also the doses are assigned as a
12 constant assuming a ten-hour work day so not
13 only 2,500 hours per year and it's consistent
14 with the operational period.

15 So on this finding SC&A recommends
16 acceptance of the proposed method as plausible
17 because it's based on real measurements.

18 We feel it's scientifically
19 defensible based on the beta/gamma ratios that
20 we just talked about and we feel it's claimant
21 favorable because we picked the upper end of the
22 measurements we have available to us.

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1 So now we move on to essentially
2 what was Finding 7 which referred to the
3 internal dose during the residual period.

4 And, again, our original concerns
5 here in lines of inquiry, again the exposure
6 duration. That one's kind of an easy one. We
7 just talked about that. We're going to, you
8 know, up it from eight to ten. That's easy.

9 And then the other two facets is how
10 do you establish what the dust loading
11 available for inhalation is at the beginning of
12 the residual period and at the end, because if
13 you can establish those two things you can
14 extrapolate between and you essentially have
15 your gradation of intake potential throughout
16 the entire exposure period.

17 Now, to talk about the dust loading
18 at the beginning, ideally you would be able to
19 characterize exactly what was available for
20 inhalation immediately following operations.

21 However, we simply don't have that
22 data for Simonds Saw and Steel. In fact, we

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1 don't even have any air sampling from 1955 to
2 1957, the last three years of operation.

3 What we do have is air sampling from
4 the very start of site operations, 1948 through
5 1954, so basically what was proposed is let's
6 try to get as close to the end of the operational
7 period as possible and use that sampling data.

8 So NIOSH evaluated 21 general air
9 samples. They were taken over two uranium
10 rolling days in 1954. Again, that's as close
11 as we could get to the actual end of operations.

12 Since the chosen samples
13 represented actual uranium rolling operation
14 and not resuspended contamination, they're
15 likely a significant overestimate of what would
16 have actually been available during the
17 residual period.

18 It's also worth noting that Simonds
19 is kind of an interesting site in that the
20 industrial controls, as the site started out,
21 it was pretty bad. Dust control levels were
22 essentially nonexistent.

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1 And as the site moved into the early
2 '50s, a lot of controls were put in place. And
3 then as you moved into 1953/54, towards the end,
4 a lot of those industrial controls were
5 actually rendered ineffective.

6 So not only were we looking at an
7 actual uranium rolling operation, we're
8 looking at one that really wasn't the most
9 controlled during the operation of the site.

10 For dust loading at the end of the
11 residual period, we talked about the 2007 Army
12 Corps of Engineers survey and they essentially
13 surveyed all areas of the site but also
14 including the places of interest, Buildings 3,
15 6, 8 and 24.

16 And the proposed dust loading to
17 establish at the end of the residual period is
18 based on the highest observed 95th percentile
19 in these operational areas.

20 And that turns out to be just the
21 southern portion of Building 24 which, as was
22 said, that was the only portion that was

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1 actually in existence when Simonds was rolling
2 uranium and that contamination value was
3 essentially 67,000 dpm per 100 centimeters
4 squared.

5 The other parameters used to
6 calculate the inhalation exposure is an assumed
7 factor of ten to the minus six, a breathing rate
8 of 1.2 meters cubed per hour and, of course, the
9 ten hours per day exposure. Those are pretty
10 standard parameters.

11 Now, the 95th percentile, just to do
12 some comparisons, of the surface contamination
13 Building 24 was about a factor of 1.2 higher
14 than what we saw in the 1999 survey which NIOSH
15 mentioned they evaluated which is, again, just
16 another piece of evidence of the conservative
17 nature of what we're trying to accomplish here.

18 The intake rate resulting from the
19 current proposed methodology is also a factor
20 4.5 higher than the previous intake rate which
21 was based on the exposure point concentration
22 which was developed by the Army Corps of

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1 Engineers.

2 And as was stated in the previous
3 presentation, NIOSH obtained the raw data and
4 analyzed it in accordance really with the usual
5 practices in this program and even went so far
6 as to remove certain samples that really just
7 didn't make any sense from a
8 claimant-favorability standpoint to include.

9 Similar to what we did with the
10 beta/gamma dose comparison, we tried to come up
11 with a way to say, okay, we feel that the numbers
12 we've chosen are sufficiently claimant
13 favorable but do they make sense
14 scientifically?

15 So one thing we did is we compared
16 it to the methodology in OTIB-70 and one way
17 that OTIB-70 prescribes reconstructing doses
18 in the residual period is they say if you can
19 characterize the source term at the very end of
20 operations but you don't know what that source
21 term is at the end of the residual period, you
22 can use a standard depletion factor.

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1 In essence every day the source term
2 that's available for inhalation is going to
3 decrease by a certain amount. And OTIB-70
4 recommends a depletion factor of 0.00067 per
5 day so it's essentially how much of the source
6 term you'd be losing per day.

7 The proposed method, turns out that
8 the calculated depletion factor would be
9 roughly 25 percent of this value. In other
10 words, our source term based on the proposed
11 method decreases at a rate 25 percent or
12 one-quarter of what OTIB-70 would have
13 prescribed.

14 Another piece of evidence here is
15 that the Army Corps of Engineers' survey
16 actually performed breathing zone analyses for
17 work activities they were performing there
18 during the survey that they felt were going to
19 generate airborne contamination. These
20 included brush clearing activities, boring
21 activities and survey work in Building 24 and
22 up on the roof trusses.

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1 That survey concluded, and I quote,
2 breathing zone sample results demonstrated
3 that airborne contamination during site
4 activities was minimal. The maximum value for
5 the breathing zone samples equated to 0.2 DAC
6 hours, which is roughly a factor of 10 lower
7 than the proposed value, and the majority of
8 breathing zone measurements were below
9 detection limits.

10 So to summarize, again we're going
11 with the ten-hour work day. It's consistent
12 and claimant-favorable and goes along with the
13 worker interviews that said, hey, we're
14 involved in a lot of overtime.

15 The dust loading at the beginning of
16 the residual period is actually based on
17 general air samples taken during a rolling
18 operation and it's as close as we can get to the
19 very end of operations, which is why it's 1954
20 and not, you know, 1957 or '58.

21 And at the end of the residual
22 period, the dust loading is based on the highest

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1 95th percentile. And when I say highest 95th
2 percentile, that's the highest of the 95th
3 percentiles of the buildings that were involved
4 in AEC work, and to use that to create your dust
5 loading available for inhalation.

6 And when we compared what would be
7 the calculated depletion factor for this
8 proposed method, it compares favorably with
9 what you see in OTIB-70 but was actually a bit
10 more claimant-favorable. Also the breathing
11 zone analyses conducted by U.S. Army Corps
12 during 2007 are also bounded by the proposed
13 intake rate.

14 So SC&A recommends acceptance of
15 the proposed method as plausible. Once again,
16 we're using actual measurements from the site
17 and we feel it's scientifically defensible
18 based on the methods outlaid in OTIB-70 and we
19 feel it's claimant-favorable based on the
20 high-end numbers that we're plugging into the
21 model.

22 And with that, ends my

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1 presentation. Are there any questions?

2 CHAIRMAN MELIUS: Anybody have any
3 questions or clarification for Bob? Okay --

4 MS. VALENTINE: Not right now. I
5 don't.

6 CHAIRMAN MELIUS: Okay. Paul, do
7 you want to summarize your --

8 MEMBER ZIEMER: Okay. I just
9 wanted to clarify, to see whether the
10 petitioner had any comments. I know she had no
11 questions. Any additional comment?

12 CHAIRMAN MELIUS: I was going to
13 ask after you state your conclusion but either
14 way is fine. She's --

15 MEMBER ZIEMER: Well, let me go
16 ahead and convey the Work Group's
17 recommendation.

18 Basically it is that, based on the
19 NIOSH analysis and the review by SC&A, the Work
20 Group unanimously supports the NIOSH position
21 that dose can be reconstructed during the
22 residual period.

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1 CHAIRMAN MELIUS: Okay, thank you.
2 Now I'll ask the petitioner if they have
3 additional comments or questions.

4 MS. VALENTINE: Well, the only
5 thing I'm asking is, well, a lot of this is Dutch
6 to me, a lot of the numbers and all that, the
7 names.

8 My husband died of malignant
9 squamous cell carcinoma of the lung and he also
10 had brain metastasis. Now that is all caused
11 by dirty air, contamination. But how is this,
12 is this the end of it, that we don't get anything
13 or --

14 CHAIRMAN MELIUS: Well, I think
15 that has to do with what the individual dose
16 reconstruction would be. All this is is
17 establishing the method that NIOSH would use
18 for doing the dose reconstruction. If there's
19 been a previous dose reconstruction done, is
20 what I believe would change, change the
21 parameters or the way that that was done.

22 So it would be, it would

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1 automatically sort of be recalculated and
2 they'll follow up. So we really can't say what
3 happens one way or the other but it will be
4 relooked at.

5 MS. VALENTINE: Oh, it will be,
6 okay. Okay, and also can I ask you who's
7 responsible for cleaning that place up? It's
8 still standing there and it's terrible and
9 there's people that live around that area. Is
10 that up to the government to clean that up, or?

11 CHAIRMAN MELIUS: Yes, unless
12 somebody knows what the specifics there, we
13 don't say we can really say. We're not from the
14 area and do that. Actually here, somebody
15 from the Department of Energy, Greg Lewis.

16 MR. LEWIS: This is Greg from the
17 DOE, Greg Lewis from the Department of Energy,
18 and I believe it's with the Army Corps of
19 Engineers for cleanup and they're working on it
20 now.

21 MS. VALENTINE: It's up to them to
22 clean it up? Okay.

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1 CHAIRMAN MELIUS: Yes, correct.
2 Okay.

3 MS. VALENTINE: Okay.

4 CHAIRMAN MELIUS: Thank you.

5 MS. VALENTINE: Now, will we be
6 hearing any more about this?

7 CHAIRMAN MELIUS: Yes, the Board
8 makes a recommendation and follow-up and then
9 there'll be, you know, further outreach and so
10 forth. So you should keep in touch with NIOSH,
11 the program.

12 MS. VALENTINE: Okay.

13 CHAIRMAN MELIUS: Okay?

14 MS. VALENTINE: Okay. I've been
15 working on this since 2004 so I'm just
16 wondering.

17 CHAIRMAN MELIUS: Yes, no, no, no.
18 It takes a while, yes. Okay, thank you very
19 much.

20 MS. VALENTINE: But I thank you and
21 it was interesting to listen to.

22 CHAIRMAN MELIUS: Okay.

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1 MS. VALENTINE: All right. Thank
2 you very much.

3 CHAIRMAN MELIUS: Yes.

4 MS. VALENTINE: Okay, bye-bye.

5 CHAIRMAN MELIUS: Bye now. The
6 Board is -- should have listened, but. So we
7 have recommendation from the Work Group
8 essentially to accept this and I guess if
9 there's any more time for questions or things.

10 I have one procedural comment which
11 I make repeatedly and my friends from NIOSH seem
12 to ignore me all the time.

13 But once upon a time, you know, the
14 Board recommended evaluating SECs, that we sort
15 of do example dose reconstructions and some of
16 us find those very useful in, you know, making
17 sure that everything's been covered in doing
18 this now.

19 On this particular case, I think
20 between the two presentations it's been very,
21 very thorough so I wouldn't, you know, sort of
22 say I have questions on this.

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1 But I really would ask you in the
2 future. I think it makes it very helpful and
3 particularly if there's some confusion or
4 uncertainty about what's going on. Make sure
5 something's not missed.

6 You know, doesn't have to be at the
7 final meeting but if we know that the Work Group
8 has gone through and, here, in a case where
9 you've made, you know, many, I think, you know,
10 fairly significant changes in methods I think
11 it's helpful, so.

12 Some of my other fellow Board
13 Members are nodding their heads. Some are
14 shaking their heads, saying there he did, he
15 said it again. No names mentioned. So thank
16 you.

17 So if there's no further
18 discussion, I think we have a motion to -- Yes,
19 sorry David.

20 MEMBER RICHARDSON: So the
21 residual period spans 58 years or something
22 like that?

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1 CHAIRMAN MELIUS: Forty-eight.

2 MEMBER RICHARDSON: Forty-eight.

3 Yes, okay.

4 CHAIRMAN MELIUS: Close enough,
5 but.

6 MEMBER RICHARDSON: And so, I mean,
7 it sort of gets to your sample calculation. So
8 are there just potentially claims where
9 somebody could have four decades of residual
10 period employment as well?

11 MR. BARTON: I would have to ask
12 NIOSH to answer that question. I'm not
13 familiar.

14 MR. TOMES: I believe
15 hypothetically there could be but in practice
16 I don't think there would be because the site
17 was operated by Guterl Specialty Steel when it
18 closed down and there could have been workers
19 there from 1948 to that point.

20 But then the site, they went
21 bankrupt and then another company bought part
22 of that facility and their employees would also

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1 be covered but I'm not clear that somebody would
2 be working that entire period. I think that
3 would be kind of unlikely.

4 CHAIRMAN MELIUS: But it could be
5 for a long period of time then.

6 MR. TOMES: Right.

7 CHAIRMAN MELIUS: Yes.

8 MEMBER RICHARDSON: I mean I was
9 trying to -- So the dose rates are in millirad,
10 right? And sometimes reported as microrad and
11 millirad.

12 But so for every four years there's
13 10,000 work hours and so even though the dose
14 rates are low, times 10,000 work hours every
15 four years sort of, kind of the residual doses
16 add up to 13-1/2 rad of beta for every four years
17 residual period and a rad of gamma or in the
18 ballpark.

19 I mean I guess just as an
20 observation, if we're talking about decades of
21 employment you're talking about potentially
22 very large doses over these residual periods

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1 and that's where I think your idea of, like, a
2 sample calculation would help to sort of see
3 that.

4 CHAIRMAN MELIUS: It was exactly
5 for that, yes. That was my, yes. Jim Lockey.

6 MEMBER LOCKEY: I just was curious,
7 you got the air samples from '54, right?

8 MR. BARTON: That's correct.

9 MEMBER LOCKEY: If you looked at
10 those air samples in '54, how do they compare
11 to the previous air samples?

12 MR. BARTON: Well, as I tried to
13 convey, the health physics practices or
14 industrial controls kind of evolved to where
15 they were better in sort of the '52, '49 to '52
16 area, then sort of degraded again for a number
17 of reasons.

18 For instance, the ventilation over
19 some of the rolls was removed because the
20 operators of those rolls felt the job was
21 difficult with it there. No one was really
22 policing it.

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1 Originally they had installed floor
2 grating where before it had just been a flat
3 steel floor which is conducive to a lot of
4 resuspension.

5 So they put the grating in so that
6 any dust that came off would fall through the
7 grating and wouldn't be immediately kicked back
8 up in the air. But that grating eventually got
9 pounded flat by billets just, you know,
10 constantly being dropped on there.

11 Another example was originally the
12 site started with broom sweeping but obviously
13 that was going to create a lot of airborne dust
14 so they had a central vacuum installed but
15 eventually that either broke down or they just
16 stopped using it so they went back to broom
17 sweeping.

18 So if you look at 1954, it's
19 actually, and this is reflected in the sample
20 results, it's actually very similar to the
21 first year or two at Simonds where conditions
22 weren't very good, then they got better, then

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1 they sort of got worse again.

2 Originally the TBD was sort of
3 averaging the general air samples across most
4 of the operational period and that was one of
5 our findings, was that, well, you know, this
6 kind of covers a lot of different exposure
7 potential. Really you want to get as close to
8 that residual period as possible to get your
9 estimate.

10 And that also coincided with the
11 higher potential dust loadings associated with
12 uranium rolling.

13 MEMBER LOCKEY: In the last two
14 years of production, were they ramping up
15 production or lowering it?

16 MR. BARTON: No, essentially
17 starting around 1953, production consistently
18 went down every year to where it was, you know,
19 only a few weeks out of the year in 1957.

20 CHAIRMAN MELIUS: Just back to
21 David Richardson's question, I think one of the
22 problems we have in these situations, we have

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1 this long tail, this residual period, and we
2 don't have a lot of information on what type of
3 work was being done and, you know, who would be
4 included.

5 And so it makes it hard to sort of
6 figure out what the right, correct sort of
7 adjustment is in the information. We don't
8 want to underestimate but at the same time it
9 does provide a significant amount of exposure
10 or dose to people with these estimates.

11 Okay, any other questions or
12 anybody on the phone, Board Members on the phone
13 have any additional questions or comments? If
14 not, we'll -- Ted.

15 MR. KATZ: Someone trying to speak
16 just now?

17 CHAIRMAN MELIUS: Who?

18 MR. KATZ: I thought someone was
19 about to speak.

20 CHAIRMAN MELIUS: Oh, okay.

21 MR. KATZ: Okay, very good. I'll
22 run down the list alphabetically.

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1 CHAIRMAN MELIUS: So the motion is
2 to accept the recommendation from the Work
3 Group, which is that dose can be reconstructed.

4 MR. KATZ: For the residual period.

5 CHAIRMAN MELIUS: Residual period,
6 yes.

7 MR. KATZ: Right. Dr. Anderson?

8 MEMBER ANDERSON: Yes.

9 MR. KATZ: Ms. Beach?

10 MEMBER BEACH: Yes.

11 MR. KATZ: Mr. Clawson?

12 MEMBER CLAWSON: Yes.

13 MR. KATZ: Dr. Field?

14 MEMBER FIELD: Yes.

15 MR. KATZ: Absent, I assume, still.

16 Dr. Kotelchuck?

17 MEMBER KOTELCHUCK: Yes.

18 MR. KATZ: Dr. Lemen?

19 MEMBER LEMEN: Yes.

20 MR. KATZ: Dr. Lockey?

21 MEMBER LOCKEY: Yes.

22 MR. KATZ: Dr. Melius?

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1 CHAIRMAN MELIUS: Yes.

2 MR. KATZ: Ms. Munn.

3 MEMBER MUNN: Yes.

4 MR. KATZ: Dr. Poston?

5 MEMBER POSTON: Yes.

6 MR. KATZ: Dr. Richardson?

7 MEMBER RICHARDSON: Yes.

8 MR. KATZ: Dr. Roessler?

9 MEMBER ROESSLER: Yes.

10 MR. KATZ: Mr. Schofield?

11 MEMBER SCHOFIELD: Yes.

12 MR. KATZ: Ms. Valerio?

13 MEMBER VALERIO: Yes.

14 MR. KATZ: And Dr. Ziemer?

15 MEMBER ZIEMER: Yes.

16 MR. KATZ: It's unanimous.

17 There's one vote to collect. The motion
18 passes.

19 CHAIRMAN MELIUS: And just want to
20 add thank you, Dr. Ziemer, for organizing a
21 good, informative presentation for us, and
22 everybody who gave it. We have one last --

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1 MEMBER ZIEMER: Yes, and --

2 CHAIRMAN MELIUS: Go ahead, Paul.

3 Sorry.

4 MEMBER ZIEMER: Oh, just thanks to
5 Tom and Bill for doing all the heavy lifting on
6 this, yes.

7 MR. KATZ: Thank you to the
8 petitioner, too, for attending and
9 participating.

10 CHAIRMAN MELIUS: I think she hung
11 up. That was a little too soon. But we have
12 one more quick thing to do and if you will pass
13 these out. Let's get this out of the way quick.

14 MEMBER ZIEMER: Well, I meant Bob
15 Barton.

16 CHAIRMAN MELIUS: Bob, I know.
17 Yes, Bob, Bill, one of these. It's close.

18 We have a letter to the Secretary
19 that we need to use to sort of close this out.
20 And, again, for the Board Members on the phone
21 I did email these letters to you so you should
22 have it.

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1 The Advisory Board on Radiation and
2 Worker Health, the Board has completed its
3 evaluation of Special Exposure Cohort SEC
4 Petition 00157 concerning workers at Simonds
5 Saw and Steel Company in Lockport, New York,
6 under the statutory requirements established
7 by the Energy Employees Occupational Illness
8 Compensation Program Act of 2000 incorporated
9 to 42 CFR 83.13.

10 National Institute for
11 Occupational Safety and Health, NIOSH, has
12 recommended that individual dose
13 reconstructions are feasible for all Atomic
14 Weapons Employer employees who worked at
15 Simonds Saw and Steel Company from, take out the
16 employees there, from January 1st, 1958,
17 through December 31st, 2006.

18 NIOSH has found that it has access
19 to adequate exposure monitoring and other
20 information necessary to do individual dose
21 reconstructions with sufficient accuracy for
22 members of this Class and, therefore, a Class

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1 covering this group should not be added to the
2 SEC.

3 The Board concurs with this
4 determination. Based on these considerations
5 and discussions at the July 29th, 2014, Board
6 meeting held in Idaho Falls, Idaho, the Board
7 recommends this Class not be added to the SEC.

8 Enclosed is documentation from the
9 Board meeting where this SEC Class was
10 discussed, documentation includes copies,
11 petition and NIOSH review thereof and related
12 materials. If any of these items are
13 unavailable at this time, they will follow
14 shortly.

15 Comments or questions other than my
16 self-correction there? Okay, thank you.

17 I would just add an update on the
18 Buffalo area. It was just announced, I believe
19 yesterday or late last week, that the Bethlehem
20 Steel site in Lackawanna, someone is proposing
21 to develop a big solar power farm and operation
22 on whatever, it's 150 acres, whatever it is for

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1 that site so, yes.

2 We now go into our Board Work
3 Session. We'll go until we're finished and
4 then we'll take a break and then reconvene for
5 the Worker Outreach Work Group report at 4:00.

6 So we have a number of items to go
7 over and do that. We have the public comments.
8 We have Work Group reports and we have
9 scheduling of meetings.

10 And as usual, I'd like to start with
11 scheduling of meetings in case people need to
12 check or there's uncertainty or whatever and we
13 also have some discussion of where we do
14 meetings, also.

15 MR. KATZ: Going to be November,
16 right?

17 CHAIRMAN MELIUS: Yes, and beyond.

18 MR. KATZ: So check your calendars
19 I have on here. We're looking at a
20 teleconference so, again, that's just a,
21 usually 11:00 a.m. meeting, usually doesn't
22 last more than an hour or two at most.

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1 The week of June 1st or June 7th,
2 this is next year. That's about the right time
3 frame but there's lots of flexibility in this.
4 2015, yes.

5 MEMBER LOCKEY: Ted, what day did
6 you say?

7 MR. KATZ: The week of June 1st or
8 June 7th. I didn't say a day. Wanted to
9 propose the 2nd, which is Tuesday.

10 MEMBER LOCKEY: Wednesday is not
11 good for me.

12 MR. KATZ: Okay. So Tuesday is
13 good? Yes. How is June 2nd for others?

14 CHAIRMAN MELIUS: At least for me
15 the ICOH meetings are that week.

16 MR. KATZ: So that week's no good.

17 MEMBER LOCKEY: How about the 9th?

18 MR. KATZ: How about the week of the
19 7th?

20 CHAIRMAN MELIUS: I'll be back.
21 Yes, the 9th would be fine.

22 MR. KATZ: How about the 9th,

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1 Wednesday the 9th? Oh, Tuesday the 9th, sorry.

2 CHAIRMAN MELIUS: Once, twice --

3 MR. KATZ: It is. Okay, so June
4 9th, 11:00 a.m. Eastern Time.

5 And then for meeting, as you all
6 recall, we're going to sort of a three meetings
7 a year schedule. The week of July 20th, 27th,
8 August 3rd, those weeks are the right ballpark.

9 MEMBER MUNN: Week of the 27th.

10 MR. KATZ: Wanda is suggesting the
11 week of the 27th, July 27th, 2015.

12 MEMBER LEMEN: And then on the week
13 of the 20th, on the 23rd you can celebrate my
14 birthday.

15 MR. KATZ: Dick would like to have
16 a birthday celebration.

17 MEMBER LEMEN: And I'd like the
18 Board to throw me a big party.

19 MR. KATZ: And the Board to throw
20 him a big party.

21 CHAIRMAN MELIUS: We'll throw you a
22 big something.

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1 MEMBER BEACH: So, Dick, does that
2 mean you'll come to the meeting if we do that?

3 MEMBER LEMEN: It depends upon
4 where it's at and what I have going on.

5 (Simultaneous speaking.)

6 MEMBER ZIEMER: This is Ziemer.
7 Can I ask, does John Poston generally attend the
8 health physics meeting? Is it in July of next
9 year?

10 MEMBER POSTON: I don't know but I
11 can find --

12 MEMBER ROESSLER: The health
13 physics meeting in July 2015 is the 12th through
14 the 16th.

15 MEMBER ZIEMER: Okay.

16 MR. KATZ: Yes. So then for Dick's
17 birthday, do we want to meet? The 23rd and 4th.

18 MEMBER ROESSLER: Indiana?

19 MEMBER LEMEN: I was kidding. You
20 don't have to --

21 CHAIRMAN MELIUS: Vienna,
22 Virginia. It's --

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1 MEMBER LOCKEY: Thursday, the
2 23rd?

3 MALE PARTICIPANT: He was kidding I
4 think.

5 MR. KATZ: Of course he was
6 kidding, but why not take him up on that?

7 FEMALE PARTICIPANT: Sure, it
8 works. It works.

9 MALE PARTICIPANT: 23rd of July?

10 CHAIRMAN MELIUS: Why don't we put
11 22nd or 23rd in case we have to do two-day
12 meetings and --

13 MR. KATZ: Okay, so July 22nd --

14 CHAIRMAN MELIUS: One day we'll do,
15 we'll consider, we'll keep track of his
16 attendance record.

17 MALE PARTICIPANT: The 22nd is a
18 Wednesday. Dr. Lockey's not available on
19 Wednesdays.

20 MEMBER LOCKEY: I can't meet.

21 CHAIRMAN MELIUS: Oh, okay.

22 MALE PARTICIPANT: How about

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1 Thursday/Friday?

2 CHAIRMAN MELIUS: 23rd and -- yes,
3 we can, yes, let's do it.

4 MEMBER BEACH: And if it's a
5 one-day meeting, we'll go with the 23rd?

6 CHAIRMAN MELIUS: Yes.

7 MR. KATZ: Yes. Okay, 23rd and
8 24th, is that what we're saying?

9 MEMBER BEACH: Yes.

10 CHAIRMAN MELIUS: The 23rd you're
11 in Cincinnati, Jim, or where's your Wednesday
12 location?

13 MEMBER LOCKEY: I'll be here.

14 CHAIRMAN MELIUS: Here, okay. But
15 you can get -- here being Salt Lake so you can
16 get someplace.

17 MR. KATZ: Okay, well, we could
18 decide where later.

19 CHAIRMAN MELIUS: Yes.

20 MR. KATZ: Okay, so July 23rd and
21 24th. Very good.

22 And then as Jim alluded to, we also

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1 have to pin down our November -- we're meeting
2 the beginning of November and we need a
3 location. And we've done some talking around
4 with staff. Yes, Phil.

5 MEMBER SCHOFIELD: If we meet out
6 in California, I would like to propose that we
7 actually have a tour of the Santa Susana site.

8 That site sits in that caldera there
9 which has a lot of things that, you know, you
10 have to look at the Rose data and some of the
11 other issues there. I think it would help to
12 actually have a physical visit of the facility
13 in that area.

14 MEMBER MUNN: Certainly unusual
15 geography, isn't it?

16 MEMBER SCHOFIELD: Yes, the
17 geography's quite unique there.

18 MR. KATZ: So two sites we've
19 talked about with staff possibly meeting that
20 seemed like they may have the right timing are
21 Santa Susana, that would be the L.A. area that
22 Phil was just talking about, or Hanford.

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1 CHAIRMAN MELIUS: This is November
2 so in our discussion the tricky thing is that
3 Hanford would be probably more suitable for
4 November and Santa Susana for, was it February
5 or March when it was --

6 MR. KATZ: March meeting.

7 CHAIRMAN MELIUS: March meeting.

8 MR. KATZ: Is that right, Wanda and
9 Josie?

10 CHAIRMAN MELIUS: When in March?
11 I can't remember when our --

12 MR. KATZ: It's middle to late
13 March, I believe, top of my head. I'll look it
14 up.

15 MEMBER CLAWSON: It's the 25th and
16 26th.

17 MR. KATZ: Right, so late March.

18 CHAIRMAN MELIUS: So it's late
19 March so maybe it doesn't make as much --

20 MR. KATZ: And what's that like in
21 Richland?

22 MEMBER MUNN: It's very nice.

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1 MALE PARTICIPANT: 25th/26th?

2 MR. KATZ: Yes, in Richland. Is
3 okay in terms of weather you're saying, pretty
4 reliable?

5 MEMBER MUNN: Yes, I think that
6 would be great.

7 CHAIRMAN MELIUS: Make sure that
8 the minutes reflect that prediction. I want a
9 record of --

10 (Off-microphone comment.)

11 CHAIRMAN MELIUS: Well, we don't
12 know. We're not --

13 MR. KATZ: We haven't decided. I
14 just mentioned those two sites because they
15 seem the most likely to be ready for an action.

16 CHAIRMAN MELIUS: Well, so that
17 gets it since it's going to be in the West.

18 MR. KATZ: Yes.

19 CHAIRMAN MELIUS: Yes, in November
20 so let us, we have a few weeks before we have
21 to commit, or?

22 MR. KATZ: Yes, a couple weeks

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1 maybe but I don't think much more than that
2 because we really have to -- it takes a lot of
3 pushing to get the wheels going for hotel, just
4 the bureaucracy.

5 CHAIRMAN MELIUS: Okay. Stu, Jim,
6 LaVon, are you going to be able, think you'll
7 be ready for Santa Susana by November and have
8 a Work Group meeting beforehand? Okay.

9 MR. KATZ: They could just push.

10 CHAIRMAN MELIUS: So let's go for
11 that and, well, on Hanford there are some data
12 document collection underway and some visits
13 coming up in, I believe in August/September,
14 before the end of the fiscal year, so.

15 And progress or how far we can get
16 on that will be dependent on those and there's
17 data captures and there may also be some
18 security issues with some of those documents
19 and so forth. So it's fairly uncertain I think
20 at this point in time. We'll know more in
21 September.

22 So if you're confident in Santa

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1 Susana. Again, let the minutes, the record
2 should reflect the nodding of Jim Neton's head
3 repeatedly, so without any uncertainty.

4 MR. KATZ: Okay, very good.

5 MEMBER SCHOFIELD: What days do we
6 want in November?

7 MR. KATZ: Do you have a date, Jim,
8 for November?

9 MEMBER MUNN: 6th and 7th.

10 MEMBER SCHOFIELD: What?

11 MEMBER MUNN: 6th and 7th.

12 MEMBER SCHOFIELD: 6th and 7th,
13 okay.

14 MR. KATZ: The 6th and the 7th if we
15 need both.

16 CHAIRMAN MELIUS: L.A.

17 MEMBER LOCKEY: What date?

18 MEMBER MUNN: 6th and the 7th.

19 MR. KATZ: 6th and 7th.

20 MEMBER KOTELCHUCK: So Friday and
21 Saturday.

22 MEMBER MUNN: November?

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1 MEMBER POSTON: Thursday and
2 Friday.

3 MEMBER LEMEN: Are you talking 2014
4 or 2015 now?

5 MEMBER MUNN: '14.

6 MEMBER KOTELCHUCK: Oh, 2014.
7 Okay, I'm sorry.

8 MR. KATZ: Thursday and Friday is
9 correct so that's --

10 MEMBER LEMEN: You're talking
11 2014, right?

12 MEMBER MUNN: Correct.

13 MEMBER LEMEN: And that's going to
14 be in -- where is that going to be?

15 MEMBER MUNN: Santa Susana.

16 MR. KATZ: In Los Angeles.

17 CHAIRMAN MELIUS: It's 6th and 7th.

18 MEMBER LEMEN: October 2014 --

19 MEMBER MUNN: November 2014.

20 MEMBER LEMEN: November 6th and
21 7th, Los Angeles, right? Okay. All right.

22 MEMBER MUNN: Toxic fumes.

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1 CHAIRMAN MELIUS: Wish we weren't
2 on the record, but.

3 MEMBER LEMEN: No snide remarks,
4 Mr. Chairman.

5 CHAIRMAN MELIUS: Too late. Okay.

6 MEMBER LEMEN: So that was 2014,
7 right?

8 MEMBER MUNN: Yes.

9 MEMBER LEMEN: Okay. I just want
10 to make sure.

11 MEMBER CLAWSON: How many
12 birthdays is this for him?

13 CHAIRMAN MELIUS: I'm going to ask
14 the DFO to send you a reminder once a week.

15 MEMBER LEMEN: Well, you could.
16 Then maybe I'll get it on my calendar right.

17 CHAIRMAN MELIUS: Okay. Moving
18 along, it can only move along from here, we'll
19 do that. Okay, the April public comments, you
20 should have all gotten two documents, one being
21 sort of a spreadsheet that has a summary of the
22 comments and so forth. That's what I'm going

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1 to be working off of. And then there'll be a
2 longer explanation that sort of includes some
3 of the transcript information for if you have
4 questions in terms of context and so forth.

5 I'll go through these fairly
6 quickly because at least in my reading of them
7 before this meeting, they all look pretty
8 straightforward to do, to address and are being
9 addressed so I didn't have any concerns but some
10 of you may.

11 So the first comment concerns
12 Joslyn and regarding the petition extension and
13 so forth there. I think that's, again,
14 straightforward.

15 There's sort of four comments here
16 that were from Mr. Warren's letter regarding,
17 or essentially his public comment letter that
18 Ted read into the record and most of those were
19 essentially statements about the petition and
20 the follow-up petition not requiring comment or
21 follow-up.

22 Next, Numbers 7 and 8 are from, I

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1 believe one of the petitioners at Savannah
2 River and, again, was some comments regarding
3 the SEC there. I think the first has been
4 followed up. The second is really, again, just
5 a comment.

6 Numbers 9, 10 and 11 were again
7 Savannah River, again from [identifying
8 information redacted] and, again, I think these
9 are straightforward in terms of their response
10 and a lot of that's still ongoing obviously.

11 Comments 12, 13, 14, 15 and 16 were
12 from Dr. Knut Ringen and, again, these were I
13 think pretty straightforward in terms of what's
14 been, are being followed up or no response was
15 necessary.

16 Two comments from [identifying
17 information redacted]. These are Number 17
18 and 18, really providing information and so
19 forth, that, again, Savannah River.

20 Then Number 19 was a comment from
21 [identifying information redacted] regarding
22 the Rocky Flats site and, again, was, I think

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1 been followed up appropriately, so forth.

2 And then the final comment was from
3 [identifying information redacted] concerning
4 Nuclear Metals Inc. and essentially was just a
5 comment in terms of addressing that particular
6 petition action.

7 So anybody have any questions,
8 comments, concerns about the responses? Okay,
9 good.

10 Okay, we'll move on and do the Work
11 Groups and I'm going to do a little different
12 order than usual but not by my much.

13 First one on my list we've already
14 I think talked about which is the Santa Susana
15 and I think we've covered that earlier and have
16 a plan to move forward. I don't know, Phil, you
17 want to add anything on that?

18 MEMBER SCHOFIELD: Not at this
19 time. Like I said, if at all possible, I would
20 really like us to have a site visit there
21 because of the strange geography of the place.

22 MR. KATZ: I'm not sure about how

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1 that gets arranged in a situation like Santa
2 Susana but I'll --

3 MEMBER SCHOFIELD: I realize
4 that's kind of short. That's why I says, you
5 know.

6 MR. KATZ: Anyway, I'll discuss
7 that with the program folks and we'll talk about
8 it with whoever at DOE or whatever to see what,
9 but I'm not, it's a different situation so I'm
10 not sure how that could be done but we'll see.

11 MEMBER SCHOFIELD: Okay, thanks.

12 MR. KATZ: Thanks.

13 CHAIRMAN MELIUS: Are you asking to
14 go into the site or just to the area around the
15 site?

16 MEMBER SCHOFIELD: We don't
17 actually have to go in. I would actually like
18 us to go into the caldera itself and see how the
19 different, it's broke up into the different,
20 you know, sites.

21 CHAIRMAN MELIUS: Okay. Ted will
22 follow up and we'll see.

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1 MR. KATZ: Yes.

2 MEMBER BEACH: And while we're on
3 Santa Susana, I was curious about a time frame
4 for a Work Group meeting because we mentioned
5 we needed to have one before the November
6 meeting and time's getting kind of short and
7 with the end of the fiscal year I didn't know
8 if anybody knew when, if we would be ready.

9 MR. KATZ: It would be into the new
10 fiscal year.

11 MEMBER BEACH: Right.

12 MR. KATZ: Right.

13 MEMBER BEACH: So in November?

14 MR. KATZ: But so, yes, we're going
15 to have to talk with the staff and come up with
16 a date.

17 CHAIRMAN MELIUS: Going to have to
18 be October, so.

19 MEMBER MUNN: Well, we'll have to
20 have NIOSH's work ready for us before we do
21 that.

22 MEMBER BEACH: And SC&A's review.

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1 CHAIRMAN MELIUS: So we're
2 probably talking toward -- Jim, do you want to
3 comment?

4 DR. NETON: There's actually two
5 issues here at Santa Susana now that we talked
6 about this morning. One is the completion of
7 evaluation of the SEC period in 1965, I think
8 it was. And I was talking to Bomber and see if
9 we can maybe try to expedite something because
10 there's a one-year issue.

11 And then the second part of that is
12 the Site Profile Review and I'm pretty sure we
13 could have something done because the neutron's
14 the only thing that is holding it up right now
15 and I think we can have something -- The
16 coworker model's already done so I think
17 October time frame is doable to have a meeting.

18 CHAIRMAN MELIUS: Yes. I think
19 what's probably most important for Santa
20 Susana, one is the SEC, obviously, and the other
21 is getting some progress in terms of the Site
22 Profile. But, you know, the reason to hold the

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1 meeting there is to gather information --

2 DR. NETON: Yes, I agree.

3 CHAIRMAN MELIUS: And so I think
4 it's important to identify, you know, the
5 issues or issues where additional information,
6 you know, from people working there would be
7 helpful. So we don't have the need to
8 complete, you know, for example, complete the
9 Site Profile Review but it's, you know.

10 DR. NETON: I agree.

11 CHAIRMAN MELIUS: Yes, to that so I
12 think, and maybe the Work Group wants to do two
13 different meetings, you know, one where you
14 would just talk about, you know, sort of getting
15 updated and figuring out where we are with that
16 '65 SEC and so forth.

17 And then the follow-up now, if we're
18 going to have a recommendation on the '65 SEC,
19 then the Work Group's going to have to meet and
20 review that report and most likely SC&A
21 depending on, again, may depend on what the
22 recommendation is and the nature of that.

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1 And, frankly, I can't remember why
2 '65 wasn't done at the time. It truly was a,
3 I'm sure there was a good reason. It's unusual
4 for us to leave just one year off but I think
5 there was something needing --

6 MEMBER SCHOFIELD: One of the
7 biggest concerns you see at Santa Susana is the
8 potential for personnel who weren't in Area 4
9 but still had exposure potentials, both
10 internal and external. There's a whole lot of
11 information out there on that.

12 CHAIRMAN MELIUS: Yes, but there's
13 a sort of DOE/DOL issue. It's not a, you know,
14 it's a --

15 MEMBER SCHOFIELD: Well, I'm
16 thinking in terms of being unmonitored, some of
17 their personnel.

18 CHAIRMAN MELIUS: Yes. But as I
19 recall, that was sort of who the employer was
20 and how we approach that and I'm not sure that
21 NIOSH alone can solve that.

22 MEMBER SCHOFIELD: Yes, okay.

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1 CHAIRMAN MELIUS: Stu's had some
2 conversations and I think we'll hopefully get
3 that resolved because, I mean, at least as I
4 recall and it's been a long time but from our
5 public meeting out there and review of the
6 original SEC it appeared to be very
7 problematic.

8 There were people that clearly were
9 exposed but were essentially defined out of the
10 facility or not included in the facility
11 definition, so. I think it was the
12 facility-wide fire department and some others
13 but, again, it's been a while.

14 Brookhaven. Josie.

15 MEMBER BEACH: So I don't have
16 anything new since the January of 2014 report
17 and the only thing we have there are some open
18 Site Profile issues and NIOSH, it's in their
19 ballpark for that. That's all I can tell you.

20 CHAIRMAN MELIUS: Okay. NIOSH,
21 you want to comment? We had the All Star game
22 at the ballpark. Come on.

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1 MR. RUTHERFORD: I know there was I
2 think something in our Work Group coordination
3 document on the TBD revision and a date.

4 Unfortunately I'm struggling
5 getting logged back in and so is Jim, so I can't
6 look at mine. But if you look at the Work Group
7 coordination document, I think we put a date in
8 there for the TBD.

9 MEMBER BEACH: Yes, I logged out
10 and the same thing. I didn't have it back
11 logged in.

12 MR. RUTHERFORD: It's December?
13 Okay. Okay.

14 MEMBER BEACH: Of this year?

15 MR. RUTHERFORD: Yes.

16 MEMBER BEACH: Sorry.

17 CHAIRMAN MELIUS: Let's see, the
18 dog ate my homework, got locked out, system's
19 down.

20 MR. KATZ: I got locked out too, so.

21 CHAIRMAN MELIUS: Okay, Fernald.

22 Brad.

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1 MEMBER CLAWSON: We have a Work
2 Group scheduled for September 3rd on my
3 birthday, Mr. Lemen. I expect a party, too.
4 These are all Site Profile issues.

5 MEMBER LEMEN: I'll throw you one,
6 Brad.

7 MEMBER CLAWSON: We're going to be
8 meeting in Cincinnati and trying to finish up
9 the Site Profile issues with that.

10 And also, too, on the 4th we're
11 going to have -- if you don't mind, I'll go to
12 Pantex while I'm already there. We have a Work
13 Group on the 4th.

14 CHAIRMAN MELIUS: Are you waiting
15 on documents from --

16 MEMBER CLAWSON: I'm getting ready
17 to send out. There are some outstanding issues
18 that we're needing, mainly on Pantex, and I'll
19 send out a document in the next day or so, so
20 we'll all be prepared for it so we'll be able
21 to address those issues.

22 We still have a few with Fernald too

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1 that we're waiting on that we'd like to have
2 before the meeting so SC&A can review it too.

3 CHAIRMAN MELIUS: Good. Okay,
4 thank you, Brad.

5 Hanford I think we just talked
6 about. We have site visits coming up by NIOSH.
7 Documents, we'll need to coordinate that with
8 -- Arjun will be coordinating from SC&A on that
9 and follow up and really have to wait and see
10 what happens with the document retrieval and
11 the review process and so forth.

12 I'm hoping we can certainly at least
13 get a Work Group meeting in later this fall but
14 I don't have exact timing on that at this
15 moment.

16 Idaho, we'll be hearing about the
17 Gaseous Diffusion Plants. Phil.

18 MEMBER SCHOFIELD: We're just
19 about ready to close that out. We got one paper
20 coming out in November and hopefully we can
21 close that whole thing out right after that.

22 CHAIRMAN MELIUS: Good. Kansas

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1 City. Josie.

2 MEMBER BEACH: For Kansas City we
3 had a site visit in May. We're continuing our
4 data-capture efforts at this time. I know
5 Pete's heading out there tomorrow to work with
6 the site and we are completing, or SC&A is
7 finishing up their reviews on a couple of
8 issues: the thorium and uranium.

9 And I believe we are planning a site
10 visit, depending on how this week goes with
11 Pete's visit, for the October time frame.

12 CHAIRMAN MELIUS: Good. Sounds
13 good. Dr. Ziemer, Lawrence Berkeley.

14 MEMBER ZIEMER: Right. Let me
15 just give you a brief report of where we are.
16 Dr. Lara Hughes from NIOSH has the staff lead
17 on this and she's reported to me that they have
18 actually captured a large number of documents
19 earlier this year, something like 3500
20 documents that include an extensive bioassay
21 data set and they are trying to determine really
22 the adequacy of the bioassay data for

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1 reconstructing internal doses.

2 And the last indication I got which
3 was just about a week ago was that they, they
4 being Dr. Hughes and NIOSH, don't expect to have
5 that information ready for the Work Group to
6 look at till probably fall, October/November
7 time frame.

8 We do have two previous White Papers
9 that are standing in the wings to review as well
10 on Lawrence Berkeley but kind of waiting for
11 this, which will be a substantial report that
12 will be a key report for us.

13 So we haven't scheduled the Work
14 Group meeting yet, but that's where we are on
15 this. The staff is progressing but we're
16 awaiting this paper.

17 CHAIRMAN MELIUS: Thanks, Paul.
18 Yes, we had a short conversation with NIOSH just
19 prior to this session starting in, yes,
20 essentially confirming that it's going to be a
21 while before they're ready because Lawrence
22 Berkeley is another site we have talked about

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1 as a potential for holding a Board meeting
2 there. We haven't been out there for a while
3 but we really need to go.

4 MEMBER ZIEMER: Yes, that's right.
5 If we do end up around Santa Susana, maybe we
6 can focus on both of these.

7 CHAIRMAN MELIUS: Yes. But, yes,
8 let's see. My sense is, from talking to Jim and
9 LaVon, Jim Neton and LaVon, is that November is
10 not going to be feasible for anything being
11 ready to be closed but, yes, let's see. But
12 certainly keeping it in mind for, you know,
13 maybe a March meeting or --

14 MR. KATZ: Or July.

15 CHAIRMAN MELIUS: Or July, yes.

16 MEMBER ZIEMER: Yes, right.

17 CHAIRMAN MELIUS: Okay. Good.
18 LANL, I don't think Mark's on the -- Mark
19 Griffon, you're not on the phone by any chance,
20 are you? Josie or anybody have an update or
21 LaVon could.

22 MR. RUTHERFORD: Yes, I mean, we

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1 did put some updates in the Work Group
2 coordination document on specifics. But we've
3 been working with the site to try to get 10 CFR
4 835 implementation reports and things.

5 And we've kind of gone back and
6 forth with them on this. They've given us an
7 implementation. We've asked for an example or
8 we've asked for some things. We're kind of
9 just going back and forth.

10 Well, we recently got some
11 information and now we're going to go back and
12 ask for a specific example where they show how
13 they were controlling, you know, thanks to, and
14 of course with 10 CFR 835 for the 100 millirem
15 dose.

16 So we're waiting for that
17 interaction and their correspondence back on
18 that, so yes.

19 CHAIRMAN MELIUS: And LaVon is
20 correct. There is a very detailed sequence of
21 letters, requests and so forth that I think
22 explain it.

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1 Mound?

2 MEMBER BEACH: So Mound is in the
3 same situation. We had several outstanding
4 TBDs. They've all been completed except for
5 the external TBD which is due, an estimation
6 according to this work history, completion in
7 November 2014. So then it will just be a matter
8 of assigning SC&A to review those TBDs.

9 CHAIRMAN MELIUS: Okay. Nevada
10 Test Site.

11 MEMBER CLAWSON: Nevada Test site,
12 we're getting ready to have a Work Group meeting
13 and I just need to set it up. We're looking at
14 the latter part of November, the first part of
15 December, have a face-to-face meeting.

16 SC&A is touching up some work and
17 making sure that we're ready to go. We've got
18 all of our responses I believe back from NIOSH
19 so we just need to set up the Work Group meeting.

20 CHAIRMAN MELIUS: Okay.
21 Consulting my homework here. Any questions
22 for Brad?

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1 MEMBER CLAWSON: I'll get with you
2 guys and figure out when.

3 CHAIRMAN MELIUS: Okay, good. Oak
4 Ridge National Laboratory, X-10.

5 MEMBER ROESSLER: As far as I know
6 we're still waiting for NIOSH to let us know
7 about data availability.

8 MEMBER CLAWSON: Your mic isn't on.

9 MALE PARTICIPANT: There's a
10 switch on the side of the mic.

11 MEMBER ROESSLER: Isn't on.

12 MR. RUTHERFORD: Okay, again from
13 memory, we actually --

14 CHAIRMAN MELIUS: I've got it in
15 front of me, so.

16 MR. RUTHERFORD: Okay, so you can
17 tell me if I'm, you know, blowing smoke or not.

18 Actually we've been doing a log book
19 retrieval of some specific information. We
20 found the log books during those early years
21 actually have radiological surveys in them,
22 within the log books.

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1 We identified a number of log books
2 that may have data that would support filling
3 in the gaps that we had already previously
4 identified.

5 And so we're working on retrieving
6 that, the rest of those log books, and then once
7 that information has been retrieved, we will --
8 oh, thank you, Jim.

9 CHAIRMAN MELIUS: Saved by the
10 boss.

11 MR. RUTHERFORD: There you go.
12 Boss is a relative term when you're at the
13 bottom of the totem pole.

14 Okay. So, again, as I mentioned,
15 we're retrieving data right now and we
16 anticipate that data to be completely retrieved
17 or that information done some time later in
18 August.

19 And then once we go through that
20 information we'll be able to update our
21 position on the rest of the exotic
22 radionuclides, so.

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1 CHAIRMAN MELIUS: Good. Okay,
2 next up is one of our newest groups here.

3 Wait a minute, LaVon. No, no. You
4 can sit down. Just relax. Pacific Proving
5 Grounds, PPG, Jim Lockey's the Chair. I don't
6 expect progress since you were just formed.

7 MEMBER LOCKEY: It was just born,
8 yes. So I guess I have to get LaVon to get with
9 you when we're at a spot that we can start moving
10 on that and maybe schedule a meeting for this
11 fall.

12 By the way, I'll take a field trip.

13 MEMBER SCHOFIELD: Bikini Atoll,
14 here we come.

15 CHAIRMAN MELIUS: Remember, all
16 the site visits are conditional for inviting
17 the Board Chairs. Sixty days' notice of any
18 site visits.

19 MEMBER LOCKEY: I know Henry will
20 like it.

21 CHAIRMAN MELIUS: I'll tell you, we
22 had more volunteers for that Work Group than --

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1 MEMBER LOCKEY: So I'll get LaVon
2 and whenever they're ready we'll schedule our
3 first meeting for this fall.

4 CHAIRMAN MELIUS: Yes. Pantex
5 we've heard from. Pinellas.

6 MEMBER SCHOFIELD: We're still
7 tied up with the same issues, the approach to
8 some of the tritium issues. Have to see if
9 we're going to use the same approach as they do
10 for Mound.

11 And then there's also, another
12 major outstanding issue is how the samples were
13 handled.

14 CHAIRMAN MELIUS: Now, LaVon,
15 you're running away.

16 MR. RUTHERFORD: I'll have to get
17 back to you with a date on that, on completing
18 that. We've kind of moved resources around
19 from other things and I don't have a real clear
20 date on that one yet.

21 CHAIRMAN MELIUS: Rocky Flats.

22 MR. RUTHERFORD: Now this one I

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1 know. I can help on this one.

2 CHAIRMAN MELIUS: Moving on.

3 Sandia.

4 (Laughter.)

5 MR. RUTHERFORD: In June we issued
6 a follow-up on our tritium White Paper so that's
7 with the Work Group now.

8 We also had a White Paper we did on
9 -- there was a health surveillance document
10 that the petitioner identified issues with.
11 We issued a White Paper on that one.

12 There is a magnesium-thorium alloy
13 White Paper, basically on whether it was used
14 at Rocky Flats or not. The document's
15 completed. However, right at the end of
16 completing the document a question came up on
17 another place, whether we had checked another
18 place or not, and so we're doing a quick inquiry
19 there and then we'll issue that report.

20 And then neptunium 84 to 88. We
21 identified some documents at Los Alamos
22 National Lab. There were some issues back and

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1 forth on getting those sent to Germantown. As
2 of earlier this week, they said that the
3 documents would be sent to Germantown this
4 week.

5 Once the documents get to
6 Germantown, myself, SC&A, we'll go out and take
7 a look at them, any Work Group Members that want
8 to go out and take a look at them as well.

9 We anticipate issuing our neptunium
10 report in October and that should really be all
11 the open issues that we have right now for Rocky
12 Flats.

13 CHAIRMAN MELIUS: Very good.
14 Anybody have any questions? Okay. Sandia,
15 Dr. Lemen.

16 MEMBER LEMEN: I haven't got
17 anything new. I don't know if Dr. Glover's
18 there or not.

19 CHAIRMAN MELIUS: No, he's not
20 here.

21 MEMBER LEMEN: I don't have
22 anything there.

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1 CHAIRMAN MELIUS: There's some
2 information in the report that --

3 MR. RUTHERFORD: Right now we're
4 looking at doing a data capture or actually site
5 visit out at Sandia later on in September and
6 to move forward with kind of taking the 10 CFR
7 835 approach, looking at the post-1994 period
8 and how they implemented 10 CFR 835 to close out
9 that issue.

10 CHAIRMAN MELIUS: Thanks, LaVon.
11 Savannah River. Mark's not on. Any other
12 Members of that Group? Brad, you want to --

13 MEMBER CLAWSON: Yes, they had a
14 data capture here a while back and was trained
15 up on the computers and actually right now what
16 they're having trouble with is, the last time
17 I talked with Tim was getting the information,
18 the data capture back.

19 MR. RUTHERFORD: In more detail,
20 that's the ADC review. Yes, Greg had mentioned
21 it earlier. We have a number of documents that
22 are tied up with ADC review right now that are

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1 kind of holding up that issue.

2 CHAIRMAN MELIUS: Okay. How long
3 have they been tied up?

4 MR. HINNEFELD: Well, it's varying
5 lengths of time because we didn't request them
6 all at the same time.

7 But, I mean, these go back, some of
8 them, I mean, we, I think months, two or three
9 months that we've asked for certain things and
10 we've been waiting through ADC review. Now,
11 there's a lot of volume there so there's a lot
12 of stuff for them to look at.

13 CHAIRMAN MELIUS: Okay. Let me
14 switch back here to the other -- Scientific
15 Issues Work Group. David.

16 MEMBER RICHARDSON: We have not
17 met. I have reinvestigated the kind of list of
18 what was once called outstanding issues.

19 And one of the topics on the list was
20 relative biological effectiveness of lower
21 energy photons and electrons, so relating to
22 tritium and low energy.

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1 And the reason I'm going to propose
2 that move up to the top is, very much like the
3 former topic of dose and dose rate
4 effectiveness factor, there's a draft report
5 that should be ready for us to review coming
6 from the NCRP. So I'm going to find out whether
7 we can get that relatively quickly and then it
8 could be moved up to a topic for us to review.

9 And some of the ORAU people are
10 involved in that NCRP report so hopefully we'll
11 have an opportunity to review that and then
12 report back on that topic.

13 CHAIRMAN MELIUS: Okay. Jim Neton
14 is that -- okay, good. The SEC Work Group
15 you've heard from. TBD-6000, Paul.

16 MEMBER ZIEMER: Yes, earlier today
17 we acted on some, you know, so that was one of
18 ours.

19 The other thing to update you on is
20 on General Steel Industries. Just wanted to
21 make everybody aware that Appendix BB now has
22 been revised and Rev 1 has been issued by NIOSH.

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1 SC&A has been tasked to review it to confirm
2 that all the changes agreed to have been made
3 in the Revision.

4 Also in that connection we
5 received, in fact I think it was attributed to
6 the full Board, a critique by the
7 co-petitioner, Dr. McKeel, on the Rev 1-related
8 matters and SC&A has been asked to take Dr.
9 McKeel's comments into consideration as they
10 review the revision.

11 The Work Group will await SC&A's
12 report till we see what we need to do in terms
13 of meeting on that Revision, but that's the
14 status at the moment.

15 CHAIRMAN MELIUS: Okay. Thank you
16 very much, Paul.

17 Henry Anderson, if you're on the
18 phone, we have the Uranium Refining Atomic
19 Weapons Employers Work Group. TBD-6001 was a
20 lot easier.

21 Henry, are you there? LaVon, can
22 you educate us at all or --

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1 MR. RUTHERFORD: Yes, I don't know
2 of any new activities that are taking place
3 right now with that Work Group.

4 MR. KATZ: Yes. At the last Board
5 meeting, we assigned some additional reviews to
6 them, so they will be.

7 CHAIRMAN MELIUS: They will be.

8 MR. KATZ: Those, as well as they
9 have a little bit of work to complete on DuPont
10 Deepwater.

11 CHAIRMAN MELIUS: Okay. So is
12 SC&A actively doing stuff there, do you know?

13 MR. KATZ: SC&A has completed
14 reviews for several sites and what it is, is --

15 CHAIRMAN MELIUS: Oh, right,
16 right. Okay.

17 MR. KATZ: Waiting for NIOSH to
18 have a chance to review those.

19 CHAIRMAN MELIUS: Okay, excellent.
20 Okay. Weldon Springs. Dr. Lemen.

21 MEMBER LEMEN: This is Dick.
22 There's nothing new on that.

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1 CHAIRMAN MELIUS: Okay. In case
2 you missed it, Dick, there is a petition process
3 of qualifying on that one so, the new one.

4 MEMBER LEMEN: Okay. For some
5 reason I --

6 MR. RUTHERFORD: Yes, that was
7 Westinghouse, Bloomfield and Dow Chemical,
8 yes.

9 CHAIRMAN MELIUS: Oh, okay. I
10 apologize then. Yes, yes. I didn't have
11 access to my, you know, I was --

12 MEMBER LEMEN: So there's nothing
13 new on that, right?

14 CHAIRMAN MELIUS: Okay. Okay, we
15 have Worker Outreach, we're going to hear from
16 later on after the break so I don't think we need
17 to do any more there.

18 And then we have our two
19 Subcommittees. David, do you want --

20 MEMBER KOTELCHUCK: Okay. Dose
21 Reconstruction, after our marathon meetings on
22 the 1st and 2nd of April, we had 56 findings

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1 remaining in Sets 10 through 13. We met on July
2 7th. We got rid of most of those.

3 There were eight different, if you
4 will, named sites that had quite a few that we
5 completed: SRS, Rocky Flats, LANL, Hanford,
6 Portsmouth and Paducah.

7 And we are meeting now on September
8 18th and we hope to finish up the 10 through 13
9 so we can get a report out. And we also in the
10 last couple of weeks selected six blinds for Set
11 20, six cases to be reviewed blind for Set 20.

12 CHAIRMAN MELIUS: Good.
13 Questions for Dave? Okay. Last but not
14 least.

15 MEMBER MUNN: There is nothing new
16 to report since our last Board meeting. As you
17 probably know, we've had a really bad time over
18 the summer trying to have all our principals be
19 in the same place at the same time to have a
20 Procedures Subcommittee meeting.

21 And even though we have a fairly
22 full plate we haven't been able to schedule one

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1 prior to August 28th, I believe, next month.
2 We'll be meeting by teleconference.

3 CHAIRMAN MELIUS: Okay, thank you,
4 Wanda. I'm always surprised that we don't have
5 more trouble, given schedules and so forth.

6 MEMBER MUNN: Well, and the fact
7 that there are key people we just simply can't
8 meet without so it's necessary.

9 CHAIRMAN MELIUS: You among them.

10 MEMBER MUNN: Yes, yes, from time
11 to time.

12 CHAIRMAN MELIUS: Time to time,
13 right. Okay. Any other Board Work Session
14 work we need to do?

15 Oh, I need to announce something
16 that somebody asked me for. We also have one
17 very newly formed Work Group, Ames Laboratory.

18 Dave Kotelchuck is the Chair of
19 that. The other Members are Brad Clawson,
20 Genevieve Roessler and Loretta Valerio. And I
21 guess, Tom, you're the contact there for that
22 so they will be taking up the Site Profile

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1 issues there.

2 MEMBER KOTELCHUCK: Okay, good.

3 Tom Tomes.

4 MEMBER BEACH: I'd be willing to go
5 early on my report too, since we're so early
6 unless you've got more work to do.

7 CHAIRMAN MELIUS: Well, I was going
8 to ask if people want, they want to continue now
9 or just come back at 4:00 and do the Worker
10 Outreach.

11 MEMBER LEMEN: This is Dick. I'd
12 like to go ahead and continue because I'm going
13 to have to cut out a little bit early tonight.

14 CHAIRMAN MELIUS: Early?

15 MEMBER LEMEN: Well, you know how
16 it is. Things to do, people to see.

17 MEMBER KOTELCHUCK: Life to be
18 lived.

19 MEMBER LEMEN: So who turned the
20 music on?

21 MEMBER BEACH: Thought it was you.

22 MEMBER LEMEN: It's not me.

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1 CHAIRMAN MELIUS: Well, then let's
2 go ahead.

3 Anybody needs to stretch or -- Yes,
4 why don't we just take a five-minute stretch
5 break.

6 (Whereupon, the above-entitled
7 matter went off the record at 3:02 p.m. and
8 resumed at 3:19 p.m.)

9 CHAIRMAN MELIUS: Okay, we'll
10 reconvene now. And we have the Worker Outreach
11 Work Group report. Josie Beach will give an
12 update and I think here we're looking not only
13 for sort of progress but also talk a little
14 about what does it make sense to do in the future
15 for this Work Group, so a little different than
16 our usual --

17 MEMBER BEACH: This Work Group is
18 different all the way around. Okay, so we're
19 going to look backwards and forwards, kind of
20 give you where we've been, what we've done and
21 then hopefully elicit some ideas.

22 I have some here that I'll share

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1 with you at the end of the presentation but I'd
2 like to, hopefully as you're listening to this,
3 come up with some ideas for this Work Group.

4 So the first page of course is our
5 title page. Other Work Group Members are Wanda
6 Munn, Phil Schofield and Loretta Valerio, and
7 you'll have to bear with me. This is a little
8 slow.

9 Okay, so the Worker Outreach Work
10 Group history, we were formed in February of
11 2007 to review worker outreach including NIOSH
12 and NIOSH's contractors' approach to
13 organizing meetings.

14 We looked at how outreach meetings
15 are conducted, the impact of the information
16 that's gathered on dose reconstructions, Site
17 Profiles, SEC petitions and how that
18 information collected from all sources was
19 handled.

20 The Work Group initially attended
21 various DOL and NIOSH outreach meetings. Some
22 of those, but not all of them, included

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1 Argonne-East, Texas Chemicals, Blockson, Rocky
2 Flats, Pinellas. We also attended ATL-led
3 workshops.

4 Our first Work Group meeting was
5 held in February of 2008 and we started with
6 NIOSH's and SC&A each kind of outlining to us
7 their overview of how they conducted outreach,
8 the current state of their activities. Well,
9 let's see if that goes away.

10 Worker outreach was defined as a
11 formal program within a broader context of
12 outreach activities.

13 Some of the questions we had were:
14 are there enough programs, what are they doing,
15 how are they doing it, what is being
16 accomplished.

17 Program was in transition back in
18 those early days from the ORAU subcontract to
19 a direct OCAS/DCAS contract. ATL did continue
20 on as a outreach program contractor.

21 Early on, the Board, NIOSH and SC&A
22 made it clear that we take participation in this

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1 program very seriously. Let's see if this
2 forwards. Yes, it does.

3 Okay, so this title slide
4 represents some of the common values, goals for
5 outreach based on program concerns
6 consistently expressed during our Board
7 meetings, Work Group meetings, by NIOSH, the
8 Board and SC&A.

9 Of the first five listed here we've
10 got diversity, completeness, verification,
11 parity and communication of impact. I'll talk
12 a little bit about each of those.

13 We wanted to seek input from a
14 broad, representative population. We wanted
15 to capture input from all venues for
16 consideration.

17 That means we wanted to make sure we
18 had the folks that had their boots on the
19 ground, so to speak, and those holding more of
20 an adversarial overseer's role and we wanted to
21 make sure that the worker input made its way
22 into the system.

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1 We wanted to also provide an
2 opportunity for review of meeting minutes and
3 interview notes to assure that people giving
4 those comments agreed that that was the
5 information that they gave.

6 We wanted to consider and
7 investigate information and concerns based on
8 merit and significance regardless of the venue
9 or source.

10 The same test must apply whether
11 you're getting information from a health
12 physicist or a welder. We needed to apply the
13 same test in terms of consistency with other
14 information.

15 Participation influenced by
16 perceptions. Can workers see that their input
17 is being taken seriously and it's having an
18 impact on dose reconstructions and SEC
19 recommendations, and that work is continuing.

20 We also wanted to make sure that we
21 had effective use of resources. Above goals
22 are pursued in context of the larger program and

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1 balanced with other priorities and
2 constraints.

3 Okay, so if you remember, back in
4 2009, we wrote a charter mission and an
5 implementation plan. This slide represents
6 that.

7 And just as a reminder, our charter
8 mission statement, which was approved in 2009,
9 to evaluate the effectiveness of NIOSH
10 activities in obtaining and making use of
11 information from current and former workers and
12 their representatives. Includes monitoring
13 and evaluating the effectiveness of NIOSH
14 sources of assistance to assure this
15 information is available to as many potential
16 EEOICPA claimants as possible.

17 The implementation plan had four
18 evaluation objectives listed here. So we
19 wanted to know if DCAS was taking appropriate
20 measures to solicit input from workers. We
21 wanted to make sure they were obtaining and
22 documenting input from workers and giving

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1 thorough consideration to information received
2 from the workers and effectively communicating
3 that information back to the workers.

4 So those were our four main
5 objectives and we knew that this implementation
6 plan had a number of pieces. We decided during
7 our February 2010 meeting that we would take
8 these on one at a time.

9 So we started with, focused on our
10 Objectives 1 through 3 and then the Ten-Year
11 Review came out so that we were given quality
12 of service and we put that in place of Objective
13 4 at that time.

14 And then there was that separate
15 effort of logging and tracking public comments
16 presented to the Advisory Board, and I'll talk
17 about more of these in the next coming slides.

18 So it's a little slow going forward
19 here. There we go. Okay, so this slide gives
20 an overview of our Work Group activities from
21 2007 through the present time.

22 The first bullet just indicates the

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1 different procedures. We started with ORAU
2 Procedure 0097. Our first matrix item was for
3 that procedure.

4 We did quite extensive work on that.
5 It was used in conjunction with the WISPR
6 database. That was NIOSH's early vehicle for
7 capturing data. Some of you may remember that.

8 Then we moved on to OCAS Procedure
9 12. That actually replaced 97. And then we
10 went into DCAS PR-12 which is in use today. We
11 had an issues matrix for that one.

12 Most of our 97 procedures carried
13 through and we eventually dropped some of those
14 off and there was quite a change in that
15 procedure from 97 to 12.

16 The review by the Work Group was
17 completed in November and it was issued and on
18 the website in December of 2012.

19 So our principal goals, most of our
20 work fell into Objective 3. We strove to
21 improve outreach procedures and work products
22 and we did that kind of looking back, which I'll

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1 explain.

2 We did some sampling, not continual
3 or comprehensive monitoring of the entire
4 program. We evaluated consideration of
5 issues, not agreement or disagreement with
6 NIOSH.

7 We took on Rocky Flats in 2011 and
8 2012. We had a broad scope of topics and
9 outreach input from different venues. We had
10 101 comments. We selected a statistical
11 sampling because our base of samples was so
12 large we needed to get a better handle on it.

13 Recently we completed the Los
14 Alamos National Lab. That report was given to
15 us in our last meeting in June. There was 78
16 comments so it's a little bit smaller but still
17 both very large undertakings.

18 So I'm going to move on to lessons
19 learned as soon as the computer catches up with
20 me. While there was initial concern expressed
21 that the proposed plan may be too ambitious,
22 much of the initial Worker Outreach agenda, we

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1 have accomplished it which is kind of why I
2 decided that we needed to have this
3 presentation.

4 We understood that this Work
5 Group's purpose and approach would be unique
6 and would need to be tested. Site reviews have
7 provided the means to validate the
8 implementation of worker outreach procedures
9 and management systems.

10 Empirical use of actual examples
11 has supported collaborative, productive
12 discussions of issues related to outreach
13 program implementation.

14 Most issues raised by commenters
15 are reflected, at least in general sense, in
16 NIOSH's communications and work documents.

17 However, large site reviews prove
18 to be, and I guess this would be the but, so
19 we've done that but -- resource, it was very
20 intensive and not always timely.

21 Retrospective reviews measure what
22 was, not what is and this blurs the connection

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1 between review results and current
2 opportunities for improvement.

3 Performance reviews required
4 documentary evidence and spurs defensiveness.

5 Evolution of outreach programs and
6 advent of the Ten-Year Review actions have
7 overtaken original Work Group implementation
8 plan. Talked about that a little bit.

9 So the original mission statement
10 of 2009, progress achieved, changes made. We
11 talked about PROC-12 revision addressed
12 procedure-specific issues from 2007 to 2010.

13 We have the Ten-Year Review actions
14 and this Work Group is struggling a little bit
15 with what our role is in that aspect.

16 Effective tracking system of public
17 comments to the Board. That, as you heard
18 earlier, has been implemented and is
19 successful.

20 The Rocky Flats and LANL
21 site-specific reviews have been completed and
22 we do have a long-range plan out there. We

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1 talked about it a couple of years ago.

2 And, Jim or Stu, one of you gave an
3 update on the initiative to capture comments
4 from multiple venues. It's a tracking system
5 currently in the works. Any updates on that at
6 this time, do you think?

7 MR. HINNEFELD: No, I don't have an
8 update. I don't have an update for that.

9 MEMBER BEACH: Is it still in the
10 works?

11 MR. HINNEFELD: It's not terribly
12 active right now but it's on the list of things
13 that we're trying to accomplish in our
14 technical support team.

15 MEMBER BEACH: Got you, okay. And
16 I think somewhat we were looking at that as kind
17 of taking where the old WISPR system took off
18 where you could find all those comments
19 captured in one place.

20 Some of the questions we have.
21 What is the current level of satisfaction and
22 confidence regarding common values and goals

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1 for outreach? How to apply lessons learned and
2 address the remaining opportunities to work
3 with NIOSH to strengthen worker outreach?

4 Worker outreach is still important.
5 We're just looking now for a way to move forward
6 with worker outreach.

7 Some of the ideas on this next slide
8 that I shared with the Work Group during our
9 June meeting -- I'm waiting. Okay, here we go.

10 So the first one is an idea to move
11 away from the comprehensive, site-specific
12 reviews towards more real-time observational
13 ones in conjunction with NIOSH outreach
14 activities. For example, provide feedback
15 based on participation in, and these are all
16 possibles, there may be more that aren't listed
17 here, SEC outreach meetings, DOL/NIOSH
18 information meetings, interviews and focus
19 groups.

20 Two, select specific issues for
21 focus. Focused Work Groups follow-up and
22 review, worker-raised concern regarding NIOSH

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1 responsiveness, so those would be real-time as
2 we hear them during our meetings, specific
3 referrals by any Board Member or Work Groups,
4 worker outreach selected based on Work Group
5 meeting discussions.

6 Three, continue to follow progress
7 and provide input as NIOSH develops a new
8 application responsive to the remaining matrix
9 issues from PR-12. There's a couple of just
10 real minor issues still lingering for PROC-12.

11 Number 4, define clear roles to
12 facilitate collaborative consideration of
13 progress being achieved on the Ten-Year Review,
14 quality-of-service issues related to
15 communications with workers, claimants and
16 petitioners.

17 And then 5, solicit regular
18 feedback from workers at Board meetings on how
19 communications are handled and whether
20 comments or issues are being addressed in a
21 timely manner.

22 Okay, and that's my presentation.

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1 Sorry, the nerves got away from me just for a
2 few minutes there. I guess I can turn it over
3 for a discussion if anyone has any ideas.

4 CHAIRMAN MELIUS: Thank you,
5 Josie. That was summarizing a lot of work
6 briefly.

7 MEMBER BEACH: Many years.

8 CHAIRMAN MELIUS: Many years, many
9 years of work and it's difficult. And for some
10 of you that are new to the Board, one of the
11 difficulties with this Work Group is sort of
12 defining a role that fits within our charter and
13 so forth.

14 It's not as straightforward as a
15 Site Profile or SEC, you know, review process
16 and so we've struggled with that and struggled
17 with coming up with what's appropriate and just
18 the timing.

19 There's lots of changes in terms of
20 outreach and I think it generally has improved
21 and been more responsive but, you know, by the
22 time you evaluate it, it's changed and that does

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1 make it difficult.

2 MEMBER BEACH: Well, I think that's
3 one of my struggles too, is for the Ten-Year
4 Review, we were given a set of parameters that
5 we should have worked on for our Work Group and
6 then it feels like we haven't made any progress
7 in that area.

8 CHAIRMAN MELIUS: Yes. To
9 paraphrase one of our contractor people who we,
10 very well-regarded by us of course, but while
11 you were presenting I was struck by an idea.

12 MEMBER BEACH: Oh, good.

13 CHAIRMAN MELIUS: And I would like
14 to explain that idea but a little more briefly
15 than what we heard yesterday, so it won't be a
16 15-minute, two-minute explanation. But one of
17 the things that might be useful is putting --
18 I was struck by an idea that's going to put Stu
19 to work.

20 MEMBER BEACH: Oh, good.

21 CHAIRMAN MELIUS: So but it would
22 be nice to have, and I don't know if it's for

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1 a full Board meeting, not only worker outreach
2 but sort of an update on the Ten-Year Review and
3 progress on that.

4 You had a number of initiatives that
5 were done. A lot of them are under way and,
6 progress, but some are sort of, to some extent,
7 invisible to the Board, and I think it would be
8 useful as an update, and particularly in this
9 area of worker outreach in terms of defining
10 what might be, you know, an appropriate role for
11 a Work Group in relationship to that process.

12 So, Stu, how does that great idea
13 strike you?

14 MR. HINNEFELD: Well, that's of
15 course a great idea. I can provide a
16 comprehensive, if you would like, update on
17 status of Ten-Year Review items at the next
18 Board meeting or a phone call.

19 CHAIRMAN MELIUS: I was thinking
20 it'd be something we could do on the phone call.
21 It would be --

22 MR. HINNEFELD: Okay, okay.

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1 CHAIRMAN MELIUS: Is that -- yes.

2 MR. HINNEFELD: I can do that. A
3 lot of the items, Ten-Year Review items in terms
4 of, you know, client service or customer
5 service were in clarity of communication and
6 there's been a lot of revision of information
7 on our website, you know, much of it with the
8 intent of making information more clear.

9 And it kind of gets jumbled into
10 changes that are made to match templates that
11 get handed down to us that we have to, our
12 website should look a certain way. So but
13 there's been a lot, quite a lot done on that from
14 the website.

15 It strikes me as, you know, because
16 I've been fairly involved in the worker
17 outreach activities and the Worker Outreach
18 Work Group activities, that, you know, worker
19 outreach and the kinds, you know, the way we go
20 about getting information from workers and, you
21 know, getting information to do our work has
22 evolved a long way from when this Work Group

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1 started.

2 And I think many Board Members, and
3 it's not the Worker Outreach Work Group Board
4 Members but it's the Kansas City Work Group
5 people who were out in Kansas City speaking to
6 workers as part of our information-gathering
7 efforts. Idaho --

8 MEMBER BEACH: Idaho.

9 MR. HINNEFELD: I know, INL Work
10 Group here in Idaho speaking to workers. So
11 the worker outreach effort, you know, our
12 worker outreach has evolved from going to the
13 site management and getting the site documents
14 and talking to site management to more directly
15 saying, when we do our investigation we need to
16 look beyond the management and also seek out
17 workers during our Evaluation Reports and then
18 the subsequent investigations.

19 And so the Board is much more
20 participative in what I would consider outreach
21 activities, which is the outreach activities
22 where we learn things, than they were four or

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1 five years ago. I think people would probably
2 agree with that.

3 MEMBER BEACH: Yes. Just to carry
4 on that thought, which is why we're kind of
5 where we are now, is we have evolved and so our
6 mission needs to change possibly and evolve
7 with that.

8 MR. HINNEFELD: And then we
9 probably are doing less information outflow to
10 explain to claimants how the process works than
11 we were many years ago when we were starting to
12 build Site Profiles and things like that
13 because we feel like a lot of that information
14 is out there to, you know, the interested
15 parties and also because we're in the Joint
16 Outreach Task Group with the other agencies and
17 that effort is aimed at that, you know,
18 explaining the program to people.

19 So the information outreach
20 activities, what you would actually consider an
21 outreach meeting where we are trying to give
22 information out, is sort of in those Joint

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1 Outreach Task Group meetings.

2 And the meetings where we're trying
3 to learn information rather than doing the Site
4 Profile meetings like we used to do is now part
5 of our Evaluation Report and the work that the
6 Board is really involved in now.

7 So there's been quite an evolution
8 over the life of the Work Group in terms of how
9 that's done. So that's, you know, my comments
10 about this and so I think you're right. I mean,
11 some different way of looking at this might be
12 relevant.

13 CHAIRMAN MELIUS: Yes. We need to
14 update to reflect the changes and then think
15 where would some involvement, evaluation be
16 helpful and would be appropriate.

17 I would just add, I mean, you know,
18 one of your thoughts or suggestions was, you
19 know, follow up on people who, you know, we say
20 we communicate well to people who make public
21 comments and follow back. How's that
22 perceived?

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1 Again, one of the other problems
2 with this program is it takes a while and so,
3 you know, the proof of whether I was, you know,
4 listened to or not is going to be maybe down the
5 road and, you know, aside from issues of whether
6 I view the outcome as good or bad or my
7 perspective, it's going to be, the delay itself
8 is that so, yes.

9 MEMBER BEACH: Interesting you
10 should bring that particular item up because
11 during this presentation, we did have some
12 feedback.

13 And I think a following meeting, I
14 don't remember which Work Group, we had some
15 direct feedback that they later sent to me and
16 wanted an answer on which our next Work Group
17 meeting will follow up on. So, you know, we are
18 having some comments in that avenue.

19 CHAIRMAN MELIUS: No, it's also
20 people get sort of engaged in the process
21 because you're at a, you know, public meeting
22 like this one, you may have one question or so

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1 forth and you get some information, think about
2 it some more and hear some more and then there
3 may be other questions and other issues that
4 come up and I'm not sure there's an easy venue
5 for that all the time.

6 MEMBER BEACH: Can I leave with one
7 last thought? In 2007 when this Work Group was
8 formed, there was a lot of interest, a lot of
9 things talked about during the meeting. I went
10 back and read those transcripts.

11 If you have any ideas, I welcome an
12 email. I know I asked the Work Group to do the
13 same thing after the June meeting.

14 So if you have some ideas or some
15 thoughts, please send them. Send them to me,
16 copy Ted and Jim, so that it'll give us some
17 focus for our next Work Group meeting and it
18 would be very helpful.

19 CHAIRMAN MELIUS: Well, my thought
20 would actually be, and I'm not sure whether it's
21 best to do it on the phone call, if not, then
22 certainly at our next meeting, is to do a

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1 follow-up and try to resolve, you know, this
2 issue in the sense of let's have a charge and
3 let's have a way forward by the time we meet in
4 November.

5 And if we can do it at, I can't
6 remember when the phone call is but, neither can
7 Ted. Well, why don't we have the phone call
8 meeting?

9 Yes, I think August sometime. But
10 anyway, we can do the Ten-Year and at least have
11 some discussion at that meeting and then try to
12 get something finalized, maybe even a proposal
13 by the November meeting.

14 MEMBER BEACH: Okay.

15 CHAIRMAN MELIUS: Thank you. You
16 have nothing else to do between now and then,
17 so. Okay, any other comments, questions?
18 Wanda.

19 MEMBER MUNN: I hate to even say
20 this because I'm out there again. I guess over
21 the last five years, it's been very obvious to
22 me that the Work Group and all of the people who

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1 were interacting with the Work Group have, as
2 was just pointed out earlier, made a great many
3 changes and the program itself has changed
4 tremendously. It has changed successfully for
5 the Work Group charter.

6 I guess it seems to me that it would
7 be nice sometimes for our Work Groups to be able
8 to say we did that and we did it well and things
9 have improved greatly.

10 One of the things that's changed a
11 lot over that period is the amount of focus
12 that's given to worker outreach. We now have
13 NIOSH and ATL and Labor and DOE all routinely
14 doing worker outreach.

15 And, of course, every newspaper
16 anywhere near any site has worker outreach
17 information in it on almost a daily basis so
18 that trying to identify -- I sometimes have the
19 feeling that we may be going at it backwards.
20 Instead of saying, we've accomplished what we
21 set out to do, to say and now what else can we
22 do. Maybe instructive in some ways but I'm not

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1 sure that the need is as obvious as it was in
2 the past, if that makes sense.

3 I think Josie and the people who
4 have been involved in pursuing the original
5 charter have really done a good job in achieving
6 those goals.

7 The question I think we need to ask
8 and it hasn't been asked so far is, do we need
9 to establish another charter. That question
10 was raised. Should we do that?

11 And I'm not at all sure that we've
12 addressed it from the point of whether that's
13 necessary. I can understand it would in many
14 ways be desirable.

15 I'm not sure that it's a necessary
16 function for us and it might be worthwhile for
17 us to just consider it from that point of view.

18 CHAIRMAN MELIUS: Yes. Declare
19 victory and go home.

20 MEMBER MUNN: Yes, exactly.

21 CHAIRMAN MELIUS: But I think how
22 we're approaching that, I don't think we're

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1 ignoring that possibility but let's see what we
2 can identify that makes sense in terms of be,
3 again, appropriate and would have an impact on
4 the program and provide some assurances that
5 what we think has been happening has, the
6 improvements we think have been happening are
7 really having an impact and the desired impact.

8 So I think let's process, but you're
9 right. If we get to the November meeting and
10 haven't really identified anything that should
11 be done, then, you know, we need to consider,
12 do we need to have that Work Group? So I think
13 that issue's on the table.

14 But I think we need to approach it
15 first -- I think we all recognize it's an
16 important, very important part of the program,
17 very important need in the program.

18 And it's not like a site where we,
19 you know, have a distinct ending to our
20 involvement, though I'm not sure that's true
21 either. So let's see. That would be my point
22 of view. Brad.

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1 MEMBER CLAWSON: I just wanted to
2 echo what you had just said. One of my things
3 to it, another way to be able to look at it too,
4 is this is an opportunity to kind of do a check
5 and balance too, because actually we are
6 looking out to the claimants, and to be able to
7 hear how they see how we're doing is very
8 important to us to be able to know what our job
9 really is for them. And to find out that we're
10 doing it, I think this is crucial and I've
11 always felt this way and I always will.

12 I think that we always ought to see
13 from the petitioners' eyes what we feel, what
14 we can do better and if we're getting things
15 addressed the way that we should.

16 Sometimes it isn't the funnest
17 thing to hear what's said but that's what we're
18 here for, to do, is do the best job that we can.

19 CHAIRMAN MELIUS: Any Board
20 Members on the phone have comments?

21 MEMBER ZIEMER: This is Ziemer. I
22 have a comment.

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1 CHAIRMAN MELIUS: Go ahead.

2 MEMBER ZIEMER: As usual. First
3 of all, I always credit Mike Gibson with sort
4 of growing the seed of this idea and Mike was
5 the original Chair of that Work Group and the
6 Board charged the Work Group with developing
7 the mission statement and so on.

8 And as I look at the mission
9 statement, I say to myself, you know, that was
10 a good mission statement and it still is a good
11 mission statement. I think worker outreach is
12 one of those areas where continued monitoring
13 is a useful thing.

14 Certainly in the early stages of
15 this there was a lot of activity in terms of
16 developing the goals and it looks like we're
17 sort of on a steady state now.

18 But that doesn't mean that we should
19 declare victory and go home. Anything that you
20 do like this, particularly this particular Work
21 Group, I think, I look at it as an ongoing thing.
22 In fact, one might argue that it ought to be a

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1 Subcommittee rather than a Work Group.

2 But, in any event, I think the
3 objectives are still pertinent. They might be
4 tweaked a little bit if necessary as change and
5 outreach activities changed but the thrust of
6 it I think is still pertinent and I'd like to
7 see it continue.

8 And let me add to that because
9 Mike's no longer on the Board but Josie's done
10 a terrific job in shepherding this thing along
11 and she and the other Members of the Work Group
12 are certainly to be applauded.

13 MEMBER CLAWSON: Yes. Way to go,
14 Josie.

15 CHAIRMAN MELIUS: Okay. To
16 satisfy the time limitation, we can borrow from
17 Hollywood and say the new one will be called the
18 Return of the Worker Outreach Work Group or
19 something like that.

20 MEMBER MUNN: Number 2.

21 CHAIRMAN MELIUS: Number 2. Yes,
22 that's it.

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1 MEMBER MUNN: Roman Numeral II.

2 CHAIRMAN MELIUS: Yes. So we'll
3 have a naming contest to --

4 MEMBER BEACH: Let me just say that
5 I wasn't planning on changing the mission
6 statement, just the implementation plan itself
7 because I agree with Paul. I think the mission
8 statement still suits what our needs are.
9 That's my opinion.

10 CHAIRMAN MELIUS: Well, but I would
11 also, and I don't disagree with that but I would
12 say if we see the need to change the mission
13 statement because we see an activity or
14 something that needs to be done that's not being
15 done, then I think, or should be done, whatever
16 you want to call that, okay?

17 Anybody else, any other Board
18 Members on the phone have comments? Dr. Lemen,
19 we changed our schedule to --

20 MEMBER LEMEN: Dr. Lemen has no
21 comment.

22 CHAIRMAN MELIUS: Oh, okay. Just

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1 checking you were still there.

2 MEMBER LEMEN: He is still here.

3 CHAIRMAN MELIUS: Good, excellent.

4 MEMBER LEMEN: Maybe not for long.

5 CHAIRMAN MELIUS: Any other
6 comments, questions? If not, we'll bring this
7 to a close. We'll follow up at our Work Group
8 call and at our next meeting and we are now
9 breaking until 4:45, which will be the start
10 with the INL, yes. So thank you.

11 One quick announcement before we
12 go. Someone pointed out to me that our Santa
13 Susana Work Group is a little short of Members.
14 We only have three Members on that.

15 We had sort of cut back. I think
16 it's one Mike Gibson originally chaired. Then
17 he left. There wasn't much activity so we
18 didn't add Members. So I will circulate an
19 email to everybody because not everyone's on
20 the line or here.

21 MEMBER BEACH: Wanda, Phil and
22 myself.

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1 CHAIRMAN MELIUS: Yes. Okay.
2 Yes, so anybody else that would like to
3 volunteer let me know here and then I'll also
4 do an email if people want to think about it or
5 whatever and for people that aren't on the
6 phone, do that. Good and we will take a break
7 and return a little less than an hour.

8 (Whereupon, the above-entitled
9 matter went off the record at 3:54 p.m. and
10 resumed at 4:48 p.m.)

11 CHAIRMAN MELIUS: We'll get
12 started now. We're going to be talking about
13 the INL Site Profile Review and update, do that.
14 So the plan will be this session will go 4:45
15 to roughly 5:30. If we finish early, we'll
16 start the public comment period early.

17 If not, we'll definitely try to
18 start it at 5:30. If you wish to make public
19 comments, please, it helps if you sign up.
20 It's not absolutely required, but we start with
21 a signup sheet, and we start with the,
22 definitely try to start with people that are

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1 here in the audience, here and then, you know,
2 go through.

3 And then there may be some people on
4 the phone that are calling. In fact, we know
5 there are some, we'll hold them until the end.

6 We'll explain more about the public
7 comment process when we're ready to start that,
8 but just so everybody knows. But first, we'll
9 get an update from NIOSH Pete Darnell. Pete,
10 go ahead.

11 MR. DARNELL: Good afternoon. My
12 name is Peter Darnell, and I'd like to thank the
13 Board for the opportunity to speak about the
14 Idaho National Lab and the Technical Basis
15 Document update.

16 The Technical Basis Document for
17 Idaho National Laboratory was last updated in
18 2010. There are a current number of issues
19 that are being worked from the Working Group
20 review of that Technical Basis Document.

21 Thirty-eight of the issues have
22 been reviewed. Twenty-three issues have been

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1 closed. Ten of those issues were closed during
2 the June 10th Working Group meeting, and I have
3 those listed there. And if there are any
4 questions about what they are, I can go into
5 that if the Board would like. Otherwise I'll
6 just march on.

7 In March 2014, Sanford Cohen &
8 Associates had proposed the closing of 14
9 issues. And during the March Work Group
10 meeting, 13 of those issues were considered
11 closed by the Working Group.

12 Also, during that meeting, NIOSH
13 issued five White Papers, and a list of nine
14 action items were developed for NIOSH. And
15 we're going to wait for the computer to catch
16 up. Okay.

17 The five White Papers that we worked
18 on and presented were investigation of the need
19 for external dose correction factors for
20 angular dependence in exposure geometry that
21 relates to Issue 19 of the initial Technical
22 Basis Document review.

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1 We were also issued a White Paper on
2 the potential for missed extremity dose, Issue
3 24. INL basically assigned extremity dose
4 when it was needed. For other workers, NIOSH
5 is addressing that dose on a case by case basis.

6 Assessment of routine airborne
7 releases at the INL, which is Issue 1, and this
8 deals with the source terms provided for the
9 site and general releases for, my apologies.
10 I'm running out of breath. This is looking at
11 the uncertainties and deficiencies in
12 environmental monitoring for airborne releases
13 at the Idaho National Laboratory.

14 I'm sorry, the altitude gets to me.
15 I've been ill this year. Thank you.

16 The fourth White Paper that we
17 issued was regarding hot particles at the Idaho
18 National Laboratory. This deals with two
19 issues, items Issues 9 and 23. These issues
20 were combined into a single issue and were
21 addressed by a White Paper.

22 And NIOSH has since pulled back that

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1 White Paper. We are reassessing some of the
2 information and looking for more information
3 from the site to go forward with the White
4 Paper.

5 The final White Paper that we
6 developed was for airborne releases associated
7 with the Aircraft Nuclear Propulsion Program.
8 This is Issue 2.

9 Enduring activities have been
10 ongoing since June 2010 and May 2014 include
11 five data capture efforts. Those were
12 completed through 2013. The sixth data
13 capture effort was completed in conjunction
14 with the INL Working Group and SC&A in June of
15 2014.

16 NIOSH considers that to be a very,
17 very successful site visit. We completed the
18 interviews of 36 personnel and had a lot of
19 documents reviewed, and basically set up
20 information and documents for the next site
21 visit which will occur in September of 2014.

22 We plan on performing just three

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1 interviews during that site visit. Two of the
2 interviews will be with radiological personnel
3 that are currently working at the site, and one
4 with a former health physicist from the site
5 that worked at the plant during the 1970's.

6 We'll be performing technical
7 document reviews and going deeply into the
8 documents, actually reviewing letter logs from
9 the supervisors that actually started the
10 health physics programs back in the early '50s.

11 We'll also be doing a more in depth
12 review of the RWMC in the chemical plant looking
13 for actinide exposures. Our main interest is
14 plutonium and neptunium internal exposures.

15 During that visit in September,
16 we'll also be planning our October visit, and
17 that visit will include more interviews and
18 more document reviews.

19 There are nine action items that the
20 NIOSH action items that we're currently working
21 on. We're to issue an internal coworker
22 dosimetry model.

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1 And NIOSH has initiated comparisons
2 between INL worker data and NOCTS claims data
3 and we're currently developing methods to
4 compare the data sets for this model.

5 We've also been asked to explain why
6 an external coworker model is not required.
7 The short answer of that is we have
8 documentation of external dosimetry being
9 required from the first week of operation
10 on-site. But we are developing the paper so
11 that we can lay out all of the information that
12 we have on that.

13 The third action item that we're
14 working on is investigation of the NTA film
15 dosimeter limits of detection being used for
16 INL dose reconstruction. NIOSH is developing
17 guidance on NTA film for limit of detection.

18 INL letter files, the subject of the
19 September data capture should provide more of
20 the details that we need to be able to look at
21 the NTA film dosimeter limits of detections.

22 Issue 21 is the photon spectrum

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1 split. And what we've been asked to do is
2 expand on energy group split rationale and then
3 draft responses under review.

4 The hot particles issues, as I spoke
5 of earlier, we're looking more deeply into some
6 records that INL has. Specifically we're
7 looking for more detail on INL personnel
8 contamination reports. We have not received a
9 lot of those reports unless they happen to be
10 part of the unusual occurrence reporting.

11 At the site, one of the common
12 practices was for minor skin contaminations,
13 those contaminations would be written up in the
14 health physics technician's logs rather than
15 incident reports. And so we're looking for
16 more of that data.

17 Issue 34, which is taking the lead
18 in developing areas of interest and questions
19 for possible worker interviews. We've done a
20 little bit of that during the June meeting, and
21 the September meeting we'll be delving more
22 deeply into these issues.

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1 Path forward, for the remaining
2 action items, high risk jobs, internal
3 exposure, and calibration of internal
4 dosimetry analytical monitoring equipment,
5 Issues 5 and 6, right now NIOSH hasn't
6 responded, and it's currently under review.
7 The same is also true for SL-1 accident doses.

8 The completeness and quality of INL
9 beta, gamma dosimetry and record keeping
10 programs, Issue 16. This item is actually very
11 similar to action item number two. And the
12 response to Issue 16 will be handled with the
13 response to Item 2.

14 Minimum reporting levels for both
15 beta, gamma, and neutron, Issues 27 and 28,
16 NIOSH is revisiting its response for Issue 27,
17 which is the beta, gamma. And Issue 28 is being
18 addressed by a White Paper that is still being
19 prepared.

20 The completeness and quality of INL
21 neutron dosimetry and record keeping programs,
22 Issue 31. NIOSH is looking at a site specific

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1 coworker model for this, and that is currently
2 under development.

3 Issue 34, this is also being
4 reviewed in-house. The Site Profiles will be
5 updated once we get through the remaining
6 issues that are open, and after the coworker
7 models will be complete.

8 What NIOSH is envisioning is that
9 the Technical Basis Documents will include the
10 coworker models in a single document so that
11 dose reconstruction can be performed.

12 As we move forward, NIOSH has a
13 procedure to form a Program Evaluation Report,
14 and that will be completed as necessary once the
15 Technical Basis Documents are updated.

16 What we do is we go back through the
17 Program Evaluation Report process and look at
18 all of the claims that have been previously
19 completed for the INL and determine which
20 claims the dose reconstructions have to be
21 redone.

22 Based on that list of claims that

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1 have to be done, NIOSH will inform the
2 Department of Labor of the claims that will
3 require rework.

4 Time line for completion is rather
5 open ended. As I mentioned, we completed the
6 site visit in June. And while we are receiving
7 some information from the site from that visit,
8 we have not captured all of the data in house.
9 Excuse me, not captured, collected all of the
10 data in house from INL yet.

11 We anticipate the same problem
12 occurring in the October visit, during the
13 October visit. Again, there will be some lag
14 time after identification of records and
15 collection of those records before we'll get
16 them in house.

17 In looking at this, we're looking at
18 probably spring of next year before all of the
19 documents that have been tagged for collection
20 have been collected, returned, and reviewed to
21 go into our responses to the open issues.

22 The coworker model obviously will

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1 be following that. So sometime after the
2 spring we'll be looking at getting the initial
3 drafts of the INL coworker model completed.

4 There is one thing that I wanted to
5 point out. INL does have a SEC petition that's
6 come in. It's a petition for all job titles and
7 all job duties who worked at all locations in
8 all buildings in the Idaho National Laboratory
9 in Scoville, Idaho from January 1st, 1949
10 through December 31st, 1970.

11 The petition basis is plutonium and
12 neptunium internal monitoring. And this
13 actually falls in line with some of the site
14 investigations that we're currently pursuing.
15 It's almost like we anticipated the SEC
16 petition coming.

17 Other than that, any questions,
18 comments?

19 CHAIRMAN MELIUS: Board Members,
20 questions for Pete at this time? Board Members
21 on the phone, do you have any questions?

22 DR. OSTROW: Hi, this is Steve

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1 Ostrow from SC&A. Hi, Pete.

2 MR. DARNELL: Hi, Steve.

3 DR. OSTROW: Did I hear correctly
4 for the hot particle issues that Issues 9 and
5 23, that you're going to pull back the White
6 Paper that you had already written on that?

7 MR. DARNELL: Yes, I believe that
8 was part of the decision made in the Work Group
9 meeting.

10 DR. OSTROW: Okay. And also, I
11 think the Issue 34 which is the high risk jobs,
12 the neutron exposures, you had issued a White
13 Paper on that, but one of your action items is
14 you're going to do some more work on that, too?

15 MR. DARNELL: That's what I have in
16 my notes, Steve. I can check on it and get back
17 to you, if you'd like.

18 DR. OSTROW: Okay. Yes, because
19 you had already issued that White Paper. But
20 what I'm hearing, I think what you said is that
21 you're going to add to that or, you know, revise
22 it or something.

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1 MR. DARNELL: Yes, sir.

2 DR. OSTROW: Okay, thanks a lot.

3 CHAIRMAN MELIUS: Okay, any Board
4 Members have questions?

5 MEMBER ZIEMER: Yes, this is
6 Ziemer. I have a question for Pete. Pete, do
7 you know whether or not some or most or all of
8 the claimants who were early responders to the
9 SL-1 accident have had dose reconstructions?

10 Or let me ask it in a different way.
11 Is the SL-1 accident dosimetry being revisited
12 as part of this Issue 15?

13 MR. DARNELL: What I'm hearing you
14 ask is is part of the SL-1 accident responders
15 dose part of Issue 15?

16 MEMBER ZIEMER: Yes.

17 MR. DARNELL: Yes.

18 MEMBER ZIEMER: It was my
19 impression that at least some of the early
20 responders have already had dose
21 reconstructions. But are the dose
22 reconstructions for early responders being

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1 re-evaluated? Is that what Issue 15 is?

2 MR. DARNELL: No. Issue 15 is just
3 developing a model for those workers. As I
4 understand it, NIOSH has in house a list of the
5 responders to the SL-1 accident.

6 MEMBER ZIEMER: Yes, that's what
7 I'm asking about.

8 MR. DARNELL: And this is just
9 putting together the dose reconstruction and
10 the methodology for how those dose
11 reconstructions are being done.

12 MEMBER ZIEMER: And the other part
13 of the question is do you know if some of them
14 have already been done under some previous
15 methodology?

16 MR. DARNELL: Yes.

17 MEMBER ZIEMER: Yes meaning they
18 have been done?

19 MR. DARNELL: Yes, sir.

20 MEMBER ZIEMER: Okay, thank you.

21 CHAIRMAN MELIUS: Any other Board
22 Members on the phone with questions? Okay,

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1 we're going to move along. Next presentation
2 we're going to have is from John Stiver, SC&A.

3 MR. KATZ: And for people in the
4 room, SC&A is a contractor that supports the
5 Board directly and reviews the work that NIOSH
6 does. So that's the perspective coming here.

7 CHAIRMAN MELIUS: And John, I'd
8 just add, we intend to start the public comment
9 period directly at 5:30. So leave time for
10 questions.

11 MR. STIVER: Okay, so certainly
12 will. Good afternoon, everybody. My name is
13 John Stiver. I'm a health physicist with the
14 Sanford Cohen & Associates. And as Dr. Melius
15 indicated, we are the technical support
16 contractor to the Advisory Board.

17 And today I'm going to go ahead and
18 give you SC&A's perspective on our Site Profile
19 Review for Idaho National Laboratories.

20 I'm going to start with a little bit
21 more detailed background than Pete had given,
22 at least, for the development of the

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1 documentation and the review because it's been
2 a long, torturous process and I think it would
3 kind of help everybody get a perspective on how
4 we got to where we are now.

5 But so as you can see in this slide,
6 in 2004, NIOSH issued the first six volume TBD
7 comprising the INL Site Profile. And SC&A
8 performed our first review in September 2005.
9 This is Revision 0. So we're looking at nine
10 years ago.

11 From January 2006 to December 2008,
12 we delivered revised and supplemental reviews.
13 And then in June of 2009, the first INL Work
14 Group meeting was held where the INL and Argonne
15 West reviews were combined.

16 In July 2009, we produced a combined
17 issues matrix that contained the original 38
18 issues that have been since the topic of
19 resolution is subsequent meetings.

20 December 2009 through April of
21 2011, NIOSH revised its TBDs, which resulted in
22 the current ones, which as Pete told you, will

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1 be revised again after the next round of data
2 capture and interviews.

3 The second INL Work Group meeting
4 was held in June of 2010. Ten of thirty-eight
5 issues were closed at that meeting.
6 Subsequent to that, we prepared an update to the
7 issues matrix, incorporating NIOSH's comments,
8 which is pretty much business as usual in Site
9 Profile Reviews.

10 Last year, at the Advisory Board
11 Meeting here in Idaho Falls, NIOSH was tasked
12 to prepare the White Papers that Peter
13 discussed in more detail than you're going to
14 see here.

15 But you'll see a lot of this work is
16 being done kind of collaboratively. So
17 there's going to be some overlap to what you've
18 seen before in what I'm presenting today.

19 In February of 2014, we prepared
20 kind of a revised, updated issues matrix in a
21 different format, more of a narrative format
22 because it was getting so complex to put

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1 everything in a table.

2 Based on authorization from the
3 Work Group, we had recommended to close ten
4 issues after kind of a quick review. And after
5 additional research, we recommended closing an
6 additional four issues.

7 As Pete indicated, Issues 9 and 23
8 were combined into a kind of a hot particles,
9 overall hot particles issue. We once again
10 incorporated NIOSH's comments in March of this
11 year.

12 And then the third and last meeting
13 of the Work Group took place on March 25th.
14 Several things came out of this. First of all,
15 we discussed the open issues with SC&A and in
16 the Work Group and NIOSH, and closed 12.

17 Thus, of the original 38 issues, 22
18 were closed and 16 remain open. I know Pete
19 indicated there were 15, and there are some,
20 because the two hot particle issues were
21 combined, I think that's the discrepancy in the
22 one open issue.

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1 Other items that took place and that
2 are of concern, again, NIOSH is going to provide
3 some sort of a formal response as to why an
4 external dosimetry model is not needed. And
5 they're also preparing the internal coworker
6 model.

7 They're going to issue the White
8 Paper on investigation of the NTA film
9 dosimeter limits of detection. And probably
10 an important thing from our perspective that
11 came out of this is that Work Group believed
12 that as a result of this meeting and the
13 research and what's gone on before that there
14 may be gaps in the record that warrant further
15 data capture and interviews.

16 And to that end, NIOSH and SC&A,
17 we're collaboratively to plan and conduct
18 worker interviews that took place last month,
19 in June here. And this is a typo, that should
20 read 36 interviews were conducted in parallel
21 with data capture efforts.

22 So at this point, we're really

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1 looking at kind of a two-tiered approach. The
2 first are being, obviously, conducted in
3 parallel. First is the conditional, or excuse
4 me, conventional Site Profile Review, which is
5 kind of business as usual, which involves
6 resolution of the 16 open Site Profile issues
7 including White Paper reviews, which Pete gave
8 a fairly detailed review of.

9 And obviously the White Paper
10 reviews are going to be informed possibly by the
11 on-site field review.

12 The second aspect is kind of an
13 intensive on-site field review, again
14 conducted in collaboration with NIOSH, which is
15 really born out of the concerns voiced at the
16 March meeting, and kind of informed by the
17 interview responses and data captures.

18 And those interviews and data
19 capture efforts kind of reveal a need for more
20 of a vertical assessment. By vertical I mean
21 just sort of a focused, more in depth review on
22 certain key issues.

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1 Some of these things that were of
2 concern to us, well INL has a good dosimetry
3 program in general by virtue of coming on line
4 about ten years after some of the earlier sites
5 and learning from the mistakes that were made.

6 We still think there are some blind
7 spots. An example would be for transuranics,
8 for alpha monitoring there may be some gaps,
9 there are some lack in monitoring for some
10 periods at the rad waste management complex.

11 The Chemical Processing Plant, our
12 2005 interviews and subsequent data capture
13 indicates that there may have been an issue with
14 the plutonium plate-out in some of the cells at
15 CPP with a potential for unmonitored alpha
16 exposure upon reentry.

17 Now in most cases, the plutonium,
18 there's fission products kind of going along
19 with this through process. It can be used to
20 kind of tag plutonium as sort of a radiological
21 tracer, if you will, that's more easily
22 detectible. But we feel it may be in this case

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1 that it may not be the case. And so that's
2 something we want to look into in greater
3 detail.

4 Another noble gasses, the Chemical
5 Processing Plant had a krypton-85 bottling
6 program. And the information we've been able
7 to gather indicate that only about half of it
8 was recovered. Therefore, we're going to need
9 to look into the dosimetry that was used to sort
10 of calculate or to document the measure, the
11 immersion doses, the external doses that these
12 workers might have experienced.

13 And finally, this is not a
14 comprehensive list, this is really more of an
15 example, concerns regarding the quality of the
16 health and safety programs for certain
17 categories of workers, one of those being
18 firefighters based on interviews that we held
19 last month.

20 Path forward as far as the on-site
21 review, I know Pete talked about this. It's
22 about validating this vertical assessment from

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1 our perspective. We're going to be doing data
2 captures the week of September 8 to 11, and also
3 follow-on interviews, some more focused
4 interviews with some experts, one of whom we had
5 a long interview with in June. It was very
6 productive, and we're going to have a fall one
7 with him.

8 And the second set of interviews,
9 which will be primarily orchestrated by SC&A in
10 October of 2014. And obviously lines of
11 inquiry need to be developed for these as
12 informed by the interviews and data capture.

13 And as Pete mentioned, we're
14 probably going to be looking at sometime next
15 spring before all these interviews are
16 compiled, the data are concatenated and made
17 available.

18 As far as the conventional review,
19 obviously we need to go ahead and continue our
20 resolution process on the 16 open Site Profile
21 issues. The White Paper reviews are in
22 process, and are going to be finalized after

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1 on-site investigations are completed.

2 This table here just shows a list of
3 the TBDs, the White Paper topics, the status
4 being when they were received by SC&A.
5 Obviously, we have the NTA dosimeter limit of
6 detection papers still not yet received. The
7 others were in various stages of completion of
8 our responses.

9 And that's about all I have to say.
10 Entertain questions at this point.

11 CHAIRMAN MELIUS: Thank you, John.
12 Questions from Board Members at this point?
13 Questions from Board Members who are not here
14 at the table? Well, I'm going to get, okay, you
15 were next. Okay, here now Phil Schofield who's
16 the Chair of the Work Group is going to, the
17 Board's Work Group is going to update us.

18 MEMBER SCHOFIELD: I'm Phil
19 Schofield. I'm with the Advisory Board and
20 Work Group Chair. First, let me say I
21 appreciate all of you coming out. This is your
22 site, this is your facility. Nobody knows it

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1 as well as you guys, you men and women who work
2 out there on a daily basis or used to work there.

3 There's always some blind spots
4 that we don't know about. There's short term
5 programs that may have come and gone. Your
6 questions, your concerns, your statements are
7 welcomed. We would appreciate any input you
8 could give us.

9 Obviously, we can read all the SOPs
10 that were ever written. We can look at all the
11 official documents. It's kind of like an
12 as-built drawing, the way it was originally
13 envisioned, the way it's implemented, a lot of
14 times we don't see the hazards there that you
15 know exist.

16 So please, feel free and please
17 encourage your coworkers, former coworkers to
18 come forth and let us know where we're missing
19 things. This way, we can help you. Thanks.

20 CHAIRMAN MELIUS: Thanks, Phil.
21 Any further discussion among the Board Members
22 at this point? If not, I'd like to start the

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1 public comment period. And while you give the
2 introduction, I'll go get the list.

3 MR. KATZ: Okay, that will work.
4 That's new. So I just want to let all of you
5 know, as you may not know, but this whole
6 meeting is being recorded, transcribed, and
7 ends up in a transcript that's published on the
8 NIOSH website for everybody, for the public to
9 read.

10 So when you make public comments,
11 all that's captured exactly as you say it.
12 Everything that you tell that might be very
13 personal about yourself or your loved ones or
14 whomever will be captured in there.

15 The one thing you need to understand
16 is, so and that the public will be able to read
17 all that. The one thing we do do though,
18 however, because we need to protect the privacy
19 of the people who are not here is if you do talk
20 about someone else, a third party, their
21 privacy will be protected.

22 So we will redact that information,

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1 limit that information to the extent we need to
2 so that the public can't read about personal
3 matters of a person who wasn't here to speak for
4 themselves.

5 So that's sort of boiled down
6 version of what we'd call our Redaction Policy.
7 And it should be in all its full glory back on
8 the back table if you want to read the details,
9 but that's really the nuts and bolts of it. I
10 need you to understand that.

11 And then do you want me to cover
12 this, I know lines of inquiry?

13 CHAIRMAN MELIUS: And just to go
14 through the process. We have a signup sheet,
15 so we will start with that, with people that at
16 least I believe are here for related to the INL
17 site.

18 And then when we get through the end
19 of that list, I'll ask if anybody else wants to
20 say anything who didn't sign up. Not required
21 to sign up.

22 Also, if you'd prefer to talk about

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1 something because it's medically private, or
2 you feel more comfortable talking to an
3 individual about what information you know, or
4 you think you know other people that would be
5 good to interview or whatever, just grab, you
6 know, somebody.

7 We have NIOSH staff here, as well as
8 our contractor SC&A staff here, plus the Board
9 Members, Phil, Chair of the Work Group, so he'd
10 be a good person to talk to also. And we can
11 arrange for follow up and so forth, that. So
12 do that.

13 And we'll start. And I will start
14 off, as I always do in general, as saying
15 apologizing if I mispronounce somebody's name
16 because I'm reading handwriting and mine is
17 worse than anybody that's signed up here
18 already, so on that.

19 I have a, I believe it's a J. P.
20 Cusimano?

21 Oh, okay. That's fine. Don't
22 have to that. Next I have is Charlie Burk. Is

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1 there a Charlie Burk here? May have signed in
2 and left. John Pace? Okay. I was beginning
3 to think I had the wrong list. I'm sorry.

4 MR. PACE: No, you've got the right
5 list. This thing working?

6 CHAIRMAN MELIUS: Yes, sure is,
7 yes.

8 MR. PACE: Oh, okay. Anyway, I'm
9 not INL, so I kind of feel out of place here just
10 a little. But I live in Rexburg and I am John
11 Pace. I worked at the SRE reactor in Santa
12 Susanna in California.

13 I know some of you know about that
14 reactor. And I had a question that kind of goes
15 with everybody. I should be for INL, but what
16 I was wanting to know is what we can do about
17 getting skin cancer on the new, on the cohorts.

18 There's a lot of us out there,
19 there's one gentlemen right behind me, he has
20 the same thing on part of his claim. But can
21 we get that on the next time we upgrade the
22 cohort there?

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1 CHAIRMAN MELIUS: You're talking
2 about the list for the Special Exposure Cohort?

3 MR. PACE: Yes, special cohort,
4 yes. I didn't get all the words in, excuse me.

5 CHAIRMAN MELIUS: Yes. That's
6 okay. It's --

7 MR. PACE: So anyways, I have been
8 very lucky that I haven't gotten other types of
9 cancer. But boy, it's sure creating a lot of
10 problems for me with the SRE reactor, those that
11 know about the reactor, that's not much
12 information out all, top secret like a lot of
13 reactors.

14 It was the Cold War, 1959. And I
15 know NIOSH just struggled like crazy to help me
16 out, but they sure haven't been of help to get
17 me over that 50 percent mark there.

18 CHAIRMAN MELIUS: Oh, okay. Well,
19 the list of covered cancers for the SEC is
20 something that Congress did. It's in the
21 legislation. So at this point, the Advisory
22 Board and others, it's not something that's

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1 simple to change.

2 Congress would have to do that and
3 by modifying the law, if I believe I'm correct
4 on that.

5 MR. PACE: That's kind of what I
6 had, it figures that it's something like that
7 you can put a petition in to get it started? Or
8 would that be something I ought to do?

9 CHAIRMAN MELIUS: Well, talking,
10 you know, talking to your representatives and
11 so forth is that. There's been attempts to
12 modify the law, and it may occur.

13 Now back to Santa Susanna, I think
14 that we were talking about that earlier. I
15 don't know if you were, I don't believe you were
16 here then, and about the re-upping our
17 evaluation at that site.

18 There's some, NIOSH has been doing
19 a lot of work and collecting a lot more data.
20 And if, I believe that will be helpful in, you
21 know, may reveal some more information that
22 would be useful in terms of your case.

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1 But certainly there's, I think the
2 Board feels, and I think NIOSH and everyone
3 feels there's a lot of work that needs to be done
4 at that site in order to fully characterize that
5 and make sure that we've, you know, captured all
6 the information that would be needed for doing
7 a full dose reconstruction.

8 MR. PACE: Okay. That sounds
9 excellent, you answered a couple of questions
10 there for me, because I see the meeting for INL
11 here and I was wondering if you was doing the
12 same for the reactors I worked at. But it
13 sounds like you're in the midst of working on
14 that.

15 CHAIRMAN MELIUS: Yes, been doing
16 that. In fact, we believe our next Board
17 meeting in November will be down at that site.

18 MR. PACE: Okay. I'll have to see
19 if I can get a chance to be there. But one thing
20 I wanted to mention, I know there are other
21 people, too. But I was wanting to mention, are
22 any of you here helping on making decisions on

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1 these things far as our claims, or are you on
2 a different level?

3 CHAIRMAN MELIUS: Well, we're a
4 different task.

5 MR. PACE: Oh, okay.

6 CHAIRMAN MELIUS: What we do is we
7 make recommendations on the methods that are
8 used for doing the dose reconstructions. If
9 there's a Special Exposure Cohort petition as
10 there was at Santa Susanna, we review NIOSH's
11 evaluation and make a recommendation on that to
12 the Secretary of Health and Human Services,
13 which we did, again like I said, in the case of
14 Santa Susanna.

15 And we also, we review sort of a
16 random samples of the individual dose
17 reconstructions. But we don't review
18 individual identified dose reconstructions.
19 That was not our charge.

20 It's basically sort of a level of
21 making sure the methods being used are
22 appropriate and correct.

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1 MR. PACE: Yes, it assures, yes, it
2 assures me some there, but I'm sure getting
3 awful weak on this thing after, it's on the
4 fourth time I have paperwork, you know,
5 claiming right this moment I've got another
6 skin cancers.

7 And my legs are crossed, my fingers
8 and everything else that I'll be recognized as
9 being in some dangerous radiation levels. I
10 was there during the time of the nuclear
11 reactor, nuclear meltdown.

12 And afterwards when the reactor was
13 restarted, I was on that crew that restarted it.
14 And then we took and, took after the 26th of July
15 we took and tore the reactor down, started
16 working on it to repair it to get it running
17 again.

18 And all those things that NIOSH does
19 not recognize at all after many times they want
20 to compare me by other reactors, other
21 situations, but they don't even come even near
22 what I went through. And I'm just trying to

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1 figure out a proper way to let NIOSH know that
2 I need your help.

3 CHAIRMAN MELIUS: Yes. Well, I
4 think --

5 MR. PACE: Can you get to somebody
6 that knows that can be of help to me? This is
7 getting a little tiresome after, since 2001.

8 CHAIRMAN MELIUS: Since he
9 volunteered and I was going to refer you to him
10 or somebody, but Stu Hinnefeld who is the head
11 of the program for NIOSH is right to your right,
12 sitting next to Pete.

13 And why don't I suggest that you
14 talk to him and make sure that your information,
15 your concerns are getting addressed. LaVon
16 Rutherford who's in the back there, too, talk
17 to him because I think you could actually be
18 helpful to us in sort of your knowledge of the
19 facility and what went on, make sure it gets
20 into this part of the review.

21 Secondly, it may be helpful in
22 identifying other people we should be talking

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1 to down at Santa Susanna when we go down there
2 in November.

3 MR. PACE: I would be happy to help
4 you in any way on that and information. Just get
5 a hold of me, and I'll be there to be right with
6 you to help you out. So thank you.

7 CHAIRMAN MELIUS: Okay. As you
8 leave, talk to Stu, set up a contact and, I mean,
9 right now you can talk to him. Or LaVon's right
10 behind you. If you go straight back, he'll
11 talk to you also.

12 MR. PACE: Okay. I got one, two. I
13 know Stu I spoke with just a little earlier.

14 CHAIRMAN MELIUS: Yes.

15 MR. PACE: Okay.

16 CHAIRMAN MELIUS: We're not going
17 to let you leave without information.

18 MR. PACE: Thank you very much.
19 You've been very kind.

20 CHAIRMAN MELIUS: Okay, thank you.

21 MR. PACE: And even though I've had
22 a little hard feelings at times about NIOSH, but

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1 was setting through the meeting. I can see
2 that you're doing the best you can for what you
3 have. And I got to help you on getting some
4 more information.

5 CHAIRMAN MELIUS: Okay, thank you
6 again.

7 MR. PACE: So thank you.

8 CHAIRMAN MELIUS: Thank you. Walk
9 straight back and there they are. Okay, the
10 next person is either Jamie or Tami Thatcher.

11 MS. THATCHER: Hi, I'm Tami
12 Thatcher.

13 CHAIRMAN MELIUS: Okay, welcome.

14 MS. THATCHER: Maybe you could help
15 me understand. I think that the ICRP model is
16 the basis for understanding a lot of the adverse
17 health effects for radiation.

18 And given the enormous deficiencies
19 that model has for internal contamination, how
20 is that an adequate model? And we don't update
21 it. I mean, you guys did some work on the high
22 fired plutonium, the ICRP model has not been

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1 updated for this form of plutonium or other
2 information.

3 And, you know, we've learned a lot
4 more about the hazardous effects of internal
5 uranium. And so, you know, how does a person
6 actually believe your results given the real
7 global underestimation of health effects from
8 the ICRP model and the drastic underestimation
9 when it's internal contamination?

10 CHAIRMAN MELIUS: Well, the answer
11 would be fairly complicated. But I can say,
12 though, the ICRP models are utilized in this
13 program when it's recognized that there's needs
14 for updates because of situations that are
15 encountered at these sites.

16 And if we don't feel it's adequate
17 or up to date, then that's taken into account,
18 and if necessary, modifications are made to
19 address that. Another NIOSH person behind
20 you, Jim Neton can probably better address the
21 general question and maybe more specifically to
22 high-fired plutonium and others that may be of

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1 interest to you. It's --

2 MS. THATCHER: Okay. And what is a
3 worker supposed to do if they know that the
4 contractor has falsified their dose because,
5 you know, they didn't want an event to look so
6 bad? What kind of records should they try to
7 obtain if they know or suspect that their dose
8 has been falsified by the contractor?

9 CHAIRMAN MELIUS: Again, this
10 would be part of individual dose
11 reconstruction, and certainly as part of the
12 interview process letting people or along the
13 way, you may not know initially what records are
14 available or been made available.

15 And certainly, I think, fair to say
16 NIOSH, and certainly when we review individual
17 dose reconstructions, the Board does and our
18 contractor, we're looking for evidence of that
19 and evidence of follow-up of what's been
20 reported by the worker.

21 And at least, I think the general
22 experience has been that it is, and to the

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1 extent that we can obtain verification of that
2 in some ways. It can be an affidavit, it can
3 be lots of different ways, depending on the
4 circumstances.

5 But we're aware it's a common
6 concern, and we do our best to address that.

7 MS. THATCHER: Okay.

8 CHAIRMAN MELIUS: Okay?

9 MS. THATCHER: And NIOSH does not
10 address any issues concerning with birth defect
11 claims? That's just not part of the program?

12 CHAIRMAN MELIUS: Yes, our part of
13 the program is limited to cancer. And it's
14 doing dose reconstruction for cancer. There's
15 a separate program party that covers other
16 illnesses. I'm not sure if that covers, would
17 cover, I don't believe it does. It's the
18 original legislation.

19 And that part, the Department of
20 Labor is part of that so called Subtitle E was
21 modified many years ago, but after the original
22 passage.

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1 But I don't believe it still
2 addresses that. And so both NIOSH and
3 Department of Labor are limited in terms of
4 addressing that issue.

5 MS. THATCHER: When you look at the
6 individual sites, are you also considering
7 water, drinking water at these facilities that,
8 for example, that might have elevated tritium
9 but the threshold, the MCL for that being 20,000
10 picocuries per liter, a site might be with below
11 the MCL, but still be a very abnormally high
12 tritium level.

13 Do you look at the tritium levels
14 that workers were drinking, for example, at the
15 site? Or other chemical contaminants that
16 they were drinking?

17 CHAIRMAN MELIUS: Again, I don't
18 think, I don't recall that issue coming up. It
19 might have, there are so many issues that have
20 come up. You may want to talk to Jim Neton in
21 the back that would, may have a better memory
22 for how we approach some of these issues because

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1 he handles many of the procedural issues,
2 methodology issues for the program.

3 MS. THATCHER: Okay, thank you.

4 CHAIRMAN MELIUS: Thank you very
5 much. Okay. I don't have anybody else listed
6 who signed up for public comment related to the
7 INL site. But is there anybody else here from
8 the site that would like to make comments or
9 questions? Go ahead, sir. And if you could
10 please identify yourself when you step to the
11 mic.

12 DR. DELMORE: I'm Dr. James
13 Delmore. I came to work at the CPP in 1966
14 after finishing my doctorate in chemistry.
15 I'm still active at the laboratory 48 years
16 later. And the 17 years when I was at the Chem
17 Plant, I was a supervisor for many of those
18 years.

19 And one of the problems that I came
20 up against were hand dose. Generally, we were
21 denied the use of finger badges, a thumb badge
22 used to go on your finger. That was the

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1 unofficial policy of the plant manager at the
2 time. I can give you his name if you're
3 interested. But that's beside the point, he's
4 long gone now.

5 But the bottom line was when we were
6 working in glove boxes or in hoods, generally
7 we had a shield to shield our torso from the vast
8 majority of the radiation.

9 But then our face and our hands, and
10 our forearms were generally exposed to vastly
11 higher radiation levels while working with hot
12 fission products, and often times even small
13 amounts of dissolver solution from fuel
14 reprocessing. And there is no record of a lot
15 of the hand dose or the face dose that people
16 took.

17 It's something that you'll not be
18 able to address, but you need to be aware of it.

19 The other thing that I'll mention
20 based upon comments made earlier was that the
21 highly refractory plutonium oxide inhalations
22 that occurred in the early '70s. I was

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1 actually the supervisor at the laboratory.

2 I had taken that position about
3 three or four weeks prior to these exposures.
4 And if you want some more background, I can
5 certainly give it to you.

6 CHAIRMAN MELIUS: Okay.

7 DR. DELMORE: Thank you.

8 CHAIRMAN MELIUS: Okay, well we
9 appreciate your help on both issues, actually.
10 And again, if there's not information to be able
11 to do dose reconstruction does not necessarily
12 mean it's ignored.

13 In the dose reconstruction, there's
14 a method. They can help, you know, accurately
15 estimate it, we will use that. And the basis
16 for Special Exposure Cohort is not being able
17 to at all.

18 So we're very interested in, I think
19 as Phil said, in what's not captured. And so
20 that's helpful. So if you could talk to LaVon
21 or somebody, or Pete straight next to you, let
22 them know and we'll be following up. We greatly

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1 appreciate you coming forward and talking to
2 us.

3 DR. DELMORE: Thank you.

4 CHAIRMAN MELIUS: Thank you.
5 Anybody else in the audience would like to make
6 comment? Yes, sir? We'll do green then
7 orange. That's fine.

8 MR. LAMPRECHT: Sometimes you have
9 to have --

10 CHAIRMAN MELIUS: If you're going
11 to stand there, you've got to talk --

12 MR. LAMPRECHT: Sometimes you have
13 to have older people talk to all the younger
14 ones.

15 CHAIRMAN MELIUS: We don't
16 discriminate by age, or select by age.

17 MR. LAMPRECHT: First off, I'd like
18 to apologize because the hearing department
19 does not work like it should, or like it did 30
20 years ago. But we'll do the best we can.

21 If when I'm done, if anybody has any
22 questions, you're sure welcome to ask them.

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1 Maybe we could meet at the back somewhere and
2 individually talk.

3 My name is Egon Lamprecht. I'm one
4 of the last responding firefighters to SL-1.
5 The rest have all, as far as I know, have all
6 passed on and I'm still around, so here we go.

7 A few things I'd like to talk about
8 is, one of them is --

9 MR. KATZ: Excuse me, sir? Sir?
10 Could you just, could you repeat your name,
11 because it was very hard to catch right here.
12 Your name? Agent Lampert?

13 MR. LAMPRECHT: Egon Lamprecht.

14 MR. KATZ: Egon Lamprecht? Okay,
15 thank you.

16 MR. LAMPRECHT: And the night the
17 SL-1 had its problems, there were six of us
18 firefighters on duty, responded out there.
19 And like I say, as far as I know, I'm the last
20 one still alive.

21 And then just recently, I
22 discovered I had some brain cancer. But that's

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1 neither here nor there. But what has really
2 bothered me quite a bit was the verification of
3 the radiation exposure that happened that
4 night.

5 And for an example, what was one
6 thing was after the incident and the film badges
7 were checked, then the person that checked them
8 came over to the fire station and talked to us
9 individually and explained how much radiation
10 each one of us got, whole body count, in my case,
11 what was 19R total body dose.

12 Now a number of years later, many
13 years later, I get the report from some folks
14 that indicated that my total body exposure when
15 I was at the INL for an example, I'll get it here
16 in just a minute, total body dose while I was
17 at the INL was 868mR, not R but mR according to
18 this report here.

19 Now, there is no way, no way
20 possible that us firemen could have gone into
21 the building with a radiation level that was so
22 high, and I still didn't even get one R out of

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1 the whole thing.

2 And that's what I'm asking the folks
3 to keep, I guess keep better track, if possible,
4 of a total body dose of the workers, because
5 things can happen in the future.

6 I talked to several other firemen
7 after that, and they all indicated that it was
8 about the same thing, that most of that
9 radiation exposure disappeared. So what the
10 thing is, if we could keep better track of that,
11 it would certainly be a good thing to do.

12 For an example, and I'll just hurry
13 along because I know you've all had a big day
14 here. For an example, during this response,
15 the system chief and I entered the building
16 after, this was the third call of the day up to
17 -- that for a fire alarm in that building.

18 When we entered that building, we
19 knew right where the fire alarm was coming from
20 because it had always come from the furnace
21 room, a little heat detector up there setting
22 the fire alarm.

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1 Well, at 9:18 that night, we get
2 another fire call, so we travel south there, it
3 was 17 below zero, so you're not going to spend
4 a lot of time. Anyway, that night we traveled
5 out there and looked in the furnace room. And
6 of course that little heat detector says it's
7 not my fault, you find somebody else.

8 So the system chief and I made a
9 quick pass through the building, and on the way
10 to the reactor control room, there's a lunch
11 room. And we happened to notice in that lunch
12 room there was three coats hanging there and
13 three lunch boxes on the table.

14 And so instantly, we thought you
15 know what, there's got to be a problem here.
16 There's got to be somebody around here because
17 the whole place wouldn't be totally abandoned.
18 And so we did a little more investigating, got
19 out the radiation instrument, and the
20 instrument we carried then had a maximum
21 reading of 250 R per hour. Okay?

22 So we made our way back to the

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1 control room, and in the control room there was
2 a little light flashing said high rad warning.
3 And so we looked the instrument over, and in the
4 control room itself which was down one level
5 from where the people had expired, it was down
6 one level, it was reading 90 R per hour in that
7 control room itself.

8 Well anybody with any smarts at all
9 would get the heck out of there. But no, you
10 can't hurt firemen. Anyway, we still looked
11 around and couldn't see anybody.

12 Well, there was an outside
13 stairwell going up to the reactor platform
14 itself were these three individuals, we know
15 now there was three of them, was at. As we
16 ascended the stairwell, halfway up that
17 stairwell, the radiation instrument pegged
18 full 250 R per hour.

19 Now, now we should leave. But we
20 didn't. The system chief told me, he says we
21 got to see if there's anybody up there. So we
22 went on up. One man was up about ten feet away

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1 from the entrance to the room. Another man I
2 noticed was about 20 feet away facing opposite.

3 And I didn't see the third man which
4 was lodged in the ceiling because when this
5 third man pulled the control rod out of the
6 reactor, of course you instantly had hot
7 super-heated steam. And it actually blew this
8 core of the reactor up about nine or eleven
9 feet.

10 And he was standing on top of it, the
11 one guy. And he was lodged in the ceiling,
12 which I never did see him, and then the weight
13 of the core, settled back down into the
14 containment vessel.

15 Well, they eventually got him out.
16 We called in here to the headquarters building
17 and told them what was going on, kind of. And
18 they immediately says you stay out of there,
19 we're sending some help out. They sent the
20 site doctor out and several other personnel to
21 take over the incident, and then we were
22 relieved from duty.

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1 But the whole thing that I'd like to
2 point out here is we need to train the people
3 entering radiation areas, and by the way, we
4 didn't have that much training when back in
5 1961. Our fire chief didn't, he didn't do
6 that.

7 But train them better so that they
8 know when they're entering an area, when it's
9 time to get out or go in, either way. And it
10 could have cost all of us our lives right then
11 and there. But fortunately a few of us
12 survived.

13 But I just thought I'd tell you that
14 what bothers me the most was the fact that after
15 all these years, here's a report right here that
16 says I didn't even get one R out of that
17 incident.

18 I also worked for ten years at CPP.
19 And during that time, I entered quite a few
20 contaminated areas. And so even if that was
21 CPP only, that still probably isn't what the
22 levels should have been.

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1 Now I just hope that in the future,
2 that the records are kept more accurate than
3 they were back then. I'm not blaming anybody,
4 I'm not putting the blame on anybody, but I
5 think we need to improve that end of it.

6 We need to improve also the safety
7 that goes on there. I worked many years at the
8 fire station, and at the fire station, as an
9 example, every morning you would test the fire
10 trucks.

11 Well back then, the exhaust system
12 they had coming off of the fire trucks, you run
13 them for 15 minutes, entered that apparatus
14 room, and then you lived right there with that
15 the rest of the day.

16 Back then also, which is changed now
17 is fuel tanks in the trucks and in the ambulance
18 and so forth was all vented into the atmosphere.
19 Now today you get a nice car, they put a cap on
20 there that does not allow any vapors to get out
21 into the air, into the atmosphere, but then it
22 wasn't.

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1 So sometimes when you made an
2 ambulance call, you always filled the tank up
3 at the service station out there, backed it into
4 the fire station --

5 CHAIRMAN MELIUS: Excuse me, sir?

6 MR. LAMPRECHT: -- at 2 o'clock in
7 the morning, you went to bed, and the next
8 morning it smelled like a fuel refinery. And
9 that's another thing that wasn't good for the
10 health either. But it was accepted then.
11 It's changed now fortunately.

12 But I just wanted to, my main
13 purpose here is to make sure that we keep
14 accurate records of exposures so that when an
15 individual or an employee develops a problem,
16 and I didn't know I had any problem until just
17 about a month ago, develops a problem, with a
18 cancer or other problems, that it's documented
19 enough so he can or she can do what she needs
20 to do to correct that.

21 Now, I will, I know you've all been
22 here long enough so I'll end this with saying

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1 the accident was man-caused. It was not caused
2 by an accident. It was man-caused.

3 That one individual had to
4 physically pull that control rod out. It had
5 caused that reactor to go uncontrolled and
6 caused the disaster that it did.

7 And it's too bad it happened.
8 Three men lost their lives. But it happened.
9 We hope it never happens again, anything like
10 that. We hope that we've learned a lesson from
11 this because after that happened, it hurt the
12 whole nuclear industry worldwide.

13 Now, there was one plus that came
14 out of that --

15 CHAIRMAN MELIUS: Sir, there are
16 people waiting. We have other people waiting.

17 MR. LAMPRECHT: Oh, okay. I'll
18 shut up. I can do that.

19 CHAIRMAN MELIUS: I didn't say --

20 MR. LAMPRECHT: Yes, I know how to
21 do that. I have a wife that tells me that all
22 the time. Anyway, three men lost their lives.

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1 We will never know for sure what caused that
2 accident because all three lost their lives.

3 I'm glad to be here. Still glad to
4 keep going, and thank you for your time. All
5 you folks have a good evening.

6 CHAIRMAN MELIUS: Okay, next?

7 MR. STANTON: My name is Ralph
8 Stanton, and I just have a question. Do you
9 have to wait to get cancer to get your dose
10 reconstructed? Is that --

11 CHAIRMAN MELIUS: Yes, within this
12 program yes. NIOSH would only do a dose
13 reconstruction, you'd have to have, you know,
14 evidence that you had cancer, which actually
15 Department of Labor processes the claims and
16 then the dose would get reconstructed. But not
17 other than that.

18 MR. STANTON: Okay.

19 CHAIRMAN MELIUS: Okay?

20 MR. STANTON: I was just wondering,
21 you know, I feel that I have very strong
22 evidence that my dose was falsified with an

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1 internal uptake. But I was hoping to, you
2 know, maybe not have to possibly wait until I
3 got cancer to have all that work done before,
4 you know, instead of fighting it being sick.

5 CHAIRMAN MELIUS: Yes, well if you
6 have -- NIOSH would be, we would be interested
7 in information you'd have about where records
8 might have been falsified or there's records
9 not properly kept in some way.

10 So that information we certainly
11 would be interested in and would be documented
12 in the NIOSH Site Profile and documentation. So
13 again, should something happen, should you
14 develop cancer later, it could help in terms of
15 having the information evaluated now.

16 You know, it can be very hard 30, 40,
17 50 years from now, that or survivors going back
18 to try to get that information. It's a real
19 struggle. So I would really suggest you talk
20 to, grab Stu there, let's get your name, or
21 LaVon in the back.

22 MR. STANTON: Okay, all right.

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1 Thank you.

2 CHAIRMAN MELIUS: That would be
3 helpful. And we appreciate you doing that.
4 Okay, is there anybody else in the audience that
5 would like to make public comments? Yes, sir?

6 MR. JOHNSON: I'll be brief.
7 Robert Johnson. I'm a radiological control
8 technician. I've been at the Chemical
9 Processing Plant for about 35 years, and I
10 testified to the NIOSH Board here in May.

11 And I expect to do a little follow
12 up because we're running out of time. That's
13 a lot of years to cover. I've been thinking
14 about this, about what we talked about, and I
15 was told that this is strictly radiation,
16 contamination concerns, external, internal
17 dose and that's what we're to focus on.

18 But our experience over the years
19 has been so many exotic chemicals in
20 combination with high radiation dose, internal
21 uptakes. And I'm concerned that I have never
22 heard of a study, any kind of study that's been

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1 done that looks at those things and the effects,
2 the biological effects on the body.

3 So I don't know if this is the
4 correct venue to direct that to, but it feels
5 like it is. And so I would like to suggest that
6 somebody follow that up, and I pay a lot of taxes
7 and I'd like to see something done in that
8 regard because we were exposed to chemicals
9 that I can't even tell you what they all were
10 now.

11 And my records out there are not
12 anywhere near precise in recording the things
13 we were exposed to, and some things we did know,
14 and a number of things that nobody really knew
15 what they were. And there's all kinds of new
16 compounds and that sort of thing. So anyway,
17 that's my concern because --

18 CHAIRMAN MELIUS: No, and it's a
19 very valid concern, and it's not something that
20 this part of the program directly deals with.

21 MR. JOHNSON: I understand that.

22 CHAIRMAN MELIUS: Though the

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1 legislation actually for this program actually
2 charges NIOSH with, you know, if scientifically
3 justifiable or infeasible to take into account
4 that there were, at these sites that there were
5 exposures to chemicals and toxic materials that
6 could also contribute to the cancer.

7 And again, if it's, you know,
8 feasible to do to include that in the dose, in
9 doing the dose reconstructions, take that into
10 account in some way. It's difficult because
11 there's not a lot of science on that to back that
12 up. We have a scientific Work Group on that,
13 and we've talked about that issue with the
14 Board.

15 Secondly, not Mr. Hinnefeld, to put
16 you on the spot again a little bit, but NIOSH
17 is also, you know, currently working with the
18 Department of Labor on some of the methods that
19 are being used in that part of the program where
20 they are actually trying to do that inventory
21 of the chemicals and so forth, getting help from
22 the medical surveillance programs for former

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1 workers that have been set up, and have
2 collected a lot of information based on both
3 records and interviewing people.

4 And it's an ongoing effort. We
5 talked this morning, it's a lot less
6 information available than on the radiation in
7 terms of exposure and so forth. So it is
8 something that we're all concerned about. It
9 is something that's being addressed. It's a
10 very hard issue to address, but it is a concern.

11 And I don't know, Stu, exactly what
12 the NIOSH staff is doing that's doing that, but
13 again, you may want to talk and see if there's
14 something in terms of follow up or information
15 that would be useful because I think it's,
16 again, it's serious issue.

17 MR. JOHNSON: Yes, well at my age,
18 I'm losing more and more friends. I have one
19 friend dying of cancer right now, one
20 mesothelioma that I worked side by side with.
21 I've lost a lot of friends over the last, they
22 just keep, and it gets worse and worse.

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1 And that's the reason I agreed to
2 talk to the Board in the first place. So I'm
3 happy to see something's being done. And I
4 hope that you will do us justice.

5 CHAIRMAN MELIUS: Yes. Well,
6 thank you.

7 MR. JOHNSON: Thank you.

8 CHAIRMAN MELIUS: And thank you for
9 your participation in the process.

10 MR. JOHNSON: Thank you.

11 CHAIRMAN MELIUS: It really is
12 helpful. Come on up, yes.

13 MR. SAUNDERS: Brent Saunders. I
14 don't know if it was addressed before we got
15 here, I haven't been here all day long. But on
16 the SEC Petition for the INL, is there any
17 update on the timing of it, where it is in status
18 of legislation and what's to be expected? You
19 mentioned it briefly. Thanks.

20 CHAIRMAN MELIUS: Yes, it was
21 brought up earlier, and we've talked about it.
22 Go ahead, Pete, if you want to say a few words,

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1 and then I'll --

2 MR. DARNELL: Yes, currently the
3 Petition has been received, and it's going
4 through an evaluation process. Once that
5 process is completed, there'll be a meeting
6 held with the petitioner to go over any issues
7 and complete the initial SEC, I can't remember
8 the right word, I'm sorry, qualification yes,
9 thank you.

10 So it's in the process of getting to
11 the qualifications of the program, of the
12 petition, excuse me. Once that occurs, then
13 there is a 180-day clock that gets turned on in
14 which we have to do an investigation of the
15 petition, and then put out an Evaluation
16 Report. So it's within the first few stages of
17 the process.

18 CHAIRMAN MELIUS: And I would just
19 add that when we're talking about that earlier,
20 the Board sort of raised the issue of making
21 sure that as the start of that process goes on
22 that, because we're actively collecting

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1 information at the site now and there's a lot
2 of activities, that we try to make sure that's
3 sort of coordinated with the evaluation of the
4 petition and the ongoing collection of the data
5 so that we don't sort of have to start over again
6 once it is qualified, though there will be some
7 time to pull together an Evaluation Report.
8 But I think we can make the processes work
9 together. So thank you.

10 Anybody else in the audience like to
11 make public comments?

12 MR. BURK: I would like to say
13 something.

14 CHAIRMAN MELIUS: Sure.

15 MR. BURK: Yes, my name is Charlie
16 Burk, and I'm an electrician out at the site,
17 that I've worked at the site for the Department
18 of Energy and also the Department of Defense.

19 I know that you fellows here have
20 nothing to do with it, mostly have nothing to
21 do with the Department of Defense. But the way
22 I see it, when we got hired out of the union

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1 hall, we got hired out as with labor for both
2 of them.

3 But neither one, the Department of
4 Defense, the dosage recognition has no bearing
5 on what we've done with the Department of
6 Energy. I've lost, right now I've been
7 diagnosed with leukemia, and I'm taking
8 treatments in Phoenix, Arizona for that, and
9 everything seems to be going reasonably well.

10 But it's something that I'm going to
11 have to do the rest of my life to even stick
12 around. But I've lost four electrician
13 buddies in the last year from the various kinds
14 of radiation exposure.

15 And I'm not even sure that two of
16 them know anything about this deal with, you
17 know, on this. With this NIOSH, we had our
18 claim put in around October the 1st. It's
19 taken I think until February until we got even
20 went into the dose recognition deal.

21 I don't know whether it's we're
22 supposed to be patriots of the Cold War, Cold

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1 War workers is I guess what they called us. But
2 there's a couple things that I don't really
3 think's real fair.

4 As far as the dosage, I can't say as
5 that dosage was true. I know that some of the
6 places we worked at out there, there was birds
7 dying in the ponds a lot, and things like that.
8 So I don't know where that came from.

9 But what these guys, other guys said
10 in my short time that I was here is pretty much
11 my feelings on it. A lot of just things that
12 we work with like trichloroethylene and things
13 like that that we know that's supposed to be
14 causing cancer and everything.

15 At that time, we didn't know that
16 that was what was doing it. But this is like,
17 you know, 30 years ago. So I just wanted to say
18 a little bit about it. So that's all I have to
19 say about it.

20 CHAIRMAN MELIUS: Okay, thank you.
21 And I think you should know that the Department
22 of Defense is excluded from the, it's a

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1 legislative decision. I think to the extent
2 that it can be taken to account, and there are
3 circumstances where those exposures can be,
4 NIOSH does do so.

5 And I think if you have questions on
6 your individual dose reconstruction, people
7 from NIOSH are here. And if you have, you know,
8 individual questions, they may be able to
9 assist you on that.

10 Okay, anybody else in the audience
11 like to make public comments? Okay. Seeing
12 nobody, we are going to go to the phone. There
13 are people from other sites. So I
14 have Dr. Dan McKeel?

15 DR. MCKEEL: Yes, Dr. Melius, can
16 you hear me?

17 CHAIRMAN MELIUS: Yes, we can.

18 DR. MCKEEL: All right. Thank you
19 very much. Good evening to the Board. I'm Dan
20 McKeel, I'm the SEC co-petitioner for three AWE
21 sites, General Steel Industries, Dow Madison,
22 Illinois, and Texas City Chemicals in Texas.

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1 The main issue I want to address
2 with this 100th meeting of the Board is a
3 detailed inventory I recently made of ABRWH
4 meeting written record posted on the DCAS
5 website at www.CDC.gov/NIOSH/OCAS.

6 I searched the site and recorded all
7 meeting notices, attenders, minutes, and
8 transcripts for the calendar years 2002 through
9 2014. The standard format for these agenda
10 minutes and transcript meeting records is an
11 accessible Adobe PDF portable document file.

12 My main overarching finding is that
13 major gaps in the ABRWH written record exist.
14 For the sake of posterity and historical
15 analysis of the EEOICPA program, I truly hope
16 these deficiencies will be addressed and
17 remedied by NIOSH and the Board.

18 Note the FACA statute that governs
19 the ABRWH and similar federal commissions
20 mandates the Committee furnish, and I quote,
21 "detailed minutes to the public" on every
22 meeting. Only partial records, the notice and

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1 agenda have necessarily appeared for this
2 hundredth Board meeting, but the meeting
3 transcript and minutes should follow within
4 about 45 days based on current transcript
5 turnaround time.

6 Overall, the following components
7 of the complete ABRWH meeting records that
8 appear to be missing that is not posted
9 currently on the DCAS website are as follows.

10 The entire record is missing for
11 Advisory Board meetings 20 and 24. A DCAS
12 descriptive meeting notice is missing for nine,
13 or nine percent of the first 100 Board meetings.

14 The agenda is meeting for six, or
15 six percent of the first 100 Board meetings. And
16 there are missing transcripts for three of the
17 99 completed meetings, that is meetings that
18 were held more than 45 days ago.

19 An accessible PDF transcript was
20 not present for meeting 21, which was a meeting
21 held February 5 through 6 in 2004 until I
22 alerted the NIOSH Docket Office of this

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1 situation last month.

2 The posted transcript on the DCAS
3 website was in the form of 15 separate 15 page
4 PDF files marked copy with greyed out
5 inaccessible text. The Docket Office
6 consulted with the CDC Records Office that I was
7 told keeps copies of 2007 and earlier ABRWH
8 meetings.

9 I was also informed that the court
10 reporter for that Board meeting 21 did not have
11 transcript copies. Within about a week, CDC
12 did provide both Word and accessible PDF
13 versions of the 21st Board meeting transcript
14 to me. And I did follow up and found that it
15 is now posted on the DCAS website. I assume the
16 source for that revised transcript was the CDC
17 Records center, and I appreciate that very
18 much.

19 The most dramatic observation of my
20 research, however, was that 61 of the 99
21 completed meeting minutes, or 61.6 percent were
22 missing altogether. And I noticed today that

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1 during this meeting, Dr. Melius twice referred
2 to the meeting minutes.

3 But as a matter of fact, even though
4 the FACA mandate says that detailed minutes
5 should be generated for each minutes, no
6 minutes were generated after the January 2008,
7 52nd Board meeting. I was unable to find a
8 discussion within the Board minutes of why
9 there would be no minutes after the three day,
10 52nd January 2008 Board meeting.

11 In my opinion someone, NIOSH or the
12 Board or the DFO needs to explain why so many
13 ABRWH meeting minutes, and other ABRWH meeting
14 records are not posted on the DCAS website.

15 If they do exist somewhere else, it
16 is incumbent that those important records be
17 located and added to the NIOSH public record on
18 the DCAS website as soon as possible.

19 Restoration of the missing Board
20 minutes is of utmost priority for historians.
21 I found the Board minutes to be extremely useful
22 compared to the raw, verbatim transcript.

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1 Transcripts are also valuable for
2 their very viable historical accuracy and
3 transparency concerning inner workings of Part
4 B of the EEOICPA 2000 federal statute.

5 I also recommend that an index be
6 made available to the public of all ABRWH
7 records, that is ones that are both redacted and
8 not redacted. The redacted records right now
9 are the only ones posted on the DCAS website.

10 But I hope and assume that the other
11 types, that the non-redacted records reside in
12 the CDC records center, or some other
13 depository such as the National Archives.

14 I'm sure that future historians
15 will be interested in perusing in-depth the
16 un-redacted ABRWH minutes and transcripts. I
17 hope a full set of those vital EEOICPA records
18 is being archived by HHS, CDC and NIOSH.

19 It would be most helpful to
20 establish these facts concerning all existing
21 ABRWH meeting archives, apart from the DCAS
22 public document website on the written record.

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1 The DCAS website, again, only has meeting
2 records that have been redacted according to
3 HHS, HIPAA and Privacy Act 5 CFR 552(a)
4 guidelines.

5 Finally, I'd like to comment that
6 ANWAG and SINEW have filed a joint letter to HHS
7 Secretary Burwell expressing our strong
8 concerns about the time it is taking for the
9 Hooker Electric Chemical and General Steel
10 Industries SEC administrative reviews to be
11 completed.

12 The time for those two sites are
13 approximately 30 months and 15 months,
14 respectively. We also urged HHS to lift the
15 total veil of secrecy that surrounds SEC
16 administrative reviews, including those for
17 Hooker and GSI.

18 SEC petitioners cannot know the
19 names or credentials of the three HHS
20 independent reviewers before the HHS Secretary
21 acts on their SEC recommendations. The
22 petitioners cannot know how many meetings the

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1 review panel has held or what was discussed or
2 when their recommendation will be forwarded to
3 the HHS Secretary.

4 I have been waiting for FOIA
5 documents about the GSI administrator review
6 that I requested from the CDC FOIA office in
7 Atlanta on April the 10th, 2014. There is no
8 transparency in the secretive Section 83.18 SEC
9 administrative review process.

10 I also need to remind the Board that
11 Chairman Melius agreed that full Board approval
12 is required to task SC&A to review the recently
13 revised Appendix C site specific profile for
14 the Dow Madison Illinois AWE site.

15 Appendix C Rev 1 was issued April
16 the 3rd, 2014 by DCAS. DCAS Director Hinnefeld
17 confirmed to me that NIOSH would issue a Program
18 Evaluation Report. But this document has not
19 yet been posted on the DCAS website.

20 I'm very disappointed that this
21 tasking was not mentioned at all today, and I
22 hope the Board will address this issue. Thank

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1 you very much.

2 CHAIRMAN MELIUS: Okay. Thank
3 you, Dr. McKeel. Does anybody else on the
4 phone wish to make public comments?

5 MR. FROWISS: Yes, Dr. Melius.

6 CHAIRMAN MELIUS: Okay.

7 MR. FROWISS: Can you hear me?
8 This is -- can you hear me?

9 CHAIRMAN MELIUS: Yes, we can now.

10 MR. FROWISS: This is Albert
11 Frowiss in Rancho Santa Fe, California. I'm an
12 independent advocate doing SEC claims. I've
13 done about 1,800 of them.

14 And I have questions about two
15 sites. You may have covered one of them
16 earlier, Savannah River. And I'm just
17 wondering whether you have any projection as to
18 when you're going to deal with the post-1972 SEC
19 petition. That's one question.

20 And the other is, are there any
21 petitions at all for Lawrence Livermore in the
22 post-1973 period?

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1 CHAIRMAN MELIUS: Okay, I'm
2 getting some help from NIOSH, but I'll relay it
3 and let LaVon. On the latter question in terms
4 of Lawrence Livermore, there are no new
5 petitions where of either 83.13 or even 83.14s
6 at this point. So the answer to that is no.

7 In terms of the Savannah River Site,
8 really hard now to give an exact timing. There's
9 a number of documents that are being updated and
10 a large number of documents in the review
11 process.

12 So a lot of resources and a lot of
13 effort going into that. But hard at this point
14 to give a good idea of when those will be fully
15 resolved.

16 MR. FROWISS: All right, thank you.

17 CHAIRMAN MELIUS: Thank you.
18 Anybody else on the phone wish to make public
19 comments?

20 MR. REVIS: Yes, can you hear me?

21 CHAIRMAN MELIUS: Yes, we can.

22 MR. REVIS: I would like to make a

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1 public comment, if you hear me.

2 CHAIRMAN MELIUS: We can. You
3 need to identify yourself.

4 MR. REVIS: Okay, my name is Rick
5 Revis, and I would like to talk about Blockson
6 Chemical in Joliet, Illinois.

7 CHAIRMAN MELIUS: Yes.

8 MR. REVIS: Obviously, they got
9 their SEC I believe in 2010. What I wanted to
10 talk about is actually a missing document that
11 nobody seems to be able to find, and I think this
12 document is very important for the Blockson
13 Chemical claimants.

14 In 1958, there was a new contract
15 drawn up for Olin, which took over Blockson in
16 1955. In that contract, either the Atomic
17 Energy Commission or Blockson, at their choice,
18 had a 60 day written notice of the contract
19 cancellation if they wanted to end production
20 of U308.

21 Nobody has been able to come up with
22 that document showing the cancellation. Now as

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1 some of you Board Members will remember,
2 Blockson initially was scheduled for an SEC
3 March 31st of 1962.

4 And partly through the SEC
5 Petition, they come up with a one page document
6 that said production ended in June of '60, but
7 nobody knows where that document came from or
8 anything about it. And the fact remains that
9 you have to have a six month written notice to
10 end production, either from the Atomic Energy
11 or the factory. That has not been found.

12 So I was wondering why the date
13 would be moved from 1962 to 1960 based on the
14 fact that they've got a one page document, that
15 by the way has a lot of flaws in it, but nobody
16 has been able to come up with that written
17 notice.

18 And if they don't have that written
19 notice, it's my understanding that if there's
20 a problem with the records or any of the
21 information, the benefit goes to the claimant,
22 not to the government.

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1 In this case, it seems that it went
2 to the government. Does anybody explain any of
3 that? Or maybe explain that one page document
4 that changed everything from 1962 to 1960, even
5 though everything else and all other records
6 indicate that Blockson would produce a U308
7 through 1962?

8 CHAIRMAN MELIUS: Yes. LaVon? I
9 think someone's going to have to get back to
10 you, sir. This is not an issue or a site that
11 we've discussed in quite a number of years, and
12 I don't think there's anybody here that was
13 actively involved in the reviews and so forth
14 on that, and from the technical end that might
15 recall specific documents and so forth. But we
16 will have someone --

17 MR. REVIS: Yes, well I do
18 understand that. How is somebody going to get
19 a hold of me?

20 CHAIRMAN MELIUS: That's what
21 we're going to work out next. Do you want to
22 give a number where he can call in?

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1 MR. REVIS: You're talking to me
2 now for a number?

3 CHAIRMAN MELIUS: Josh, yes, yes.
4 Josh.

5 Okay. If you want to call Josh at
6 NIOSH and he will relay --

7 MR. REVIS: Is that --

8 CHAIRMAN MELIUS: -- we'll have
9 somebody technical get back to you.

10 MR. REVIS: Is that Josh Kinman?

11 CHAIRMAN MELIUS: Yes.

12 MR. REVIS: I do have his number.

13 CHAIRMAN MELIUS: I believe so.

14 MR. REVIS: And we had talked
15 before. And we will talk again.

16 CHAIRMAN MELIUS: Okay.

17 MR. REVIS: I have several other
18 questions. I think Josh knows what they are.
19 And anyway, it involves other companies and
20 other sites that obviously hasn't been handled
21 the same way that they handled Blockson.

22 Blockson has seemed to have been

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1 singled out to be denied where other companies,
2 they bend the rules all kinds of different ways.
3 So I'm waiting to hear. I will call Josh.
4 Thank you very much.

5 CHAIRMAN MELIUS: Okay, thank you.

6 MR. REVIS: Bye. Bye.

7 CHAIRMAN MELIUS: Anybody else on
8 the phone wish to make public comments?

9 MR. BURKHART: Yes, I have one
10 additional question, if I could.

11 CHAIRMAN MELIUS: Yes, go ahead.
12 Can you identify yourself again for the record?

13 MR. BURKHART: Yes, my name is
14 Harry Burkhardt, and I'm also calling from
15 Joliet, Illinois. And I just have a kind of a
16 general question on the SEC.

17 I've been listening for the last
18 couple of days, and am I correct that you can
19 be granted an SEC for residual contamination?
20 Is that right?

21 CHAIRMAN MELIUS: No, it's not
22 right. You can be, you can. There would have

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1 to be a finding that dose can't be
2 reconstructed. I believe we have in certain
3 sites. I can't remember off the top of my head,
4 but --

5 MR. RUTHERFORD: SECs?

6 CHAIRMAN MELIUS: Yes, SECs.
7 LaVon, go ahead.

8 MR. RUTHERFORD: We've actually,
9 we've had SEC's not specifically for residual
10 periods when nothing was happening, but we've
11 had SECs for parts of the residual period that
12 included remediation activities and activities
13 that we felt didn't necessarily fall in line
14 with the standard residual approach.

15 CHAIRMAN MELIUS: Yes.

16 MR. BURKHART: So, if there was
17 studies done, or like in 2011 in the report
18 back, Dr. John Howard on residual
19 contamination, and there was a 1979 Argonne
20 study done showing high levels of radiation
21 still on-site.

22 Would that be considered sufficient

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1 to justify a petition for an SEC based on the
2 residual contamination at that site?

3 MR. RUTHERFORD: Yes, this is LaVon
4 Rutherford with NIOSH. It would depend on if
5 that, that document could be submitted as a
6 scientific or technical report in support of an
7 SEC petition.

8 We would look at that report and
9 determine if that report actually indicated
10 limitations as in our ability to reconstruct
11 that dose for that period, or basically denied
12 what approach we had already used.

13 So you could submit it. We'll run
14 it through the qualification process, and we'll
15 see what happens.

16 MR. BURKHART: Okay. That's fine.
17 And who would start that process, or how would
18 we go about that?

19 MR. RUTHERFORD: If you know where
20 the NIOSH website is, there are actually forms
21 that you can use to submit an SEC petition. You
22 can also contact Josh Kinman who is our SEC

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1 Petition Counselor with NIOSH.

2 MR. BURKHART: Yes --

3 MR. RUTHERFORD: Okay --

4 MR. BURKHART: Go ahead.

5 MR. RUTHERFORD: 513-533-6831.

6 MR. BURKHART: Okay.

7 MR. RUTHERFORD: Yes, and he'll
8 help you with that process.

9 MR. BURKHART: And we were told
10 that we needed, you can only file if there's
11 additional evidence. So that would be
12 considered additional evidence, at least to
13 file the petition?

14 MR. RUTHERFORD: Yes, you can file
15 the petition with that. We will evaluate
16 whether that's new information that we haven't
17 previously evaluated, and that would move the
18 petition forward.

19 MR. BURKHART: Got you. Okay,
20 thank you.

21 CHAIRMAN MELIUS: Thank you.
22 Anybody else on the phone that wishes to make

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1 public comments? Okay, anybody else in the
2 audience that wishes to make public comments?
3 If not, thank everybody for coming here, and
4 this ends our 100th meeting of the Advisory
5 Board.

6 (Whereupon, the meeting in the
7 above-entitled matter was concluded at 6:25
8 p.m.)

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