

UNITED STATES OF AMERICA
CENTERS FOR DISEASE CONTROL

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NATIONAL INSTITUTE FOR OCCUPATIONAL
SAFETY AND HEALTH

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ADVISORY BOARD ON RADIATION AND
WORKER HEALTH

+ + + + +

104th MEETING

+ + + + +

WEDNESDAY
MARCH 25, 2015

+ + + + +

The meeting convened at 9:00 a.m., Pacific Time, in the Red Lion Richland Hanford House, 802 George Washington Way, Richland, Washington, James M. Melius, Chairman, presiding.

PRESENT:

JAMES M. MELIUS, Chairman
 HENRY ANDERSON, Member
 JOSIE BEACH, Member
 BRADLEY P. CLAWSON, Member
 R. WILLIAM FIELD, Member*
 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

REGISTERED AND/OR PUBLIC COMMENT PARTICIPANTS:

ADAMS, NANCY, NIOSH Contractor
 AL-NABULSI, ISAF, DOE
 ASHLEY, MORGAN
 BOYD, LARRY
 CARY, ANNETTE
 CLARK, KYLE
 CRAWFORD, FRANK, DOL
 DAY, MARY
 DEMERS, JOE, DOE
 DOMINA, KIRK
 ESTRADA, LUIS
 FINDLEY, MITCH, ORAU Team
 FINE, SADIE, DOL
 FITZGERALD, JOE, SC&A
 FORDHAM, CHARLES
 FROWISS, AL*
 GARZA, MARY
 GLOVER, SAM, DCAS
 HARTSFIELD, DEKEELY, HHS
 HINNEFELD, STU, DCAS
 JOYNT, MARCIA
 JOYNT, TOM
 KINMAN, JOSH, DCAS
 KNOX, WAYNE

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SMITH, JAMES
SPLETT, GAIL, DOE Hanford POC
STIVER, JOHN, SC&A
TAULBEE, TIM, DCAS
THOMAS, F. JOEL
VANCE, LADELL
VLIEGER, FAYE
WARREN, BOB*
WORTHINGTON, PATRICIA, DOE
ZABACK, LORNA, DOE Contractor

*Participating via telephone

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

2 (9:19 a.m.)

3 CHAIRMAN MELIUS: Good morning,
4 everybody, and welcome to this, the 104th meeting
5 of the Advisory Board on Radiation and Worker
6 Health. We're just about to get started, but
7 first we have to do some administrative issues,
8 and I'll turn it over to Ted Katz, the Designated
9 Federal Official.

10 MR. KATZ: Yes. Welcome, everybody.
11 All right. First, some preliminaries for people
12 in the room. The materials that are going to be
13 presented today and tomorrow are on the back
14 table. So you can follow on. Both the
15 presentations should be back there, but also sort
16 of the background reading materials that the
17 Board Members have that relate to those
18 presentations, they should be back there too. So
19 you are welcome to take any of those materials.
20 They're up for grabs.

21 For people on the line, these same
22 materials are all posted on the NIOSH website,
23 under the Board's section, for the schedule of

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1 meetings for today's date. So you can go there
2 and these are all PDFs online. You're welcome
3 to view them, download them, what you want.

4 Also a note for people that are on the
5 line: please, as you're listening, keep your
6 phones muted. There is a public comment session
7 later today, at 4:30, in which we'll receive
8 public comments, first from people in the room
9 and then from people on the line. And then
10 you'll be able to speak. But otherwise, for
11 everyone in the public, you should really have
12 your phones muted.

13 And to mute your phone, most people
14 don't have that on their phone, perhaps, but
15 press *6, that'll mute your phone. And then none
16 of the noise from your phone will make it into
17 the audio for everyone else trying to listen in
18 and hear the meeting. Now, you press *6 again
19 and that'll unmute your phone. So, *6 to mute
20 your phones.

21 And the other thing is, please, no one
22 on the line put the call on hold at any point.
23 Just hang up and dial back in if you need to, but

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1 hold often causes problems for the audio for
2 everyone you've left behind. So, please do that.

3 The agenda for today's meeting is also
4 posted with the reading materials at the NIOSH
5 website, as I said, so you'll know what's
6 happening when.

7 And now let me just run through roll
8 call for the Board Members. And I will, for
9 Board Members, where there is a potential -- or
10 a conflict for a Board Member, I'll note that as
11 we go through the roll call after you register
12 your attendance. And we'll just do this
13 alphabetically.

14 (Roll call.)

15 MR. KATZ: And that covers roll call.
16 Yeah, that's it, I think. Dr. Melius, it's your
17 meeting.

18 CHAIRMAN MELIUS: Okay. Thanks, Ted.
19 And we'll start, as usual, with our NIOSH Program
20 Update. I will add, just as an introduction to
21 what Stu is presenting, I asked him to include an
22 update on NIOSH's sort of quality assurance
23 efforts regarding dose reconstructions.

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1 Later today, we want to discuss some
2 issues related to the Board's dose reconstruction
3 review efforts and so I thought getting an update
4 from Stu would be helpful as a sort of background
5 for that. So, go ahead, Stu.

6 MR. HINNEFELD: Thank you, Dr.
7 Melius. And hello, everyone. I'm Stu
8 Hinnefeld, the Director of the Division of
9 Compensation Analysis and Support at NIOSH, the
10 group of NIOSH that performs this work for the
11 EEOICPA program.

12 Getting right into things here, I
13 usually try to provide a little program news at
14 each meeting. I've mentioned here that I'll
15 cover briefly these bullet topics here.

16 I've mentioned at previous meetings
17 that we had been working with the Department of
18 Labor and sort of increasing our involvement with
19 them in certain aspects of the program. They
20 came to us with a request for assistance,
21 essentially, on Part B, which is the radiation
22 and cancer claims, and also on Part E, which is
23 the toxic exposure and health outcome claims,

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1 which NIOSH has no statutory role in.

2 They just said, is there something you
3 can do in the existing framework to give us some
4 help there? And so we've had this series of
5 meetings with them, and let me start with the
6 Part B which is cleaner.

7 They were concerned that the dose
8 reconstruction part of a case wasn't getting a
9 full hearing at the adjudication step. And
10 because they said, well, that's NIOSH's ball, you
11 know, NIOSH's bit, we don't really know, you
12 know, in terms of technical objections, and so we
13 said, well, ask us. You know, their own
14 regulation says that the hearing officer can do
15 whatever investigation is necessary in order to
16 resolve issues that are raised during
17 adjudication. And we said, ask us.

18 And so we've now embarked on sort of
19 a pilot program that they will send us questions,
20 the hearing officer will send us questions, that
21 are raised during adjudication. And we would
22 respond back, either saying something to the
23 effect that the information that was provided is

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1 consistent with the information that we had, and
2 so the information we built still supports the
3 dose reconstruction, or we would respond back and
4 say this information is not consistent with the
5 information we had, and so the current body of
6 knowledge does not support the dose
7 reconstruction, it should probably be returned
8 for a new dose reconstruction.

9 Now, that does not mean that the
10 outcome of the case is going to change. You
11 might still have a dose reconstruction, you know,
12 the corrected dose reconstruction still could be
13 less than 50 percent PoC. But we've said, we
14 have agreed, and we've done a couple of pilot
15 cases. In addition, in an attempt to decrease
16 the number of objections brought at adjudication,
17 as we've changed our communications to claimant's
18 when we send the draft dose reconstruction, we've
19 kind of emphasized the language about bringing
20 questions about the dose reconstruction to the
21 closing interview and let's resolve those there.
22 This is your best opportunity to get questions
23 about the dose reconstruction resolved. And

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1 let's try to resolve them now before it goes to
2 adjudication.

3 So we've done those things to try to
4 improve that process. So far, I guess, we
5 haven't really had a lot of feedback. It's only
6 happened in a few instances. And most cases that
7 we handle don't really have serious questions or
8 objections when we get to close out interview,
9 but there are some that do.

10 So we haven't got a lot of experience
11 on it, but so far it's encouraging. Labor is
12 encouraged by the information we're providing in
13 this fashion.

14 With respect to their request about
15 Part E, we've had a couple meetings with Labor
16 from people in other parts of NIOSH, not DCAS.
17 I went, I guess, to introduce people, because I
18 certainly couldn't add much to the conversation.

19 But when it was clear that there was
20 going to be an advisory board on toxic substances
21 and worker health, essentially a Part E board,
22 which is being developed now, when that became
23 clear, then we at NIOSH said, well, we don't want

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1 to start down this road and give them a lot of
2 advice that may be counter or different, because
3 they're going to get, probably, their own advice
4 from this Part E board, let's wait and see what
5 happens.

6 Whether NIOSH will have any particular
7 involvement in that is an open question, on Part
8 E. As long as I don't have to do anything on
9 Part E, that would be better. Speaking not just
10 selfishly, it would be better for everybody in
11 Part E if I didn't have anything to do with it.

12 My computer has a mind of its own
13 here. So let me get back to where I was. I've
14 had touchy touchpads before, but I was nowhere
15 near it, so I don't know what happened.

16 We've had a couple of worker outreach
17 sessions since our last Board meeting in
18 February. We went down to Carlsbad. These are
19 joint outreach task group meetings, which is a
20 joint organization among DOE, DOL, us, the
21 ombudsmen for both us and DOL, and the Former
22 Worker Monitoring Program in DOL. And the Former
23 Workers Program, I think, was the main emphasis

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1 on going down to Carlsbad. That's where the
2 Waste Isolation Pilot Project is.

3 It's not very high on our claim list.
4 We had very few claims from Waste Isolation Pilot
5 Project, and all of them have employment
6 elsewhere in addition to WIPP. So, but we went
7 and supported that. That one was, I guess,
8 modestly attended, you would say. There wasn't
9 a lot of attendance at that.

10 And then last week, in Denver, we had
11 a joint outreach task group meeting in
12 conjunction with our yearly meeting with program
13 advocates out there. And that was pretty well
14 attended, as you can imagine. There's always a
15 lot of interest in Denver about Rocky Flats and,
16 of course, a lot of comments that they would like
17 to have the SEC extended, as you would expect.

18 I think those meetings went pretty
19 well, overall. I don't think you ever convince
20 anybody, or you don't convince very many people
21 in those meetings to change their view of you,
22 but I think being there in public helps. They,
23 at least, have a face to put with NIOSH.

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1 Unfortunately, it was mine, but they could have
2 had a better face than that.

3 And then we also met with, each year
4 for the last two years, the Department of Energy
5 and Department of Labor and our Ombudsman have
6 met with a collection of advocates. And last
7 year about this time, the advocates announced the
8 formation of this volunteer advisory board for
9 Part E, if you recall. And they'd sent some
10 correspondence, they've had some meetings, and
11 that's largely the group that we meet with. So
12 we met with them again. The advocates prepared
13 the agenda list. It was lengthy, but almost all
14 of it was Department of Labor issues and Part E
15 issues. A couple for us. They have to do with
16 our communication, how we're communicating dose
17 reconstructions and how can we make more
18 information available.

19 And we're pursuing some of those
20 things, like maybe getting some additional
21 references cleared by DOL to be made public. So
22 now only our White Papers, but the references
23 that we refer to in the White Papers might be

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1 available to the public.

2 So we're pursuing that with Department
3 of Energy and it's not clear yet how much of a
4 work burden we're talking about. It may be that
5 to do all of them may just be prohibitively --
6 now, I won't say expensive, but there's too much
7 time involved, too much labor involved in it.
8 But we'll see what we can work out with them.
9 We're at the very early stages of figuring out
10 what we can do in that.

11 So, anyway, that was our part of the
12 meeting. You know, the NIOSH part of the meeting
13 was really short. It was a 9:30 to 2 o'clock
14 discussion and we took about a half-hour of that.
15 So most of it was Department of Labor.

16 Also, Josh prepares my slides, and he
17 wanted me to say something about our plain
18 language efforts that we are embarking on. There
19 is a Plain Language Act and there are
20 requirements that documents be written, you know,
21 government documents be written in plain
22 language.

23 Now, for health physicists, that's

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1 like a foreign language. So we've been trying
2 to deal with that to a certain extent. We are
3 chasing down some training. And plain language
4 doesn't mean dumbing down the language, it means
5 writing it for the intended audience.

6 So, for instance, a White Paper is
7 things that we write for Work Groups and
8 Subcommittees. I think my presentation wants me
9 to hurry up.

10 (Laughter.)

11 MEMBER ANDERSON: It's on a timer, you
12 know.

13 MR. HINNEFELD: I think it is. Those
14 documents are written for an intended audience.
15 They're written for the Work Group or the
16 Subcommittee or the SC&A. And so those will be
17 written for that audience. And so they won't all
18 be written for a public, they'll be written for
19 the intended audience. But you can still do some
20 things to structure the writing better and make
21 the writing, you know, easier to follow and
22 structuring the documents better.

23 So we're going to embark on some

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1 training for our own staff and for some members
2 of our contractors' staff to see if we can't
3 structure these things a little better. Because,
4 if you look back, you can probably all think of
5 examples of writing that you've read in this
6 program that was kind of convoluted. And, you
7 know, it could have been written in a more clear
8 fashion. So we're going to be working on that
9 going forward as well.

10 And despite my computer's desires, I'm
11 going to go through the rest of my presentation.
12 I'm almost there. I think I've covered the other
13 topics that I was going to cover.

14 I did get a little bit of budget news
15 right before I came out here about our
16 sequestration amount for fiscal year 2016. The
17 sequestration percentage is slightly less than
18 the sequestration percentage we have this year,
19 which means we will effectively have a littler
20 more money next year than this year.

21 So we've adapted to our current
22 spending levels and I think things will be okay
23 for the time being, absent some, you know,

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1 statutory change. But the way things look right
2 now, the 2016 budget will be very similar to this
3 year's.

4 Okay. Now, to get onto our internal
5 blind dose reconstruction review process, we
6 adopted some time ago, working with the Dose
7 Reconstruction Subcommittee, to say, well look,
8 you know, we've had these dose reconstruction
9 reviews that SC&A has. And, you know, more often
10 than I would like, they find things that are
11 mistakes in dose reconstructions.

12 And so we said, well, why are we not
13 finding those ourselves and can we get some
14 information about the kinds of things that are
15 happening?

16 And an idea occurred to us, well, we
17 can try doing, essentially, blind reviews
18 ourselves. You know, have the DCAS staff do dose
19 reconstructions of a case, without seeing the
20 cases that come over from ORAU, and see how we're
21 doing. And then maybe you can figure out, you
22 know, do we need more clarity in the instructions
23 for dose reconstruction? You know, some things

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1 like that to try to diagnose reasons why dose
2 reconstructions may be getting done with mistakes
3 in them.

4 And so we started that process a while
5 ago and we found out pretty quickly that it's
6 really hard. It takes a lot of work to do this.

7 So, the way the process works is that
8 each week a case is randomly selected by our
9 computer system and put into the assignment
10 queue, you know, the list of cases to be assigned.
11 And then one of our team leaders has to assign
12 from that list, assign a case to a dose
13 reconstructor to do the blind review.

14 The cases that are randomly assigned
15 have not been delivered by ORAU. These are cases
16 that came in that we don't have a dose
17 reconstruction on yet.

18 And so the idea is that our health
19 physicists will go and do a dose reconstruction,
20 not write the whole report, but do the math, do
21 the calculations and come up with dose numbers
22 for internal, external and ambient and medical,
23 you know, the various categories.

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1 And then when the ORAU dose
2 reconstruction, the official dose
3 reconstruction, is delivered, then we do a
4 comparison. The system notifies us that, okay,
5 you've got both of them now, and then you get a
6 different health physicist, you know, from DCAS
7 side to go compare the two dose reconstructions
8 and see how do they compare.

9 So that's the process and it's run,
10 like everything we do, on one of our applications
11 on our staff tools page. I happened to look and
12 it's not an application that the Board Members
13 can see. We could, probably, you know -- I don't
14 think there was any particular reason for that -
15 - but we could make it available to Board Members
16 to see this application.

17 I'll show you here an example of the
18 comparison sheet. I think it's called a QA
19 sheet. This is the form that the -- okay, I'm
20 not quite there yet. Yeah, I think this is just
21 a description of the process, which I think I
22 covered. This is an example of what we call the
23 quality assurance form, which is the comparison

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1 between the ORAU dose reconstruction and the DCAS
2 dose reconstruction.

3 Again, like I said, this form is
4 completed by a second DCAS health physicist and
5 they just look side by side and they try to
6 explain differences.

7 I have two slides showing examples
8 that to fit this whole, it would have taken four
9 slides to hit the entire form, put the entire
10 form on the presentation. So I just wanted to
11 show you examples.

12 And you can see it has the various
13 categories, you know, questions about did we save
14 all the data we asked for? And then photon
15 doses, it goes through neutron doses and then
16 it'll go to the internal doses, and so all the
17 categories are on it. If you had the full QA
18 sheet, you'd have all that.

19 And you can see that when there are
20 differences there -- well, at this point, there's
21 just a comparison of how they did things. This
22 is filled out by the ORAU -- or, no, by us, by
23 the second DCAS health physicist, fills out this

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1 form looking at the two dose reconstruction.

2 And this is the bottom of the form,
3 the second piece of the form. And you can see
4 there, the comparison down at the bottom, the
5 Probability of Causation value is compared. And
6 the idea here is to see if the two dose
7 reconstructions had the same answers, were they
8 both less than 50 or above 50?

9 And if they're different, then you
10 have to take a serious look of what in the heck
11 happened. Or if the percentages are widely
12 disparate, even if they're on the same side,
13 you'd kind of like to know what happened
14 differently.

15 You can get some widely disparate
16 answers because, in some cases one, either ORAU
17 or we will do an intentional overestimate, and
18 the other side, you know, would not do as much of
19 an overestimate. And so you'll have, you know,
20 widely disparate values. And those are easy to
21 explain because dose reconstructors have a fair
22 amount of leeway in choosing overestimating
23 techniques. So, anyway, that's an example of how

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1 the case is documented.

2 Now, the actual performance of the
3 program -- I think I skipped a slide there.
4 Maybe not. There's a slide missing.

5 What we compared against the
6 statistics of what we've done, there have been
7 some 90 of these cases randomly selected by the
8 computer, but only about 40 of those, or in the
9 40s. Only about half have actually been assigned
10 to a dose reconstructor, and then there's this
11 smaller subset of that, that we have both the
12 dose reconstructions and a comparison.

13 So, you know, a blind dose
14 reconstruction, I think SC&A budgets 40 hours for
15 a blind dose reconstruction. It can be a pretty
16 big undertaking, depending upon the case. And
17 so we're taking health physicists' time from
18 reviewing dose reconstructions or doing site
19 research to go do this. So it's a pretty big
20 time commitment to get into this.

21 There's another complication in that
22 the dose reconstruction tools that are used to
23 automate many of the dose calculations have

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1 what's called executable code in them, and they
2 were written on ORAU's system. And so we can't
3 get our computer folks to agree for us to load
4 those tools onto our computer system.

5 So I'm going to say some things now
6 that I don't really understand. The computer
7 people told me, so I can't answer a lot of
8 questions about specifically what this means.

9 But our two computer systems, ours and
10 ORAU's, communicate a lot. And they pass
11 information back and forth regularly and update
12 each other regularly. And to do that, each side
13 has a firewall, and that communication goes
14 through those firewalls.

15 In between those firewalls, there is
16 some server capacity, some memory capacity. And
17 so, as a kind of workaround, these tools are
18 placed in that kind of netherworld between the
19 two firewalls. So we can access them through the
20 firewall, but in a limited capacity. So our
21 ability to use the tools is sort of limited.

22 So, that makes this process difficult
23 because, you know, it doesn't make much sense to

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1 try to build this whole calculation when the tool
2 is there. Because tools do require selections.
3 You have to make the right selections in the tool.
4 So that's complicated the process a little bit.

5 So, as a result, that's why, you know,
6 we've not really kept up with this whole
7 selection. Many more cases have been selected
8 than have been done.

9 In the circumstance where the computer
10 automatically selects a case and it doesn't get
11 assigned and then ORAU delivers the dose
12 reconstruction for that case, the computer sees
13 that, takes that out of the unassigned queue and
14 picks a new one to replace it.

15 So, the queue, you know, we don't lose
16 them in that fashion, or we lose that specific
17 case, but the cases are still counted. So it
18 runs a bit behind the process, and what we've
19 typically learned is that the ORAU dose
20 reconstruction, since they have pre-access to the
21 tools, they have a peer reviewer doing it.

22 You know, when we find a mistake or a
23 difference between their claim and ours, in every

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1 case the ORAU dose reconstruction was done
2 correctly. And our people aren't as good at
3 doing dose reconstructions as the ORAU dose
4 reconstructors. That's the main thing we've
5 learned.

6 So, the question, you know, then gets
7 into how do you fix that? You know, and can we
8 fix it and can we invest -- so far we haven't
9 invested a lot of time into trying to fix that,
10 you know, into training our dose reconstructors
11 and things like that.

12 So, like everything else in the
13 program, it's a balancing act between can you do
14 what you want to do with the resources available?
15 So that's kind of what we've run into on this.

16 I will try and get back to where I am
17 because I don't know what's going on here. I
18 think maybe I'm shaking the podium. Maybe that's
19 causing this to go.

20 Okay. I think I've covered this. In
21 every instance where our result, in terms of
22 which side of 50 percent was different, there's
23 like five out of the 49. We run it, you know,

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1 the two were on a different side.

2 We looked back and our dose
3 reconstructor made a fairly -- probably an error
4 that you would think they wouldn't have made, or,
5 in some cases, maybe not such a subtle error.
6 Sometimes it was selection on the tool, that they
7 chose incorrectly on the tool because they didn't
8 realize the choices.

9 But five of the 49 were different.
10 All of the others were of the same. Some of the
11 cases where you're on the same side of 50 percent,
12 the difference was maybe a little more than you
13 would like. But to chase those down and to
14 really -- it takes a certain amount of effort,
15 actually, to figure out what was done differently
16 on the two.

17 So that's where that is. It could
18 certainly be done. With additional resources
19 applied to it, it could be done more rigorously
20 and we could learn more from it than we have,
21 candidly.

22 And like I said, it's like everything
23 else in this program, trying to accomplish

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1 everything you want to accomplish with the
2 resources available.

3 In the interest of time and getting
4 away from my computer, I'll only go very quickly
5 through the statistics. They're all in your
6 handout. If anybody has any questions, I'll try
7 to answer them.

8 Our compensability rate from dose
9 reconstruction, it's not calculated on there.
10 That's about 28 percent, or above 50 percent
11 through dose reconstruction. And these are up-
12 to-date as of March 19th.

13 So, our submittal chart, which is
14 quarterly data points, since this was completed
15 on March 19th, you don't see any particular
16 change. The last one's down a little bit because
17 it doesn't include the entire quarter.

18 But it looks about what you'd expect.
19 It's been pretty flat, around 500 a quarter now
20 for a while. That's new cases. We still have,
21 oh, probably 150 returns a quarter, on that
22 order.

23 DOE's responses, I think, are going

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1 quite well. We don't have any particular
2 problem. Well, periodically a site will get
3 behind and they'll get nagged at and get caught
4 up. So that's there.

5 And I'll entertain any questions,
6 particularly the end where I didn't cover the
7 statistics, or anything else anybody wants to
8 ask.

9 CHAIRMAN MELIUS: Paul.

10 MEMBER ZIEMER: Thank you. Stu, I
11 have two questions. First of all, on the charts
12 that you put up where you show the differences.
13 I don't think the people in the audience could
14 probably see those charts. But do you have some
15 criteria for saying when your dose reconstruction
16 really is different? Like you had one that's
17 four percent and they had five percent and so you
18 were about a percent apart and you're saying,
19 well, that's the same. Is there a criteria for
20 saying you didn't get the same results?

21 MR. HINNEFELD: Not per se, other than
22 whether it was above 50 and below 50. Those are
23 clearly considered different results. Other

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1 than that, there's not a formal set of criteria
2 for them.

3 MEMBER ZIEMER: Okay. But if they
4 got five percent and you got 40 or something, I
5 mean, there's some point at which, at least
6 intuitively, you'd say that's not the same.

7 MR. HINNEFELD: Right.

8 MEMBER ZIEMER: But right now there's
9 no numerical criteria?

10 MR. HINNEFELD: Nothing like that
11 that would trigger special investigation. I
12 mean, the QA, the second DCAS HP, might chase
13 that down, but there's nothing that mandates you
14 have to, you know, explain why it's so much
15 different.

16 MEMBER ZIEMER: My second question is
17 SC&A is doing a lot of quality DRs for the Board.
18 You're calling yours blind, but I don't think
19 you're using it the same way that we are for the
20 SC&A ones. But for the regular SC&A ones, do
21 they have the same limitation you do on access to
22 those tools?

23 MR. HINNEFELD: I think they might.

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1 I don't know if John can comment. I think they
2 might have that same limitation on access to
3 tools.

4 MR. STIVER: Yeah, this is John
5 Stiver. And I can say that our people have had
6 trouble getting access to those tools as well.
7 It has been kind of roadblock for us.

8 MEMBER ZIEMER: Well, it just seemed
9 to me that -- and we can maybe talk about this
10 later -- but for the Board's contractor, where
11 we're doing hundreds of checks, that access to
12 the tools for our contractor would seem to me to
13 be fairly important.

14 MR. HINNEFELD: I'll see. Yeah, I'm
15 starting investigating that and what can be done
16 to make this easier. I don't know that we're
17 going to have a lot of luck with our computer
18 security people in getting executable files onto
19 our system.

20 Now, whether it's okay for us and SC&A
21 to get into ORAU's system, that's another
22 question. That's also a computer security
23 question that I'm starting to investigate.

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1 CHAIRMAN MELIUS: Dave.

2 MEMBER KOTELCHUCK: Dave Kotelchuck.

3 It's worth saying, though, that the Dose
4 Reconstruction Subcommittee has been looking at
5 a limited number of blind comparisons between the
6 NIOSH results and the SC&A results.

7 And all of those -- there were about
8 a half-dozen of them -- all of those, the
9 decisions are the same. That is to say, there
10 are no cases we've come across so far where the
11 blind review, where there was a discrepancy
12 between whether it should and should not be
13 compensated. There was agreement on that, and
14 that's important.

15 And while it's important for you to
16 figure out how to do that internally within
17 NIOSH, and that's great, I think that the results
18 so far, for final results, have been good and
19 there has been agreement on the blind review
20 cases.

21 CHAIRMAN MELIUS: Dave, we may need
22 to look at that question again, because I recall
23 at least one. It was a very significant

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1 difference. But that's a --

2 MEMBER KOTELCHUCK: We'll take a look
3 at that.

4 CHAIRMAN MELIUS: And these are
5 different types of blind reviews, let's be clear.

6 Any Board Members on the line have
7 questions? Hearing none, thank you very much,
8 Stu. And we'll be coming back and talking more
9 about dose reconstruction reviews at other times
10 during this meeting.

11 Our next presentation is from Dr.
12 Patricia Worthington from the Department of
13 Energy.

14 (Pause.)

15 DR. WORTHINGTON: All right. Thank
16 you.

17 CHAIRMAN MELIUS: And welcome, Pat.
18 It's always great to have you here.

19 DR. WORTHINGTON: Good morning. Greg
20 Lewis will not join us today. He's at the
21 Federal Executive Institute, becoming an
22 executive. And I am joined today by Isaf Al-
23 Nabulsi and by Gail Splett. Gail's actually --

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1 you know Isaf -- Gail is from Hanford. She is
2 our primary point of contact here at this site
3 for EEOICPA-related activities.

4 I want to talk just briefly this
5 morning about DOE's core mandates. Our
6 responsibility is to ensure that we provide all
7 the information to NIOSH and Department of Labor
8 to support the claims for people that worked at
9 Department of Energy.

10 DOE's responsibilities. We have a
11 number of things that we have responsibility for,
12 and one in terms of responding to the records
13 requests of individuals for providing information
14 to DOL and to NIOSH. A little over a year ago,
15 we instituted a secure electronic records
16 transfer system. It proved to be a great way to
17 avoid PII breaches and to get information quickly
18 to those organizations. We think that's working
19 very well.

20 With regard to providing information
21 on large-scale research activities, we're working
22 with the Board and NIOSH and DOL in doing that
23 across a large number of projects. We'll talk

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1 about that in a few minutes. And we conduct
2 research in coordination with DOL and NIOSH. In
3 some cases there's a need to gather some
4 additional information to support the activities.

5 EEOICPA site contacts, I mentioned
6 that Gail is one of the site contacts. And while
7 we have the responsibility in our office, the
8 Office of Health and Safety, to provide the
9 information as needed, the information's
10 primarily in the field.

11 And so with the information being in
12 the field, we need to have POCs all across DOE to
13 provide that information to us. And they do a
14 wide variety of things in terms of making sure
15 that we have the right SMEs that are available to
16 help look for the documents.

17 And in some cases the information is
18 more about getting a tour, getting a feel for the
19 activities, what kinds of searches might be
20 needed. And so we rely, again, on these points
21 of contact to help us to provide that
22 information.

23 Individual records. Again, it's

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1 always about the individuals, about the workers,
2 and what can we provide. And I'll provide some
3 additional insights.

4 You've seen these numbers before.
5 They remained fairly high in terms of
6 verifications, dose records and DAR information.
7 And so that's something that we're working
8 constantly with the site and through our POCs to
9 be able to provide that information as needed.

10 Providing the information -- and we've
11 talked about this, I think, at almost every
12 meeting -- can be a challenging activity for us
13 and, you know, for the sites, because in terms of
14 even at a single site, there are many programs,
15 in some cases many contractors, many systems. We
16 have the old DOE processes and new ones. Can
17 they work together? Are they communicating with
18 each other in order to be able to provide the
19 information?

20 And I think that over the years as we
21 worked on this, and working with people like
22 Gail, we found innovative ways to be able to reach
23 out and find this information.

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1 I mention here on this slide that in
2 some cases, at one site, there were 40 different
3 places that you had to look. And, again, these
4 things may not always be communicating with each
5 other.

6 The large scale projects that we're
7 working on, again, from our perspective, from
8 DOE's perspective, if we receive information
9 requests from DOL and NIOSH, we support all those
10 requests.

11 We've certainly learned things over
12 the years, better ways of doing things, providing
13 some insights to DOL or to NIOSH about the types
14 of things that they're looking for, but we
15 certainly honor all the requests that we receive.
16 And many of these projects have been ongoing for
17 some time.

18 And the things that I mentioned on the
19 previous slide about sort of the complexity of
20 looking for these records and trying to find them
21 kind of -- we're always looking for quality
22 information back to you, and completeness.

23 We want to be timely, but that's

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1 defined in different ways. The main thing we
2 want to do is to be able to turn it around, but
3 to be sure that we've looked in all the places
4 and that we've identified all of the information
5 that might be needed.

6 I have a list here of the large scale
7 research projects that we're working on, and you
8 can see that there are a number of them and they
9 certainly represent various kinds of activities
10 and processes and missions at DOE.

11 I'm going to talk just briefly about
12 support to Hanford and to PNNL on the SEC and the
13 kinds of things that, you know, that we've been
14 doing.

15 So what you'll actually see here on
16 this slide, and Gail has provided quite a lot of
17 information to tell you how aggressive they've
18 been at this site, that we've had over 140 data
19 captures. And so that's during the time that
20 they started providing information for the SEC.

21 Eighty-four separate data capture
22 trips. And, again, those trips are varied in
23 terms of the number of people that would come to

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1 the site and request information, the type of
2 documents and places that they would look. A lot
3 of boxes that we looked in that represent a lot
4 of different type of information. And just key
5 word searches. And that's very important because
6 if you're not asking the systems for the right
7 kinds of things, then you may not get anything
8 back what may not be meaningful.

9 And that's, again, a reach back to the
10 idea that our POCs are people that help us find
11 the right people that are knowledgeable about
12 these records. And in some cases where it's
13 important and necessary, we bring people back
14 that are retired to kind of help with these
15 searches that know about the information or where
16 you can receive it.

17 Indexing, that's one thing that we
18 work on here at this site and at other sites,
19 because if you don't index the materials then
20 it's difficult to find them and to do the
21 searches. So that's always been quite
22 aggressive.

23 This slide here, I've mentioned, 5,000

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1 record boxes of personnel records. It's
2 different from what you have on your computer.
3 It's actually an error. I think we had listed
4 500, but it was 5,000 there. So we will give you
5 an update with the right information for that.

6 CHAIRMAN MELIUS: So there's some big
7 boxes.

8 DR. WORTHINGTON: Yes, yes, quite a
9 bit. But, again, just some idea in terms of what
10 we're doing and the kinds of things that we're
11 looking at.

12 On this slide we mentioned historical
13 phone books. And we've talked about this in
14 previous years, that to go back to records for
15 the cities or other places or information at the
16 sites in terms of something that will help us
17 verify that these individuals were working at the
18 site. This is another example of kind of looking
19 for things that were more innovative.

20 I believe, in recent discussions with
21 Gail, they indicated, in moving from one area to
22 another area in their building, they located a
23 number of phone books they didn't have in place

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1 before, and other types of information.

2 So, from time to time we're coming up
3 with new sets of records that we can certainly
4 draw from. It's always a challenge when we're
5 looking for records from subcontractors.

6 Document reviews. From time to time
7 there are documents that are generated, and we,
8 again, we're the health and safety organization,
9 we then reach to our security side of the house
10 to make sure that they review the documents and
11 that they turn them around sort of in a timely
12 manner in terms of whether they are releasable.

13 So, again, we're juggling all the
14 requirements with a strong need and a compassion
15 for getting the information back to the
16 organizations that need it.

17 Facility research. I think we had
18 some requests even early this morning about the
19 right location for our website, for the link for
20 that. It's listed here, but we continue to work
21 on those things and update them as needed.

22 And I want to point out on this one,
23 if you're looking at the actual address for the

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1 web page, you'll see EHSS in there. This is the
2 new link after our organization was restructured
3 into two parts, into AU organization, into the EA
4 organization.

5 So if you're looking at the facility
6 lists, or any other kinds of links that are
7 related to our office, the key thing is if it
8 doesn't say "EHSS," you may be looking at an old
9 one and so you may want to update that.

10 I believe that Stu mentioned outreach.
11 I'll just sort of reemphasize that. The idea of
12 DOL and NIOSH and DOE coming together under one
13 umbrella to provide information, offer
14 clarifications to workers or to others that might
15 need it, related to the things that we do under
16 DOE, NIOSH or Department of Labor.

17 We've talked about receiving records
18 and various kinds of processes have been updated,
19 but in some cases we need more outreach so that
20 people are aware of information that might be
21 available. And we've been joining, as Stu said,
22 with these organizations in providing some
23 outreach, some feedback, to individuals.

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1 We have developed, and I think made
2 available to the Board, the link associated with
3 our video where the three organizations described
4 their processes and the things that they do.
5 We're in the process of updating that, but this
6 one is still very informative about the roles and
7 responsibilities of the three organizations.
8 So, continue to use it until such time that we do
9 update it.

10 I want to talk about the Former Worker
11 Medical Screening Program just for a moment,
12 because the EEOICPA program certainly looks at
13 both current and former workers. But the Former
14 Worker Program itself is that once workers leave
15 DOE, we make available to them a medical
16 screening that will target adverse health effects
17 that could've been associated with some of the
18 hazardous operations that they worked under when
19 they were here at DOE.

20 The Former Worker Program is available
21 to all workers. You know, once they worked at a
22 DOE site and once they leave, they can -- and
23 I'll provide some contact information on the next

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1 slide -- they can come back to those facilities,
2 come back, give a phone call, and we'll be happy
3 to organize or arrange a medical screening for
4 them.

5 I've listed two of the organizations
6 associated with this. These are both called
7 National Screening Programs, where workers,
8 regardless of where you are in the country, that
9 you can call one of those numbers and a screening
10 can be made available to you near where you're
11 living, if you've moved away from DOE.

12 The first one is focused on production
13 workers and the second one on construction
14 workers. And the idea here is that, again, the
15 screening would be targeted towards those things
16 that you had been working with when you were at
17 DOE.

18 This was a fairly, you know, fast
19 overview of DOE and the kinds of things that we
20 do, and we're available for further questions on
21 any of the things that we talked about.

22 One of the key points, and I want to
23 reiterate that, is that with regard to our

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1 overall responsibility for delivering the
2 information, providing records and various
3 information, we continue to have innovative ways
4 and using innovative approaches to get to this
5 information.

6 I'll use Hanford as an example. Here
7 at Hanford there are multiple contractors working
8 on some very specific projects for the Department
9 of Energy. And so a very important network that
10 was developed here, for some key things for
11 looking for information, was to bring the
12 contractors together under a common umbrella to
13 help locate records.

14 And so it was very bold in that, in
15 some cases, work schedules were revised such that
16 these individuals may work four days a week and
17 then they all come together maybe on the weekend.
18 And then have a very concentrated effort,
19 aggressive effort in terms of delivering the
20 products and things that might be needed.

21 And so, again, our overall goal is to
22 provide information, you know, as needed and
23 where it's difficult to look for better ways of

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1 getting the data back to the right people and the
2 right hands. So, we'll end here and take any
3 questions that you might have.

4 CHAIRMAN MELIUS: Thank you. Thank
5 you, Pat. You know, actually, I appreciate your
6 efforts out here at this site, and actually Gail
7 was able to help us on a conference call we had
8 talking about the work on the Hanford Site Monday
9 of this week.

10 DR. WORTHINGTON: Very good.

11 CHAIRMAN MELIUS: So we appreciate
12 that. I have two questions about two of the
13 sites where there appear to be some difficulties
14 getting records; one is Savannah River and the
15 other is the Los Alamos. And can you provide an
16 update or have information on that?

17 I know the problem with Savannah River
18 is relatively recent, but it's causing sort of a
19 major hold up. And then LANL, I think, has been
20 more of a longer term problem.

21 DR. WORTHINGTON: I will. And Isaf
22 can jump in if she has any specifics on that.
23 I'll talk first about the Savannah River. With

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1 regard to Savannah River, it has been a challenge
2 for us and it's certainly something that we were
3 aware of and that we were constantly working with
4 the sites.

5 They had some changes in contracts and
6 approaches and funding, you know, issues there at
7 the site. And the problem with that site, and
8 any site, if at any time the contractors cease
9 and then we bring them back and try to start them
10 again, it's not always a quick process.

11 But we are aware of it and we are
12 working with it. And, when necessary, we raise
13 it all the way with the site managers. And
14 sometimes, again, the startup again, get them
15 moving, is slower than we would like. But we
16 will certainly continue to work on that until
17 such time that we can resolve it.

18 I don't know if we have any specifics
19 on Los Alamos for the moment, but it's a challenge
20 sometimes, you know, to inspire them. But Greg
21 has developed a very, I think, aggressive program
22 where he's actually going out and meeting
23 individually with the sites, looking at ways that

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1 they can do it better and faster and more
2 efficient.

3 And it takes a while to turn it
4 around. I'm not going to mention, you know, site
5 names, but the ones that we've had these issues
6 and that we work with them, we've been able to
7 turn them around, I think that our statistics
8 will show that we can do that.

9 But we always welcome early, you know,
10 information, early signs, if that's the case, and
11 so we can work on it. So hopefully when we come
12 back for the next update we will have turned that
13 corner on that one as well.

14 CHAIRMAN MELIUS: We call it
15 aggressive inspiration.

16 DR. WORTHINGTON: Yes. Yes.

17 CHAIRMAN MELIUS: Yes, Paul?

18 MEMBER ZIEMER: Dr. Worthington, I
19 just had sort of a general question on the
20 reorganization of EHSS. And you can answer in
21 general terms. It appears that the
22 organizational commitment to this program has
23 been maintained pretty well. Can you just talk

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1 a little bit about your staffing and budgetary
2 levels? Have they been maintained under this
3 reorganization?

4 DR. WORTHINGTON: Actually, they have
5 been maintained. And with regard to Greg's
6 office, where a lot of the information is
7 generated and a lot of the heavy lifting is done,
8 Greg just recently hired an additional person in
9 his organization with lots of experience, from
10 Emory. She's worked some at CDC, and I think she
11 brings some new energy, you know, to that office.

12 And so with regard to the commitment,
13 the commitment is extremely high. We still are
14 excited and view our primary job to be advocates
15 for the workers and to do all those things that
16 we have to do.

17 So we don't think that we've lost a
18 step, but I think that we've gained a few. Like
19 I said, Greg has been quite aggressive with
20 following the money and looking for ways to
21 improve processes. And where needed, we actually
22 fund initiatives at the site to make it easier
23 and faster and better for them to retrieve

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1 information, put some new systems in place, so I
2 think that we're fine.

3 CHAIRMAN MELIUS: Board Members on
4 the phone, do you have any questions?

5 MEMBER LEMEN: None from Lemen.

6 CHAIRMAN MELIUS: Okay.

7 MEMBER SCHOFIELD: None from
8 Schofield.

9 CHAIRMAN MELIUS: Okay. Thank you.
10 You don't all need to answer. Just if you had
11 questions let us know. I just want to make sure
12 I don't forget you out there. Okay. Thank you
13 very much, Dr. Worthington. We appreciate that.

14 DR. WORTHINGTON: Okay.

15 CHAIRMAN MELIUS: Our next
16 presentation is from Frank Crawford, formerly at
17 NIOSH, now with the Department of Labor. Welcome
18 again. And good luck with the computer.

19 MR. CRAWFORD: Good morning. My name
20 is Frank Crawford. I'm with DOL, as you just
21 heard. And so far this slide hasn't moved. This
22 is positive. So, let's see if I can move it.

23 I'm going to start with the usual

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1 statistics, the updates, and then we'll talk
2 briefly about the SEC discussions for today, some
3 statistics for that, how many cases have been
4 filed and so forth. And then end with the recent
5 outreach activity.

6 This we've seen over and over again,
7 and these numbers only go up. We're now over \$11
8 billion in total compensation. From looking at
9 later figures here, I assume this includes
10 medical treatment expense beyond just the cash
11 awards.

12 This also is familiar, and the numbers
13 are just a little higher than they were. The
14 only thing, I think, that needs explaining here,
15 perhaps, is there's a lot more cases returned
16 from NIOSH without dose reconstructions and you
17 might initially consider, but I believe that
18 almost all of those are going to be cases that
19 are pulled for SEC evaluations, and then they
20 never come back in many cases because they're
21 approved at that level.

22 Now, here's one view of how many cases
23 are being approved or denied. These are Part B

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1 cases only, with dose reconstructions and final
2 decisions. We see that we have about a one-third
3 approval, two-thirds denial ratio at that level.

4 In a minute, we'll get to another view
5 of that same data. But first, the other
6 category, I was able to confirm, it's a very large
7 lump at the bottom of the screen, 31 percent.
8 But that includes beryllium, silicosis cases. It
9 also includes -- what was the last thing --
10 chronic beryllium disease, beryllium
11 sensitivity, that's it. So the numbers don't
12 seem to add up, but that's why there's such a
13 large number under other.

14 In some cases, while they're filed,
15 turn out to be, for various reasons, disqualified
16 from going further in the process also. Those
17 will be lumped in there as well.

18 Now we take another look at the
19 approval versus denial data. Now, this is Part
20 B, again, radiation cases with final decisions,
21 but many of these will not have DRs. In other
22 words, these are SEC cases, in many cases.

23 So we see, when we include the SEC

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1 cases, we're now approving over 50 percent of all
2 cases filed. In terms of raw numbers, we see
3 here 45,648 Part B approvals.

4 On the former slide, two slides back,
5 there were just over 10,000 Part B approvals with
6 DRs. So the impact of the SEC is quite large in
7 terms of the approvals and raw numbers.

8 Just another view of the data, but we
9 see that the accepted DR cases, there are little
10 discrepancies in the data. I don't know what
11 causes it, but some of them are finals and some
12 are, you know, recommended decisions and so
13 forth.

14 So we still are in the 9 to 10,000
15 area with accepted cases with DR only. Now, we
16 go down to SEC cases and we're in the 22,000 range
17 accepted based on an SEC.

18 And there are very few cases in terms
19 of raw numbers, again, that are both accepted on
20 an SEC basis and later have a DR issue that
21 accepts perhaps an ancillary case for -- an
22 ancillary cancer I should say, for medical
23 treatment and so forth.

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1 This, again, our top four sites don't
2 change much. These are just the sites generating
3 the most cases, Hanford, Savannah, Y-12 and Los
4 Alamos, the usual suspects.

5 Here, this is a little bit busy, but
6 we see the comparison between DOE cases and AWE
7 cases. And we see that the AWE spiked for a
8 while and now seem to be fading away. Probably
9 because most of these sites are no longer active,
10 of course, many of them were active in the 40s
11 and 50s and not afterwards, so we would expect
12 those claims to slowly diminish.

13 Now, for the petition site discussions
14 for today, these are not in order of discussion,
15 but I don't think we had the agenda when we came
16 together on this.

17 There's huge relative disparities
18 between the number of cases for each site. And
19 then if you look, if you winkle out the
20 percentages of approved cases versus denied
21 cases, that varies wildly between sites also.

22 In some cases, of course, a lot of
23 heavy duty, messy production work was going on.

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1 Hanford, Savannah River would be two such sites,
2 whereas, a place like Kansas City, it was
3 relatively restricted kinds of work with
4 radioactive material. And we see that their
5 approval rate is much lower than Hanford or
6 Savannah River as you would expect.

7 In terms of raw case counts, we, just
8 on this page alone, we're looking at Dow Chemical
9 with 91 cases filed versus Hanford with over
10 16,000 cases filed. So the size of the sites
11 here is remarkably different. All of this, of
12 course, is on the website for review. We don't
13 have to memorize these numbers.

14 And then the remainder of the sites
15 that will be discussed during this two-day
16 meeting. We see INL, for instance, a very large
17 site with over 5,000 cases. And then DuPont
18 Deepwater and Grand Junction operations center,
19 relatively small sites, 250 cases, approximately.

20 Moving on to outreach events, which
21 we're all familiar with. Stu mentioned the WIPP
22 discussion in New Mexico. I really want to find
23 that.

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1 These are coming outreach events where
2 we have Newport News, Virginia, April 28th, St.
3 Louis, Missouri, June 2015, and Amarillo, Texas
4 July 22nd.

5 Now, I seem to have lost a slide in
6 there somewhere too, which was the most recent
7 meeting. So let me see if I can recover that
8 quickly or at all. Here we go. There we are.

9 These are more recent meetings already
10 completed however. Meetings where since last
11 October we have had meetings in Paducah,
12 Shiprock, New Mexico, Carlsbad, New Mexico,
13 Casper, Wyoming and Riverton, Wyoming.

14 So, these are relatively small
15 meetings with the exception of the Shiprock
16 meeting and the town hall meeting in Paducah
17 which were over one or 200 each.

18 With that I'll ask if the Board
19 Members have any questions.

20 CHAIRMAN MELIUS: Okay. Thank you,
21 Frank. Board Members with questions?

22 MEMBER SCHOFIELD: Yes, this is Phil
23 Schofield. I've got a question for you. I

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1 noticed that you did Shiprock, you've done
2 Carlsbad, but are you planning on doing any
3 meetings in the Gallup, Grants area?

4 MR. CRAWFORD: Unfortunately, I don't
5 have the answer to that. I will attempt to find
6 out and get back to you on that. I can send that
7 to the whole Board if most would be interested.
8 Great.

9 MEMBER SCHOFIELD: Okay. I don't
10 know. This kind of sounds bad, but a lot of
11 those people, particularly a lot of them who live
12 out on the Navajo Ute reservation, they probably
13 wouldn't travel to Shiprock or they wouldn't even
14 know it.

15 A lot of them also have limited means
16 of getting there. That's the reason why I was
17 wondering Gallup or Grants, kind of splits the
18 difference in distance for a lot of those people.
19 And this is the only reason I was asking.

20 MR. CRAWFORD: Right. And I'm sure
21 that someone on the Joint Outreach Task Group can
22 address your concerns there. So I will turn it
23 over to them and Stu will add to this.

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1 MR. HINNEFELD: Well, I'll just offer
2 what I can. Normally, when Labor does an
3 outreach at a Part E, these are essentially RECA
4 sites. We generally don't go to those, but they
5 have had them in Grant, I'm pretty sure. But I'm
6 not sure about Gallup. I don't know if there's
7 any planned or how recent it was. But I'm pretty
8 sure they've been to Grant and I don't know if
9 they've been to Gallup or not. And again --

10 MEMBER SCHOFIELD: Okay.

11 MR. HINNEFELD: Yes.

12 MR. CRAWFORD: Thanks, Stu.

13 CHAIRMAN MELIUS: Start with Henry,
14 go down the line here.

15 MEMBER ANDERSON: Yes, I was just
16 interested in the acceptance and denials. You
17 have the overall numbers there and do you have
18 that broken out by cancer type because it'd be
19 interesting and I think the claimants would, you
20 know. Is a predominance in one type of cancer
21 versus others as far as which are accepted? I
22 would expect that to be the case.

23 MR. CRAWFORD: I haven't seen that

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1 data coming from DOL. Now, when I was at DCAS,
2 they were able to produce it from their database
3 fairly straightforwardly, I think.

4 MR. HINNEFELD: Yes, we have a report
5 on our website that we update periodically. I
6 don't know when it was last updated, but it wasn't
7 terribly long ago, that lists the percent
8 compensable. It lists the cancers in the IREP
9 model and the percent are compensable by dose
10 reconstruction.

11 So this is only dose reconstruction,
12 SEC wouldn't be included, and it's for only
13 single cancers because it gets too complicated
14 otherwise.

15 MEMBER ANDERSON: Thank you.

16 CHAIRMAN MELIUS: Wanda, then Paul.

17 MEMBER MUNN: Yes, I'm just curious
18 about the facilities in Wyoming. Both of those
19 sites are unknown to me personally. What's in
20 Wyoming that would cause traveling out there?

21 MR. CRAWFORD: I wish I could tell
22 you. They are actually unknown to me, too.
23 They're, you know, the nearest thing I know about

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1 is INL, but perhaps.

2 MR. HINNEFELD: They're RECA.

3 MR. CRAWFORD: Oh, they're all RECA,
4 uranium mining cases. That's it, of course.

5 MEMBER ZIEMER: I was wondering if the
6 statistics include cases that go back in
7 connection with a PER, Program Evaluation Report,
8 where, and these are closed cases, but they get
9 reopened because of a PER, but it wasn't clear to
10 me either in NIOSH or your statistics, whether
11 those get recounted or how they show up.

12 MR. CRAWFORD: Stu, why don't you
13 handle that. From my own knowledge and what I've
14 seen of that, I don't have any statistics with
15 these very few cases which are called up by PERs,
16 end up with a changed compensation decision, in
17 general. There may be an exception or two.

18 MR. HINNEFELD: Well, Paul, I'll
19 check specifically, but I believe that our
20 statistics would include, the -- because when one
21 changes, when a case changes to PER there' is a
22 new dose reconstruction report sent back out.
23 And so our statistics should be gathering the

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1 most recent dose reconstruction report.

2 MEMBER ZIEMER: Yes. So it counts as
3 a new dose reconstruction rather than --

4 MR. HINNEFELD: Well, it would count,
5 I believe, you know, we count. And I believe
6 what we do is we count claim or case numbers.

7 So if a case comes back for a PER
8 because it changed, we wouldn't count it as an
9 additional total dose reconstruction, we'd just
10 move it from one category to another.

11 MEMBER ZIEMER: I got you. I just
12 wasn't --

13 CHAIRMAN MELIUS: They --

14 MEMBER ZIEMER: -- sure.

15 CHAIRMAN MELIUS: -- must recalculate
16 the whole -- yes. Jim Lockey, I'm sorry.

17 MEMBER LOCKEY: Could you go back to
18 the Kansas City Plant, Hanford, Dow Chemical
19 slide?

20 MR. CRAWFORD: This slide?

21 MEMBER LOCKEY: Correct. So I'm just
22 curious, when we look at Part B approval for
23 Hanford is 4,591 and then Part E was 4,131. Is

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1 there any statistics on what kind of duplication
2 takes place there? Is it, other words, is the
3 cancer that was approved for Part B, is that also
4 part of the Part E approval? Do you know that?

5 MR. CRAWFORD: Generally speaking,
6 yes. If a cancer gets a Part B, they're
7 automatically considered as accepted in Part E.
8 It doesn't work the other way, of course, for
9 chemical cases, but for the radiation aspect of
10 Part E, yes.

11 MEMBER LOCKEY: So that would mean in
12 the no circumstances there were about 400 cases
13 that were approved for other type of toxic
14 exposures. Am I reading that right, Jim?

15 CHAIRMAN MELIUS: Except for the
16 qualification for Part E is different in terms of
17 the claimant for survivors and so forth. So not
18 every --

19 MR. CRAWFORD: Right.

20 CHAIRMAN MELIUS: -- Part B case
21 qualifies as a claimant doesn't qualify as a Part
22 E claimant. So they have to get over that hurdle
23 to get --

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1 MR. HINNEFELD: Survivor.

2 CHAIRMAN MELIUS: Yes, survivor. So
3 it would be a different number and it'd have to
4 calculated somehow. I don't recall seeing
5 statistics on that, but it certainly is a
6 significant limitation. A significant number of
7 Part B people who qualify don't qualify for a
8 Part E.

9 MR. CRAWFORD: There will be some
10 cases probably where many people simple don't
11 file under Part E even if they're advised to.

12 CHAIRMAN MELIUS: Any Board Members
13 on the phone have additional questions? Hearing
14 silence and no beeps, I'll assume that's fine.
15 Thank you very much, Frank.

16 MR. CRAWFORD: Thank you.

17 CHAIRMAN MELIUS: And we are running
18 a little bit behind, but it's not bad. And we
19 will take a break and we will reconvene at 10:45.

20 (Whereupon, the above-entitled matter
21 went off the record at 10:26 a.m. and resumed at
22 10:46 a.m.)

23 CHAIRMAN MELIUS: We will get

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1 started. Ted, do you need to repeat any of the
2 instructions?

3 MR. KATZ: No, I don't think so, other
4 than remind folks on the phone to mute your phones
5 and if you don't have a mute button, press *6 to
6 mute your phone. Thanks.

7 CHAIRMAN MELIUS: So our next item of
8 business is talking about the coworker dose
9 modeling. I think you know we've talked about
10 this at the last few Board meetings.

11 And the SEC evaluation Work Group has
12 been working very closely with NIOSH, with Jim
13 Neton and with SC&A on developing a guidance
14 document for the review or evaluation of coworker
15 modeling.

16 We think we're pretty close to a final
17 version of that. If you remember, we started out
18 sort of focusing on statistical issues. We're
19 sort of backing up from that, but and have some
20 more general guidelines to deal with it. And I
21 think we're close.

22 So Jim Neton's, sort of, going to
23 review and go through that. And then I'll have

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1 a few comments later about, sort of, what we think
2 are the next step.

3 For the Board Members that are not
4 involved in the Work Group, if you can, sort of,
5 be paying attention, so think about this. I will
6 say the plan is we're not intending at this
7 meeting to sort of approve these guidelines.
8 That will wait until the next meeting. But they
9 are, I think, very close to completion.

10 We have a couple more things we need
11 to do, but one of which is to make sure we have
12 input from all of the Board and all of the Board
13 has an opportunity to provide input because these
14 are going to be important in terms of dose
15 reconstruction even in some of our past methods
16 for doing dose reconstruction, so. So with that,
17 I'll turn it over with Jim and go ahead.

18 DR. NETON: All right. Thank you,
19 Dr. Melius. This is something we've been working
20 pretty hard on to try to get some resolution as
21 to how we're going to proceed with the coworker
22 modeling process. But I'd like to take a step
23 back at the beginning and just talk a little bit

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1 about how we got to where we are.

2 This all started way back with TIB-52
3 was issued in 2006, which was a TIB that talked
4 about how we would deal with special cases for
5 construction trades workers and how maybe some of
6 those situations like with external dose, we may
7 need to make some special considerations for
8 their doses as separate from the general coworker
9 model.

10 That was issued way back in 2006, like
11 I mentioned. And then, in 2011, Report-53 was
12 issued which was a much more detailed statistical
13 analysis of how we would evaluate potential
14 stratification coworker models.

15 Remember, I gave those polka dot plot
16 graphs with the Monte Carlo permutation test, I
17 think, that we won the award for nicest graphics
18 at that meeting?

19 CHAIRMAN MELIUS: Still is Number 1.

20 DR. NETON: Still is Number 1.

21 CHAIRMAN MELIUS: No one's even come
22 close to challenging that.

23 DR. NETON: Is that right? I liked

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1 those. But that was issued back in 2011 and 2013
2 SC&A reviewed that report and they had eight
3 findings.

4 They were broad-based findings.
5 About four of them were related to statistical
6 issues. Is the statistics robust enough to be
7 able to separate these different categories?

8 And four of them, the other half were
9 really related more to issues on characterization
10 of the data. You know, Report-53 started with
11 the assumption that you were comparing apples to
12 apples and didn't do anything about
13 characterizing that underlying populations
14 themselves.

15 So we took a step back, and I think I
16 volunteered for this actually, to do some sort of
17 guidelines on how we actually look at the data in
18 some detail qualitatively before we proceed with
19 some stratification efforts.

20 And the end result is this draft
21 criteria for the evaluation coworker datasets.
22 We've been working, as Dr. Melius said, with the
23 SEC Issues Work Group. We've had five meetings

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1 now over the last year-and-a-half, two in person,
2 three by telephone.

3 And this last go around is we're
4 calling Rev 4.1 is very much what we discussed at
5 our March 10th meeting where, I believe, we had
6 some very good agreement among the Members of
7 that Work Group that this document seemed to be
8 close, or if not, close to final.

9 So what I'd like to do is just to go
10 over, refresh people, we don't meet very often,
11 of how this, you know, where we are with this
12 document, what's in it and maybe after that we
13 can talk about what the path forward may be.

14 This is Rev 4.1, as I mentioned. And
15 this is on Live Meeting, so it should be out there
16 for the folks. Rather than put together a
17 PowerPoint, I thought I'd just, like I did last
18 time, sort of scroll through and talk from the
19 document and entertain any questions as they
20 might arise.

21 There are five sections of this
22 document now. I'll go over each one in a little
23 bit of detail, not exhaustively because it's

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1 fairly short and I think everybody probably
2 should have had a chance to read it by now.

3 But the introduction section really
4 just sets the stage for, you know, the regulatory
5 basis of why coworker models are okay.

6 You can see the italics in the middle
7 of the first introductory section that talks
8 about, "If individual monitoring data are not
9 available or adequate, dose reconstructions may
10 use monitoring data for groups of workers with
11 comparable activities and relationships."

12 We've been doing that for quite some
13 time now. The question really is what's
14 comparable. And that's what we tried to address
15 qualitatively in this document. And in some
16 cases at the end, we talk about how you would do
17 some quantitative analyses as well.

18 So the Section 2, which is the
19 criteria for the evaluation of adequacy and
20 completeness of coworker data is that really
21 tries to get at, we get data sets from all kinds
22 of different avenues.

23 They come in either the claimant's

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1 sets, they come in spreadsheets, they come in
2 electronic databases. But the first thing to do
3 is to evaluate the technical adequacy of the
4 monitoring data. And that's what really Section
5 2.1 addresses.

6 It talks about whether you have a
7 bioassay sample, a urine sample, whether you have
8 an in vivo sample or, you know, a whole body
9 counting measurement or an external dose
10 measurement. What generally needs to be looked
11 at before we consider those data to be valid for
12 use in a coworker?

13 Are they technically capable of
14 measuring what they set out to measure? If you
15 measure a urine sample, is the chemical recovery
16 appropriately adjusted, that sort of thing. In
17 vivo measurements, there's a lot of criteria in
18 here about chest wall thickness and calibration
19 phantoms, that sort of thing.

20 And film badges, likewise. My class
21 example, film badges are if you're measuring
22 neutrons, in the early days the neutrons couldn't
23 measure below a certain energy. So if you're

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1 exposed below a certain threshold energy that the
2 badge would read zero no matter what you're
3 exposed to, or be non-detectable at least.

4 So that's this first section. Moving
5 into the second part of that, which is data
6 completeness is a little different than that.

7 And this is do we have enough data to
8 work with? Were the workers monitored in
9 sufficient numbers for you to be able to apply it
10 to the unmonitored workers.

11 A way to do this is to look at it
12 temporally too. You start off looking year one
13 and you go through the years and see are there
14 data gaps. Are there some years, like five years
15 where it drops down substantially? And if it
16 does, maybe that's okay, maybe there was
17 production stopped.

18 But that needs to be evaluated and
19 explained in some way before you move forward
20 with the data. I did include one graph in here
21 which is actually out of an SC&A report which I
22 thought was a pretty good illustration of what
23 can happen if you don't look closely at the data.

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1 This is actually from the Nevada Test
2 Site, one of the reasons Nevada Test Site was
3 added an SEC. You can see here where we have 290
4 workers that were monitored, but of those workers
5 206 were RAD safety staff.

6 And the people who may have been in
7 harm's way, the workers, wiremen, miners, have
8 almost no monitoring data, so it gives you pause.
9 It makes you wonder is that really an appropriate
10 data set to be using to apply to the unmonitored
11 workers given that the RAD safety workers
12 probably had a different exposure environment
13 than those other workers. So that needs to be
14 considered.

15 Moving through the other sections of
16 the document, the review and analysis of the
17 monitoring program data itself. This really
18 talks about are the data that were collected on
19 that group of workers generally applicable to all
20 workers that were monitored at this site?

21 There typically at a site, can be
22 several different types of monitoring programs.
23 You can have a routine monitoring program where

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1 all workers were monitored on the monthly
2 frequency for example or you could have an
3 incident monitoring program where workers were
4 only monitored when they believe that they may
5 have been exposed.

6 Well, those are two fundamentally
7 different types of monitoring programs and you
8 don't really want to necessarily mix those two
9 together.

10 MR. KATZ: Jim, can I just interrupt
11 a sec?

12 DR. NETON: Yes, sure.

13 MR. KATZ: Folks on the phone, please
14 everybody mute your phone. We're hearing a lot
15 of background noise. And if you don't have a
16 mute button, press Star and then 6. That'll mute
17 your phone. That'd be very helpful not just for
18 folks in the room, but for other people trying to
19 listen on the line. Thanks.

20 DR. NETON: So if you have these
21 different flavors, I'll call them, of monitoring
22 programs, routine, intermittent and there's
23 another one mentioned in here which is an

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1 intermittent monitoring program where sometimes
2 for short duration jobs you may have a baseline
3 sample taken and then a sample at the end of the
4 project.

5 That may be totally acceptable, but
6 you need to be aware that that's the way it was
7 done and to what Class of workers that may apply
8 to.

9 So I think there's generally some
10 pretty good guidance in here about what needs to
11 be considered before you start lumping these
12 things into one category.

13 One thing I think that's significant
14 in here is when you're talking about comparing
15 incident versus routine. I think oftentimes we
16 have lumped those two together. It may or may
17 not be appropriate, but the last sentence of
18 Section 3.1, I think is very important.

19 It says in this case, where you have
20 one group of workers incident monitoring, one
21 group of workers that are routine monitoring, it
22 says it would not be appropriate to combine the
23 monitoring data for these two groups of workers

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1 into a single coworker model. Rather, the
2 default should be to consider separate models.

3 I think that's very significant
4 because this is where we see this situation most
5 often is when you have building trades
6 construction workers who may be on an incident
7 monitoring program and then the rest of the
8 workers who are routinely sampled.

9 So this is going to require us to go
10 back and re-look at a number of the coworker
11 models that we've had in the past. In my mind,
12 this is probably the most significant thing in
13 this document.

14 I mean, there's a lot of good
15 guidance, but this will probably be the one that
16 causes us the most pause in going back and looking
17 at things.

18 Section 3.2, which is analysis of an
19 application, the unmonitored population, talks
20 about the nuts and bolts of it. If you do have
21 a coworker set, you know, what do you with it?
22 How do you apply it to the unmonitored workers?

23 So it's our normal process of fitting

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1 some type of statistical distribution to it.
2 Typically, it's a log-normal distribution and
3 then you have to make some judgements as to what
4 parameters of that distribution are you going to
5 apply to the unmonitored workers?

6 Typically, we'd say if the worker was
7 in an environment that did not involve as much
8 exposure as the high end of the distribution, we
9 would apply the 50th percentile, maybe with the
10 general, the full distribution applied about that
11 or if it looked like the worker really was in a
12 high end exposure category and for some reason he
13 wasn't monitored, maybe his monitoring
14 information was lost, then he may receive the
15 95th percentile of the distribution.

16 Those types of judgements need to be
17 made when applying the dataset to the coworkers.
18 There's one more thing I was going to say about
19 that. I can't remember. All right.

20 One thing also is this last paragraph
21 in this section discusses what we've called the
22 OPOS statistic, the one person, one statistic
23 methodology now.

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1 And we've worked through this in the
2 Working Group, I think, where if there's general
3 agreement that if you have multiple monitoring
4 data points on a person in one interval, like a
5 year, you would take some sort of an average of
6 those bioassay data to represent that worker's
7 exposure in that monitoring interval.

8 We have agreed that the most
9 appropriate statistic would be to use a backward
10 integrated time weighted average. And I think
11 we're all pretty happy with that.

12 I think it's the best approximation we
13 could use for intake which is really what we're
14 trying to do in this case. So that took a while,
15 but I think that was a very good outcome of this
16 process as well.

17 And finally, we need to talk about the
18 time interval of the monitoring data. You know,
19 how much data can you lump together in a coworker
20 model over time.

21 In general, we have data that seems to
22 fit one year intervals, were not processed and
23 changed too much, so one year tends to be almost

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1 like our default interval.

2 But in the early years, sometimes
3 quarterly samples were taken and we have an
4 abundance of data on a quarterly level, so we
5 would use that if the data were available.

6 It's recommended in here not to go
7 beyond three years for grouping of data. And if
8 it does exceed three years, it says a stringent
9 justification is required.

10 And you have to really look at the
11 process, you know. Are you confident that
12 nothing significantly changed over that time
13 period?

14 Even within a year interval, sometimes
15 things could have changed. So you need to be
16 aware of what may have changed in the facility
17 over time when you start grouping, monitoring
18 data.

19 And finally, we allow for the fact
20 that, let's say you get to the end of the rope
21 here and you say I have like comparisons. I have
22 two routinely monitored sets of populations or
23 two incident-based data sets. But I still have

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1 a sense that maybe somehow there's a high-end
2 population out there that was not properly
3 monitored and I want to see if I should have some
4 sort of stratification.

5 And this basically gives some general
6 guidance. I didn't want to tie it to a specific
7 statistical test, but it gives some general
8 guidance about how one should proceed to do some
9 type of statistical analysis both on a
10 statistical analysis between the two populations
11 and the interval being evaluated and also on a
12 practical level as to how it affects the intake
13 calculation itself, so.

14 And that's the end of the document.
15 So I'd be happy to answer any questions if there
16 are any.

17 CHAIRMAN MELIUS: Questions for Jim?
18 Yes, Gen?

19 MEMBER ROESSLER: Mostly, higher.
20 Dr. Melius mentioned we're not going to make a
21 decision on this document --

22 CHAIRMAN MELIUS: Mic.

23 (Simultaneous speaking.)

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1 MEMBER ROESSLER: You have to hold it
2 down?

3 CHAIRMAN MELIUS: Yes.

4 MEMBER ROESSLER: Oh, that'll keep me
5 on the ball.

6 CHAIRMAN MELIUS: That'll keep you --

7 MEMBER ROESSLER: Dr. --

8 CHAIRMAN MELIUS: -- awake.

9 MEMBER ROESSLER: Keep me awake. Dr.
10 Melius mentioned that we're not going to make a
11 decision on this document at this time. And I
12 think that's appropriate because I think it's
13 important for every Board member to have a chance
14 to look at it.

15 We had a Work Group meeting by
16 teleconference recently and talked about this.
17 And I think that it's a very manageable task for
18 every Board member to look at this report. It's
19 only 11 pages long.

20 And when Stu made his talk this
21 morning about one of the goals of NIOSH is to do
22 things in plain writing, well, I think this is an
23 example of that.

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1 It's written for the intended
2 audience, but it's really very easy to read and
3 to understand. It covers a lot of material. So
4 I'm just recommending everybody do take a look at
5 it.

6 And this plain writing thing is really
7 nothing new. We've known this for many years.
8 It is an emphasis now by the Health Physics
9 Society.

10 There's going to be a special all-day
11 session at the annual meeting in Indianapolis on
12 plain language, both in writing and speaking. So
13 NIOSH is following right along with that.

14 DR. NETON: Thank you, Gen. I'd just
15 like to say we are anxious at NIOSH's end to get
16 this moving forward because we have a number of
17 datasets that we're currently hanging in the
18 balance and we'd like to proceed applying these
19 techniques to them. So the quicker, the better
20 for us.

21 CHAIRMAN MELIUS: I would just add,
22 and again, not to prejudge particular sites or
23 something, but certainly, this would require

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1 reevaluation of coworker models that combine, for
2 example, construction worker data which tends to
3 be incident-based along with, you know, general
4 worker data which tends to be much more routine
5 monitoring-based.

6 And this would indicate that we would
7 not combine the two. So both going backwards,
8 but also going forward there are sites. And I
9 know, Tim Taulbee's very anxious on some of the
10 sites he's looking at and others.

11 So it's not without implication, so
12 it's in terms of what we finally decided. Now,
13 each site's going to be judged individually. So
14 again, what I think has been in this document is
15 not trying to make, you know, strict guidelines,
16 but rather to have a set of guidelines that will
17 help with the evaluation and then decisions.

18 Because I think we've found in the
19 past, that each site is different and the type of
20 data, the amount of data, the extent of the
21 exposures are different, so we need to keep that
22 in mind.

23 But it is going to be important in

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1 terms of how we do this. Much as I think the
2 discussion and the agreement we came together on
3 some surrogate data and on the evaluation SEC
4 petitions has been, you know, helpful. But it
5 also, to some extent, changed what our outcomes
6 were and, I think, made them more consistent and
7 helpful.

8 But again, it is something that would
9 change. And this one we're fairly far along in
10 the process with, so in terms of having done
11 coworker models that do that, so.

12 Questions from Board Members on the
13 phone?

14 MEMBER LEMEN: Not at this time.

15 CHAIRMAN MELIUS: What we intend to
16 do for next steps is one, is we want to get
17 comments from the other Board Members, everybody,
18 and have a chance to look it over and get
19 comments.

20 And if you can get comments into Stu,
21 I think -- well, that was Stu, into Jim, and I
22 think that would be helpful. If you want to copy
23 me on them, that's fine, but the most important

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1 is Jim Neton, the other Jim, and I'll do that.

2 We are going to go through a process.
3 We want to, sort of, pilot test the evaluation,
4 this guidance document, on a coworker dataset as
5 a way of, you know, making sure we're clear.

6 Again, it's we're not going to try to
7 do 20 sets and make it perfect or whatever and
8 anticipate every single situation, but at least
9 make sure is those things that we could clarify
10 that aren't clear or that need to be emphasized
11 more and so forth, again, like any document we
12 do, it's subject to change over time.

13 So we intend to do that and then we
14 plan to come back to the next Board meeting which
15 will be at the end of July and hopefully finalize
16 the document at that meeting. So that'll be the
17 time table.

18 But I think we're close enough now
19 that, I think, NIOSH has some general sense of
20 how to go forward with this. But I think it's
21 worth doing at least some test runs and see if we
22 can improve it a little bit more. Paul?

23 MEMBER ZIEMER: I assume the Work

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1 Group would have an opportunity to see any
2 revisions before it came to the full Board. But
3 I just wanted to ask if it would be helpful to
4 have a specific deadline for Board Members to get
5 their comments into Jim? I don't think we want
6 them coming in the day before the Board meeting
7 here.

8 DR. NETON: No, no. I think I agree
9 with Gen that it's a fairly short document.
10 We've seen this in its current form. It's been
11 very close to its current form for about
12 three/four months now. So I think within a month
13 or so, if we --

14 CHAIRMAN MELIUS: Yes, let's --

15 DR. NETON: -- could see comments that
16 would be good.

17 CHAIRMAN MELIUS: -- say April 30th -
18 -

19 DR. NETON: Yes.

20 CHAIRMAN MELIUS: -- would be the
21 deadline.

22 DR. NETON: Yes --

23 CHAIRMAN MELIUS: And --

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1 DR. NETON: -- that's good.

2 CHAIRMAN MELIUS: -- I'll ask Ted to
3 send a note of reminder out to everybody on the
4 Board, and do that. Because we'll take some time
5 to -- then we'll, probably after April 30th, we'd
6 have another Work Group meeting so to do the trial
7 run or test whatever we're going to call that.

8 And to be ready in that Work Group
9 meeting to close to file. Maybe one other, some
10 more input, but certainly well ahead of the July
11 Board meeting. Okay. Thank you very much, Jim.

12 Can never tell when it's a lot of
13 questions whether it's been a good job or whether
14 everybody says this is so terrible we want -- but
15 I think it's a good job and I'll give a lot of
16 credit to Jim Neton.

17 He's really very thoughtful on this
18 and done a very good job of writing up and
19 listening to our suggestions and we've had some
20 pretty good discussions on this, so thanks.

21 We're sort of back on schedule, so
22 that's good. And the Kansas City Work Group has
23 been very busy holding meetings and following up

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1 on that site. So, and it's something that we
2 hope will come to closure within the next some
3 time period.

4 I'm not sure exactly when, but I
5 thought it would be useful in, sort of, preparing
6 for that closure on that site at least in terms
7 of the SEC petition that we get an update on where
8 the Work Group is in terms of their review, data
9 gathering and evaluation. So I've asked Josie
10 to give us an update and she's prepared one.

11 MEMBER BEACH: Are you ready for that?
12 It's about 20 minutes early. I don't expect
13 petitioners on the phone, but.

14 CHAIRMAN MELIUS: There's no action
15 items, so it's not --

16 MEMBER BEACH: All right. I was
17 hoping to step up here.

18 MR. HINNEFELD: Yes, I'm trying to
19 give you the form.

20 CHAIRMAN MELIUS: Okay. Try to take
21 about 20 minutes to get this through.

22 MEMBER BEACH: Yes, I was worried
23 about having the time slot before lunch.

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1 MR. HINNEFELD: These arrows will
2 work.

3 MEMBER BEACH: Okay. So these ones
4 are the --

5 MR. HINNEFELD: Yes.

6 MEMBER BEACH: These ones or these
7 ones?

8 MR. HINNEFELD: Yes, I think either
9 forward and back or --

10 MEMBER BEACH: Okay.

11 MR. HINNEFELD: I think the forward
12 and back are the ones that --

13 MEMBER BEACH: Perfect. Okay. So as
14 Jim mentioned we wanted to update you on what our
15 progress is for Kansas City. We're right in good
16 time for that. So Work Group Members are listed
17 on this slide.

18 This is a picture of the old Kansas
19 City Plant. Recently, Kansas City moved to a new
20 plant. I have that at the last photo. But this
21 is the old Bannister facility which is now
22 undergoing environmental certification.

23 The land is for sale. It's my

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1 understanding that this building will be --
2 they'll start demolishing it in 2016. That's the
3 scheduled date.

4 Okay. So we've had two Work Group
5 meetings. We had one in June. Our most recent
6 one was in January. And this briefing I'm giving
7 is based on our last Work Group meeting because
8 we've had a site visit since then. So everything
9 is just what our Work Group has discussed in
10 January.

11 We've had one technical call. We've
12 conducted four site visits jointly with NIOSH.
13 The earliest one was in December of 2012, that
14 was when we started with the Site Profile.

15 Of course, we moved into the SEC
16 petition. Our most recent visit was March of
17 this year, 2015. And we've also been to
18 Germantown DOE, that was also a joint review of
19 classified records.

20 Okay. So what I want to do is just
21 go over real brief snapshots of the open issues,
22 then we'll go into what we moved into TBD issues
23 and then onto our closed issues.

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1 Of course, these are snapshots, so if
2 you want the full, I mean there's pages of them
3 and bringing them down into one or two lines is
4 difficult. So there is, of course, always backup
5 material out there if you're interested in it.

6 So the first open issue is Issue
7 Number 1. It's our data completeness, legibility
8 and accuracy. I know you've seen this at all of
9 our sites.

10 NIOSH is committed to provide the Work
11 Group with a sampling plan for validating the
12 electronic databases using raw records for both
13 the internal and external dose.

14 Following us getting the sampling plan
15 at the Work Group level, NIOSH is going to conduct
16 a sampling review and, of course, provide those
17 results to us.

18 The second one is Issue 7, radioactive
19 waste. Much work has been done to ascertain how
20 radioactive waste was handled, shipped and stored
21 at KCP. We did that through interviews.

22 Like I said, we've been at the site
23 four times. Each one of those visits included

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1 numerous interviews, weekly activity reports and
2 from the solid waste information management
3 systems that were available.

4 During a recent site visit SC&A and
5 NIOSH identified former workers who were not
6 bioassayed when handling depleted uranium and the
7 mag-thorium waste. So NIOSH is going to look at
8 that new information and it'll, of course, be a
9 topic at our next Work Group meeting.

10 Number 9 was the external coworker
11 dose. It's pretty much the same for Issue 1.
12 NIOSH is going to go ahead and give us a sampling
13 plan to validate the electronic external dose
14 records with those raw records.

15 Issue 11, the neutron/photon issues,
16 originally we were going to use OTIB-024. It was
17 determined through our Work Group meetings not to
18 be appropriate to estimate neutron doses at the
19 Kansas City Plant. So NIOSH proposed a new
20 methodology which we heard at our last Work Group
21 meeting in January.

22 They're going to provide to us, to
23 SC&A, the location of 35 data points. SC&A,

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1 they'll look at those and get back to us with
2 their conclusions for discussion at the next Work
3 Group meeting.

4 Okay. And then 13 is the mag-thorium
5 alloy operations. At our last Work Group meeting
6 SC&A was -- we determined that they needed to
7 review NIOSH's latest White Paper. There wasn't
8 quite enough time before the Work Group meeting
9 to do that. So --

10 MR. KATZ: Sorry, Josie. But --

11 MEMBER BEACH: Yes, no problem.

12 MR. KATZ: -- someone online needs to
13 mute their phone.

14 MEMBER BEACH: Maybe they did.

15 MR. KATZ: We can hear, sort of, some
16 music. Well, I can still hear it, so I --

17 MEMBER BEACH: It's on hold.

18 MR. KATZ: I'm not sure what we do
19 about that because if they're on hold, they're
20 probably not in the room. If you know you're on
21 hold and you're in the room with your hold, please
22 take it off hold, hang up and dial back in.

23 MEMBER BEACH: So are people on the

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1 line having trouble hearing me or should I wait
2 or just go forward?

3 (Off the record comments.)

4 MEMBER BEACH: Okay. So we were
5 looking at the mag-thorium or, yes, thorium alloy
6 operations. We do have the White Paper that we
7 need to look at and, of course, we'll wait for
8 those results from SC&A.

9 The recent onsite effort was directed
10 at obtaining the additional information regarding
11 the years 1966 through 1970 in Departments 20,
12 and 1971 through '79 in the Thorium Model Shop.
13 So more work needs to be done there.

14 Okay. So Issue Number 15 is our
15 thorium oxide operations. Key clarification was
16 achieved during our most recent visit, which will
17 be a topic at the next Work Group meeting.

18 SC&A is to complete their final review
19 of the SRDB database and the nuclear materials
20 management and safeguard systems, that's NMMSS
21 records.

22 Number 16, the natural uranium from
23 1950 to 1958, the application of TBD-6000 was

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1 discussed. SC&A validated the application of
2 TBD-6000 for unmonitored natural uranium
3 fabrications for the years 1950 to 1955 and then
4 for '55 through '58, for the residual period.

5 The Work Group is fairly close to
6 agreement on that assuming there's no other rad
7 activities present. We kind of held off closing
8 that based on more site visits that had been
9 planned.

10 NIOSH also agreed to make available
11 some radiological mapping for us. Now, we did
12 get that. It was actually delivered to our hotel
13 at the last site visit.

14 In the back room I have placed four
15 maps. The first one gives you periods from 1952
16 to 1958. The second one is the 1959 time period.
17 And then the third one is 1963 and then 1983.

18 And you may wonder why we have all
19 those years covered. That site went under -- it
20 was constantly changing, rooms were being added,
21 rooms were being taken away. The maps, I've
22 highlighted them from what NIOSH highlighted and
23 what we've discovered, highlighted them, so that

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1 you can take a look at where the radiation areas
2 were and where they moved and changed throughout
3 the years.

4 I'll leave those maps back there, it's
5 not the best situation because they're very
6 large, but until the end of the day if you want
7 to take a look at those that is available.

8 Okay. Issue Number 17 is our D&D
9 activities. There have been many D&D activities
10 over the 60-plus year history of the Kansas City
11 Plant.

12 The Work Group has been looking to
13 confirm that all workers performing D&D were in
14 a monitoring program. During recent site visits
15 SC&A and NIOSH identified unmonitored workers
16 involved in the internal Kansas City D&D.

17 So we're looking for a path forward.
18 SC&A is going to come up with a path forward on
19 the data research and information and that will
20 be provided to NIOSH before the next Work Group
21 meeting and then NIOSH, of course, will follow up
22 with a analysis and dose reconstruction.

23 There was one time period, and Joe,

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1 correct me if I get this wrong, where Rockwell
2 came in. It was very clearly documented that
3 Rockwell came in and did D&D activities.

4 What we're looking for is the as the
5 rooms changed, as projects were finished, Kansas
6 City people did some of that and/or they brought
7 Rockwell in. And it's not very well-documented,
8 so we've been looking for information on that
9 throughout these numerous site visits.

10 Okay. Issue 18 was accidents,
11 incidents and fires in the workers' records.
12 Early on we heard about fires, so we were looking
13 for more information on that and continue to do
14 that with each site visit.

15 So we're still searching for
16 additional incident reporting and we did collect
17 a large number of documents in March and we will
18 search those and review them.

19 So let's see, 20, tritium, this is the
20 last of the open issues. The Work Group has been
21 looking for specific information regarding source
22 terms, operational conditions and workplace
23 measurements to understand which Kansas City

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1 Plant workers were involved in these operations.

2 NIOSH is going to update their White
3 Paper on the tritium issue with new information
4 on organic tritium source terms. That was
5 collected at the last document search.

6 Okay. So this is a map I found
7 online. Joe suggested that I add some maps. So
8 this gives you kind of an outline of, there's a
9 difference between GSA workers, they're not
10 covered within the program and then DOE sections.

11 So there's a DOE custody and control
12 that's in yellow. The DOE PER permit, I asked
13 Joe earlier because I wasn't sure what that was.
14 We're assuming and maybe NIOSH can correct me if
15 that's wrong, that DOE was using some of GSA's
16 areas. That's in red and then, of course, the
17 GSA areas are in blue. And those are not
18 covered, so it's kind of a difficult site in those
19 terms.

20 CHAIRMAN MELIUS: Did you suggest to
21 Joe that maybe SC&A, as the contractor, should
22 provide some maps?

23 MEMBER BEACH: No, no. Well, I --

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1 yes. Actually I had him look at the ones I
2 pulled. He kind of told me where I could find
3 them and then we went from there. He was happy
4 with the ones I found, so, yes.

5 Okay. So the next slide talks about
6 what the Work Group determined to be TBD issues.
7 We combined 2 and 3. And these three have been
8 put onto the Site Profile matrix. So we're not
9 finished with them, we've just moved them into a
10 different classification.

11 So for Number 2, the work location
12 category and coworker models, questions revolve
13 around free movement of workers and access across
14 the facility. Could workers get into the
15 department? Could they not? Were the doors
16 open? This was the subject of a lot of our
17 interviews.

18 How the worker drop categorization was
19 accomplished, that was a huge topic also of, you
20 know, the categories didn't always match what
21 they were doing in some cases.

22 So the remaining issue revolved around
23 implementation of coworker model, but not the

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1 feasibility, additional information regarding
2 the adequacy and completeness of data used for a
3 coworker model and it's applicability to various
4 job categories was also retrieved and will be
5 incorporated into the next TBD revision.

6 3, chronic versus acute, and again, we
7 did combine these. Work Group agreed that the
8 questions regarding chronic versus acute intake
9 patterns does not represent an SEC issue and can
10 be accommodated by the TBD Model 6000.

11 The issue of unexplained high bioassay
12 readings in 1960 and '61 will be addressed under
13 the matrix Issue 18 as part of the review of the
14 Kansas City Plant incidents.

15 And then, 10 non-penetrating dose,
16 clarification was needed on how non-penetrating
17 dose would be calculated and the recorded data to
18 be determined if appropriate data was recorded
19 for dose reconstruction purposes. The Work Group
20 did agree that these external dose record terms
21 be clarified and included in the TBD, so.

22 Okay. On to closed issues. So these
23 have all been agreed upon and closed within the

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1 last two Work Group meetings.

2 Issue Number 4, Super S uranium.
3 While it was likely that some of the uranium
4 handled at Kansas City has high-fired, there was
5 no clear evidence of insolubility that would
6 preclude dose reconstruction with sufficient
7 accuracy.

8 5 was recycled uranium. TBD-6000
9 addresses recycled uranium and it's model
10 calculations. NIOSH will assume recycled
11 uranium was present at Kansas City Plant and
12 perform dose reconstructions accordingly.

13 6, the DU after 1971 and during and
14 after 1997. DU ballasts, we found those on some
15 of the weekly reports or during some of our site
16 visits.

17 DU ballasts were actually fabricated
18 off site and would not have presented an exposure
19 potential for the workers handling them at Kansas
20 City Plant. No other DU materials were
21 unaddressed by the Evaluation Report identified
22 during recent onsite captures, which I already
23 mentioned.

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1 Okay. Number 8, metal tritides. The
2 Work Group agrees that exposure potential at
3 Kansas City Plant to metal tritide contamination
4 was minimal and isolated with no evidence of
5 worker uptake.

6 12, the fading of NTA. Evaluation of
7 the neutron sources and their utilization
8 indicated the low-energy moderated neutrons would
9 not constitute a significant portion of the
10 neutron doses, therefore, fading of the low-
11 energy neutron tracks would not be a major issue.

12 And, additionally, individual neutron
13 readings would not be used in dose
14 reconstruction. Instead a 95th percentile
15 coworker value assigned for workers potentially
16 exposed. So that takes care of that.

17 The post monitoring, 1993, all
18 documentation in the years between promulgation
19 of 835 and its implementation at Kansas City by
20 1993 indicates a comprehensive approach by Kansas
21 City and DOE to ensure compliance. This included
22 DOELAP accreditation for Kansas City in November
23 of 1992. And I apologize for reading this. I'm

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1 sure you can read them yourselves, but.

2 Potentially unmonitored exposures,
3 Number 19, tritium was the only source term
4 either not discounted and not addressed
5 adequately in the Evaluation Report. The
6 question of tritium as a potential exposure
7 source, we'll address that in the open item
8 Number 20.

9 So next steps, when I put this
10 together, it was we were going to have our next
11 planned Work Group meeting which is going to be
12 a day-and-a-half.

13 We want to give the petitioners a
14 chance to view or to air their issues. The last
15 Work Group meeting we ran out of time and weren't
16 able to hear from the petitioners adequately.

17 We were originally looking at mid-May.
18 Now, I think we're into -- well, I switched this
19 to June and then, now I think it's July. We're
20 having really a tough time getting everybody with
21 the summer coming on, together. So I think we're
22 going to work on that in the next two days to try
23 to come up with a day-and-a-half where we can

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1 meet.

2 And I think most of our stuff we
3 should be able to close out and have a
4 recommendation for the Board in July if we can
5 get together. So that's all I have. Thank you.

6 CHAIRMAN MELIUS: Thank you, Josie.
7 Questions from Board Members? Wanda.

8 MEMBER MUNN: Thank you for that good
9 presentation, Josie. That's sure a lot of
10 material at Kansas City. But a couple of
11 questions based on things that you said.

12 I was wondering why you'd found that
13 OTIB-24 wasn't the good basis for your neutron
14 calculations. What was the basis of the concern
15 for throwing the OTIB out?

16 MEMBER BEACH: I'm going to let my
17 technical folks grab that one. And Pete's not
18 here, so --

19 DR. NETON: I'm trying to remember.
20 That was a generic calculation we had in one of
21 our TIBs that had to do with the alpha-n reaction
22 with -- I think it only applied in situations
23 where we had highly enriched uranium and this is

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1 a natural uranium facility. So it wouldn't have
2 generated any neutron dose.

3 The neutron exposures actually came as
4 a result of, I think, some sort of californium
5 sources and instruments such as that and the
6 alpha-n reaction in the uranium with a low-Z
7 material wasn't appropriate. That's my --

8 MEMBER MUNN: That's --

9 DR. NETON: -- recollection.

10 MEMBER MUNN: -- interesting. I
11 didn't remember that part of the OTIB, but okay.

12 DR. NETON: Yes, there's a TIB out
13 there that gives you some generic guidance about
14 what the neutron dose exposure rate would be with
15 an alpha-n reaction --

16 MEMBER MUNN: Yes.

17 DR. NETON: -- in enriched forms of
18 uranium.

19 MEMBER MUNN: Yes. Well, the other
20 question is similar, but, of course, an entirely
21 different thing. With respect to what you are
22 concerned with relative to the tritium source
23 that you have, what do you have, I guess, that

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1 has some bearing also with your non-penetrating
2 dose issues? Aren't your badge data adequate for
3 getting that self beta?

4 MEMBER BEACH: Well, what we found was
5 a source term that they were doing an operation
6 that wasn't in the Evaluation Report. We found
7 it in some weekly activity reports, so we brought
8 it in as an item to do further research on to see
9 if we could track down that source and if there
10 was monitoring done.

11 But so far we haven't been able to
12 determine who actually did that work.
13 Understandably, it's a low dose, but just trying
14 to reconnect all of that. And Joe, if you have
15 anything else, there's --

16 MEMBER MUNN: So it was project of
17 some sort that you have questions about right
18 now?

19 MR. FITZGERALD: It's Joe. This is
20 not to a typical of a review where you find a,
21 you know, historic source trend. This one went
22 way back to the '60s and was a tritium bottling
23 operation that they were doing on behalf of

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1 Sandia.

2 They were getting tritium and they
3 were, you know, taking a larger amount of tritium
4 and just bottling into I think it was four
5 milliliter bottles to be used in instrumentation
6 for DoD. It was one of these work for others
7 type of things.

8 And we were hopeful that we could put
9 that one to bed real quick just by finding the
10 records for how long that went on and who did it
11 and where they did it.

12 The one thing with Kansas City,
13 though, you can't assume that you're going to
14 have the records. So what we established was
15 yes, they did do it and I think, the NIOSH team
16 went a long ways to characterizing a timeframe
17 and a certain source term in terms of, well, what
18 did this represent in terms of activity levels.
19 And then doing some modeling as to what the
20 potential exposure might have been.

21 But, you know, the difficulty is if
22 you don't have any more than that, you don't know
23 who actually handled it and where they handled

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1 it. I think we're guessing it was handled in the
2 laboratory.

3 So you have some of that
4 reconstruction going on, but it was tritium, it
5 was a small operation and it didn't last very
6 much longer than the mid to late '60s.

7 So the reason it's open, of course, is
8 that we're hopeful in the last data capture that
9 we might find a little bit more documentation,
10 but the records have been a little scanty on it.

11 MEMBER MUNN: Well, this is such an
12 interesting and complicated site. It's helpful
13 to have the information and to know that we're
14 just talking about changing bottles for the --

15 MR. FITZGERALD: Well, the other
16 thing --

17 MEMBER MUNN: -- most part.

18 MR. FITZGERALD: -- too --

19 MEMBER MUNN: Okay.

20 MR. FITZGERALD: -- is at a site like
21 this, and this is probably typical of some other
22 DOE sites, they went ahead and destroyed a lot of
23 records somewhere in the '80s and '90s. And so

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1 while the things that, you know, tritium
2 operation in the '60s was considered a priority.
3 A lot of it was the records were destroyed. So
4 --

5 MEMBER MUNN: Well, it's so --

6 MR. FITZGERALD: -- we don't have
7 that.

8 MEMBER MUNN: -- minuscule and so
9 pointless, yes. Yes.

10 MR. FITZGERALD: So, yes, we --

11 MEMBER MUNN: It would have been a --

12 MR. FITZGERALD: -- didn't retain it.

13 MEMBER MUNN: -- logical thought
14 then.

15 MR. FITZGERALD: Yes.

16 MEMBER MUNN: Thanks, Joe. Thanks,
17 Josie.

18 MEMBER BEACH: Thanks, Wanda. I
19 failed to mention the last slide, the picture is
20 the new plant that they moved into the first of
21 last year or the end of last year.

22 CHAIRMAN MELIUS: Any other Board
23 Members on the phone, do you have any questions?

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1 If not, I will just add to the one, first I'd
2 like to, you know, commend the Work Group. Your
3 efforts to get public comments, both, you know,
4 part of Work Group meetings and so forth, I think
5 is very good and very helpful.

6 Because I think on a site like this
7 that's complicated and the getting input from
8 people who've worked at the site is sort of
9 critical to understanding the site and making
10 sure that, you know, records are complete,
11 incomplete or understanding more about the site.
12 So it's very good.

13 I also just noticed in a lot of the
14 outstanding SEC issues are where there seems to
15 be some uncertainty about whether data is
16 adequate or procedures to use and so forth.

17 And repeat what I keep getting after
18 NIOSH about is we need to make sure that we can
19 do the dose reconstructions. Before we close out
20 the SEC issue, we need to see some evidence. And
21 we seem to have gotten away from that with our
22 Evaluation Reports and presentations.

23 And I would call, you know, it's for

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1 the Work Group or for the Board, it's, well, it
2 doesn't matter, but I really think we need to try
3 to do our due diligence on that.

4 Again, not always in every great
5 detail, but enough so that the Members of the
6 Work Group or the Members of the Board are
7 confident that what is being proposed can really
8 be done so we don't have to go back and revisit
9 these sites, so thank you.

10 Now, that I think we're, for the
11 morning, we're ahead of schedule a little bit.
12 We will take a break. We will reconvene at 1:30
13 this afternoon for those of you that are on the
14 phone. And we will start with a Board work
15 session after lunch.

16 So it's a Board work session, not the
17 Board nap session, so be sure to get your coffee
18 on your way down the stairs and we'll see. We've
19 got a busy afternoon in terms of work session and
20 Hanford presentations and public comment. So
21 thank you all. We'll see you all back here at
22 1:30.

23 (Whereupon, the above-entitled matter

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1 went off the record at 11:39 a.m. and resumed at
2 1:35 p.m.)

3 CHAIRMAN MELIUS: Okay. We're going
4 to restart the session now. So Board Members on
5 the line, do you want to do a roll call or how do
6 you want to do that?

7 MR. KATZ: We don't need roll call,
8 but let's -- well, except for the Board Members
9 on the line. Let's check and see.

10 (Roll call.)

11 CHAIRMAN MELIUS: Just that we missed
12 you all. Okay. So we have this afternoon start
13 with the Board work period and a session to do
14 that. I guess my finger will get tired here,
15 but.

16 So we will start with the public
17 comments from the last meeting, get that
18 addressed and do that. I think, when I looked
19 through these earlier, they all look pretty
20 straightforward. It's mostly from the Santa
21 Susana site, do that.

22 We start out with a series of -- if
23 you turn it's the besides the Board comments it's

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1 the spreadsheet portion that should be on it. At
2 least, all the Board Members should have received
3 it from Ted. And there's two files and this is
4 the spreadsheet file.

5 To start out, we have a series of
6 comments from, I believe she's the petitioner on
7 the Santa Susana site. I think these are all
8 straightforward and actually don't require
9 response. They mostly deal with DOL or other
10 issues that are out of our control.

11 We had another comment related about
12 the issue which we've talked about, but again,
13 it's out of our control. This is regarding what
14 areas of the site are covered and that's really
15 a DOL decision, not ours. And I think it's been
16 brought up and so forth before.

17 We have another person describing some
18 exposure incidents, again, which is sort of
19 helpful information going forward to that.
20 Another person bringing up a number of decisions
21 again, most of which are unrelated to our work.
22 But in terms of don't require a response, some of
23 it's, again, DOL-related issues about other areas

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1 and so forth and about some of the environmental
2 concerns about the site.

3 Another one where there's about, which
4 has been followed up, a concern about exposures
5 in a fire and explosion. I think that looks like
6 it's been followed up.

7 We then had a -- make sure I didn't
8 skip one here, look down. Yes, we then had
9 comments from Terrie Barrie concerning one
10 comment regarding the area designation for Santa
11 Susana and then two comments related to a Rocky
12 Flats petition. Again, these were followed up
13 on, I think, appropriately.

14 We then have it looks like two
15 comments from Jeff Schultz, again, related to
16 Rocky Flats again, that were followed up and Mr.
17 Schultz was interviewed after the meeting,
18 followed up on.

19 And then, finally, we have a public
20 comment from Dr. Dan McKeel regarding the GSI
21 site and again, this issue about citation and so
22 forth.

23 So I think that's straightforward and

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1 I think that takes care of it. Any Board Members
2 have comments or questions on those?

3 MEMBER BEACH: No.

4 CHAIRMAN MELIUS: Okay.

5 MEMBER BEACH: Sounds accurate.

6 CHAIRMAN MELIUS: Thanks. I believe
7 it's accurate and, I think, appropriately
8 responsive, so to speak. Okay.

9 Now, I'd like to start the Work Group
10 Subcommittee session with a little bit of
11 discussion on the dose reconstruction issue. We
12 talked about this a little bit in past meetings
13 and at the last meeting and unfortunately due to
14 some scheduling issues the Dose Reconstruction
15 Subcommittee wasn't able to meet between Board
16 meetings. And had one planned, I believe, a
17 couple weeks ago and got cancelled. They are
18 scheduled to meet in April sometime I believe
19 also.

20 But we're in a situation where we're
21 very far behind in the resolution of cases.
22 We're up to Set 13, I believe, and we've got sets
23 14 through 21 which are left still open for

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1 resolution.

2 And it doesn't seem that we're
3 catching up at a very significant speed. That
4 it's going to be years before we will at the
5 current rate of evaluation and response. It just
6 takes time and just limitations to both what SC&A
7 and NIOSH can do in terms of preparing for these
8 as well as the amount of Board time it'd take or
9 Subcommittee time that it takes.

10 We owe the Secretary a letter, you
11 know, we haven't done one in quite a while
12 summarizing where we have. And I think as we
13 sort of talked about last time was we'd get up
14 through 13 and then do a letter. But that still
15 leaves 14 through 21 to resolve and we also have
16 another, you know, what do we do going forward.
17 I don't think we can stop doing dose
18 reconstruction reviews.

19 So at least my sense, and I'm hoping
20 other people share this, is that we need to sort
21 of rethink how we're doing this process. Both
22 how do we clear the, you know, 14 through 21, but
23 what should we be doing going forward in terms of

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1 doing dose reconstructions and reviews?

2 And is there a better way? Do we need
3 to, you know, try to, you know, go through as
4 much detail as we're doing now? What sort of mix
5 of, sort of specific reviews and blind reviews
6 should we be doing? Are the blind reviews
7 productive or are the other reviews we're doing
8 productive under that?

9 So we asked the SC&A to do some
10 summaries for us that are based in two
11 spreadsheets, I believe, that they provided to
12 us, one that's called additional detail Set 14
13 through 21, and then a summary of sets 1 through
14 21.

15 These are fairly detailed,
16 particularly the 14 through 21 set in terms of
17 information. And so I'd like to do is if, well,
18 just again, in the context of what do we do going
19 forward in terms of thinking. If the Board
20 Members make sure that you've looked at those
21 today. We'll talk about them during our work
22 time tomorrow and get a update from the
23 Subcommittee.

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1 But what I would hope we could do and
2 hopefully we could do it between now and our next
3 Board meeting. Maybe we could reach some
4 decision today. But I think it's going to take
5 some time.

6 I want the Subcommittee to think about
7 how to best approach this also because they've
8 been involved, but that we sort of revamp and
9 rethink how we're doing this whole process.

10 It's also why I asked Stu to do a
11 summary on this sort of QA/QC efforts on the part
12 of NIOSH, so we know the set there. And I mean,
13 and I think there's some question, you know, to
14 what extent are we providing QA/QC for the
15 overall program and to what extent we should be,
16 you know, doing, you know. What are the key
17 parts and focusing on what are the critical
18 issues in terms of with dose reconstruction.

19 And I think after whatever it's been,
20 12 years or so forth that we've done these dose
21 reconstructions, but I think it's time we ought
22 to, you know, start really taking a very serious
23 look at what should be done there.

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1 And we can think about, so how do we
2 achieve that over the period of the next few
3 months. I think it's obviously something all the
4 Board Members need to be involved in because
5 that's one of our key roles as envisioned in the
6 legislation and so forth.

7 And at the same time we've got to do
8 that and I don't want to, sort of, overburden the
9 Dose Reconstruction Subcommittee because you've
10 got work to do and we need to keep moving forward
11 on that.

12 And so one of the thoughts I had, and
13 we can talk about this more tomorrow, is do we
14 set up a separate, you know, Work Group that would
15 include some of the people from that Subcommittee
16 and some others to think about how to go forward
17 and come up with a suggestion for the Board?

18 And that Work Group could then meet in
19 between and come up with an idea and circulate
20 some proposals to the other Board Members. But
21 let's think about that and talk about that.

22 But I just don't think we can go on
23 doing it the way we're doing it now. And I don't

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1 think we're doing our job appropriately. And
2 again, not to fault the Dose Reconstruction
3 Subcommittee.

4 I think it's a process that we
5 probably needed to do what we are doing. I'm not
6 sure that we needed to do it for as long and as
7 we have been doing without sort of going back to
8 a hard look at it and so forth.

9 So I think those two spreadsheets
10 provide some food for thought on that. Again,
11 we're not going to be able to go through them in
12 detail at this meeting. We're not intending too.
13 But it also would be helpful for Board Members to
14 look at those and think about what other
15 information might be useful in helping us to
16 decide to go forward.

17 And I don't think it's a simple
18 process. These sites are complicated. The dose
19 reconstruction methods are being used there.
20 It's, you know, keeps changing because they're
21 being updated, which is all appropriate.

22 As we learn more about a site and we
23 learn more about how to better do dose

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1 reconstructions, NIOSH is constantly updating
2 these site -- and we're learning more about the
3 sites, so it's not static. And I think that sort
4 of a moving target in terms of reviewing. And
5 we've got to take that into account also.

6 And I think we're also constrained by
7 some of the legal issues in terms of that we have
8 to wait until we're fairly far along on the dose
9 reconstruction process after a claim is finalized
10 before we even can really take a look at it. So
11 that adds a further complication to it.

12 So, anyway, if everyone can look at
13 that and we'll talk more about it tomorrow. And
14 if that's satisfactory with everybody?

15 MEMBER KOTELCHUCK: Yes. Dave
16 Kotelchuck. Yes, that's fine.

17 CHAIRMAN MELIUS: Yes.

18 MEMBER KOTELCHUCK: Because we
19 finally finished 10 through 13. I took over as
20 chair as we were going through 10 through 13 and
21 we finished it now. We're at 114.

22 So this is an appropriate time to look
23 at 14 through 21. And if we're going to make

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1 changes, make changes. Also, we need at least
2 another person on the committee since one of the
3 persons, Mark Griffon, has left the Board.

4 So this is an appropriate time to talk
5 about it and let's talk about it further
6 tomorrow. Maybe some of us from the Subcommittee
7 can also talk together while we're here before
8 tomorrow. Thanks.

9 CHAIRMAN MELIUS: Yes. I would add
10 just not at the Subcommittee, anybody on the
11 Board's welcome to talk to each other about it.

12 MEMBER KOTELCHUCK: Right. Oh,
13 absolutely. Yes.

14 CHAIRMAN MELIUS: Maybe can do that
15 then.

16 MEMBER BEACH: Any ideas are welcome.

17 CHAIRMAN MELIUS: Yes, we'll do it.
18 So in terms of other Work Groups, it would help
19 me to know if anybody has to leave early tomorrow.

20 We're scheduled to go to 4:30.
21 Anybody here. I don't -- okay. I think we're
22 set then. Do you have the list typed? You
23 always have the list. If not I will do the Work

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1 Group list in alphabetical order, so to speak.

2 Ames Laboratory, that's you, Dave.

3 MEMBER KOTELCHUCK: Pardon?

4 CHAIRMAN MELIUS: Ames. It's early -

5 -

6 MEMBER KOTELCHUCK: Nothing --

7 CHAIRMAN MELIUS: -- so.

8 MEMBER KOTELCHUCK: Yes. Nothing
9 new. We're awaiting, basically, reports from
10 NIOSH, which will come during the summer.

11 CHAIRMAN MELIUS: Yes.

12 MEMBER KOTELCHUCK: So until then,
13 there's nothing further to report, nor are we
14 having meetings.

15 CHAIRMAN MELIUS: Is it NIOSH or SC&A?

16 MEMBER KOTELCHUCK: No, it's NIOSH.

17 CHAIRMAN MELIUS: NIOSH it is, okay.

18 Good. Okay. Blockson, I also don't believe
19 there's any action on?

20 MEMBER MUNN: No. Blockson is
21 essentially closed --

22 CHAIRMAN MELIUS: Yes.

23 MEMBER MUNN: -- so there's nothing

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1 happening.

2 CHAIRMAN MELIUS: Brookhaven?

3 MEMBER BEACH: Brookhaven, we're
4 still waiting for the TBD and those are expected
5 July of this year. So we'll look at those when
6 they come out.

7 CHAIRMAN MELIUS: Okay. Fernald?

8 MEMBER CLAWSON: We're pretty well
9 finished up. NIOSH has still got to deliver us
10 the neutron/photon ratio. And what Fernald --
11 oh.

12 Fernald, you had some changes in that
13 one. I'll let Stu talk to that. They've got to
14 do a little bit of an update on the Site Profile.

15 MR. HINNEFELD: Yes, on Fernald we
16 have to issue the revised internal dosimetry Site
17 Profile, which will incorporate a number of the
18 things we've agreed to in the meeting. So I
19 think it's several things are in abeyance until
20 the guiding document is out.

21 And then the coworker or the uranium
22 coworker model at Fernald for NLO, in-house
23 employees has to be refashioned in the time

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1 weighted, backward integrated average so that
2 coworker has to be remodeled. So I don't have
3 completion dates right now.

4 CHAIRMAN MELIUS: Thank you, Stu and
5 Brad. Okay. Hanford, we'll be talking about
6 later today about one petition we'll be
7 presenting a little bit later, so we can skip
8 that.

9 Idaho, we'll be talking about tomorrow
10 and I think we'll be better to, sort of, do an
11 update on where the Work Group should be doing
12 and so forth after we've heard about the SEC
13 report tomorrow and map what we need to go
14 forward. Lawrence Berkeley, Paul?

15 MEMBER ZIEMER: Yes. I have a brief
16 report which Lara Hughes provided for me. And
17 I'll just summarize it quickly.

18 NIOSH had sent two White Papers to the
19 Work Group in December of 2013. Those also have
20 already been reviewed by SC&A, but the Work Group
21 has not addressed them yet.

22 Those White Papers address various
23 issues with the internal data at Lawrence

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1 Berkeley. And NIOSH is continuing to work on
2 several remaining tasks which relate to the White
3 Paper, such as refining the dose reconstruction
4 process using the Lawrence Berkeley internal
5 data, doing some more research on potential doses
6 from short-lived mixed activation products.

7 And NIOSH has identified some
8 additional data capture items that need to be
9 researched before a final assessment. And the
10 availability of data is reached, so there's an
11 ongoing effort there.

12 This includes assessing whether or not
13 any of the newly captured data contain usable
14 bioassay data and whether or not available air
15 sample data is suitable for developing dose
16 bounding approaches for mixed fission products or
17 rather, mixed activation products.

18 So these tasks are still ongoing. We
19 had originally thought they would be done earlier
20 this year, but they have not yet been completed.
21 So we're simply awaiting for those work products
22 from NIOSH. Those additional products will then
23 need to be reviewed by SC&A as well.

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1 CHAIRMAN MELIUS: Okay. Thank you.
2 Thank you, Paul. Kansas City, we've heard from
3 already. Los Alamos, I've asked Josie to become
4 the chair of that after Mark Griffon resigned
5 from the Board. And so, Josie, do you want to -
6 -

7 MEMBER BEACH: Yes, I requested that
8 Greg Macievic from NIOSH give me just an update
9 and I've received that. I'll just give you a
10 real brief of where we're at.

11 So in August of 2012, we approved a
12 petition from January 1st, 1976 until December
13 31st of 1995. The last thing that we asked NIOSH
14 to look at was the cutoff date, so we cut it off
15 at '95.

16 We wanted to make sure the site was in
17 full compliance of 10 CFR 835. And I know from
18 the report I got from Greg, there's been a lot of
19 work on NIOSH's part trying to get documentation
20 from LANL. And that the bottom line is they're
21 not getting anywhere from what I can tell based
22 on this email.

23 The last paragraph, it says absent

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1 definitive confirmation from LANL to complete
2 this post-1994 LANL evaluation, NIOSH intends to
3 conclude that given the assurances received from
4 pertinent site personnel, LANL does comply with
5 the requirements of 835. This conclusion will
6 be reported back to the Work Group.

7 So it sounds to me like they're going
8 to put it back into the Work Group's hands. So
9 I think we need to talk to DOE and I think Pat
10 talked to Joe earlier and possibly they could go
11 through their records to see if there's anything.

12 And don't know if you could say a few
13 words, Pat? Not to put you on the spot, but that
14 might be another avenue to look for records. It
15 looks like we need maybe to put that, how'd you
16 put it, that pressure on the site to get some
17 records? Because I don't think the Work Group's
18 going to be satisfied with that answer.

19 CHAIRMAN MELIUS: Yes.

20 DR. WORTHINGTON: Yes, I did get a
21 chance to talk with Joe and I think we have an
22 overall strategy. And DOE will go back and look
23 and report back in terms of what we have or do

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1 not have on this particular topic. Okay.

2 Thanks.

3 CHAIRMAN MELIUS: So, aggressive --

4 MEMBER BEACH: Thank you.

5 CHAIRMAN MELIUS: -- inspiration.

6 MEMBER BEACH: Yes. Yes.

7 DR. WORTHINGTON: Very aggressive

8 inspiration. Thank you.

9 MEMBER BEACH: Because, you know,
10 while all sites became into compliance, I know
11 that once that date was set, it took a while to
12 come into complete compliance.

13 So we're not going to stop working,
14 but -- and I know NIOSH has -- I've got the list
15 of what they've looked for and they've done due
16 diligence, but we still need to keep working at
17 it, it looks like. So we'll probably have to set
18 up a Work Group call and just kind of decide where
19 we're going to go is, I think, what our next step
20 will be.

21 CHAIRMAN MELIUS: Thank you, Josie.

22 Any questions that? I do believe we need another
23 member for this Work Group. And I also will add

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1 that I believe we're going to need another member
2 for another -- we need to form another Work Group,
3 so I think it'll come up tomorrow in our
4 discussions.

5 So when we get to that point, we'll
6 circulate and give people and people will have
7 time, who aren't at the meeting or on the phone,
8 time to -- aggressive solicitation of volunteers
9 to in our current parlance here. So, yes.
10 Mound?

11 MEMBER BEACH: Okay. So all the
12 internal TBDs have been revised. The external
13 we're set to get in May. And none of these have
14 gone to SC&A for review, so we're --

15 CHAIRMAN MELIUS: Yes.

16 MEMBER BEACH: -- at the point where
17 all the TBDs will be updated and then we'll have
18 to move to the next step.

19 And I know there's a long list of Site
20 Profiles that need to be reviewed, so we'll step
21 in. We'll get in line, I guess, with the rest
22 of the Work Groups.

23 CHAIRMAN MELIUS: Thank you, Josie.

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1 Nevada Test Site, Brad?

2 MEMBER CLAWSON: Yes, with Nevada
3 Test Site, we're coming to a close on it. We
4 have a few Site Profile issues that we're working
5 through with Nevada Test Site. We also have a
6 neutron/photon ratio with that one we're waiting
7 for from NIOSH. And we should be closing that
8 one.

9 CHAIRMAN MELIUS: Okay. Thanks. Oak
10 Ridge?

11 MEMBER ROESSLER: I have an update
12 from Dr. Tim Taulbee, who's the NIOSH-ORAU lead
13 on this. This sounds awfully loud. It seems
14 like this has been going on for quite a while,
15 but I want to remind people that this is the Oak
16 Ridge National Lab, the X-10 facility which was
17 in operation for a long time.

18 And then the nature of the work, the
19 research and development, not only a lot of
20 years, but a lot of possible sources of exposure.
21 So you've heard talk about the 250 exotic
22 radionuclides. That gives you a context for the
23 work that's involved.

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1 As you know from past reports, NIOSH
2 overall has been validating in the bioassay data
3 that was coded for ORNL claim of data and NOCTS.
4 Well, as Dr. Taulbee says, unfortunately, last
5 fall we began to find significant discrepancies
6 between the NOCTS data set and the electronic
7 data provided by ORNL.

8 This came about, apparently, because
9 the data entry was being done by a technician,
10 not a health physicist, someone who really didn't
11 understand the situation.

12 And some of the results were entered
13 as dpm, disintegrations per minute per day. And
14 in this case the results should have been in dpm
15 per sample.

16 So it's possible to fix this, but
17 they're having to go back and redo a lot of this.
18 According to NIOSH, this validation is nearly
19 complete. So we hope to have good results on
20 that. So that's one item of update.

21 Number 2, in addition to the bioassay
22 data validation, the team has been looking at
23 thousands of pages of data from the ORNL health

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1 physics log books that they captured last summer.

2 And in this review they're looking at
3 air and smear sample data for these exotic
4 radionuclides for potential use in dose
5 reconstruction.

6 And then Item 3, this is the first
7 I've heard of this and probably you too, they
8 have discovered a possible gap in the iodine
9 monitoring. And this occurred during the
10 radioactive lanthanum campaign which took place
11 in the mid to late 1950s. And this was before
12 whole body counting came into being, but of
13 course to monitor for iodine you need thyroid
14 counts anyway.

15 Anyway, they have, just a little
16 background, reduced the 250 exotic radionuclides
17 to they've narrowed it down to a potential left
18 of 12 and of these 12, four are iodine.

19 So this is an important effort that
20 they're doing right now to determine if dose
21 reconstruction can be done during this period of
22 time because of the potential lack of iodine
23 monitoring.

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1 Anyway, maybe we'll have some more
2 information on all of this by the July meeting
3 and maybe not.

4 CHAIRMAN MELIUS: Okay.

5 MEMBER ROESSLER: We'll have to see
6 how it goes.

7 CHAIRMAN MELIUS: Yes. We'll
8 certainly have an update for the July meeting, is
9 that fair? Yes. Yes, thank you and thank you,
10 Tim --

11 DR. TAULBEE: Yes.

12 CHAIRMAN MELIUS: -- also. Okay.
13 Pacific Proving Grounds, Jim Lockey.

14 MEMBER LOCKEY: We met a couple months
15 ago and we went through all the issues and I think
16 resolved those issues. We're just waiting for
17 NIOSH to fill in some details, but I don't think
18 we have any outstanding issues at this point.

19 CHAIRMAN MELIUS: So the ball's back
20 in NIOSH's court? Okay.

21 MEMBER LOCKEY: Yes.

22 CHAIRMAN MELIUS: And you're going to
23 manage to solve this without a site visit?

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1 MEMBER LOCKEY: I'm going there
2 personally, but if you're nice I'll invite you.

3 CHAIRMAN MELIUS: Pantex, Brad. That
4 we've done a site visit on.

5 MEMBER CLAWSON: We've done a site
6 visit there. Pantex is coming to a close, too.
7 All we have is TBD issues. We still have one
8 outstanding issue that NIOSH, in their court, and
9 that's the neutron/photon ratio. And I've talked
10 to Stu and Jim on that.

11 They're getting pretty close to being
12 able to deliver something on that. But it's kind
13 of a complicated site to be able to deal with on
14 that. But that's all we've got outstanding
15 really.

16 CHAIRMAN MELIUS: Questions for Brad?
17 Okay. Phil, are you on the line for Pinellas?

18 MEMBER SCHOFIELD: Yes, I am.

19 CHAIRMAN MELIUS: Go ahead.

20 MEMBER SCHOFIELD: Okay. Pinellas,
21 the one issue that's killing us and has been held
22 up for a couple years now is the tritide issue.
23 And we've come to resolution on whether they can

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1 do this or they can do a -- somehow they've got
2 to come up with the solution on this issue because
3 this is the one issue that has been holding us up
4 closing out Pinellas.

5 CHAIRMAN MELIUS: I think we've heard
6 this before. NIOSH --

7 MEMBER SCHOFIELD: You have heard
8 this before.

9 CHAIRMAN MELIUS: Yes.

10 MEMBER SCHOFIELD: We've been hearing
11 this regularly.

12 CHAIRMAN MELIUS: NIOSH have any
13 comments?

14 DR. NETON: I think I mentioned this
15 at the last meeting, but the outstanding issue
16 has to do with reconstruction of tritides. We're
17 reevaluating the methods that they use to see if
18 they were adequate to reconstruct those doses.

19 I think it was taken over by events
20 that got pushed back a little bit because other
21 sites took higher priority. It's on the
22 schedule. My recollection is it's sometime later
23 this year, though --

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1 CHAIRMAN MELIUS: Yes.

2 DR. NETON: -- for closure or
3 completion.

4 CHAIRMAN MELIUS: We'll remind you in
5 July.

6 MEMBER SCHOFIELD: You know what, one
7 quick question on that. Is there enough data you
8 have found yet that you could use coworker data
9 for some of those or not?

10 DR. NETON: It's not really a coworker
11 issue. It's there's a lot of smears, is my
12 recollection, of tritium contaminated areas.
13 It's just a matter of whether those smears are
14 valid for reconstructing doses because there was
15 indication that they had actually filtered the
16 smears.

17 And if there were tritides on there,
18 the tritides, presumably, would have been
19 filtered out of the solution that was analyzed.
20 And so until we can come to sort of firm
21 conclusion on what really happened there, it's
22 difficult to move forward.

23 CHAIRMAN MELIUS: So don't go away.

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1 Let me, then, ask if it turns out you don't have
2 a dose reconstruction method, then that would
3 become an SEC?

4 DR. NETON: There are other
5 alternatives. I can't remember exactly where --

6 CHAIRMAN MELIUS: Okay.

7 DR. NETON: -- we were going with
8 that, but I think there are other alternatives
9 that may end up increasing the dose, but I think
10 it still may be boundable --

11 CHAIRMAN MELIUS: Okay.

12 DR. NETON: -- but we're still working
13 on that.

14 CHAIRMAN MELIUS: Okay.

15 MEMBER SCHOFIELD: Okay.

16 CHAIRMAN MELIUS: Phil, keep going,
17 Portsmouth, Paducah, K-25.

18 MEMBER SCHOFIELD: Sorry, I put us
19 back on hold again. K-25, we still have neutron
20 dose, how they're going to assign this.
21 Otherwise all the issues on K-25 have been closed
22 out.

23 Same thing with Portsmouth. They've

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1 basically, with the exception of neutron dose
2 estimate, has been closed out. And those are the
3 two that are holding up, Portsmouth and K-25. If
4 we get the issue of Pinellas closed, a conference
5 call, we should be able to close out all three,
6 I would hope.

7 CHAIRMAN MELIUS: Okay. Good.
8 Thanks. Okay. Dave Kotelchuck, Rocky Flats.

9 MEMBER KOTELCHUCK: Okay. We had a
10 good meeting last week, March 17th. It was our
11 first meeting of the Working Group since
12 September of '13. So we had four basic issues
13 that we resolved there, talked about and
14 resolved.

15 The first is there were concerns.
16 People raised concerns that some of the dose
17 reconstructions that were estimated by folks on
18 site, some of the health physics people on site,
19 differed from the reviews that dose
20 reconstructions that we were doing, that SCA and
21 NIOSH were doing.

22 So we discussed this and, basically,
23 the minimum detectable limits for equipment has,

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1 in fact, gone down. We're better able to
2 characterize the exposures.

3 And so there are differences that are,
4 put it this way, both SC&A and NIOSH agreed and
5 the committee agreed that there was no inherent
6 difference between the results.

7 The one thing is that NIOSH said that
8 they do not use any of the site analyses of dose.
9 They use the data that was collected, but our
10 resolution is based on NIOSH's analysis of the
11 exposure and concurred on by SC&A.

12 So the group decided that there was no
13 problem there and we proceeded going to the
14 second issue which was the magnesium-thorium
15 alloy at the Rocky Flats Plant, which has been
16 raised.

17 People in the Dow Madison plant
18 reported that in 1979, I believe it was, they
19 shipped magnesium-thorium plates to folks at
20 Rocky Flats.

21 NIOSH looked for a long time for any
22 record of those deliveries in the plant and in
23 the records and has spent a long time doing that,

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1 looked at lots of different records that might
2 reveal the presence of the magnesium-thorium
3 alloy and could not find any.

4 SC&A followed up and did its own study
5 and looked at other sets of data and could find
6 nothing. Now, the time period when this was an
7 issue was in the 1970s that it might be used.
8 People in the 1970s will be covered by the SEC
9 that we have already approved for that.

10 So the Committee was faced with the
11 question should we continue to look that the
12 reports from Dow Madison are credible. That's
13 evidence that these were sent. On the other
14 hand, nothing in the record that we could look at
15 confirmed that.

16 So the decision was that since we
17 thought everybody in the SEC is covered, that is
18 to say most full-time employees in the plant were
19 covered, well, all of the full-time employees in
20 the plant were covered who worked the 250 days,
21 that it just seemed pointless to try to spend
22 many more months, really, to resolve this.

23 And so we agreed to stop the search.

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1 And we think that it would only affect, if there
2 was magnesium-thorium alloy, it would only affect
3 a small number of people for whom partial dose
4 reconstructions were done, that is people who did
5 not have cancers that were covered by the SEC.

6 And we, just as a practical matter,
7 felt that it was not worth the time compared to
8 working on some of the other issues that also are
9 important for the folks at the plant. So that
10 was the second.

11 The third item was neptunium-237 at
12 the Rocky Flats Plant after 1983. There were
13 reports given to us that there was neptunium work
14 that continued after '83.

15 NIOSH and ORAU looked into that and,
16 in fact, they did find evidence that there was
17 some work that -- there was a report from the
18 plant that between 1983 and 1987 some work was
19 done for apparently for a period of about a year
20 within one small group in the plant, roughly
21 half-a-dozen people.

22 So what we decided, give me just a
23 second, was that there was such and there was

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1 agreement on all sides that it was a small group
2 of people, but that the work was done after 1983.
3 That is beyond the SEC period. And that was just
4 --

5 MR. RUTHERFORD: I can add a little
6 bit of technical discussion --

7 MEMBER KOTELCHUCK: Please --

8 MR. RUTHERFORD: -- to that.

9 MEMBER KOTELCHUCK: -- do.

10 MR. RUTHERFORD: Actually, what we
11 determined was there was a one campaign that they
12 produced roughly 200 grams after a year or
13 involved up to 200 grams over a year of neptunium-
14 237.

15 However, the product that neptunium-
16 237 was in was actually overwhelmed by the
17 plutonium exposure. And everyone that was
18 involved in that activity was on plutonium
19 bioassay, so.

20 MEMBER KOTELCHUCK: Okay. Good.
21 Thanks. Last issue was the tritium issues at the
22 plant. And, in particular, there was follow-up
23 from finding out about and work that we found was

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1 useful for dose reconstruction in working with
2 the materials that were sent in in boxes, but
3 delivered to the plant that had tritium where
4 there was tritium leakage into the crate.

5 And when the crate was opened up the
6 tritium was found. There were tritium bubblers
7 and other measurement devices now in place to try
8 and recover those. And that is going to be part
9 of any dose reconstruction that are done in the
10 future.

11 So those issues were resolved. There
12 are two major issues that are outstanding. One,
13 and let me just get my notes here, one was a
14 report from NIOSH on data falsification.

15 We have tried to get information from
16 the FBI, the records that the FBI had gathered
17 up. They have yet to release them and maybe
18 since last week we have some more information?

19 MR. RUTHERFORD: Actually, we did
20 finally get release of the documents from the
21 FBI. However, there were a group of documents
22 that we thought the FBI was responsible for
23 releasing them all, however, the FBI came back

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1 and said, hey, we're going to release these eight
2 documents.

3 And which they did, but they passed on
4 the other documents to the other agencies, which
5 was EPA -- and these are kind of documents that,
6 you know, we're not sure yet, if EPA's general
7 counsel's going to get involved or, you know, who
8 else will get involved in this.

9 But we're going back to those other
10 agencies. There's a couple of daily documents
11 that we have to get released. You know, I
12 anticipate these will be easier to get released,
13 you know, but, you know, I'm an optimist, so I'm
14 not going to be for sure. But those are the only
15 things holding up the report and we anticipate
16 we'll be able to get the report out quickly as
17 soon as those documents are released.

18 MEMBER KOTELCHUCK: Right.
19 Hopefully, we'll be able to meet about those in
20 early June. There is a second document for the
21 work on the critical mass lab were assemblies
22 were taken to the criticality level, people work
23 there --

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1 MEMBER BEACH: Mic.

2 MEMBER KOTELCHUCK: -- and -- oh.

3 CHAIRMAN MELIUS: Just keep the mic
4 in your hands.

5 MEMBER KOTELCHUCK: Sorry. People
6 work there and NIOSH is interviewing workers who
7 are there and we'll find out more about the
8 history of that particular lab and NIOSH will
9 also give us a report.

10 So we have two NIOSH reports coming
11 up. We hope they might be able to have them by
12 June and we'll meet at June and I would be -- we
13 would feel very good if we could finish our task
14 by the July meeting. But we'll await the reports
15 and discussion about them. That's it.

16 CHAIRMAN MELIUS: Now, being
17 aggressively optimistic --

18 MEMBER KOTELCHUCK: Yes.

19 CHAIRMAN MELIUS: -- I think, to that.
20 Thank you for further update. But it's been a
21 while, so it's good to get that detail. Any
22 questions for Dave? Okay. Dr. Lemen, are you
23 on the line? We have the Sandia Work Group?

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1 MEMBER LEMEN: He is on the line, but
2 he doesn't have anything to report.

3 CHAIRMAN MELIUS: Okay. LaVon?

4 MR. RUTHERFORD: Actually, I'll give
5 you Dr. Glover for that.

6 MR. HINNEFELD: Glover, even then?

7 MEMBER CLAWSON: He's putting his
8 coat on. That's not good.

9 DR. GLOVER: Well --

10 MEMBER CLAWSON: It's lined.

11 CHAIRMAN MELIUS: Well, folks --
12 thank you, Mr. Rutherford.

13 DR. GLOVER: Yes, thank you very much.
14 He made me come saying you've got to come down
15 for this. And I do apologize, Dr. Lemen, I
16 should have sent you an update. We've been
17 trying to get the Hanford stuff caught up and so
18 I did overlook that.

19 Sandia, we had an extensive data
20 capture out there in October of last year and it
21 was being very large, required a substantial
22 effort on the part of the site to clear that.
23 That documentation is mostly in house and still

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1 a little bit left to go.

2 Essentially, the issue comes down to,
3 we had an SEC through 1994 at the site. And so
4 post that we're looking at the site had
5 identified some workers who should have had
6 bioassay.

7 They had some memos in place and so
8 those didn't seem to happen. But they also had
9 a BZ sampling program that they started. And so
10 we're sort of looking at the issue of who was
11 assigned, who should have been monitored and the
12 implementation of this Breathing Zone Sampling
13 Program and how that applies to worker dose and
14 how that was.

15 So that's where we are right now. And
16 we're trying to get the rest of the records in
17 and we'll pursue that.

18 CHAIRMAN MELIUS: Okay. Thank you,
19 Dr. Glover, yes, for that. Okay. Phil, Santa
20 Susana.

21 MEMBER SCHOFIELD: We're still
22 waiting on the revisions for the internal and
23 external coworker studies based on coworker

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1 studies. I know a lot of those exposure cards
2 had to be manually entered, which they have done.

3 We have a number of outstanding other
4 issues and one of them that has particularly --
5 voices concern among some of the claimants is the
6 fact that we did have people go back and forth
7 from Canoga and the De Soto facilities in and out
8 of Area IV as to some of them might have been
9 assigned safety Canoga, but they quite often go
10 up the hill to do work in Area IV.

11 So that's going to be another large
12 issue which is how we're going to shake that one
13 out, I'm not sure at this point. Lara Hughes is
14 the one who is working on those revisions and to
15 be honest with you, I don't know where that sets
16 at this time.

17 CHAIRMAN MELIUS: Yes. Jim Neton's
18 going to answer that.

19 DR. NETON: Well, the coworker study
20 is virtually complete and there are some issues
21 with which workers were monitored at which sites
22 and the database and especially in the early
23 years.

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1 But the larger issue here is the
2 implementation guide. I mean, I'm reluctant to
3 issue this under the old, sort of, methodology
4 and then only to have it be reviewed and saying,
5 well, it's deficient in these following areas
6 because we know that that's where we're heading.

7 So I think we're going to, you know,
8 I know we're going to wait until July to approve
9 the impact, but my gut feeling is that we're going
10 to probably start moving forward with what we've
11 flushed out here so far in Rev 4.1 thinking that
12 it's going to be substantially the same. I don't
13 want to wait, you know, multiple months to start
14 revising this document.

15 CHAIRMAN MELIUS: Yes, I think we
16 talked a little bit about this at the Work Group
17 call on the document and clearly, I think as I've
18 mentioned, this has implications, Savannah River,
19 among others to do. And my sense is that things
20 are largely decided.

21 There was one issue that came up that,
22 for example, it's going to make some difference
23 in terms of redoing some of the Savannah River.

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1 Tim mentioned that as a calculation issue mainly
2 and I think resolvable.

3 We just weren't sort of able to get it
4 resolved completely at the meeting we have. It's
5 sort of a separate issue from the guidelines.
6 But I would think, you know, go forward.

7 I mean, I think again it's going to
8 come down to what are the facts related in the
9 individual situation. And I think what would be
10 important if you're sort of in midstream enough
11 is making sure that in the report, on whatever
12 documentation's put together for the coworker
13 model is that it addresses the issues that are
14 brought up so the Board or the Work Group,
15 whoever's involved can evaluate those issues.

16 Now, I think that's the part we're
17 really working on now, more than the overall
18 guidance. Yes.

19 DR. NETON: Good to hear.

20 CHAIRMAN MELIUS: Yes.

21 DR. NETON: Yes, I think, for example,
22 it's we can move forward with the one person, one
23 sample. I think we're in general agreement on -

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1 -

2 CHAIRMAN MELIUS: Yes.

3 DR. NETON: -- that concept, the
4 backwards integration version anyways.

5 I think some of the vetting that is
6 prescribed in the IMP guide --

7 CHAIRMAN MELIUS: Yes.

8 DR. NETON: -- would be sort of easy
9 to do.

10 CHAIRMAN MELIUS: Yes.

11 DR. NETON: I mean, not easy to do,
12 but I mean it's easy to understand why we would
13 do that anyways --

14 CHAIRMAN MELIUS: Right, yes.

15 DR. NETON: -- which is good things
16 to do. The remaining issue, I think, is this
17 treatment of data below the detection limit and
18 decision level that --

19 CHAIRMAN MELIUS: Yes.

20 DR. NETON: -- we had a discussion on
21 March 10th.

22 CHAIRMAN MELIUS: Yes.

23 DR. NETON: So, you know, those are

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1 simple things to fix, though. I mean --

2 CHAIRMAN MELIUS: Yes.

3 DR. NETON: -- once we get the
4 database structure, it's a matter replacing
5 value. So I think we can move forward without
6 creating a lot of extra work if some of those
7 other details --

8 CHAIRMAN MELIUS: Okay.

9 DR. NETON: -- change.

10 CHAIRMAN MELIUS: I mean, we're going
11 to talk a little bit. Oh, we have Work Group
12 issues that we have to address the SEC Evaluation
13 Work Group.

14 And for example, on some of those
15 issues if it would help to have a Work Group call
16 to sort of get a final resolution so you can go
17 forward on those, we can do that. We also have
18 a Dow Madison issue to deal with. And John
19 Stiver informs me that we're very, very, very,
20 very close to getting that report out. And --

21 MR. STIVER: Actually, I just got an
22 email from Nancy --

23 CHAIRMAN MELIUS: Yes.

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1 MR. STIVER: -- and it had fallen
2 through the cracks while she was sick last week
3 and she's getting it out right now.

4 CHAIRMAN MELIUS: Okay. Yes, I'll --

5 MR. KATZ: Repeat that into the mic.

6 CHAIRMAN MELIUS: Yes, repeat that
7 for John Stiver which was that the reports in the
8 mail and it will be out immediately. So we have
9 that. And I think in terms of timing, I think
10 we should talk more offline in terms of
11 scheduling.

12 Again, the other thing I will say to
13 that is we also, you know, if there's some
14 question or if something that come up, but we
15 also are going to pick out an example to do for
16 the Work Group to work on the guidelines. So
17 that may be another opportunity so we don't get
18 off schedule doing this.

19 All right. So, went a little far
20 afield from Santa Susana there, but --

21 MEMBER SCHOFIELD: Well, we went from
22 Santa Susana to Dow Madison and I don't know where
23 all else we're going, but it'll be interesting.

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1 CHAIRMAN MELIUS: We went from Rocky
2 Flats to Dow Madison, too, so we'll do that.
3 Okay. Brad, Savannah River. Appointed Brad to
4 be the chair of the Savannah River site group and
5 added David Richardson to that Work Group. So
6 Brad, I don't think you've had time to meet and
7 --

8 MEMBER CLAWSON: We have not met, but
9 we have been on this Work Group for a long time.
10 And it comes back to one of our issues and that's
11 getting information from the site. And we've
12 kind of been at a standstill for that for almost
13 a year. So that's becoming an issue.

14 CHAIRMAN MELIUS: Yes. I think if I
15 understand it correctly, in the process now,
16 we're closer after a year. I don't want to be
17 too optimistic here, but --

18 DR. TAULBEE: Brad is correct. We've
19 been delayed in getting information out of this
20 site from our November and December 2013 data
21 captures. The good news is is that information
22 did finally get delivered to us in February.

23 However, it has not been reviewed from

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1 a classification standpoint and so the current
2 staff with the appropriate credentials are
3 working it within a confined space, if you will.

4 And so the review is going to be
5 slower than we would if the bolus all this of
6 information had been released. And so we are
7 able to begin to make some progress now as of
8 last month. But it did take until last month for
9 us to get that information.

10 CHAIRMAN MELIUS: Okay.

11 MEMBER CLAWSON: So who's reviewing
12 that then? Is it DOE then, that's reviewing it
13 or Germantown?

14 DR. TAULBEE: The information was
15 sent up to Oak Ridge and so my ORAU team lead,
16 Mike Mahathy, is the one who has access to it.
17 And so he has to go into a secured area, limited
18 area, in order to work with it.

19 I do believe, in talking with Greg
20 Lewis, that a copy of those disks of information
21 that got sent to Oak Ridge are also going to be
22 sent to Germantown so that both SC&A and any of
23 the Board Members, as well, can go in and review

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1 that information as well.

2 CHAIRMAN MELIUS: So, I would also
3 add, and we've talked about this and the SEC Work
4 Group is the coworker guidelines may affect the,
5 and probably will affect, some of the coworker
6 models at Savannah River.

7 And so that's another issue that's
8 going to, I think, take some time to resolve.
9 And I think NIOSH needs to sort of look at that
10 and sort of figure out, you know, what do you do.
11 I mean, is the data, for example, for
12 construction workers adequate by itself for a
13 coworker model?

14 And there are more than one coworker
15 models there, but understand it correctly. And
16 so that's another part that needs to be taken
17 into account and some decisions made on what to
18 do there and so forth. Okay. So, I don't know,
19 Tim, if you have any more to add to that or --
20 no. Yes, not required, but you're welcome.

21 DR. TAULBEE: You're absolutely
22 right, --

23 CHAIRMAN MELIUS: Yes.

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1 DR. TAULBEE: -- Dr. Melius, with
2 regard to the coworker models. Because we'd have
3 to go back and redo our OTIB-81 which has coworker
4 models for tritium, plutonium, uranium, mixed
5 fission products as well as americium, curium,
6 californium and thorium.

7 So it's a very large undertaking which
8 is why we've been eager for the coworker IMP guide
9 to come out.

10 CHAIRMAN MELIUS: Yes. I can tell
11 you when we had the SEC, the coworker, the SEC
12 Evaluation Work Group, Tim was pushing us along
13 to reach some decisions. David Richardson, I
14 don't know, are you on the line, now? I haven't
15 heard David for a while.

16 MEMBER RICHARDSON: Yes.

17 CHAIRMAN MELIUS: Oh, good. Science
18 Issues Work Group?

19 MEMBER RICHARDSON: We are at a
20 standstill as well. And I'm starting to suspect
21 that when we express interest in our report that
22 it gets frozen. So we have two reports that
23 we've been kind of waiting to evaluate, one's an

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1 ORAU report from NIOSH and the other one's an
2 NCRP report on DDREF.

3 And they've both sort of been in
4 standstill for, well, first one and now the
5 second one, for a period of time. I'm hopeful
6 that the second report will come out soon and we
7 can take some action on it. But we've asked for
8 a preview of that and not been able to get it, so
9 we're sort of waiting.

10 CHAIRMAN MELIUS: Okay. Thanks,
11 Dave. I'm not sure much we can do about that,
12 right? I think, Special Exposure Cohort Issues
13 Work Group, I think you've heard we've been
14 working on the issue with the coworker model and
15 then we have this Dow Madison issue outstanding.

16 We had a third one which was the
17 Savannah River Group had asked us to look at one
18 of the coworker models, but I think that's sort
19 of back to the drawing board as Tim said it right
20 now, in terms of what needs to be done. So we're
21 basically not doing that for a while under that.

22 So, but we'll probably have a meeting
23 shortly. We need to deal with the Dow Madison

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1 issue and then we also need to come back. Maybe
2 these are separate meetings as to look at an
3 example coworker model in terms of applying the
4 guidelines to that.

5 So hopefully we'll do both of those
6 before the July meeting, so definitely the Dow
7 Madison one we will. So for other Work Group
8 Members, put on your calendars to at least plan
9 to those. Since we're alphabetical, we'll jump
10 to the Subcommittee on Procedures Review, Wanda.

11 MEMBER MUNN: I trust that everyone's
12 done their homework and had therefore read the
13 basic information that was available to you in
14 the SC&A Work Group and Subcommittee's report.
15 If you have not seen that, it's on Page 13 where
16 the Procedures Reviews Subcommittee's reported as
17 having met on February 19th, which indeed we did.

18 At that time we closed a little more
19 than a dozen individual findings that were
20 outstanding and on which we had had deliberations
21 earlier, came to some conclusions with respect to
22 those dozen or so. And we were very pleased to
23 get the plate.

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1 Right now, we are, as you know,
2 working a number of PERs.

3 MEMBER BEACH: Press the button.

4 MEMBER MUNN: I was doing it, my
5 fingers just slipped off.

6 We have in our hopper right now, PER-
7 31, which is Y-12, PER-42, Linde, PER-43 which is
8 the internal/external organs with the IREP
9 selection of ICD-9 codes, PER-47, Grand Junction
10 Office, PER-52, Westinghouse Nuclear Fuels
11 Division.

12 We also have outstanding issues of
13 long time period on OTIB-52 -- I mean, pardon me,
14 we cleared 52, OTIB-82, CNLLL and OTIB-54 which
15 is internal gross beta and gamma analyses. The
16 upcoming PERs that we know are in the mix and
17 coming toward us is PERs for our TBD-6000
18 revision, BWXT Virginia and Dow Chemical.

19 We just received the SC&A review
20 comments from NIOSH's response to PER-45,
21 Aliquippa Forge. And our big issue there has
22 been concentration of airborne contaminates.

23 We'll be addressing that at our next

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1 meeting which I had hoped for in May, but I got
2 beaten up when I suggested that, so it looks as
3 though it will probably be June before we meet
4 again. That date has not been identified yet.
5 And that's it for Procedures.

6 CHAIRMAN MELIUS: Wanda, we wouldn't
7 dare to try to stand in your way.

8 MEMBER BEACH: Wanda, don't we have a
9 meeting scheduled in April --

10 CHAIRMAN MELIUS: We do, yes.

11 MEMBER BEACH: It's like the 28th?

12 MEMBER MUNN: Yes, we're on the
13 calendar for the 28th of April. Yes.

14 CHAIRMAN MELIUS: Okay. Thank you,
15 Wanda.

16 MEMBER MUNN: Yes.

17 CHAIRMAN MELIUS: Paul, TBD-6000??

18 MEMBER ZIEMER: Yes, TBD-6000, I'll
19 focus mainly today on General Steel Industries.
20 Just to remind the Board that Appendix BB, which
21 is the General Steel Industries appendix.

22 Rev 1 was issued in June of 2014 and
23 after that there were a number of concerns raised

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1 by the co-petitioner, Dan McKeel, as well as a
2 number of findings from the Board's contractor,
3 SC&A, on the revision. And the Work Group met
4 in February to try to deal with those issues.

5 We thought, following that meeting,
6 that -- well, let me just say that at that meeting
7 of the ten findings that SC&A had, six of those
8 were resolved, but there were four others that we
9 were not able to resolve. And NIOSH was to come
10 back with some additional information to try to
11 resolve those.

12 We thought at the time that that would
13 be done very quickly. But in a short time after
14 that meeting, specifically on February 20th, Jim
15 Neton notified the Work Group Members that NIOSH
16 would need more time. In fact, let me, just for
17 the record, read Jim's brief report to the Work
18 Group.

19 He said, "After the GSI Work Group
20 meeting on February 5th, DCAS reviewed the path
21 forward to resolving the ten findings SC&A raised
22 in their review of Rev 1, Appendix BB.

23 While we believe that the resolution

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1 of six of the findings is straightforward, the
2 remaining four findings, Numbers 2, 5, 6 and 10
3 may require more time to address than previously
4 thought.

5 In our opinion, the additional
6 discussion of these findings will likely be
7 required prior to the issuance of Rev 2. In
8 light of this, we've decided to move forward with
9 the completion of PER-057.

10 The PER will use Revision 1 of
11 Appendix BB to determine which cases should be
12 returned by DOL to NIOSH for a revised dose
13 reconstruction.

14 After Appendix BB, Rev 2 is issued, it
15 is likely there will be an additional PER for
16 claims affected by the changes between Rev 1 and
17 Rev 2."

18 And I might add parenthetically that
19 when we began the reviews of Rev 1, the PER
20 process had been, I guess I would say,
21 temporarily halted pending the resolution of the
22 Rev 1 findings.

23 But in light of the extended period

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1 needed the PER was completed. And that PER was
2 issued just very recently on the 11th of March.
3 And I would just like to read a couple of items
4 for the Board's benefit here.

5 The document says, "So the changes to
6 Appendix BB were so extensive that no claims
7 could be eliminated from further evaluation.
8 Therefore, all previously completed claims were
9 reevaluated under this Program Evaluation
10 Report."

11 Now, what that means is that there
12 were close to, and this is all claims that were
13 below the 50 percent value, of course. So it
14 turns out then that there were a total of 196
15 claims that were reevaluated by NIOSH. And of
16 these there were 100 that appears would probably
17 move to a greater than 50 percent value, which
18 means that NIOSH would ask DOL to send those
19 claims back for reevaluation.

20 Stu Hinnefeld has informed me that, in
21 fact, that list of 196 claims has already been
22 sent to DOL, including the list of 100 that should
23 be returned to NIOSH for reevaluation.

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1 So that has occurred in the meantime,
2 just very recently, I don't know the exact date,
3 but since this PER was issued. Maybe Jim can
4 speak --

5 DR. NETON: Actually, the --

6 MEMBER ZIEMER: -- to that.

7 DR. NETON: -- request was sent to DOL
8 the same day that the PER was issued.

9 MEMBER ZIEMER: Right. So the
10 request went to DOL on the 11th of --

11 DR. NETON: Yes.

12 MEMBER ZIEMER: -- March. And they
13 have that list. So the ball now is in DOL's
14 court to return what appear to be the 100 eligible
15 ones and then those would be reevaluated by
16 NIOSH.

17 So that's where we stand on GSI at the
18 moment. Once the Rev 1 issues that NIOSH will
19 be addressing, once that has occurred the Work
20 Group will meet again. And, of course, SC&A will
21 have a chance to look at those things too, but
22 we'll try to get those final ones resolved. And
23 that could lead to a revision, Rev 2.

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1 CHAIRMAN MELIUS: Okay. Thank you,
2 Paul. Comments or questions from Board Members?
3 Okay. Thank you. I'm going to overrule our
4 Designated Federal Official and give the Board
5 and people here a short break. So we will take
6 a break and return at 3 o'clock this afternoon.

7 MEMBER BEACH: You forgot Worker
8 Outreach.

9 CHAIRMAN MELIUS: No, there are other
10 Work Group -- I --

11 MEMBER BEACH: Oh, we're doing them
12 right before we finish. Okay.

13 (Simultaneous speaking.)

14 CHAIRMAN MELIUS: Relax. Relax. I
15 know I skipped over Henry also.

16 MEMBER ANDERSON: Yes.

17 CHAIRMAN MELIUS: Yes, so and there's
18 the --

19 MEMBER BEACH: I thought we were at
20 the end.

21 CHAIRMAN MELIUS: Tomorrow we have
22 another Work Group, you know, session and working
23 session and we will cover the rest of the --

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1 MEMBER BEACH: Okay.

2 CHAIRMAN MELIUS: -- groups and we'll
3 also talk about the Dose Reconstruction
4 Subcommittee, hear from Dave. So we have other
5 work. We have letters and stuff, so.

6 MEMBER BEACH: A breaks good.

7 CHAIRMAN MELIUS: Okay.

8 MR. KATZ: That's what comes of power
9 grabs. There's confusion and chaos.

10 CHAIRMAN MELIUS: So we will take a
11 break. We will reconvene at 3 o'clock and at
12 that point we will do the Hanford SEC Evaluation
13 Report and then we'll go right into a public
14 comment period.

15 (Whereupon, the above-entitled matter
16 went off the record at 2:44 p.m. and resumed at
17 3:05 p.m.)

18 CHAIRMAN MELIUS: Okay. We are
19 reconvening and our first order of business is
20 the Hanford SEC petition. And we will do a
21 presentation on that, we will then have some
22 Board discussion on that, could very well have a
23 vote on that petition and we will proceed there.

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1 And then, when we are done with that
2 portion of that, I'm not quite sure how long that
3 will take, it'll take a little while, then we
4 will go directly into the public comment period
5 for people.

6 And when we do the public comment
7 period, we'll start with public comments related
8 to the Hanford site and then there may be people
9 calling in that have comments on other sites, so
10 we'll leave them until last.

11 Again, encouraging you, if you've
12 already and want to make public comments to sign
13 in. It just helps us do that. Even if you don't
14 sign in, we'll give you an opportunity to talk,
15 but it just helps us keep track of what's going
16 on and so forth with that.

17 So we'll start with the presentation.
18 The presentation will be Dr. Sam Glover from
19 NIOSH and welcome Sam.

20 MR. KATZ: And just for the record,
21 the two Board Members, Ms. Munn and Ms. Beach,
22 who have conflicts here, have recused themselves
23 from this session.

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1 DR. GLOVER: Thank you, Dr. Melius.
2 Is this one of those microphones you've got to be
3 really close to? Probably, we're okay. So
4 first, I'd kind of like to start out by thanking
5 some folks who made this -- Pat Worthington
6 talked early about all the effort.

7 Department of Energy, they certainly
8 provide an incredible amount of support, but also
9 the Board has been with us at many of these 87
10 data capture events. Not all of those were
11 Hanford, but there were a lot.

12 And obviously, there's a substantial
13 body that's not a very complex facility, a lot of
14 different changes over time. A lot of work was
15 required to understand it.

16 But also the workers there, you know,
17 I don't know if Pat included there are well over
18 100 worker interview sessions that we've done and
19 that the site is supported, but these people have
20 come in to provide us information. So we've done
21 an extensive data gathering as we did this.

22 And I am going to start out by driving
23 my plain language people crazy by starting out at

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1 the very end which is how I intended to do this
2 and talk about the Class Definition and then I'll
3 explain why we did it.

4 Because it is, as Dr. Melius at our
5 Work Group meeting talked about, it is very
6 convoluted. It's really not. When I've talked
7 to the workers at Hanford who work in this
8 environment, it makes complete sense because they
9 understand how things are broken down. But when
10 you come at it from the outside, it's a Class
11 Definition by difference.

12 And so what we're going to recommend
13 to you is that all employees of the Department of
14 Energy contractors and subcontractors. Now,
15 you'll notice we're not including in that
16 Definition the Department of Energy employees
17 themselves.

18 So we're talking about the contractors
19 and subcontractors and we're excluding, so all
20 those are in excluding certain primes in this
21 timeframe.

22 And so that's really the point that I
23 wanted to leave, is, sort of, the main other

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1 primes that weren't associated with the
2 construction trades, in particular, I'm told the
3 Davis-Bacon-type construction work that happens
4 at a DOE facility that is a particularly
5 radiological characteristic.

6 So I wanted to kind of start out with
7 this. As we look into this and walk through why
8 I go through these slides.

9 CHAIRMAN MELIUS: The David-Bacon
10 Federal wage requirements. It's nothing to do
11 with radiological.

12 DR. GLOVER: Well, but that kind of
13 work is what J.A. Jones had to do.

14 And that was the kind of radiological
15 construction work that had to be done by them.
16 And so apparently that is partially defined and
17 so there's people who understand it better than
18 I, but, so now I'm going to go back and start at
19 the beginning.

20 So we are talking about the Hanford
21 site and this, as I had mentioned, it's a complex
22 site. It's got many diverse facilities and not
23 only are they diverse, they changed their mission

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1 with time. And not only did they change their
2 mission with time, they change the contractor who
3 ran them as a function of time.

4 And so every time there's a contract
5 change, all those people in management and all
6 those reports change. So there are 7,000
7 different monthly report types at Hanford over
8 the period of this.

9 So it's, you know, just following the
10 thread, it stops and then you start again and go
11 down a different path to try to find out how
12 things are going.

13 So as I said, there are significant
14 research challenges due to the nature of the
15 site, a large number of classified and
16 unclassified documents. I think my colleague
17 here, Gail Splett, could tell me exactly how many
18 boxes there are, but I'm sure it's that are in
19 the hundreds of thousands.

20 So we have worked to address this.
21 And it's difficult and we say that we try to be
22 timely, it's a large body of work and so it takes
23 time to do it. We have not, you know, we really

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1 have tried to do this in a timely fashion.

2 So SEC-57 comprises the overarching
3 structure of which we continue to review. And
4 the Board still has, even after the closure of
5 this SEC-57, still has an issues matrix that will
6 be for it. And the timeframe for SEC-57 is from
7 1943 through 1990.

8 So there are a series of SEC
9 evaluations that have been completed for Hanford.
10 We had two of those, the first SEC-57 Part 1 and
11 2, which were for the DuPont timeframe from '43
12 to '46 and then '46 through '68 which was mostly
13 the GE timeframe. And those were for selected
14 radionuclides in the areas.

15 As we understood better with time, we
16 realize that we subsumed those two classes under
17 SEC Petition 152 and added a few more years based
18 on some additional research in other
19 radionuclides. So it brought all of those under
20 and made it all workers for all areas, which had
21 previously been a little more tightly delineated.

22 Additional research brought us up to
23 where we are right now, which is adding 1972

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1 through 1983 for all areas that Hanford
2 associated with, again, different types of
3 radionuclides and research that was being done at
4 the time.

5 And I guess I can't turn my head and
6 talk. I tried. I think it's actually going to
7 hit the microphone.

8 So there was one Class that was not
9 added to the SEC. It was based on falsification
10 of records. And they were non-radiological
11 records that were falsified, but that did not
12 impact the ability to do the radiation research
13 at Hanford, the radiological dose reconstruction
14 at Hanford. And that was SEC-155.

15 So as I said, SEC-57 remains open
16 before the Advisory Board and the issues matrix
17 continues to be addressed.

18 So during the review of this matrix we
19 began to come across some memos and
20 correspondence and began looking at the exposure
21 records for a particular group of workers that
22 we're discussing today.

23 The documents and correspondence

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1 detailed that these employees were not routinely
2 bioassay monitored. Essentially, what we had was
3 they were, in some cases, doing pre-job, but
4 there was no follow-up bioassay after the job had
5 been completed.

6 So, as I say here, NIOSH recommends
7 that a Class be added to the SEC. So workers
8 claims are processed while the remaining 1984
9 through '90 Hanford issues are addressed with the
10 Advisory Board. The latest Hanford petition,
11 SEC-226, was qualified for evaluation on March
12 13th, 2015 as an 83.14.

13 So our worker findings include -- so
14 just a little background. DOE operated Hanford
15 using many prime contractors, each that have many
16 subcontractors. So each of these prime
17 contractors responsible for implementing a
18 radiological control program including how and if
19 an individual should be monitored. The
20 construction support services was conducted under
21 a separate contractor.

22 Now, I'm not saying that a prime
23 contractor couldn't have some construction

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1 people, but there are certain types of work that
2 had to be subbed out to the main radiological
3 support contractor like J.A. Jones. And that was
4 included the radiological construction work.

5 So as I mentioned here in the next
6 slide, J.A. Jones Construction Services was this
7 prime contractor of construction from 1953
8 through February 28th, 1987 and they maintained
9 their own radiological control program.

10 And when I say that, they decided who
11 were monitored and often, they would, as people
12 worked in these facilities, they would rely on
13 the health physics guys in those facilities to
14 help support their people.

15 But they had in office, they decided
16 how they were monitored and they couldn't tell
17 them what they had to do. They couldn't say this
18 is the people. J.A. Jones had to put them on a
19 bioassay program. It wouldn't be Rockwell even
20 if they were working in a Rockwell facility.

21 So after '87, Kaiser Engineer Hanford.
22 There was a transition period of a few months and
23 you'll see that in the graphs. Since those were

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1 annual sum values, you'll see a transition that
2 occurs.

3 Beginning about December of '86 they
4 began to transition as the prime contractor for
5 construction services, with full transfer, we
6 believe, on March 1st, 1987. And they also
7 maintained their own radiological control
8 program.

9 It's amazing the trees are starting to
10 bloom here and the allergies. They're not ready
11 in Cincinnati, so sorry for the sniffles.

12 What also became evident as we really
13 began to look at the type of the work, and this
14 is almost like a primer for Dr. Neton's, you know,
15 review of coworker data, is that the type of work
16 in these programs is fundamentally different than
17 what was going on at the other places.

18 So they support a broad range of
19 Hanford activities, including the research, the
20 fuel handling, the plutonium processing, D&D, and
21 they also supported the reactor outages.

22 They were the guys getting to, you
23 know, used up all their dose maybe in a day for

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1 that week and then they'd come back the next week
2 and support that 100-N reactor outage.

3 They worked in high airborne, high
4 contamination areas. In areas that you would
5 expect somebody to have bioassay follow-up when
6 you're in full face or, you know, that respirator
7 protection may have been provided.

8 These included the 100-N area, the
9 PUREX fuel reprocessing facilities, research
10 facilities, plutonium finishing plant as well as
11 vaults.

12 So a review of the J.A. Jones, and
13 you'll see JAJ and KEH operating procedures found
14 the detailed external dosimetry practices,
15 there's very little if no information regarding
16 what the bioassay program, to support that would
17 be.

18 As I mentioned before the work in
19 fundamental radiological control practices were
20 very different than the work conducted by other
21 prime contractors. Monitoring data for internal
22 dose are available from these other prime
23 contractors to compare.

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1 I will mention that J.A. Jones and
2 Kaiser have a small group of permanent employees,
3 but essentially, they supplemented those on kind
4 of an as-needed basis. And so you'll see about
5 3,000 workers per year, most of those were not
6 their permanent J.A. Jones.

7 They may be listed in the databases.
8 It can be very confusing on if they're truly J.A.
9 Jones or if they're subs, but you can actually
10 de-convolute that to some degree.

11 So subcontractors are difficult for
12 the DOE to determine if they worked in the
13 capacity of construction trades, it's often hard.
14 What does that title mean?

15 What exact title would you title
16 construction trade workers who are out there?
17 Because they also got people doing pre-job
18 planning and all these different -- I was quickly
19 disabused of the concept of I would just name a
20 bunch of titles that this would comprise. And
21 also importantly, which company is responsible
22 for the worker dosimetry?

23 So as we looked at this, these

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1 subcontractors, they may not only support J.A.
2 Jones, if we were to say, well, this company
3 should be excluded, oh, that company, you know,
4 because they may have supported Rockwell also and
5 then they in support of J.A. Jones. And this
6 network of -- it made it very difficult.

7 And there are 60,000 subcontractors in
8 this timeframe and there are 300,000 overall at
9 the site. My colleagues have over 400,000
10 records on their desks right now that they're
11 trying to get databased and provide additional
12 information on record or employment. So it's
13 extremely complex.

14 So NIOSH, in consultation with DOL and
15 DOE found that we couldn't just limit the Class
16 to J.A. Jones and Kaiser and say and their subs.
17 It just wasn't going to happen.

18 So we wrote a Class by difference and
19 we identified that there are excellent records
20 that are associated with these other prime
21 contractors. They know who the real honest to
22 goodness prime contractor employees are.

23 And we're saying that at this time we

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1 know there's a deficiency for our program, for
2 our purposes of how we do dose reconstruction
3 that we can't do it for the J.A. Jones people and
4 the Kaiser people, but we aren't able to state
5 that for these other primes.

6 So at this time we think it's useful
7 to move forward on these 700-plus dose
8 reconstructions while we work out the rest of the
9 details with the Work Group.

10 This, as my colleague, Gail, has
11 helped me understand there's Hanford's, they
12 expand and the contract. So you'll see my graph
13 or my graphic and it shows that the DOE helped me
14 and provided. It gets nine or ten and then it
15 comes back to one with Westinghouse.

16 And so in '87 Westinghouse subsumed
17 many of these, but there were a couple that still,
18 and Kaiser still was on the side. And then in
19 '93 they subsumed all of them. And I think now,
20 they've re-expanded. So again, it's always
21 expand and come back to one and it makes it
22 difficult.

23 So this is the graphic. And this is

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1 just a portion in this timeframe of the
2 contractors. This is actually a much bigger
3 graph.

4 What I've done is I've circled in red
5 J.A. Jones and Kaiser. So those are the people
6 and you can see the times better on your screen
7 or on the paperwork. It's difficult to see this
8 on screen here.

9 In blue, I've circled the primes. So
10 and most of them stopped in '87 when Westinghouse
11 subsumed most of those activities. Now, in the
12 left-hand corner you've got Battelle PNNL. And
13 they continue through '95. And actually that's
14 when PNNL separates, but in this timeframe from
15 '84 through '90, Battelle is excluded for further
16 work.

17 Same thing would be for Rockwell
18 through '87, United Nuclear through '87,
19 Westinghouse, which then becomes a bigger
20 Westinghouse after '87, so, but since they're
21 Westinghouse for the entire timeframe.

22 Boeing Computer Services, they're
23 also another identified prime, and then, Hanford

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1 Environmental Health Foundation for that entire
2 timeframe. So next slide.

3 So bases for our finding. NIOSH found
4 a virtual absence of monitoring for J.A. Jones
5 employees for the internal dose period January 1,
6 '84 through 2/28 of '87. I have some graphs that
7 I'm going to show you.

8 So Kaiser took over, as I mentioned.
9 They recognized the limitation from the bioassay
10 program that had been conducted and they said
11 they were going to substantially increase that.
12 However, the next month, essentially, they
13 realized that they had substantial budget
14 shortfalls and so it was delayed.

15 So in order to evaluate that, we
16 decided well, let's look at how it was
17 implemented. How did these bioassay monitoring,
18 how did it increase? When did this become like
19 they look like other primes? And not just the
20 total number, but are the chest counts the same?
21 Are there right kinds of bioassay being done? So
22 let's take a look at those things.

23 And essentially, what we came to the

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1 conclusion is that by 1990 those numbers seemed
2 to support, at that point-in-time, they are doing
3 what the other primes are doing. So that period
4 would still be before the Board, but we're saying
5 up until that time, it's not.

6 And so I kind of stole the graphics
7 from our SEC Evaluation Report and I combined
8 them so you could see the transition as the J.A.
9 Jones on the left begins to fall off and you see
10 Kaiser coming up.

11 What you can tell very rapidly from
12 this graphic is that there are virtually no
13 bioassay records for J.A. Jones in those years
14 that we're looking at here. There simply isn't.

15 Now, you do see that Kaiser had a
16 higher rate of bioassay and so you see that
17 they're definitely coming up and doing more.
18 Let's take a look at the next graph.

19 So we then focused on that and looked
20 at in vitro bioassay, so urinalysis program data.
21 And it really takes through the end of '90. So
22 these are that 1990 data point is '90 up through
23 December 31st, 1990. That's the whole year.

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1 So until that point, really they
2 hadn't come up to speed of what the other primes
3 were doing. So that's why we've set this Class
4 to go through the end of 1990. At that point we
5 would be looking at how that works and how that
6 goes with the rest of the Working Group.

7 And at this point, we believe until
8 that's fully up-to-speed, one year of doing
9 bioassay does not make a bioassay program.
10 There's people who fall off. So in the totality
11 of things, it takes until that point to really
12 come up to what the other programs are doing.

13 So J.A. Jones and Kaiser employees,
14 all subcontractors, we recommend that they be
15 included in this recommended Class. And for
16 those individuals, and part of the reason why I
17 wrote -- I wrote this, why we wrote this with the
18 input from a lot of people was that there's a
19 difference between partial and full dose
20 reconstructions.

21 And so if I would have included them
22 and then said, well, I'm going to, you know,
23 extract them, we didn't include them in the Class

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1 that we would say that we could do full dose
2 reconstructions for the DOE employees and these
3 others until a decision is made.

4 So we will use any internal dose data
5 that those people, personal data they have to do
6 dose reconstruction. NIOSH will use external and
7 medical dose to complete those partial dose
8 reconstructions for the Class that we've named.

9 Now, we will do full dose
10 reconstructions for the DOE employees and all the
11 specifically identified primes that were excluded
12 from the Class.

13 NIOSH and the Advisory Board will
14 continue to evaluate the remaining issues at
15 Hanford during the 1984 through 1990 time period.

16 And so again we were, and just a few
17 points on this, we recommend that dose
18 reconstruction is feasible and here's the main
19 primes, which is the DOE, which we didn't include
20 in the Definition.

21 We're including it on this by -- we
22 didn't name them, so we're saying right here this
23 is -- and we can do dose reconstruction for DOE

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1 at this time, but tell Westinghouse, Hanford,
2 Rockwell, Boeing, UNC, and that goes through '87.

3 And you see the list of contractors
4 decreases because they subsumed by Westinghouse.
5 But still you have DOE, Battelle, Westinghouse
6 and HEF through 1990.

7 We're saying that dose reconstruction
8 is not feasible for all the other employees of
9 the Department of Energy contractors and
10 subcontractors, that meaning the J.A. Jones and
11 Kaiser primes and all the subs at Hanford.

12 For external dose, the same groups are
13 named as that we can do dose reconstruction. And
14 we say that, you'll notice that the top of it is
15 partial dose reconstruction is feasible because
16 we're going to use their external dose. The
17 infeasibility is for the internal dose at
18 Hanford.

19 And so we'll use the external as
20 partial dose reconstruction feasibility and
21 you'll that we'll have gamma, beta and neutron
22 occupational X-ray all marked.

23 Just to give you a feel for the

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1 claims, you saw numbers earlier. Right now, our
2 records show we have 5,384 claims for dose
3 reconstruction. During this timeframe 2,175
4 cases. 1,801 dose reconstructions completed.

5 We see internal dosimetry records,
6 1,532, not saying that those are all cases with
7 the right kinds of internal dosimetry records.
8 Those could be pre-job employment, but they had
9 bioassay records of some kind. Number of claims
10 with external dosimetry, 2,125. Almost
11 everybody had an external badge.

12 Now, I will point out the review of
13 the cases that have an SEC cancer by NIOSH
14 indicates that there's 723 cases. They have a
15 dose reconstruction with a PoC less than 50
16 percent. And that there are 29 cases at NIOSH
17 awaiting a dose reconstruction that may need
18 further evaluation under this Class. We have
19 sent that list to Department of Labor.

20 The Department of Energy has indicated
21 that they have substantial new information
22 particularly for the cases that were processed
23 earlier on employment.

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1 And so Gail has been working extremely
2 hard to find all the subcontractors and
3 additional information. And she has literally
4 millions of new finding aides associated with her
5 records. And I'm sure she'd be happy to show you
6 all the work that she's been doing this last nine
7 years.

8 But, so those early cases have not
9 been re-vetted against her. So if they're
10 reopened, she will have to look quite a bit to
11 find out what the all the updated employment may
12 be. Obviously, the primes, we believe we've
13 always had good information. But for
14 subcontractors that may have changed quite a bit.

15 And I've already, sort of, I've read
16 through the Class Definition, but for
17 completeness, I'll go ahead and close.

18 All employees of Department of Energy
19 contractors and subcontractors, excluding
20 employees of the following Hanford prime
21 contractors during the specified time periods.

22 Battelle Memorial Institute, January
23 1, 1984 through December 31st, 1990; Rockwell

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1 Hanford Operations, January 1, 1984 through June
2 28th, 1987; Boeing Computer Services Richland,
3 January 1, 1984 through June 28th, 1987; UNC
4 Nuclear Industries, January 1, 1984 through June
5 28th, 1987; Westinghouse Hanford Company, January
6 1, 1984 through December 31st, 1990; and Hanford
7 Environmental Health Foundation, January 1, 1984
8 through December 31st, 1990.

9 Who worked at the Hanford Site in
10 Richland, Washington, during the period from
11 January 1, 1984 through December 31, 1990, for a
12 number of work days aggregating at least 250 work
13 days occurring either solely under this
14 employment or in combination with work days
15 within the parameters established for one or more
16 other Classes of employees included in the
17 Special Exposure Cohort. Thank you.

18 CHAIRMAN MELIUS: Thank you, Sam.
19 Board Members with questions? Okay. Paul, go
20 ahead.

21 MEMBER ZIEMER: Not really a
22 question, but a comment, but for the benefit of
23 the Board. One of the questions that arose in

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1 the Work Group session was do we know that DOL
2 can actually administer this strange Definition?

3 And I think we were told the answer is
4 yes, at least NIOSH thinks that the case. And
5 I'm wondering if DOL believes that that's the
6 case as well? I'm assuming they do or they would
7 have screamed much earlier.

8 MR. CRAWFORD: There was some
9 screaming, but the Seattle office has looked into
10 test cases. And they feel that they can indeed
11 identify the proper subcontractors and get the
12 true employment picture now, especially with the
13 added DOE material which is becoming available
14 now.

15 So they're willing to take it on.
16 They believe they can do it. That's the last I
17 heard.

18 CHAIRMAN MELIUS: Okay. Yes. Any
19 other comments or questions? Board Members on
20 the phone, do you have comments, questions?

21 MEMBER LEMEN: None for me.

22 CHAIRMAN MELIUS: Okay. Good. Okay.
23 Jim Lockey?

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1 MEMBER LOCKEY: Hey, thanks for
2 holding that for me. That's when you're 68 you
3 can't hold things anymore. Anyway, the
4 Department of Energy has indicated that have
5 substantial new information on employment of
6 subcontractors that may also have additional
7 impact. Impact on what?

8 DR. GLOVER: So one of the cases that
9 we were looking at, when you have an 83.14 you
10 have to have a petitioner as part of that Class.
11 And we typically would use a case that has not
12 has a dose reconstruction completed.

13 And so we were, as we identified a
14 person in one of the cases we looked at, well,
15 because we do dose reconstruction, we don't have
16 like a big bin that just sits around and you could
17 just pick from and, so we thought, well, perhaps
18 we would look at some old cases.

19 And so one of the cases we were
20 looking at and provided as an example case as
21 well, when they looked at it, the additional
22 information they found actually qualified them
23 under the current SEC. And they, obviously,

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1 already have told the Department of Labor about
2 that.

3 And so that sort of information may be
4 -- and it gives them additional time, even in
5 previous SEC periods, that was previously
6 unidentified time at Hanford.

7 And, you know, one of the issues, they
8 said well, not every subcontractor could be
9 identified right now. Well, that would have been
10 the case even for someone who had to do dose
11 reconstruction anyway. You know, the Class, if
12 they weren't identified as being at Hanford, that
13 was always a problem.

14 And, so, in this case we're trying to
15 include all of that, but obviously, they have to
16 be put at Hanford and that's always been
17 something. That's what Gail has been working
18 very hard to do, and obviously her team with
19 support by headquarters.

20 CHAIRMAN MELIUS: Any other
21 questions? My understanding is that the
22 petitioner for this particular petition does not
23 wish to make any comments.

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1 So I think we can move straight ahead,
2 though Work Group did not make a recommendation,
3 though I think not all of us were on the call,
4 and we do think that we were supportive of the
5 recommendation from NIOSH, but decided we could
6 wait two days of the Work Group meeting. So I'm
7 looking for a, if there are no further questions,
8 a recommendation or action from the Board.

9 MEMBER CLAWSON: Jim, I'm make a
10 motion that we accept NIOSH's Class as defined.

11 CHAIRMAN MELIUS: Okay.

12 MEMBER POSTON: Same.

13 CHAIRMAN MELIUS: Who's that?

14 MEMBER SCHOFIELD: I'll second that.
15 This is Phil.

16 MR. KATZ: Poston --

17 CHAIRMAN MELIUS: Dr. Poston, gets
18 this. Beat you to it, Phil.

19 MEMBER SCHOFIELD: Oh, I heard
20 someone. Man, I'm getting lazy.

21 CHAIRMAN MELIUS: So thank you. Any
22 further comments? If not, I'll ask Ted to do the
23 roll call.

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1 MR. KATZ: Very good. Dr. Anderson.
2 MEMBER ANDERSON: Yes.
3 MR. KATZ: Ms. Beach is recused. Mr.
4 Clawson?
5 MEMBER CLAWSON: Yes.
6 MR. KATZ: Dr. Field?
7 MEMBER FIELD: Yes.
8 MR. KATZ: Dr. Kotelchuck?
9 MEMBER KOTELCHUCK: Yes.
10 MR. KATZ: Dr. Lemen?
11 MEMBER LEMEN: Yes.
12 MR. KATZ: Dr. Lockey?
13 MEMBER LOCKEY: Yes.
14 MR. KATZ: Dr. Melius?
15 CHAIRMAN MELIUS: Yes.
16 MR. KATZ: Ms. Munn is recused. Dr.
17 Poston?
18 MEMBER POSTON: Yes.
19 MR. KATZ: Dr. Richardson? Dr.
20 Richardson, perhaps you're on mute?
21 MEMBER RICHARDSON: Yes.
22 MR. KATZ: Not any more. Dr.
23 Roessler?

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1 MEMBER ROESSLER: Yes.

2 MR. KATZ: Mr. Schofield?

3 MEMBER SCHOFIELD: Yes.

4 MR. KATZ: Ms. Valerio?

5 MEMBER VALERIO: Yes.

6 MR. KATZ: And Dr. Ziemer?

7 MEMBER ZIEMER: Yes.

8 MR. KATZ: It's a clean sweep, passes
9 unanimately.

10 CHAIRMAN MELIUS: Okay. And I have a
11 letter ready, but I think we've heard the
12 Definition enough. So I will save that for
13 tomorrow just to read into the record and Board
14 to review and do that.

15 So we will now start our public
16 comment period a little bit early, but I think we
17 have enough people signed up. So, Ted, if you
18 will give the instructions, I'll go out and get
19 the list.

20 MR. KATZ: Yes, let me just remind in
21 case anybody came since Dr. Melius addressed the
22 group. If there are people in the room who would
23 like to give a presentation, we have a list

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1 outside.

2 But if you haven't signed up, don't
3 worry about it. At the end of getting through
4 that list, we'll ask again if anyone in the room
5 would like to give comments and that'll be fine.
6 You'll just come up in order that you raised your
7 hand, so no problem there. And then we'll move
8 to people on the phone for Hanford or for another
9 site. We'll take the Hanford calls first, I
10 suppose.

11 So just to let you all know in case
12 some of you never attended a Board meeting
13 before, these meetings are all fully transcribed,
14 so there's a verbatim written record of this
15 meeting with everything everybody said that gets
16 published on the NIOSH website for all the
17 public.

18 And so as part of that, your public
19 comments also get published verbatim with your
20 name and so on. So any private information you
21 give about yourself, understand that information
22 you're giving to the whole public and take that
23 into consideration. And we will publish all of

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1 that. We'll print all that for the public.

2 But if you speak about someone else,
3 a third party, we will protect that person's
4 privacy because we don't have that person here to
5 be assured that that person wants that
6 information released. So we'll have to redact
7 certain information from what you might say about
8 a third party just to protect their privacy.

9 And that's sort of the basic policy
10 that we have. If you want to see the full
11 details, there should be a sheet back there on
12 this recusal policy and also on the NIOSH website
13 for people on the line if they want to look at
14 it. But that's it in a nutshell, so.

15 And with that, that takes care of my
16 part. Thanks.

17 CHAIRMAN MELIUS: Thank you, Ted.
18 And the first person I have that's signed up is
19 LaDell Vance. Are you in the room? Okay. And,
20 Mr. Vance, if you would prefer to sit down when
21 you use the mic over there, you're welcome to
22 rather than stand up. It's up to you.

23 Whichever's your preference, yes.

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1 MR. VANCE: I appreciate this
2 opportunity. I'll read the statement I've
3 prepared here and leave it with you.

4 I have bone cancer that was diagnosed
5 in August of 2012. The diagnosing physician said
6 it was the worst case that she'd ever seen and
7 says I will be praying for you.

8 Although the NIOSH analysis noted it
9 was less than 50 percent this is caused by
10 employment at Hanford, I'm certain it was. The
11 minimum of cancer in my progenitors and none that
12 I'm aware of that had bone cancer.

13 I spent one year at N reactor and then
14 the next several years in the 300 area working in
15 construction quality assurance with the
16 construction contractors, but I was working for
17 UNC and Westinghouse.

18 I started working at Hanford in July
19 of '83, which would have put me under the previous
20 SEC. But starting in July, I didn't have the
21 required 250 days working at that time.

22 As I look on the internet, it is noted
23 that the 250-day requirement is written into law

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1 by Congress and that after it originally passed,
2 there's actually no scientific basis for this 250
3 days and it notes that.

4 As there's no scientific basis for
5 this, I feel it should be changed to have worked
6 at Hanford for 250 days, but in order to keep out
7 the short timers or the people that don't limit
8 it to 1984. Anybody working before 1984 and
9 working for one year should be allowed into this
10 SEC is my feelings. Does that make any sense?

11 I've been involved with the Huntsman
12 Institute in Utah for my treatment, participating
13 in some experiments and this has kept me alive.
14 Next week, I'll be making my seventeenth trip to
15 Utah and anxious to find if there are other
16 protocols to help me.

17 They initially put a pain pump in me
18 and this morphine has kept my pain at bay. I
19 would strongly suggest this unscientific 250 days
20 be changed and I be allowed to obtain funds to
21 help with these expenditures. Thank you.

22 CHAIRMAN MELIUS: Okay. Thank you,
23 Mr. Vance, appreciate it. Okay. The next person

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1 who signed up for public comment is Knut Ringen.
2 I think I pronounced that correctly.

3 DR. RINGEN: Well, you're getting
4 better at it. My name is Knut Ringen and I think
5 this is the ninth time that I've spoken before
6 you. I'm the senior science advisor for CPWR
7 which is the Center for Construction Research and
8 Training. And I'm also the principal
9 investigator on the National Medical Screening
10 Program for construction workers that Pat
11 Worthington talked about earlier this morning.

12 I'm here on behalf of the National
13 Building Trades of America. The Central
14 Washington Building and Construction Trades
15 Council and Augusta Building and Construction
16 Trades Council have asked me to make some
17 comments.

18 And the two issues that I'm going to
19 talk briefly about is the Hanford SEC that you've
20 just referred to and also the coworker modeling
21 that was discussed by Dr. Neton earlier today.

22 By background, I met somebody,
23 somewhere in the last month, and I can't remember

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1 who it was who said essence of understanding
2 construction safety and health is to be able to
3 anticipate the unexpected. And I thought that
4 was a very good way of looking at it because so
5 much what happens in construction is episodic.

6 We had just a week ago or two weeks
7 ago in Seattle, a situation on a construction
8 site where one employer was working with a boom
9 crane and other employer was setting up a wall on
10 a big scaffold.

11 The one employer hit over the scaffold
12 with the crane, workers fell down, and this
13 happens all the time because the unexpected is
14 not anticipated properly. And we see that also
15 throughout everything that's happened here with
16 the construction workers.

17 And I've tried to explain this from
18 the start of this program, that you have to look
19 at construction workers differently than you do
20 in those lower production workers.

21 We held a workshop for NIOSH in 2005
22 to demonstrate how different industrial hygiene
23 exposures are in construction, how much greater

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1 the statistical variance are and we use their hot
2 worker weldings and bracing as examples of this.

3 And you cannot take the model or
4 mindset that you have in typical industrial
5 hygiene and apply it to construction because it
6 simply does not work.

7 We also felt and have said several
8 times that we think NIOSH has had the bias in
9 favor of what the professional health and safety
10 personnel and the health physics personnel on
11 these sites have said.

12 And then not given equal weight to
13 what the construction workers have said even
14 though you've interviewed hundreds and hundreds
15 of construction workers on these sites.

16 And you've heard over and over again
17 stories that portrayed what Dr. Glover expressed
18 as the complexities of doing construction work
19 and being in construction here.

20 You could very easily be a contractor
21 on one day and the employee of another contractor
22 the next day because many construction workers
23 work also as independent contractors frequently.

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1 So among those many contractors that Gail Splett
2 has done outstanding job of identifying.

3 It's very complex to say exactly
4 what's what and that's what was referred to by
5 Dr. Glover when he said that it's going to be
6 very helpful to get additional information or to
7 characterize who actually was the employer.

8 We maintain a large contract for the
9 Department of Labor to try to identify or verify
10 if a contractor has been on a DOE site, if the
11 worker has been employed by that contractor and
12 the dates that they have been employed on it
13 because DOL is unable to get that documentation
14 readily from its own websites.

15 And since we have now screened and
16 interviewed close to or over 25,000 workers,
17 including 4,000 construction workers here at
18 Hanford, we have a pretty good record of what has
19 been going on from what the workers have told us
20 in detailed interviews.

21 So I'd first like to thank both Dr.
22 Neton and Dr. Glover for their presentations and
23 for starting to accept maybe a little bit more

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1 about what we've been saying for a long time.

2 But having said that I think I should
3 try to push you a little further and a little
4 faster. At Hanford, Dr. Glover has agreed that
5 the cutoff date of December 31, 1990 is, in fact,
6 an artifact that could change and very well
7 likely will change and I believe it will have to
8 change.

9 We know from our own epidemiological
10 studies which are either published or in
11 publication right now that the risks for
12 construction workers continued throughout the
13 1980s and into the 1990s. And at some point
14 towards the later parts of the 1990s conditions
15 started to get better on these sites.

16 So I have no doubt that -- and that
17 includes a lot of the monitoring. I have no
18 doubt that that will need to be continued. And
19 there are many things here that corroborate that.

20 The fact is that up until the present
21 time there are still problems with monitoring
22 here as has been documented just recently in the
23 tank farms.

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1 So I hope as you go forward, here at
2 Hanford, that you don't take as long to develop
3 the additional Classes that are going to be added
4 here as you have done to get to the point that
5 you have done so far. And I will explain that
6 and why this issue of timeliness is so important.

7 With regard to Dr. Neton's plain
8 English document, it's not as plain to me as it
9 is to you maybe because the issue is still how is
10 it going to be implemented. And that's not clear
11 from the document. And that's going to vary,
12 obviously, from DOE site to DOE site and it'd be
13 good to know a little bit more about that.

14 But starting, I would think with
15 Savannah River there's a huge amount of work to
16 be undertaken to undo and redo the kind of models
17 that have been developed so far and that I believe
18 Dr. Neton's document explains are no longer valid
19 and should not be valid.

20 The law says that NIOSH may
21 extrapolate from other data to estimate the risk
22 to workers. It doesn't say NIOSH has to do that.
23 And the question is how much time are you going

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1 to spend trying to do it before you say you can't
2 do it?

3 And this has been going on for a very
4 long time. The Savannah River SEC is now in its
5 eighth year I believe or something like that, and
6 it's not completed. The Hanford one is about
7 equally long and many others.

8 These are old workers. They're frail
9 and sick workers. And if you wanted to get a
10 timely decision that will be resolve their claims
11 in their lives times, then this process has to be
12 sped up. And I hope, really hope that with
13 regard to Savannah River you will take that to
14 heart and make a real effort at it. Thank you.

15 CHAIRMAN MELIUS: Thank you. And I
16 think if you may have overheard earlier, we
17 certainly understand that concern and are moving
18 forward on it and that includes for the Hanford
19 site. We're in discussions in the Work Group and
20 we will continue to look into that follow-up
21 period that's not currently covered.

22 Next person we have signed up, Faye,
23 and I also mispronounce your name. I apologize.

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1 Faye Vlieger?

2 MS. VLIEGER: I always tell you I can
3 tell you're not family when you pronounce it that
4 way.

5 Good afternoon, my name is Faye
6 Vlieger and I'm the chair of DIAB that was
7 mentioned earlier by NIOSH. I'm also a member
8 of Cold War Patriots Advisory Committee.

9 And on behalf of both Cold War
10 Patriots and DIAB, I would like to thank the
11 Board, DOE, DOL and SC&A for all the hard work
12 that we've done so far in the many years that
13 we've been at it.

14 None of us expected this to be a
15 lifetime commitment, however, for some of us it
16 already has been or an end of life commitment.
17 So I would encourage the Board also to work at
18 finding ways to make it faster because we have an
19 aging population of workers.

20 And as you can tell from the numbers
21 that NIOSH has told you and DOL, you know, we
22 have a lot of survivor claims now. And they
23 should have been paid during the workers'

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1 lifetime.

2 It's unfortunate that this program is
3 taking this long, but part of it is the way the
4 records are not maintained at the sites. And we
5 should not have to go on an Easter egg hunt at
6 every document site across the United States to
7 look for them.

8 The worker advocates are encouraged by
9 the extension of the Hanford SEC and await the
10 Hanford Work Group and the Board's further
11 investigations and report on the excluded
12 workers.

13 In addition, the worker advocates that
14 met with DOL, DOE, NIOSH and others last week in
15 Denver, also look forward to responses to our
16 answers to the question posed of the agencies
17 including coworker data and how it is to be used.

18 Once again, I want to tell you thank
19 you. I know you think all we do is complain
20 about you, but we really do appreciate all the
21 hard work and effort that you put into this,
22 recognizing that, except for one, you're not
23 full-time government employees. And I think

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1 people forget that on a regular basis. Thank
2 you.

3 CHAIRMAN MELIUS: Thank you. But
4 you're welcome to continue to complain also.

5 MS. VLIEGER: That won't stop me.

6 CHAIRMAN MELIUS: I know. I know
7 that's why I said it. Okay. Thank you. Anybody
8 else here in the audience related to the Hanford
9 site that wishes to make public comments that
10 might not have signed up? Well, okay, you're
11 welcome to. All we need you --

12 MR. BOYD: Well, I'm an ex-
13 contractor.

14 CHAIRMAN MELIUS: Okay. If you talk
15 into the mic and identify yourself.

16 MR. BOYD: Okay. My name is Larry
17 Boyd. I ran Universal Builders and Diversified
18 Builders out in the area working for J.A. Jones.
19 And going along with the mindset of construction
20 workers, I just wanted to make one point.

21 You know, I had a badge all the time
22 and that badge sat on the dashboard of my car to
23 allow me to get in and out 200/300 Z Plant, you

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1 know, I went all over the areas.

2 And that's where my badge sat all the
3 time was on the dashboard of my car because when
4 you're doing construction work, I mean, we're
5 moving and up and down and I'd knock the badge
6 off all the time and it was just a pain to wear
7 it. And to try to put it on your pants and you're
8 catching things on it and it just never worked.

9 And, so I requested some documents
10 from NIOSH. Many relating to the jobs that I was
11 awarded with J.A. Jones and I was trying to, you
12 know, I can't remember that far back about all
13 the different jobs I had and whether -- I mean,
14 I remember their Z Plant that I was inside of.

15 Nobody had ever seen a private car in
16 Z Plant. When I was driving my 280Z around Z
17 Plant probably had a guard escort behind me, but.
18 And I put up a metal building in there. And,
19 again, guards were sitting 30 feet away and my
20 badge was sitting 30 feet away in my vehicle.

21 And anyway I tried to request some
22 documents just to refresh my mind on all the jobs
23 that I had and the length of the contracts and

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1 stuff like that. And I got 88 pages of graphs
2 and charts and graphs and charts explaining the
3 graphs and charts, but none of it had anything to
4 do with just the simple question that I asked
5 about the jobs that I completed and the duration
6 of time that I spent out there on each of these
7 jobs.

8 So, you know, the process of
9 construction workers is different. It
10 definitely is different. And I've had cancer and
11 I've had tumors that are unexplained. And the
12 only cancer I had in my family was my father who
13 was awarded \$300,000 for dying from three
14 different kinds of cancer and that was 20-some
15 years ago.

16 And that's the only cancer I've ever
17 had on either side of my family. And, you know,
18 I've got cancer again. My whole endocrine system
19 is compromised now, from my pituitary glands and
20 my prostate and my liver, my kidneys.
21 Everything is starting to bother me now, but none
22 of these are approved cancers I hear. And I've
23 been denied any kind of compensation.

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1 But in, again, in figuring your
2 radiation dose, there's just no way to do it, I
3 don't think, because my badge just wasn't on me,
4 it was in my car. And that's about all I wanted
5 to say.

6 CHAIRMAN MELIUS: Okay. Thank you.
7 Hopefully, this SEC, once it's in place, will
8 make some of that easier, not all of it, but
9 address many of those. Anybody else that wishes
10 to make public comments on the Hanford site? We
11 have some other people from other sites, but want
12 to give Hanford the --

13 MR. FROWISS: Yes, on the phone, yes.

14 CHAIRMAN MELIUS: Is this regarding
15 the Hanford site?

16 MR. FROWISS: Yes, on the phone.
17 Yes.

18 CHAIRMAN MELIUS: Oh, okay. Good.
19 If you could identify yourself and then go ahead
20 and speak.

21 MR. FROWISS: Yes, this is Albert B.
22 Frowiss. I'm an advocate nationally and I do
23 Hanford claims. And I just wanted to say, well,

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1 thank you for what you're doing, but I think it's
2 going to be a nightmare for the Department of
3 Labor.

4 They can speak for themselves, but I
5 know every examiner there in Seattle and
6 managers, I don't believe that they're going to
7 be able to handle this very well. So that's
8 basically just what I want to say. Thank you.

9 CHAIRMAN MELIUS: Okay. Thank you.
10 Anybody else that wishes to make comments
11 relative to the Hanford site? Okay. Well,
12 should we just break or just keep going, do you
13 think? I've got Wayne Knox that's here.

14 Okay. The other person I have signed
15 up that's to which make public comments who's
16 here is Wayne Knox. Wayne?

17 MR. KNOX: Well, I'm back again.

18 CHAIRMAN MELIUS: Yes.

19 MR. KNOX: I haven't given up. As
20 you may know, I am the sponsor and writer of the
21 Kansas City SEC. It's been processing for now,
22 going on two years. My expectation to my wife
23 was that we should have it roughly done within

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1 180 days as specified by law. But it's
2 continuing.

3 I am concerned about the continuation
4 of the processing of a document that should have
5 been completed in 2005 because that's when the
6 Site Profile was developed. If you do not have
7 all of the data up to now, how could you deny
8 people from 2005 up to now? But we have denied.

9 I have some particular problem that I
10 want to address to the Board and solicit your
11 support. Again, I wrote the Kansas City SEC.
12 And I felt that I very well justified the fact
13 that NIOSH nor even I, who created the data, could
14 accurately reconstruct these doses.

15 NIOSH now has said things to the
16 Board, Josie perhaps, and other Members that I'm
17 not really qualified to speak to the issues of
18 health physics.

19 And, in fact, I have an affidavit
20 signed by one person that says that that's what
21 NIOSH has done. They have attempted to discredit
22 me and say that I am not qualified to make
23 statements.

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1 I have a Master's degree in nuclear
2 engineering and health physics from Georgia Tech.
3 I studied under the father of health physics for
4 one quarter, directly under him debating the
5 issues with Dr. K. Z. Morgan.

6 I worked in his greenhouse helping
7 him. We argued many issues. I was a Major in
8 nuclear medicine science in the Medical Corps.
9 I was a Captain in the Air Force in radiation
10 physics.

11 But NIOSH seems to feel as though I'm
12 not qualified to make statements during these
13 Working Group meetings. And that's supported by
14 the Board, that I cannot, when NIOSH makes a
15 statement that is knowingly false, I cannot say
16 stop, that's not true.

17 NIOSH and my problems, if you will,
18 started back in 1997 when NIOSH said that they
19 could accurately reconstruct these radiation
20 doses.

21 I maintained they could not accurately
22 reconstruct these doses and I called the meeting
23 of the CDC and others to discuss the fact that

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1 NIOSH was making false claims about their
2 capability.

3 Accuracy requires that you know the
4 answer is how close you get to the right answer.
5 If you're shooting a gun, the accuracy is how
6 close you get to the bullseye.

7 So in 1997 I provided data and
8 information and show where that statement of
9 accuracy was illogical, unscientific and could
10 not be satisfied.

11 But I took my eye off the ball and the
12 next thing I know when the Act was passed, they
13 had sufficiently accurate, which is not
14 scientific, it's not logical, it's not even
15 testable.

16 NIOSH and I have had other issues. At
17 this point NIOSH health physicists refuse to talk
18 to me. They refuse to talk to me because I have
19 challenged them on several issues and I have
20 proven that they are wrong.

21 They now have a person that's not a
22 health physicist talk to me. And I have to
23 relate my concerns to the NIOSH spokesman. And

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1 that spokesman, again, a non-health physicist has
2 to go to a NIOSH health physicist in order to
3 tell him what my problems are and then come back
4 to me and explain to me what the NIOSH person
5 said.

6 This person's name is Brad. He
7 refuses to give me his name. He refuses to tell
8 me what health physicist that he talked to that
9 told him what the response was.

10 Additionally, I asked. I said I must
11 talk to a health physicist. So NIOSH said, okay,
12 well, we'll let you talk to a health physicist.
13 So they call me on the phone and said we have two
14 health physicists that will listen to you, but we
15 cannot give you their name, we can give you their
16 code names.

17 One name was Pat M. I said why can't
18 we talk health -- they cannot answer your
19 question, they can only listen to you. You only
20 asked to being heard by a health physicist.

21 I feel that those problems that I had
22 with NIOSH has been transferred to our
23 discussions of the Special Exposure Cohort. Now,

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1 Josie Beach will not allow me during discussions
2 to counter anything that NIOSH says and is
3 patently wrong.

4 It needs to be challenged on the spot
5 rather than be reserved for later comment.
6 Again, I'm a health physicist. I'm qualified.
7 I was born under Dr. K. Z. Morgan. I worked here
8 at Hanford under what I think was the father of
9 health physics, Wally Howell.

10 And there's a huge difference between
11 a health physicist and an operational health
12 physicist.

13 At Hanford, I came here in 1974. I
14 was not at a health physicist with a Master's
15 degree in nuclear engineering and health
16 physicist could not touch a radiation safety
17 radiation detector.

18 I could not write down a number. It
19 had to be done by radiation technicians. And
20 those technicians were not trained. We had no
21 training courses in them. I established the
22 first set of training courses here in radiation
23 safety and for my health physics technicians.

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1 CHAIRMAN MELIUS: One more minute.

2 MR. KNOX: Okay. Okay. The bottom
3 line is that we're dealing with a situation
4 whereby we never made all of these measurements
5 that you thought we made because when I came on
6 board [identifying information redacted] said our
7 job is to minimize radiation exposure, not make
8 all of these measurements.

9 The most important thing you can do as
10 an operational health physicist is to minimize
11 worker exposures and that's what we did. All of
12 those measurements we made have huge error bars
13 associated with it because it wasn't important to
14 us. And I'll shut up. Thank you.

15 CHAIRMAN MELIUS: Thank you, Mr.
16 Knox. I believe we have Dr. Dan McKeel on the
17 line. Are you on the line, Dan?

18 DR. MCKEEL: Yes, I am, Dr. Melius.
19 Can you hear me?

20 CHAIRMAN MELIUS: Yes, we can, so go
21 ahead with your public comment.

22 DR. MCKEEL: Thank you. Good
23 afternoon to the Board Members. I'm Dan McKeel.

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1 I'm the General Steel Industries SEC-105 co-
2 petitioner.

3 A media reporter wrote to me yesterday
4 as follows, and I'm quoting, "I see that you
5 recently have been somewhat successful in your
6 efforts to challenge the dose reconstruction
7 methods. I continue to collect information on
8 the issues and wonder if you might offer your
9 opinions on the system and the outcome.

10 Is it a fair resolution? Is the
11 government extending benefits to all workers who
12 likely developed cancer as a result of job-
13 related exposure to radioactive material?
14 Thanks."

15 This is my reply. "Thank you for your
16 continued interest in GSI-related developments
17 under EEOICPA-2000. The issuance of Appendix BB
18 Rev 1 6/6/14 and PER-057 3/11/15 are big news
19 because a hundred previously denied claims may
20 and now should be compensated.

21 This result, a hundred claims of PoC
22 over 50 percent in a Program Evaluation Report
23 issued for revised site Technical Basis Document

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1 is truly unprecedented among 58 PERs issued since
2 2003.

3 Basically, NIOSH has seriously
4 underestimated GSI radiation doses since the
5 beginning, starting in 2004. PER-024 for the
6 first four GSI dose reconstructions done in 2004
7 was not issued until September 2007.

8 What is additionally extremely unfair
9 are the following facts. One, it took NIOSH's
10 DCAS component, ABRWH, the TBD-6000 Work Group
11 especially, and SC&A, the Board contractor, over
12 seven years to revise Appendix BB Rev 0 issued in
13 June 2007.

14 Moreover, five of SC&As ten new
15 findings, technical disputes, but NIOSHs Appendix
16 BB Rev 1 were not resolved at the TBD-6000 Work
17 Group meeting held on 2/5/15.

18 The five findings will have to be
19 resolved in the future and Appendix BB Rev 2 and
20 perhaps a new PER issued. Result, more unfair
21 delays.

22 Second point is NIOSH should have
23 revised Appendix BB Rev 0 in October 2007. When

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1 a consensus was reached, the average work week at
2 GSI was 65 hours rather than 48 hours.

3 Point three, NIOSH should have revised
4 Appendix BB Rev 0 a second time when Dan McKeel,
5 the GSI SEC-00105 co-petitioner, provided NIOSH,
6 the Board and SC&A with 1,016 pages of unredacted
7 GSI AEC license information as part of his FOIA
8 request NRC 2010-0012.

9 Those documents provided new
10 information about GSI having two radium-226
11 sources that were used for non-destructive metal
12 testing that led to higher worker external
13 radiation exposures for the first ten years of
14 the GSI AEC contract period from 1952 through
15 1962.

16 These finding along should have led to
17 the issuance of Rev 1 of Appendix BB in PER-057
18 in 2011 rather than in 2015. Compensation was
19 thus denied unfairly to at least 100 GSI
20 claimants for four extra years.

21 Point four, the ABRWH Board voted nine
22 to eight on 12/11/12 to recommend the HHS
23 secretary deny GSI's SEC-105. Secretary

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1 Sebelius did deny the SEC in March 2013.

2 The GSI petitioner and I then filed an
3 SEC Administrative Review as allowed under
4 EEOICPA-2000 with HHS on April the 17th, 2013.
5 In complete secrecy, a three-member HHS
6 independent review panel has been deliberating
7 about our administrative review since April 2013.

8 They will make a recommendation to the
9 HHS secretary, currently Sylvia Burwell, who will
10 make a final decision whether to deny SEC-105 or
11 to reverse the previous denial and approve GSI
12 SEC-105.

13 The Act imposed no time limit on
14 anyone for rendering this decision. In my
15 opinion, that sad fact and the secrecy
16 surrounding SEC appeals are extremely unfair to
17 claimants.

18 The HHS review panel should be able to
19 reach a decision in two years. The SEC
20 petitioners believe GSI should have received an
21 83.14 SEC in 2005. NIOSH, the DCAS component,
22 refuses to tell the SEC petitioners the number of
23 GSI claimants in the SEC-105 plan.

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1 The FOIA Dan McKeel filed on 4/10/14
2 for the complete GSI administrative record is
3 being held up being acted upon until after June
4 2015 by the CDC FOIA office. Legally, they have
5 30 days to provide these FOIA records.

6 It is distressing the DOL indicates to
7 PER-057 claimants that NIOSH has not submitted
8 the related case list to them two weeks after the
9 PER was issued, 3/11/15.

10 Dr. Neton, today, disputes this fact
11 and states NIOSH sent this list to DOL on 3/11/15.
12 But I can tell you from personal phone calls with
13 the people who have called NIOSH and DOL that at
14 least three claims examiners do not know that
15 fact.

16 The final part relates to your
17 question is the government being fair to all
18 nuclear weapons workers.

19 My eighth and final point is if DOL
20 refuses to send each of the 196 persons included
21 in GSI PER-057 an informational letter alerting
22 them to Appendix BB Rev 1 and PER-057 being
23 issued. Such a letter is needed because many

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1 claimants have no internet access or other way of
2 learning how these two documents will affect
3 their claims and financial interests.

4 This is not fair either. I believe
5 Department of Labor's refusal is unwarranted and
6 completely unreasonable and have told them so.
7 The answer is a huge no. The U.S. government is
8 not being fair on several fronts at GSI.

9 The delay in revising Appendix BB, the
10 delay in providing FOIA materials, the refusal to
11 provide basic SEC Class size and much other data
12 and the refusal to inform denied claimants their
13 claims for being reevaluated by NIOSH and DOL.

14 Overall DOL has been successful in
15 enlisting only 25.4 percent of the 700,000 former
16 and present members of the U.S.A. nuclear weapons
17 worker pool to file EEOICPA Part B and E claims.
18 DOE cases represent 47 percent and AWE cases 53
19 percent of the total mix of cases filed.

20 DOL outreach efforts fall woefully
21 short in recruiting new EEOICPA Part B and E
22 claims to be filed.

23 Current DOL, NIOSH and DOE outreach

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1 efforts are primarily directed at large DOE
2 sites, such as Hanford, Savannah River, Oak
3 Ridge, Los Alamos and Rocky Flats that already
4 have thousands of compensated claims. Illinois
5 AWE sites like GSI and Dow Madison are neglected
6 even though they have among the highest numbers
7 of AWE claims and cases."

8 My conclusion, the reporter asked
9 excellent questions. I thank the Board for their
10 time and I will forward a written copy of these
11 comments to the DFO including additional
12 information to correct today's Rocky Flats Work
13 Group report. Thank you very much.

14 CHAIRMAN MELIUS: Okay. Thank you,
15 Dr. McKeel. Is there anybody else on the line
16 who wishes to make public comments? Okay. It's
17 4:15, so why don't we break for 15 minutes and
18 then --

19 MR. KATZ: Yes, for sure --

20 CHAIRMAN MELIUS: Yes.

21 MR. KATZ: -- because we have time.

22 CHAIRMAN MELIUS: Okay. We're going
23 to take a break now at, it's roughly 4:15. You

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1 know, since we scheduled the public comment
2 period for 4:30, we'll come back into session at
3 4:30 and see if there's other people might be
4 calling who wouldn't know that we're running
5 ahead of schedule.

6 Anybody here is welcome to stay, but
7 you don't need to. Okay. All right. I suspect
8 that most of the comments will be about sites
9 other than Hanford, but I can't predict entirely.
10 So anyway, thank you all for coming.

11 (Whereupon, the above-entitled matter
12 went off the record at 4:16 p.m. and resumed at
13 4:32 p.m.)

14 CHAIRMAN MELIUS: Okay. If everyone
15 could get seated so we can finish up the public
16 comment period? Could you, Dr. Ringen? I was
17 trying to protect Dr. Neton.

18 MEMBER BEACH: Everybody tries to
19 help Jim.

20 CHAIRMAN MELIUS: Right. Okay.
21 We're reopening the public comment period for
22 anybody that came on the line after 4:15. We had
23 finished up our Hanford SEC and we took public

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1 comments.

2 There are a number of people here and
3 then one person on the phone that had signed up.
4 But since the public comment period was scheduled
5 for 4:30, I thought other people might have
6 signed on at 4:30 on the phone.

7 So if there's anybody on the phone
8 that would like to make public comments --

9 MR. FROWISS: Yes.

10 CHAIRMAN MELIUS: -- now.

11 MR. FROWISS: Yes, sir.

12 CHAIRMAN MELIUS: Okay. Good ahead.

13 If you can identify yourself and then --

14 MR. FROWISS: Yes, I had called
15 earlier and talked about Hanford. This is about
16 another topic. This is Albert B. Frowiss, Sr.
17 in Rancho Santa Fe, California. My phone is
18 [identifying information redacted].

19 I'm the petitioner on the new
20 qualified Lawrence Livermore SEC. And when you
21 were reading through or going through the Working
22 Group reports earlier today, I heard Berkeley,
23 but I didn't hear any report on Lawrence

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1 Livermore. Is that going to be in LaVon's report
2 tomorrow or is there some update today?

3 CHAIRMAN MELIUS: LaVon will be
4 updating that tomorrow. We don't yet have a Work
5 Group on the Lawrence Livermore site. If we form
6 one, which could be quite likely, it'll be, you
7 know, after the NIOSH Evaluation Report comes
8 out. We would need to do --

9 MR. FROWISS: I see.

10 CHAIRMAN MELIUS: -- one anyway, so.
11 But LaVon will give an update tomorrow afternoon.

12 MR. FROWISS: All right. Well, thank
13 you.

14 CHAIRMAN MELIUS: Thank you. Is
15 there anybody else on the line that wishes to
16 make public comments?

17 MR. WARREN: Yes, this is Bob Warren
18 in Black Mountain, North Carolina. This morning
19 one member of the Board asked Mr. Crawford about
20 reporting figures about cancer. Mr. Crawford
21 wasn't aware that DOL had done this in 2006.

22 It would not be that difficult to have
23 the cancers reported by ICD-9 codes they did in

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1 their report for each site and then get the total
2 for the nation. And I'm wondering whether the
3 Board would let DOE, DOL report by cancer by site
4 and then sort it so then you have national
5 figures?

6 CHAIRMAN MELIUS: Yes. Okay. I
7 think I understand. Yes, for the non-SEC sites
8 where people that were awarded through dose
9 reconstruction that information is available
10 overall on the NIOSH website.

11 MR. WARREN: Right.

12 CHAIRMAN MELIUS: And they will look
13 into a further breakdown by site. They have to
14 be a little bit careful because of some privacy
15 concerns in terms of numbers, particularly at the
16 smaller sites. But I believe if I recall
17 correctly, Stu Hinnefeld reported this morning
18 they would look into further information. Stu,
19 do you want to --

20 MR. WARREN: Well, NIOSH said they
21 didn't want to do anything and DOL has done this
22 thing before in 2006. And they can do it for SEC
23 sites so that we can figure out which cancers are

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1 being caused by the plants.

2 CHAIRMAN MELIUS: Well, I actually
3 think that the dose reconstructions ones, the
4 ones that NIOSH does dose reconstruction were
5 actually more informative by plant because the
6 other ones is, for the other sites, it's just a
7 list of the SEC cancers. But having both and
8 being able to compare would probably be more
9 useful. I don't know.

10 MR. WARREN: Okay.

11 CHAIRMAN MELIUS: Stu, do you have any
12 --

13 MR. HINNEFELD: Well, we have not
14 typically generated site specific cancer
15 outcomes, dose reconstructions for just the
16 reason that you described.

17 If it's a small site, you kind of run
18 afoul of the privacy guidance because you have so
19 many bins. You sort these small number of places
20 into so many bins and you have a small enough
21 group, your chances are you're going to reveal
22 private information inadvertently. So we've not
23 done that on a site specific basis.

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1 I think Mr. Warren suggested that
2 years ago DOL prepared some sort of report that
3 would have been before Chris worked for them and
4 so he would not have been aware of it. I'm not
5 aware of -- I don't remember that.

6 So, but we could talk to the people at
7 Labor and see if they'd be willing to do something
8 like that.

9 CHAIRMAN MELIUS: Yes. I would also
10 think that something within NIOSH, now that a lot
11 of time has gone by and certainly for the bigger
12 sites, that would be --

13 MR. HINNEFELD: I think there might
14 be a size, yes, we might. You know, at the --

15 CHAIRMAN MELIUS: Yes.

16 MR. HINNEFELD: -- bigger sites it
17 might be possible --

18 CHAIRMAN MELIUS: Yes.

19 MR. HINNEFELD: -- but there are a lot
20 of, you know, there were what, 20-some-odd models
21 and depending on how many bins you break it into
22 --

23 CHAIRMAN MELIUS: Yes.

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1 MR. HINNEFELD: -- you can get pretty
2 small groups.

3 DR. NETON: It's also, I think it
4 could be misleading now with all these SEC sites
5 being added, to report the percentage of
6 compensation by dose reconstructions because
7 we're starting to get a lot of non-presumptive
8 cancers --

9 CHAIRMAN MELIUS: Yes.

10 DR. NETON: -- that typically don't
11 really have a lot of dose, internal dose in
12 particular, which is usually what gets people
13 compensated at many of these sites.

14 So you're reconstructing prostate
15 cancer, skin cancers that don't get a lot of dose.
16 So I'm expecting -- and I think our numbers have
17 gone down as the SEC sites are growing.

18 So I'm not sure how instructive it
19 really is for us to report those numbers. And
20 Department of Labor, of course, makes the final
21 decision anyway, so they're the ones that really
22 have the ultimate data set.

23 We don't see the SEC cancers. They

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1 get all of our dose reconstructions and they know
2 which ones have been finally adjudicated. So
3 just my thoughts.

4 CHAIRMAN MELIUS: I think you're
5 worrying a little bit too much, but let's look
6 into it. I think we can say we'll look into it.
7 Anybody else on the line who wishes to make public
8 comments?

9 Okay. I think we're finished for the
10 day then. We've done that. We thank everybody
11 on the Board and we will reconvene tomorrow
12 morning at, yes, 8:00 to 8:30, but --

13 MEMBER BEACH: Jim, I heard we were
14 going to be upstairs. Is that true or are we
15 still down here?

16 CHAIRMAN MELIUS: Ted doesn't want to
17 take a chance on the messing up the phone system.

18 Yes. Anyway, so we'll reconvene
19 tomorrow 8:00 to 8:30 time. Officially start at
20 8:30 since that's a -- so 8:25 or whatever.

21 (Whereupon, the above-entitled matter
22 went off the record at 4:40 p.m.)

23