

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

+ + + + +

96th MEETING

+ + + + +

TUESDAY
JANUARY 28, 2014

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The meeting convened at 9:15 a.m., Central Standard Time, in the Crowne Plaza Kansas City Downtown, 1301 Wyandotte Street, Kansas City, Missouri, James M. Melius, Chairman, presiding.

PRESENT:

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

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*Participating via telephone
T-A-B-L-E O-F C-O-N-T-E-N-T-S

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

(9:18 a.m.)

CHAIRMAN MELIUS: Okay, we'll convene the 96th Meeting of the Advisory Board on Radiation Worker Health. And let me turn it over to Ted for introductions.

MR. KATZ: So, thank you, Jim. Welcome, everyone in the room and on the line. Let me just tell you a few things about this meeting first.

Materials, all of the presentations that you'll hear today, are on the NIOSH website, under the Board section, under Meetings for today's date. So you can pull up any of those presentations and follow along that way.

There are also -- all the presentations are being shown on Live Meeting, and that is -- the address to find

1 that is on the agenda for this meeting which
2 is also on that website. So you can pull up
3 the Live Meeting session and follow along
4 and you'll see the slides, then, turned as
5 they're turned here in the room. Live
6 Meeting does not have a video component of
7 the room, so you're not looking at the Board
8 Members or anything, just the presentations.

9 There's a public comment session,
10 I'll mention this again, it begins at 5:30
11 this afternoon. So, if you are interested
12 in giving public comment, please be present
13 at the front end of that session. It'll run
14 5:30 to 6:30, but should we get through
15 sooner it'll end sooner. So, please be in
16 attendance at the beginning of the public
17 comment session.

18 And for people that are listening
19 on the line, please keep your phones muted
20 except when you're contributing, if you're,
21 for example, a Board Member. But,
22 otherwise, everyone please keep your phones

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1 muted because otherwise the audio from your
2 phone will detract from everybody's audio
3 pleasure in this meeting. To mute your
4 phone you just -- if you don't have a mute
5 button press *6, and then press *6 again to
6 take it off of mute. But please do mute
7 your phone at all times.

8 And at no time put the phone on
9 hold because that has bad effects for
10 everyone else. So, if you need to leave the
11 meeting at some point and you're attending
12 by phone, just hang up and dial back in.

13 So, that covers those issues.
14 I'm going to do roll call. And I'm going to
15 address, instead of members having to
16 address for themselves, I'm going to address
17 conflicts where they potentially -- where
18 the site could be mentioned today. There
19 are really no conflicts with the sessions ,
20 you know, where there's Board action today,
21 but I'm going to address the key conflicts

1 for sites that may be mentioned today as we
2 go through roll call.

3 And I'm going to do this
4 alphabetically beginning with Anderson.

5 MEMBER ANDERSON: Here.

6 MR. KATZ: And for Dr. Anderson
7 no conflicts. Beach?

8 MEMBER BEACH: Here.

9 MR. KATZ: And for Beach it's
10 Hanford and Rocky Flats SEC. Clawson?

11 MEMBER CLAWSON: Here.

12 MR. KATZ: And for Clawson it's
13 INL. Bill Field?

14 MEMBER FIELD: Here.

15 MR. KATZ: He's on the line. And
16 for Field it's Lawrence Berkeley National
17 Lab.

18 Mark Griffon is -- I'll get back
19 around to him, he's out of the room at the
20 moment. Dr. Kotelchuck?

21 MEMBER KOTELCHUCK: Here.

22 MR. KATZ: And no conflicts.

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1 Dr. Lemen? Okay, I'm not -- I
2 wasn't sure whether Dick could stay with us
3 for the rest of this meeting. He may not be
4 in attendance. Dr. Lockey?

5 MEMBER LOCKEY: Here.

6 MR. KATZ: And for Dr. Lockey the
7 key ones that might be mentioned today, I
8 guess, are Fernald, Portsmouth, Mound, K-25,
9 and X-10.

10 Dr. Melius?

11 CHAIRMAN MELIUS: I'm here.

12 MR. KATZ: He's here. And there
13 are no sites that would be addressed today.

14 Munn, Wanda Munn?

15 MEMBER MUNN: Here.

16 MR. KATZ: And for Munn it's
17 Hanford. Dr. Poston?

18 MEMBER POSTON: Here.

19 MR. KATZ: And for Poston it's X-
20 10, Sandia National Lab, LANL, and Y-12.

21 Dr. Richardson?

1 MEMBER RICHARDSON: Here.

2 MR. KATZ: And no sites. Dr.

3 Roessler?

4 MEMBER ROESSLER: Here.

5 MR. KATZ: Also no sites. Mr.

6 Schofield?

7 MEMBER SCHOFIELD: Here.

8 MR. KATZ: And for Schofield it's

9 LANL and Sandia National Lab.

10 And Ms. Valerio?

11 MEMBER VALERIO: Here.

12 MR. KATZ: And for Valerio it's

13 all sites in New Mexico, as well as NTS and

14 Pantex.

15 And Dr. Ziemer?

16 MEMBER ZIEMER: Yes.

17 MR. KATZ: For Dr. Ziemer it's X-

18 10, and LANL after 2000.

19 So, that completes roll call,

20 except of Mark Griffon. I will address just

21 his conflicts, then. He is in attendance,

22 he just stepped out of the room, and his

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1 conflicts of relevance for today is just

2 Mound.

3 CHAIRMAN MELIUS: Very good.

4 MR. KATZ: It's your meeting, Dr.

5 Melius.

6 CHAIRMAN MELIUS: Okay. Thank

7 you, Ted. And I'd like to introduce one

8 other person who is here, DeKeely

9 Hartsfield, who is our new counsel and made

10 it to this meeting because the government's

11 open, which it wasn't at the last meeting,

12 but someone I've had the pleasure of working

13 with on lots of other issues.

14 MS. HARTSFIELD: Thanks.

15 CHAIRMAN MELIUS: So, anyway,

16 welcome to working with us.

17 MS. HARTSFIELD: Thank you.

18 CHAIRMAN MELIUS: And we'll start

19 with a NIOSH Program Update from Stu

20 Hinnefeld. Stu?

21 MR. HINNEFELD: Thank you, Dr.

1 Melius. Back here in my same old role
2 again, so, as usual, I -- well, usually my
3 slides work. Okay, operator error, they do
4 work.

5 I wanted to spend a little bit
6 about program news and speak about the
7 budget deal, the recent budget deal that the
8 government passed, and what it means.

9 In the budget deal that was
10 passed in January there was relief given to
11 some of the sequesters, the reductions,
12 funding reductions, that had been planned,
13 that had been part of the law up until the
14 most recent budget bill. But that relief
15 did not extend to what are called mandatory
16 programs, which is what ours is. Ours is a
17 mandatory program because Congress told the
18 government to specifically do this, run this
19 program. It's called a mandatory program
20 and the sequester was left in place for
21 those programs.

22 So, we are facing a sequester

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1 again in fiscal 2014. That means that our
2 new budget authority in 2014 will be
3 slightly less than we had in 2013. We had a
4 7.9 percent sequester in 2013. You know,
5 that means that was 7.9 percent lower than
6 our funding the year before.

7 And this year, when I was told
8 our sequester was 9.8 percent, I about
9 panicked because I thought it meant 9.8
10 percent lower than last year, but it
11 doesn't. It means 9.8 percent lower than
12 the unsequestered amount back in 2012.

13 So we have a slightly reduced
14 amount of money this year compared to last
15 year because of some things -- I won't get
16 into very much about complications with
17 administrating contracts. We actually
18 probably won't feel too much effect of this
19 year's sequester because we've been spending
20 on the program at such a low rate because
21 the way the 2013 sequester was implemented.

1 So we think that there shouldn't
2 be any less progress, or any slowing of
3 progress this year compared to last, and in
4 fact we might be able to even accelerate
5 progress a little bit.

6 But a lot of that depends upon
7 some administrative things within the Agency
8 and contract awards and things like that.
9 But we think we will at least be no worse
10 off than last year and should be a little
11 better off.

12 I'll try to answer any questions
13 about that, but it's -- there's not a lot
14 more that I know. I do know that we're
15 facing a sequester also in 2015, meaning
16 that we will have less money in 2015 than we
17 had in 2012.

18 I suspect it'll be less than we
19 have this year, but I don't know what the
20 amount is now. I asked and was kind of told
21 I can't know that yet. So, I wish I were
22 making that up.

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1 Then the other activities that
2 have been going on, we kind of are
3 continuing some of our outreach activities.
4 I put those up here because those are, while
5 they're routine -- or we do them on a normal
6 fashion, none of them are particularly
7 routine.

8 In January of this year, our
9 Ombudsman, Denise Brock, and the DOL
10 Ombudsman's Office, sponsored an outreach
11 meeting here in Kansas City. And I believe
12 -- my reports from that, that was very well
13 attended. There was a lot of the
14 information shared. I think they probably
15 provided a lot of good information to the
16 community here concerning our program and
17 its effects.

18 In February of this year there
19 will be an outreach meeting in Denver. This
20 is mainly sponsored by the Department of
21 Labor and this is their SEC town hall

1 meeting. Whenever a new SEC Class is added
2 they usually, very frequently, they'll go to
3 the area of the site where the SEC is, has
4 been added, and have a public meeting to
5 kind of explain how the SEC works to the
6 affected population.

7 We attend those routinely in
8 order to answer questions that come up that
9 may, you know, pertain to our part of the
10 program. And so we'll be in Denver later on
11 in February.

12 In addition, the three agencies
13 involved in the program, the Department of
14 Energy, the Department of Labor and us, have
15 agreed to meet with a collection of
16 advocates.

17 This meeting was arranged by the Department
18 of Labor, really, with -- I think largely
19 with some ANWAG representatives. And so
20 we're going to meet in Denver on February
21 20th to talk about items of interest to the
22 advocate community, and we'll all three be

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1 doing that.

2 We've done that a few times over
3 the years, maybe about once a year, maybe
4 less often than that, but I know I've been
5 to meetings in Washington with the
6 advocates. And Denise hosted a workshop for
7 advocates that sort of turned out to have
8 the same purpose, because she had all three
9 agencies in there.

10 Let's see, that was back in
11 November of 2012. So, it kind of had the
12 same purpose of this information exchange
13 with the advocates, and it usually turns out
14 we get some pretty good feedback from that.
15 The advocates are appreciative and feel like
16 they've learned something about the topics
17 we cover.

18 The final item on my list I've
19 mentioned because there's a possibility
20 it'll effect the functionality of the
21 applications that everybody uses on a

1 program. This is kind of a downstream sort
2 of thing.

3 As you know, our program holds a
4 great deal of personally identifiable
5 information, things that have to be held
6 private. The computer systems, the CDC
7 computer systems, treats that information
8 securely as it's transferred within the
9 system so it's encrypted during transfer.

10 However, it's not encrypted at
11 rest, meaning on the servers where it
12 resides. And that is the requirement that
13 we're facing that our servers be encrypted.
14 This is not a simple, technological fix.

15 We've been dealing with our
16 computer gurus for quite a while to arrive
17 at a fix. We are trying to be insistent
18 that our applications should continue to
19 look like they look now, and we should be
20 able to do the things we do now in order to
21 run our program.

22 So they're struggling with making

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1 the technology, obtaining the technology,
2 that allows us to do that and still allows
3 the data to be encrypted at rest. So, it's
4 been a longstanding process. It will
5 probably cost us some money, cost the
6 program some money that will just kind of
7 disappear from our available funds. But I
8 don't think it's such a great amount that'll
9 have any particular impact on the program's
10 progress.

11 And it may, in fact, if there is
12 no solution, it may be that some of our
13 applications and how they look may have to
14 be altered in order to accomplish this.
15 We've been really been resisting that.
16 We've been telling our computer folks, look,
17 you're the ones that want us to do this,
18 give us the technology that supports the
19 program. So, that's just kind of an ongoing
20 discussion. We've been in these discussions
21 probably for a year now, and so on.

1 I'll mention one more piece of
2 news that isn't on my slide because I only
3 learned of it about 15 minutes ago. Most of
4 you know Christina Batt, who is our liaison,
5 works in our Congressional Liaison Office,
6 she let me know 15 minutes ago she's going
7 to be leaving that post in the near future.

8 So, for our next meeting,
9 presumably we'll have a new Congressional
10 Liaison. And I know, you know, she's moving
11 on to another opportunity. I'm always
12 pleased when people go take a job that they
13 feel like they would like better, but it's
14 also very sad for us when one of our people
15 moves on. And I've enjoyed working with
16 Christina and we'll miss her support in that
17 role.

18 So, if anybody wants to say
19 goodbye to her, you can say goodbye to her
20 at the meeting at breaks or something. Of
21 course, I don't think she's going completely
22 away, she's just changing jobs.

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1 I'll just go very quickly through
2 our statistic slides. They're the same
3 slides that I show every time, they're just
4 updated. The first slide, the numbers tend
5 to go up at a rate of about 200 a month.
6 That's about how many we get in from DOL,
7 new claims, and that's about how many we
8 send out.

9 The number of cases affected by
10 SEC is -- that's not the total number of
11 cases that have been affected by SECs we've
12 added, but that is the number that have the
13 status of pulled for SEC in our system. And
14 so that's the ones we can easily identify.
15 Any claim that came in after we've added an
16 SEC, we don't see. So we wouldn't know
17 about that. So, we don't really know a true
18 count of cases, claims that were affected by
19 SEC additions.

20 The number of cases with us has
21 kind of been pretty steady for awhile.

1 We're at the current funding level, we're
2 not making any dents in that, but we managed
3 to maintain the pace, the incoming pace, so
4 it's not going up.

5 And if any additional resources
6 become available, we try to work on site
7 research activities, rather than try to
8 reduce that any further. We feel like
9 that's at a manageable level now.

10 Okay, then just to break down
11 where the cases are, as always, there are a
12 number of cases that we consider with us
13 where we have completed a draft dose
14 reconstruction and the claimant has that
15 draft dose reconstruction in their hands and
16 we're waiting for the return of the OCAS-1
17 form. So, the actual number of cases we
18 have in front of us is somewhat less than
19 the 1356.

20 And here are the percentages of
21 successful and unsuccessful claims. I think
22 I did the arithmetic, it's not on the slide,

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1 but I think that's about 28 percent of the
2 claims done through dose reconstruction are
3 above 50 percent. That number has declined
4 a little bit over the last few years and I
5 attribute that to the addition of SEC
6 Classes during that time.

7 And the removal of those claims,
8 then, from dose reconstruction and some of
9 the cancers that we're usually most likely
10 to have success with, like lung cancer, on
11 dose reconstruction are compensated through
12 the SEC, and so we don't get a successful
13 dose reconstruction out of those cases.
14 They just go to the SEC.

15 Just our standard submittal
16 versus production, you can see for quite
17 some time these are -- yeah, these are
18 quarterly numbers, so you can see the line
19 of receipts and incoming and outgoing kind
20 of, you know, hangs around 600 per quarter
21 there for the last few years, actually.

1 And status of claims and our
2 early claims, any claim that's not done or
3 claims that have been reinstated recently,
4 both for the 5000 and the 10,000. Some of
5 these claims, the initial ones were cases
6 that were CLL cases that were submitted in
7 error originally and then essentially were
8 cancelled because CLL wasn't a covered
9 condition.

10 Once it was a covered condition
11 then these claims came back, but those are
12 all in the process of being completed now
13 and we have methods now for doing the CLL
14 dose reconstruction for all the claims. So,
15 we don't have any claims pending for that
16 anymore.

17 This is our count of the DOE
18 statistics. You can see, these are -- I
19 believe this is a pretty good improvement
20 from my last report, especially on the
21 greater than 60 days.

22 DOE's electronic transfer system

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1 that we're all using, we call SERT, which is
2 Secure Electronic Records Transfer, allows
3 us to submit requests and DOL to submit
4 responses electronically rather than sending
5 paper back and forth. And that's been a
6 real good process improvement and is -- I
7 think, all of the agencies engaged in that
8 are really appreciative of that.

9 So, that, I think, is part of
10 this, and then the DOE does continue to
11 focus on getting these responses to us. The
12 SEC summary table, which you'll see again in
13 LaVon's presentation later on, I won't go
14 through that very much, but that's the
15 totals on the SEC's activity.

16 We took a little effort to make
17 sure that this slide in my presentation
18 matched the slide in his presentation, so
19 unless something changed since Friday they
20 should be the same.

21 And I believe that might be the

1 last one I have. Any questions?

2 (Pause.)

3 CHAIRMAN MELIUS: Very quiet
4 group today, this morning. Must've been the
5 ethics review.

6 Okay. We'll keep moving, then.
7 Thank you.

8 MEMBER ANDERSON: Just one quick.
9 When do you expect -- the petitions that are
10 under HHS review, when would you expect
11 those to be completed?

12 MR. HINNEFELD: Well, there's no
13 clock on that. That is --

14 MEMBER ANDERSON: How long have
15 they been there, I guess, is the question?

16 MR. HINNEFELD: Well, General
17 Steel's record is really voluminous and that
18 just got there.

19 MEMBER ANDERSON: Okay.

20 MR. HINNEFELD: So, that just got
21 there. Hooker Electrochemical has been
22 there for a while, and I haven't heard any

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1 activity on that one very recently.

2 The Weldon Spring Plant, we
3 received maybe a month ago a series of
4 questions from the panel that we then
5 responded to at that time. So, you know,
6 that's what we know about that.

7 The panels, you know, these are
8 HHS panels that are empaneled for a specific
9 site. There's no group of people set aside,
10 you know, there's no review organization out
11 there. It's a group of people who are
12 selected and empaneled to do a specific
13 review and they tend to work at their own
14 pace.

15 And, honestly, we don't -- we're
16 not really privy to their operation so we
17 don't really hear much unless they have
18 questions.

19 MEMBER ANDERSON: It just seemed
20 like a longer list than usual.

21 MR. HINNEFELD: Well, the HHS

1 reviews are prompted by a petitioner
2 appealing the decision of the Advisory Board
3 that a Class is not warranted. And so there
4 have been some of those decisions in the
5 past year or so and so those decisions had
6 been appealed.

7 MEMBER ANDERSON: Okay, thanks.

8 CHAIRMAN MELIUS: Just so
9 everybody on the Board knows and so forth,
10 Stu and I have talked with the budget
11 changes and so forth underway, and once Stu
12 gets a better idea on what the impacts may
13 be and so forth we'll be talking some more.

14 If you remember, we did the same
15 thing during the last year with the
16 sequester. And we are trying to, you know,
17 make sure that the higher priority items
18 keep moving along and we have a schedule and
19 that we're coordinated between, you know,
20 the Board's activities and NIOSH's
21 activities so that resources are sort of
22 paired up correctly to, you know, lessen any

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1 impact of the cutbacks as much as possible.

2 So, we'll be keeping you informed
3 on that. I think we're a little ways away
4 from fully understanding what needs to be
5 done, mainly due to some of the contract
6 issues.

7 MR. HINNEFELD: We have really --
8 it almost never happens that we have a
9 reason to have a priority to do something
10 other than what the Board's priority is.
11 You know, we will work these in accordance
12 with the Board's priority. There might be
13 one small exception to that going on right
14 now, is that we are trying to get some
15 information from U.S. Enrichment Corp, which
16 is about the Paducah Plant, and this relates
17 to our gaseous diffusion plant, work as well
18 as highly enriched uranium neutron dose
19 work.

20 And it's been very difficult,
21 since they're not DOE, they're not DOE

1 funded, it's been sort of a difficult
2 conversation and we finally got an okay to
3 go look at some records that they generated.
4 And so we do want to get that done before
5 they forget about us. But other than that,
6 we just intend to work with the Board's
7 priorities.

8 CHAIRMAN MELIUS: Thank you. Any
9 other questions? If not, thank you, Stu.

10 And next we'll turn to DOE
11 Program Update with Pat Worthington and Greg
12 Lewis. Welcome, Pat, we appreciate you being
13 here with us. We appreciate Greg, too, but
14 we see him all the time.

15 DR. WORTHINGTON: Good morning.
16 It's always a pleasure to come before this
17 Board and talk about a very important
18 program to the Department of Energy and to
19 just remind you of our commitment.

20 So, again, I would like to say
21 good morning. I'm joined today here in the
22 room by Greg Lewis, and Isaf is actually on

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1 the phone as well.

2 So I want to talk just briefly,
3 you've heard many of these things before,
4 and to be available along with Greg to
5 answer any questions that you might have.

6 Our commitment, our purpose, our
7 mandate is very clear, it's very simple. On
8 behalf of the claimants, we want to make
9 sure, because these are in fact DOE workers,
10 we want to make sure that all of the
11 information that's available regarding the
12 workers, their records, as well as facility
13 information, is made available. And so that
14 is our charge.

15 DOE's responsibility splits
16 around a number of areas, and I'll mention
17 them just briefly. One is to respond to the
18 Department of Labor/NIOSH requests for
19 information. It's very important that
20 information is made available on employment
21 verification exposure records. It's

1 important: did they work at DOE and what
2 were they exposed to during the time that
3 they were working here?

4 We want to provide support and
5 assistance to the Department of Labor and
6 NIOSH, as well as the Advisory Board, on
7 large scale research and site
8 characterization projects. These things are
9 important.

10 Conduct research in coordination
11 with DOL and NIOSH as needed to cover
12 information regarding covered facilities.

13 Our roles and responsibilities
14 are clear, but, again, as I said, they're
15 very powerful. And it certainly isn't
16 something that we can do as one individual,
17 and so Greg's office, he works very well
18 with what we call site contacts. The
19 information is pretty much at the sites,
20 it's not at DOE Headquarters in most cases.

21 And so there's a network of
22 individuals that Greg is working with on a

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1 regular basis regarding budgets and
2 delivering documents and interfacing to make
3 sure that NIOSH and DOL can get the
4 information, you know, that's needed.

5 Individual records. In the end,
6 it gets down the individual and what
7 information can be provided regarding the
8 individuals. Our workload over the years,
9 the last few years, has remained pretty
10 constant in terms of employment
11 verifications: about 6,000 a year; dose
12 records for NIOSH, less than 5,000; and for
13 DARs, less than 6,000 a year.

14 So these are very important
15 things. We continue to work on them and to
16 look for ways to improve our efficiencies in
17 these areas.

18 We find that in DOE, that in some
19 cases workers work at multiple sites, or
20 within a site they may work for multiple
21 contractors and multiple missions. And so

1 sometimes it's a very interesting assignment
2 to search for records over the career, full
3 career of these DOE workers.

4 Our record packages that DOE
5 provides to DOL and NIOSH, sometimes they're
6 simple, one page documents. There could be
7 things that are hundreds of pages. And so,
8 again, we're looking to work on these
9 regardless of scale.

10 Typical work records, many
11 departments over the years, DOE, in terms of
12 delivering the mission, the contractors
13 certainly have been diverse in terms of the
14 way that they're structured and organized.

15 And typically when you have a new
16 group come in, they are certainly different
17 in structure and the way things are done.
18 So you're looking for different -- sometimes
19 the same information, but different
20 department names, locations, and
21 organization structures.

22 But our goal is to make sure that

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1 we're able to deliver these documents and
2 not return a decision that we cannot locate
3 them. And they certainly are provided in
4 various forms.

5 The large scale research products
6 that are driven by the needs of DOL and
7 NIOSH. Again, we're not just offering up
8 records, but we're offering up things that
9 these organizations have indicated that they
10 need in order to be able to make a decision.
11 Some of these projects can be very simple,
12 some can be very costly. But again we're
13 working to sort of deliver the information.

14 At any given time, DOE is
15 supporting multiple large scale projects.
16 We are trying to balance these at various
17 sites and various organizations to provide
18 the information.

19 Currently, here's a list of
20 things that we're working on. It's
21 certainly quite extensive: Kansas City,

1 Rocky Flats, Savannah River, Hanford,
2 Sandia, Los Alamos, Oak Ridge. Many of these
3 are very large, complex sites, and
4 certainly, you know, a challenge.

5 But I think, over time, we've
6 been able to come up with various ways in
7 terms of being more efficient in delivering.
8 And one of the things that we've mentioned
9 over the years when we've come before this
10 group, that we certainly work very well with
11 organization at DOE called Legacy
12 Management. That organization is very
13 experienced in looking for records. And so
14 we certainly work with them, and I believe
15 that we've been able to improve on our
16 delivering and on the quality and
17 completeness of work in terms of working
18 with Legacy Management.

19 Document reviews, again, we are
20 committed to reviewing documents as needed
21 and returning them in a timely manner. I
22 believe I was before this Board maybe two or

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1 three years ago. It could've actually been
2 longer. We were working, I think, with the
3 different organizations, with the Board, in
4 trying to address security needs that we
5 had.

6 And so we were able to develop, I
7 believe, in collaboration with you, with all
8 of you, a security plan that would work in
9 terms of delivering the documents that are
10 needed, but also meeting the requirements
11 that were placed upon us in terms of
12 security.

13 I mentioned early, in the early
14 part of the discussion, that we view
15 ourselves as having a responsibility for
16 delivering what is needed for the claimant.
17 We also have the responsibility of meeting
18 certain other requirements, like security.
19 And so we are certainly juggling these
20 things and trying to -- but I think that our
21 security plan and working with you and

1 getting people to sign up to that plan, I
2 think, has certainly improved across the
3 board in that area.

4 The average turnaround time for
5 reviews is typically about eight weeks.
6 But, again, any given review can be shorter
7 or longer. And certainly -- and we
8 understand the need to be flexible. And so
9 when there is a need for expedited review we
10 have the full support of people in
11 headquarters to do that, as well as reach
12 into the sites when we need to have them to
13 review documents as well.

14 Certainly, Glenn, one of the
15 things, because he has safety and security,
16 has been able to, you know, put the pressure
17 on, when we need to do it, to get these
18 things out.

19 Facility research, we have over
20 300 facilities, covered facilities, under
21 the DOE program here, and the full listing
22 can be found in the website that you see

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1 here on this slide.

2 I believe that Stu mentioned our
3 SERT, which is our Secure Electronic Records
4 Transfer system. We are very proud of that
5 system. We had, as you know, some
6 challenges over the years in delivering
7 things in a secured manner. And many of
8 you, probably in your own personal lives as
9 well as in your work assignments, are very
10 much more aware and more sensitive of
11 protecting private information, or PII.

12 And so we believe the secured
13 network where we can transfer information,
14 and quickly and securely, you know, has
15 solved a number of issues and also allowed
16 us to be more efficient. And also it's
17 allowing us to be more transparent. As we
18 look at the data that we have there in SERT,
19 it can tell you, you know, right away, you
20 know, how long they've had the records, how
21 long the request is out there, what's still

1 outstanding.

2 And I know, for us at DOE, it's a
3 driver, it's a reminder, that where we have
4 things that are, or becoming a little bit
5 too slow, that we need to certainly push on
6 that.

7 And one of the things that Greg
8 has been doing in his organization is
9 looking at that data and going to the
10 various sites and having to work with them
11 to get something resolved in terms of moving
12 forward more quickly, or identifying that
13 there's a major issue and what do we do to
14 solve that issue.

15 So, I think that SERT's been kind
16 of a win-win for all of us. We think it's
17 working, but we always welcome feedback in
18 terms of how we can improve more.

19 Outreach. Outreach is very
20 important. You can have a good program that
21 you're working on for improvement, but if
22 you're not reaching the people that you need

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1 to reach then you're certainly not as
2 successful as you want to be.

3 So, we certainly believe that
4 outreach is important and that it's
5 important in collaboration with DOL and
6 NIOSH. And so we work together. We've had
7 town hall meetings and other kinds of
8 activities to kind of get out and reach
9 people and get the word out. And so we want
10 to continue to do this as we move forward.

11 A little bit about the Former
12 Worker Medical Screening Program. I talked
13 just briefly about kind of our processes and
14 where we are on EEOICPA, which is for
15 current and former workers.

16 And I'll talk now just about the
17 Former Worker Medical Screening Program. We
18 believe that, you know, this is, you know,
19 the right thing to do for the Department,
20 for the country, in terms of DOE has some
21 very interesting, exciting, and in some

1 cases hazardous work going on.

2 And so this is a program where we
3 asked, we offered to former workers so they
4 can return to one of the locations for
5 Former Worker Medical Screening and get a
6 screening that's designed for them, in terms
7 of here are the hazards you were exposed to
8 and here are the kinds of things you should
9 be screened for to see if you had any
10 adverse health effects.

11 And that's one of the things we
12 do with the outreach. It's not just on
13 EEOICPA, but it's outreach on Former Worker
14 Medical Screening Program as well.

15 And there's a link here that, if
16 you need more information, certainly you can
17 go to that link and look for it.

18 I'll mention two pieces of the
19 Former Worker Medical Screening Program on
20 this slide. One is the National
21 Supplemental Screening Program. It's a
22 program that, wherever you are in the

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1 country, if you're a former worker, there's
2 a number that you can call and we can
3 arrange for a medical screening that's
4 unique to the occupational hazards that you
5 were exposed to when you were working at
6 DOE.

7 We also have the Building Trades
8 National Medical Screening Program. And
9 some of them may be here today, at this time
10 or later on. Those are ones that are
11 actually in this area and that could also
12 provide -- or wherever you are, screening
13 for construction and subcontracted workers.

14 This is, I think, a very
15 important one, as all of the medical
16 screening programs are, but I'll talk about
17 this one just for another minute.

18 Construction workers are moving
19 around quite a bit. They're exposed to a
20 lot of unique hazards. And subcontractors
21 are certainly bouncing around and they need,

1 you know, at some point when they've the
2 workforce, to kind of reflect on those
3 things that were unique to them, and so this
4 is a great opportunity for them to be
5 screened.

6 That was a very quick overview of
7 kind of where we are, here are the things
8 that we've been doing, you know, all along.
9 But I'm here to answer any questions that
10 you may have about -- I see that people are
11 reaching for microphones quickly, so I'll
12 ask Greg to join me here at the podium, and
13 so, collectively, together, we'll answer
14 questions.

15 MR. KATZ: And just to remind
16 Board Members, please speak directly into
17 your mics so that it's very audible in the
18 room, but some of the folks on the line are
19 having a hard time hearing Board Members'
20 questions. Thanks.

21 CHAIRMAN MELIUS: We'll start
22 with Paul.

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1 MEMBER ZIEMER: Thank you for the
2 presentation. I did notice, on Slide 17, I
3 actually clicked on your link there on the
4 Former Worker Medical Screening Program.
5 But when I click on that link, what I get is
6 something called "latest enforcement
7 documents."

8 DR. WORTHINGTON: We're not the
9 enforcement arm, so --

10 MEMBER ZIEMER: Yeah, I knew
11 that, so it's not so much a question, but
12 maybe at some point you can give us the
13 correct link.

14 DR. WORTHINGTON: We will
15 certainly look at that and get it back, you
16 know, to the Board Members and correct the
17 record on that.

18 We've had some issues across the
19 Department with some PII breaches and links
20 and things like that. And so every time we
21 find out that there's one that's broken or

1 incorrect we want to fix it, so thank you
2 for that comment.

3 CHAIRMAN MELIUS: Okay. Anybody
4 else with questions? If not, I have a, I
5 guess, question/concern. First of all, we
6 appreciate all of your efforts in sort of
7 putting together a program that's been, you
8 know, very responsive to -- and activity has
9 been very responsive to our needs and the
10 needs of NIOSH and, I believe, the
11 Department of Labor in this program.

12 It's certainly a large task.
13 It's largely hidden from view, to some
14 extent, except when something's delayed or
15 there's a problem, but we do appreciate it.

16 And I will say, in terms of the
17 classification issues, I think that's worked
18 remarkably well given some of the problems
19 there. I guess my question is, is what we
20 had talked about a little bit earlier with
21 Stu was the issue with the budget changes
22 and what's going to happen.

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1 You know, we've had episodes
2 where there have been delays and,
3 particularly, with so-called research
4 projects where we were asking for, you know,
5 some additional amount of work from the
6 particular sites and, you know, they have
7 competing priorities and staffing issues and
8 budget issues also.

9 And I was wondering if you have
10 any comments on where you see that going
11 this current sort of fiscal year and beyond
12 that? Then I sort of have a follow up
13 question.

14 DR. WORTHINGTON: Sure. In terms
15 of the budget, as you know, we were on a CR
16 through sometime in January. We actually
17 have budget now, but the money, you get the
18 okay that you have it, but the money has to
19 flow to you. So we don't have the funds in
20 the bank for all of the projects yet.

21 But in terms of this particular

1 program, it has always been, you know,
2 difficult, since the creation of HSS, to
3 determine how many dollars are really
4 needed, you know, for the program.

5 And so Greg is good at those
6 different POCs and the different monies that
7 we have out there in terms of looking at
8 where we are and where we need to move money
9 around.

10 And so when we find that we have
11 a scenario where we're almost on hold or
12 something on a given project, we look within
13 the project in terms of where best to, you
14 know, to shift the funds.

15 I do not believe that we've ever
16 had a scenario where we said that this one
17 is cut down, you're not getting anymore this
18 year, you can't do anything. So we're
19 moving money around, and while there were
20 some delays with the CR, we believe that
21 shortly we'll be able to, you know, put the
22 monies where they need to go and things will

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1 be up and running quickly.

2 And if that's not the case, then
3 we always want to hear back, because we
4 never want to say, well, we're not looking
5 for records anymore at that site until six
6 months from now, or three months. It's
7 always supposed to be an active program and
8 if we need to locate things we will do that.

9 CHAIRMAN MELIUS: Okay. No, we
10 appreciate that. I would just ask that we
11 maybe try to coordinate up front a little
12 bit in terms of where the priorities are,
13 where we see the needs from this program
14 going.

15 Stu and I had breakfast this
16 morning and I noticed one site that was
17 missing from your list there, and again not
18 your fault, but one where I think we foresee
19 a fair amount of activity this year is the
20 Idaho site, and I think could very well
21 develop into a research project.

1 We've just, the Board and NIOSH,
2 for various reasons have not really engaged
3 in that site. A review of the Site Profile
4 there, and I can, you know, envision, you
5 know, a fair amount of activity there.
6 Again, I don't know what resources are
7 already there. There may be other sites,
8 too, coming up.

9 So I think it's this sort of
10 budget issues evolves as you sort of, you
11 know, DOE and NIOSH and DOL get their handle
12 on the budget for this year, that we try to
13 coordinate and try to see what extent we can
14 identify where we think, you know, the
15 resources will be needed in the coming year
16 and try to avoid those delays.

17 We certainly want to avoid the
18 situation where there are such long delays
19 in getting necessary documents that, you
20 know, we have to make a decision as to
21 whether we recommend basically saying we
22 can't complete work on this project, or

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1 address this SEC issue, because basically
2 the information isn't there, available.

3 And we've avoided that so far,
4 but we've come close, at least one site, and
5 I think we need to do as best we can to work
6 together to try to avoid that situation.

7 DR. WORTHINGTON: I think the key
8 is communication, communication, and it's on
9 our part, on DOE's part. We need to
10 continue to reach out to DOL and to NIOSH,
11 as well as our site POCs about, you know,
12 about fundings. Priorities do change and we
13 need to -- as I said, with this program we
14 try to watch where do we need to go and how
15 do we need to shift money around.

16 And so we hope that we will, you
17 know, reach out more, but when we don't just
18 do it, you know, we need to hear from, you
19 know, from our counterparts as well. If you
20 see it looks like we're not really, you
21 know, watching an area and we need to move

1 forward.

2 CHAIRMAN MELIUS: Any other Board
3 Members? Yeah, Dave?

4 MEMBER KOTELCHUCK: I was
5 curious, former colleagues of mine at the
6 City University at Queens College, Dr.
7 Markowitz and others, are doing medical
8 screenings of radiation workers. Is that in
9 any way affiliated with your Former Worker
10 Medical Screening Program?

11 DR. WORTHINGTON: Yes, yes.
12 That's one of our major principal
13 investigators for the Former Worker Medical
14 Screening Program, one of the big pieces of
15 that program. So, yes.

16 MEMBER KOTELCHUCK: But he does
17 also, I think, workers who are not former
18 workers, but people who are currently
19 working?

20 DR. WORTHINGTON: There's one
21 part of the Former Worker Program, in terms
22 of the things that he's actually doing,

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1 where there are some former workers that get
2 the CT scans, yes. Current workers, I mean,
3 yes. There are a few current workers in his
4 program, yes.

5 MEMBER KOTELCHUCK: Thank you.

6 DR. WORTHINGTON: By some with a
7 different mandate, that's correct.

8 CHAIRMAN MELIUS: Any other
9 questions?

10 MEMBER ROESSLER: Jim, this is
11 Gen. I don't know if anybody else is having
12 trouble on the line hearing. I can hardly
13 hear you. I heard Paul quite well, I hear
14 Ted well, the speaker kind of comes and
15 goes. I think people need to make sure
16 they're speaking into their microphone.

17 CHAIRMAN MELIUS: Okay. We'll
18 remind people, Gen.

19 MEMBER ROESSLER: You're still
20 very weak. Maybe the microphones need
21 adjusting.

1 CHAIRMAN MELIUS: Okay. Okay,
2 we'll do the best we can.

3 MEMBER ROESSLER: Thanks.

4 CHAIRMAN MELIUS: And, okay,
5 thank you.

6 DR. WORTHINGTON: Thank you very
7 much.

8 CHAIRMAN MELIUS: And how are we
9 handling the DOL?

10 MR. KATZ: They should be on the
11 line.

12 CHAIRMAN MELIUS: Okay.

13 MR. KATZ: So that's Chris
14 Crawford from DOL, who is speaking for Jeff
15 who is out with an illness.

16 CHAIRMAN MELIUS: Okay. Chris,
17 are you on the line?

18 MR. CRAWFORD: Yes, I'm here.

19 CHAIRMAN MELIUS: Okay. We can
20 hear you fine. And Stu is getting your
21 slides up. And Stu's brought in his
22 assistant LaVon to handle this presentation.

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1 He's ready, so go ahead whenever
2 you're ready, Chris.

3 MR. CRAWFORD: Very good. My
4 name is Chris Crawford. I am a health
5 physicist and I am filling in for my boss,
6 Jeff Kotsch, who had planned to be here, but
7 unfortunately was unable to. So we're
8 having to do this remotely.

9 And I'd like to thank LaVon and
10 Stu for putting up the slides.

11 MR. RUTHERFORD: No problem, just
12 tell me when to turn them.

13 MR. CRAWFORD: Okay. Let's go to
14 the second slide. I'm going to just talk
15 about some of the changes. I think anybody
16 who's interested in the many details on
17 these slides, many of which are repetitive
18 session-to-session, should please go to the
19 Board's website and view them there.

20 On this slide we see that there's
21 just over 168,000 cases that have been filed

1 under EEOICPA and over \$10 billion in
2 compensation has been paid out to-date.

3 Also we see that there's 41,000
4 cases that have been sent to NIOSH for dose
5 reconstruction. Thirty-nine thousand cases
6 have been returned by NIOSH; 33,000 with the
7 dose construction and about 5,800 without
8 dose reconstruction.

9 And we show about 2,200 cases
10 currently at NIOSH. I have no doubt that
11 these figures will vary a little bit between
12 NIOSH's figures and ours, but we do the best
13 we can to reconcile them.

14 Let's proceed to the slide with
15 NIOSH-related cases, SEC and DR
16 compensation. So we see that of \$4.34
17 billion in compensation, based on 46,000
18 claims, \$1.3 billion was based on dose
19 reconstruction, and that's for 12,500
20 claims; and another \$3 billion on SEC cases,
21 which accounted for 33,674 claims.

22 Next slide, please. I think the

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1 interesting thing here is the
2 approval/denial ratio. Of the 27,000 cases
3 with a dose reconstruction and a final
4 decision, we show 9,559 final approvals and
5 17,506 final denials, or about a 35 percent
6 approval rate and a 65 percent denial rate.

7 As Stu has already noted, the
8 approval rate is slowly declining, and he
9 mentioned one factor in that. Another is
10 probably that, in a sense, the claimants are
11 working later in the history of the nuclear
12 weapons program. And the later you worked,
13 the tighter the standards were, the more
14 monitoring there was, so that that probably
15 has an impact on how many claims are
16 approved because our certainty is higher.

17 Next slide, under Part B cases
18 filed, this is a nice pie chart. For those
19 of you at home it's worth, perhaps, going to
20 the site to see this. With the Part B
21 cases, we show that NIOSH got 34 percent of

1 them, RECA cases were 10 percent of them.
2 SEC cases not referred to NIOSH are 12
3 percent, and then SEC cases referred to
4 NIOSH are 13 percent.

5 The other 31 percent, I'm not
6 sure what those cases are. Some of them no
7 doubt were cases that actually were rejected
8 by DOL, either because there were no
9 eligible survivors or it wasn't the cancer
10 case or various factors of that type.

11 The next slide, Part B cancer
12 cases with final decision. We show accepted
13 dose reconstruction cases of about 8,800
14 with \$1.3 billion in paid compensation, and
15 accepted SEC cases just over 20,000 with
16 about \$3 billion in paid compensation.

17 Now, there's another category
18 that overlaps, which is cases accepted both
19 on SEC status and with a Probability of
20 Causation over 50 percent. You'll see
21 that's a small number: about 673 and \$100
22 million paid in compensation. But that is

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1 normally from those cases where medical
2 benefits are sought and the case is -- a
3 dose reconstruction is generated as well the
4 accepted SEC status.

5 So for all accepted SEC and DR
6 cases we have about 30,000 with \$4.4 billion
7 paid in compensation.

8 The next slide are the top four
9 work sites. I think we have the usual
10 suspects here: Hanford, Savannah, Y-12, Los
11 Alamos are still generating our biggest
12 number of cases.

13 Next slide. We see now that
14 final decisions for denied are 49 percent
15 versus accepted 51 percent. Those are for
16 Part B, of course.

17 Next slide. We look at DOE
18 versus AWE. The only thing notable here is
19 that AWE seems to be abating, only that we
20 have now, I believe, handled a lot of the
21 AWE sites. There have been quite a few SEC

1 determinations and so forth. So less and
2 less of our workload is now AWE cases.

3 Next slide. I'll just mention
4 the outreach events very briefly. We have
5 town hall meetings and the traveling
6 resource centers.

7 Next slide. Under the auspices
8 of the Joint Outreach Task Group, which has
9 members from my own organization, DEEOIC,
10 also the Department of Energy, the
11 Department of Energy Former Worker Program,
12 NIOSH itself, the Ombudsman for NIOSH, and
13 the Ombudsman for EEOICPA.

14 Next slide. We see though for
15 fiscal year 2013 and 2014 we've had outreach
16 meetings in Farmington, New Mexico;
17 Livermore and Emeryville, California;
18 Portsmouth, Ohio; Santa Fe, Albuquerque, and
19 Grants, New Mexico; Bolingbrook, Illinois;
20 Hanford; Knoxville, Tennessee; Los Alamos;
21 Oak Ridge, X-10; then Fermi National
22 Accelerator Laboratory and Argon National

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1 Laboratory; Clarksville; Hanford Engineer
2 Works.

3 And next slide again. We have a
4 future outreach event, which I believe Stu
5 already mentioned, involving the Rocky Flats
6 SEC event to be held in Denver.

7 Next slide. These are the SEC
8 petition site discussions on the agenda.
9 They're useful in the sense that we see how
10 many claims have been submitted in these
11 cases, Part B and Part E claims. I won't go
12 into the individual numbers here unless
13 someone wishes, but they will all be on the
14 site. And we're looking at General Steel,
15 Joslyn and Kansas City today.

16 And the next few slides are done
17 for every presentation having to do with
18 employee eligibility, covered conditions,
19 survivor definitions and benefits. I won't
20 go through those individually also. They
21 will all be on the website.

1 Unfortunately, since Jeff can't
2 be with us, I don't have quite his knowledge
3 about strategic direction and management
4 issues, but I'll be happy to entertain any
5 questions. And if I don't know the answers,
6 Jeff and/or I will reply to anybody who asks
7 by email. Any questions?

8 CHAIRMAN MELIUS: Yeah, we have -
9 - first of all, thank you, Chris. And Josie
10 Beach has a question.

11 MEMBER BEACH: Yeah, I just have
12 a question on future outreach events. Have
13 you got anything on the schedule for INL,
14 Idaho?

15 MR. CRAWFORD: I will have to
16 find out. I don't know personally if we do
17 or not. That would seem to be a natural,
18 because we're expecting activity there, but
19 I can't answer you right now, and I'll be
20 happy to send that to the entire Board.

21 MEMBER BEACH: Thank you.

22 CHAIRMAN MELIUS: Any other

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1 questions from the Board? Yes, Wanda, I
2 think, down there?

3 MEMBER MUNN: Thank you, Chris,
4 that's very much appreciated.

5 In earlier reports that we've had
6 from DOL you have given us the statics on
7 the larger sites and the amounts that were
8 paid specifically by site. I see that that
9 is not included in this particular
10 presentation. I hope that doesn't drop off
11 your radar and that from time to time we
12 will continue to see that type of
13 information.

14 MR. CRAWFORD: Wanda, I'll be
15 happy to put in that request. I don't know
16 why it isn't there this time, but no doubt
17 there's a good reason for it. But I will
18 see if I can get that reinstated, certainly
19 by the next Board meeting.

20 MEMBER MUNN: Thank you,
21 appreciate that.

1 MR. CRAWFORD: Thank you.

2 CHAIRMAN MELIUS: Brad Clawson?

3 MEMBER CLAWSON: Yes, thanks,
4 Chris. I was just wondering where we are
5 here in Kansas City. Are we looking at
6 having any for Kansas City in the future?

7 MR. CRAWFORD: Are you talking
8 about outreach meetings?

9 MEMBER CLAWSON: Yes.

10 MR. CRAWFORD: Right. Again, I
11 can't answer of my own knowledge, and I'll
12 have to get back to you and the Board on
13 that, which I'll be happy to do in the next
14 day or so.

15 MR. HINNEFELD: This is Stu.
16 About two weeks ago the Ombudsman, our
17 Ombudsman and DOL's Ombudsman, sponsored the
18 outreach, but the other agencies were here
19 as well. I mean, DOE was here and DOL
20 program was here as well. So there was one
21 here about two weeks ago.

22 MEMBER CLAWSON: Yes, okay. I

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1 didn't hear that. I just noticed that it
2 hadn't made the list so I just wanted to
3 make sure.

4 MR. CRAWFORD: I had to think on
5 that, too, Stu.

6 CHAIRMAN MELIUS: Okay. Anybody
7 else? Okay, Dave, yes. Dave please in the
8 future put up your name. That's the rule, I
9 can't --

10 MEMBER KOTELCHUCK: Yes, indeed.
11 Yes, indeed. Thank you.

12 CHAIRMAN MELIUS: I'm not a mind
13 reader.

14 MEMBER KOTELCHUCK: Under covered
15 conditions, what is the condition CBD,
16 excuse me?

17 MR. CRAWFORD: Chronic beryllium
18 disease.

19 MEMBER KOTELCHUCK: Ah, thank
20 you.

21 CHAIRMAN MELIUS: Yes, there's --

1 MR. CRAWFORD: That was a stumper
2 for me for a few minutes, too.

3 CHAIRMAN MELIUS: Yes, there's a
4 whole section of the original EEOICPA that
5 dealt with that in an ongoing fashion. It's
6 a fairly large program. Anybody else?

7 Okay. Thank you very much,
8 Chris, for filling in and filling in from a
9 distance.

10 MR. CRAWFORD: Thank you.

11 CHAIRMAN MELIUS: Now we have the
12 presentation we've all been waiting for all
13 morning, this session, the highlight of the
14 initial session here.

15 MR. RUTHERFORD: Everybody can go
16 home after this, right?

17 CHAIRMAN MELIUS: Except for you.
18 So, LaVon Rutherford will give us his SEC
19 update. Normally we put this at the end of
20 the day, but it was just, you know, people
21 are just --

22 MR. RUTHERFORD: Anxiously

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1 awaiting.

2 CHAIRMAN MELIUS: -- too excited,
3 couldn't wait.

4 MR. RUTHERFORD: That's right.
5 Okay. I'm going to give the status of
6 upcoming SEC petitions, which is kind of,
7 it's changed over time, upcoming SEC
8 petitions are not as many lets put it that
9 way.

10 We provide this update to the
11 Board and also during the public, to allow
12 the public to know what petitions we have,
13 if they're in the qualification phase and
14 the evaluation phase, 83.14s that we're
15 working on, this allows the Board a chance
16 to prepare for upcoming Work Group meeting
17 and Advisory Board meetings.

18 And you've seen this slide
19 earlier, Stu had presented it, I will talk a
20 little about it a little bit more. As you
21 notice we're up to 215 petitions that we've

1 received since 2004.

2 We have one petition that is in
3 the qualification process, however, I will
4 say that that petition is not going to
5 qualify. It is for a site that did not have
6 any radioactive material and it's going to
7 be administratively closed here soon.

8 So we really have none in the
9 process. We have no evaluations in progress
10 at this time, and you can see that we have
11 eight evaluations with the Advisory Board
12 that are in some phase.

13 Seven of the eight petitions that
14 are with the Advisory Board have had some
15 action taken by the Advisory Board, meaning
16 that a Class has been added, but they have
17 left open that petition for additional work,
18 Hanford, Los Alamos National Lab, Savannah
19 River Site, Nuclear Metals, Inc., Joslyn
20 Manufacturing, ORNL, and Rocky Flats.

21 The Hanford, we have been
22 prioritizing our work because of the

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1 sequestration, the government shutdown, the
2 CR, some of the sites had very little
3 funding to finish out the year last year as
4 Dr. Worthington had mentioned, and Hanford
5 was one of those sites.

6 Los Alamos National Lab, Savannah
7 River Site, we were affected by it a little
8 bit, Oak Ridge National Lab, all of those
9 sites had reduced funding in such that they
10 were unable to complete some of the tasks
11 that we needed completed.

12 So Hanford, what we've done was
13 we prioritized some of the work to focus on
14 addressing things that we can address with
15 the information that we have available
16 currently.

17 Los Alamos National Lab, we're
18 doing, we have a questionnaire with them
19 that has gone back and forth to try to
20 address some concerns.

21 Savannah River site, we're

1 working hard to prepare for a February 5th
2 Work Group meeting to try to close out some
3 issues and preparations for the April
4 Advisory Board meeting.

5 Nuclear Metals, Inc., we have
6 continued our work on that and we are going
7 to present at the April Board meeting a
8 recommendation for an additional Class for
9 Nuclear Metals, Inc., and I think we can
10 work to closure pretty quick on that one
11 from that point.

12 Joslyn is up for discussion at
13 this Board meeting. Oak Ridge National Lab,
14 our goal has been to have ORNL prepared for
15 the April Advisory Board meeting.

16 However, we did have this delay
17 as I had mentioned with getting data, so we
18 are still waiting on some data from ORNL to
19 support some final closure work that we have
20 for that site. So the April Board meeting
21 is a little bit in question for us.

22 And Rocky Flats, the Rocky Flats

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1 that we had added the Class at the last
2 Board meeting and we continue to work on
3 four to five issues with that and I really
4 can't give you a good end date for that one
5 yet.

6 We have one petition evaluation
7 that we recently completed and we will be
8 presenting at this Board meeting and that's
9 for the Kansas City Plant.

10 Potential SEC petitions, this
11 slide hasn't changed much. What we've found
12 is that some of these potential SECs getting
13 a litmus claim to move forward for those
14 petitions has been difficult, they're not
15 coming through.

16 Sandia National Lab, Albuquerque,
17 this was the old Z Division for LANL, 1945
18 to 1948. What's happening is we believe
19 that most of those claims are being
20 processed under the SEC, the previous, the
21 LANL SEC, so if any of those claims do move

1 forward we will move forward with the 83.14.

2 I think also what we plan to do
3 is when resources are available we will
4 basically draft our Evaluation Reports for
5 these sights and have them prepped and ready
6 to go so when a petition does, a litmus
7 claim does come along we can move them
8 forward quicker.

9 General Atomics, this was an old
10 Class Definition that we've looked to modify
11 to standards of basically how we would
12 identify a Class today.

13 Dayton Project was, we're looking
14 at an 83.14 based on the changes in the
15 facility designation, the change to a DOE
16 site, and also to add a 9-month period where
17 operations shifted from Dayton Project to
18 Mound.

19 Again, as I mentioned, we have
20 one petition in the qualification process
21 and that was Linde Air Products, 1945 to
22 '47, however that petition is not going to

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1 qualify and we have no other petitions that
2 are in the evaluation process. And that's
3 it.

4 CHAIRMAN MELIUS: Okay.
5 Questions for LaVon? Maybe we'll save up
6 our questions until the very last thing on
7 the program, but thank you, LaVon. Yes?

8 MR. HINNEFELD: Jim, if I could,
9 I just wanted to clarify one thing I said
10 while giving a response to Dr. Anderson's
11 questions about the administrative reviews.

12 I said the General Steel
13 Industries review had just gotten there. In
14 fact the review was requested in April and
15 essentially was accepted in May, but the
16 record of the GSI discussion covered what
17 five years?

18 And with many, many, many
19 meetings, a lot of information submitted for
20 those meetings, and the task of assembling
21 the record and trying to put it in the, you

1 know, sorting the information as it's
2 requested and trying to minimize the
3 duplication and putting that information
4 together took quite a long time.

5 And so the entirety of the record
6 didn't get to the administrative panel until
7 pretty late in 2013, I don't remember the
8 actual date, but it was last year, but it
9 was toward the end of the year.

10 CHAIRMAN MELIUS: Okay. Thank
11 you for that clarification, Stu. Any
12 questions for LaVon? So we will try, just
13 for Board Members, since somewhat LaVon
14 predicts is the basis for how long our next
15 Board meetings will last and how busy we
16 will be the week before, since that's when
17 we get all the reports.

18 We will update it at our next
19 Board call and try to get a better idea of
20 where we are and what to plan on for our
21 next meeting the end of the April.

22 We are pretty well set on going

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1 to Augusta and there is a Work Group meeting
2 set up in early February, so I think we'll
3 be, you know, at least have a good idea of
4 the schedule and what may be on the agenda
5 for that meeting by our Board call.

6 So, with that, we are now
7 scheduled for a break and why don't we
8 return at 10:45 or so. The first session
9 there will be, probably will not take a half
10 hour, so if you want to stretch the break a
11 little bit and maybe come back at ten of or
12 so, why don't we plan on that.

13 So we'll reconvene at 10:50.

14 Thank you.

15 (Whereupon, the above-entitled
16 matter went off the record at 10:27 a.m. and
17 resumed at 10:54 a.m.)

18 CHAIRMAN MELIUS: Why don't we
19 get seated. We'll get started, I think, if
20 we have the key people here. I'll send Ted
21 out and round up people.

1 Okay. We'll reconvene now and
2 welcome back everybody.

3 And we are going to have an
4 update on the sufficient accuracy/coworker
5 dose modeling. I'll do a brief introduction
6 here and then let Jim Neton say a few words.

7 We've had a short Work Group
8 meeting basically which Jim can sort of
9 update us on in terms of some of the work on
10 sufficient accuracy and so forth.

11 We did this Work Group on Friday
12 and we also had a brief update at that
13 meeting from SC&A about their work on the
14 one person, one sample, OPOS, or OPUS,
15 whatever we're calling it, it keeps
16 changing, work.

17 But both NIOSH and SC&A need to
18 turn their preliminary work into full
19 reports and get those to us. So we will be
20 planning some follow up here, but I'll let
21 Jim Neton, you know, just briefly tell us
22 what, sort of an update on what NIOSH's

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1 progress is and so forth on this issue.

2 Jim?

3 DR. NETON: Okay. I don't have
4 any formal slides for this presentation,
5 it'll just be a brief update as to what
6 we've accomplished since the last Working
7 Group meeting, not the Friday one, but the
8 prior one. I forget which date that was.

9 But we were exploring the idea
10 during the Working Group about what would
11 constitute, what we ended up terming a
12 practically significant dose. In other
13 words, how much dose really matters when you
14 start adding the dose reconstructions to
15 affect the Probability of Causation which,
16 of course, is the ultimate analysis.

17 So we had proposed at that
18 Working Group meeting to select from our
19 NOCTS case files cases that had Probability
20 of Causation between 45 and 50 percent and
21 had a single cancer so we could do some

1 direct comparisons.

2 We ended up looking through
3 35,000-38,000 dose reconstructions and it
4 turns out that only 174 cases had a
5 Probability of Causation with a single
6 cancer between 45 and 50 percent.

7 So we selected that number of
8 cases, 174, and we ended up adding 100
9 millirem dose, external dose only, to each
10 of those cases.

11 At the point in the exposure
12 profile where we thought it would make the
13 maximum, had the maximum effect. We reran
14 those and, a considerable effort, I mean we
15 reran these case 30 times at 10,000
16 iterations each. That's the standard
17 protocol for how we analyze a case that
18 falls between 45 and 50.

19 We reran them adding a zero dose,
20 which would reset the random number seed and
21 adding 100 millirem dose using the same
22 random number seed as the zero dose

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1 addition.

2 And when you directly compare
3 those of interest it turns out that none of
4 the cases that we analyzed went over 50
5 percent, which really surprised me. I
6 thought for sure we'd have some that were up
7 against the edge.

8 It turns out that the mean, the
9 average additional PoC added to those 174
10 cases was 0.06 percent. So it's a very
11 small incremental increase.

12 The distribution of cases was
13 somewhat interesting as well. I think lung
14 constituted about 50-something cases and
15 basal cell carcinoma had another 11 or 20,
16 between those two it was about 50 percent of
17 the cases were represented by those two
18 cancers.

19 The rest were sort of distributed
20 randomly about. There didn't seem to be any
21 real difference between solid cancers and

1 leukemias, but we just received these
2 results a few days ago.

3 We're analyzing them, and as Dr.
4 Melius said we're going to be providing a
5 full report on this as to what we found,
6 what we think it means, and where we need to
7 go from here.

8 CHAIRMAN MELIUS: Okay. Thanks,
9 Jim. Any questions for Jim? As I said this
10 is a, he said it's sort of a work and those
11 are very preliminary results on that.

12 If you remember this is coming
13 back, some of our struggles to deal with
14 coworker models and we're going to be doing
15 statistical comparisons in determining
16 issues related to coworker models.

17 We sort of need to know how much
18 of a difference are we trying to find? How
19 much a difference is meaningful? Obviously
20 it relates to other dose reconstruction
21 issues, residual periods, but really it,
22 almost any situation we're dealing with.

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1 So I think it's, you know, sort
2 of an important first step in doing this.
3 SC&A had some interesting findings on the,
4 comments on the OPOS, the one person, one
5 sample issue also.

6 We'll be getting to both of their
7 reports. NIOSH will be writing up theirs
8 and SC&A will be finishing their report and
9 we'll have a Work Group meeting and believe
10 we should have more to report back by the,
11 if I'm guessing right, by the April Board
12 meeting.

13 So we are making progress there
14 and we'll give feedback to the entire Board
15 at our April meeting. Our next issue is
16 General Steel Industries and the TBD-6000
17 Work Group and Paul Ziemer will be
18 presenting.

19 MEMBER ZIEMER: Thank you, Jim.
20 While we pull the slides up, oh, I guess
21 they're here now.

1 If I might, Mr. Chairman, as a
2 courtesy make sure that both the co-
3 petitioner and the site expert are on the
4 line.

5 I want to make sure that they're
6 at least present at this part of the
7 presentation. Dr. Dan McKeel and Mr. John
8 Ramspott, are you folks on the line?

9 DR. MCKEEL: Dr. Ziemer, this is
10 Dan McKeel, I'm listening.

11 MEMBER ZIEMER: Thank you.

12 MR. RAMSPOTT: I'm listening as
13 well. Thank you, Doctor.

14 MEMBER ZIEMER: Okay, thank you.
15 Okay, let me proceed through the slides and
16 after I finish Dr. Neton will also have a
17 brief presentation to summarize the NIOSH
18 position on the issue of the lost radium
19 source as well as the summary of how they're
20 handling the various aspects of the dose
21 reconstructions.

22 First of all, I just wanted to

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1 remind you of who the Work Group Members
2 are. I serve as Chair, Josie Beach, John
3 Poston, and Wanda Munn, are the other
4 participants in the Work Group.

5 I reported to the Board at the
6 telephone conference call on December, in
7 mid-December, and since then the Work Group
8 has had two conference call meetings. The
9 first of which was on December 19th of last
10 year and then we met recently on January
11 16th.

12 At the December 19th meeting,
13 I've simply summarized here very briefly
14 what issues we were addressing at that time,
15 and I believe we had reported prior to that
16 to the Board that we would be addressing
17 these.

18 Specifically, skin dose
19 calculations and the SC&A review of the
20 MCNPX calculations for betatron exposures.
21 Also, the DCAS review of the resuspension

1 factor for the residual period, and then the
2 DCAS review of a report that was provided,
3 or we were made aware of by Dr. McKeel, AEC
4 Report NYO 4699, which was a report on a
5 variety of accelerators that were used
6 around the country and the issue of
7 considering whether or not there was a
8 potential in using some of the, one or more
9 of those sites for surrogate data for the
10 GSI site.

11 And so we had a discussion of
12 that and NIOSH's review of that report. And
13 then at our January 16th meeting we focused
14 on the MCNPX calculations for neutron and
15 other external exposures.

16 That also involved the issue of
17 whether or not film badges would be used,
18 and I believe the, all of the Board Members
19 have received the interchanges on that, both
20 of the material provided to the Board and
21 also the concerns of the co-petitioner on
22 that issue as to the use of the Landauer

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1 film badges and the NIOSH position on why
2 they would not use those any longer.

3 We can develop that further if we
4 need to in this Board meeting, but I believe
5 everybody's aware of that. Then we also
6 addressed the Appendix BB matrix issues and
7 the resolution of those issues and I will
8 summarize that here momentarily.

9 And then finally at that meeting,
10 again the site expert and the co-petitioner
11 raised concerns again about the missing
12 radium source and whether or not that was
13 appropriately considered in the external
14 exposure models and I'll address that in a
15 little more detail in just a moment.

16 Now let me summarize the Appendix
17 BB matrix issues, I'll go through them
18 individually in a moment, but I'll just
19 indicate here in summary.

20 All of the open issues were
21 either closed or designated to be in

1 abeyance, and by in abeyance, in essence,
2 that means that we have completed our work
3 on the issue and we are awaiting its
4 appearance in a revised Appendix BB to
5 confirm that the agreed to change has
6 actually occurred.

7 This also includes several issues
8 from the SEC Issues Matrix that were
9 transferred to Appendix BB at the time that
10 the Work Group recommended that the SEC
11 Class be denied.

12 And then simply make this comment
13 that with the resolution of these issues the
14 Work Group felt that revision of Appendix BB
15 by NIOSH could get underway.

16 Here is a summary of the Appendix
17 BB Issues Matrix, as far as I know everybody
18 has the latest version of the matrix. It's
19 extremely long and detailed, so I have
20 simply identified the issues by a brief
21 title.

22 I did ask SC&A to review this and

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1 make sure that they were comfortable with
2 how I described the actual finding. The
3 first finding had to do with the data
4 sources and that is now in abeyance by
5 action of the Work Group.

6 All of these items were
7 individually voted on by the Work Group and
8 we were in agreement on all of them. The
9 second item is an old one which had been
10 agreed to quite awhile back that the, well
11 not -- I'm sorry this is not the one that
12 was agreed to a long time ago, this was more
13 recent.

14 The period of covered employment
15 has changed. There was an earlier period
16 that has been added and that issue now is
17 agreed to and closed.

18 The issue of the betatron beam
19 intensity that was originally questioned by
20 SC&A, that now is closed. Under estimate of
21 stray betatron radiation, and this one also

1 included issues from the SEC Issue Matrix,
2 Issues 2, 6, and 8, that now has been agreed
3 to and is in abeyance.

4 The presence of other radiography
5 sources, this includes Issue 3 from SEC
6 Issue Matrix, that has been closed. The
7 handling of skin dose, which was also Issue
8 9 in the SEC Issues Matrix, that's in
9 abeyance.

10 Residual radiation from betatron
11 apparatus, that's closed. I might add in
12 case there's any confusion, this has nothing
13 to do with the residual period. We're
14 talking about radiation that's present after
15 the betatron is turned off.

16 It lingers for some period of
17 time, sometimes short, sometimes longer, but
18 that has been dealt with. Number 8 is one
19 that was agreed to quite awhile back that
20 the work hours were longer than originally
21 shown in the Appendix BB Matrix and that
22 issue is closed.

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1 Work practices, that is in
2 abeyance, dose rates from uranium in
3 abeyance, dose to other workers, this is
4 workers in other parts of the plant, in
5 abeyance, and then the surface contamination
6 and resuspension, those have been agreed to,
7 this also goes into the residual period and
8 that is in abeyance.

9 And there was one that simply
10 involves incorrect use of units and that has
11 been agreed to and is in abeyance and should
12 show up correctly in the revised report.

13 At our last meeting, as I
14 indicated a moment ago, Mr. Ramspott and Dr.
15 McKeel reiterated particular concerns about
16 the lost radium source.

17 You may recall, and I think all
18 of you have tracked this issue for several
19 years, initially there was debate about
20 whether such an incident had actually
21 occurred.

1 I know that Dr. McKeel had
2 indicated to us and was concerned about our
3 use of the words "urban legend," and I want
4 to clarify that I have been misquoted on
5 that.

6 I said it may or may not be an
7 urban legend. I never declared that it was.
8 I said it may or may not be, because
9 originally it appeared to be, to have been
10 treated as such and we indicated that it may
11 not be.

12 And indeed the site expert and
13 the co-petitioner were able to find
14 additional documentation confirming that in
15 fact the source, there was a plumb bob type
16 radium source that was missing on that site
17 and that particular source of 500
18 millicuries I indicate in the second point
19 here had been missing for at least a week
20 and probably closer to ten days in October
21 of 1953.

22 There were a number of news

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1 articles and I believe the latest document
2 on this, I believe has been distributed to
3 all of the Board Members, there were several
4 news stories there.

5 And some differing things, but
6 one news story said that the source was lost
7 in the plant, another one indicated it was
8 found outside the plant, but there appeared
9 to be some uncertainty about that in terms
10 of when and, between when the source was
11 missing and when it was found.

12 I added the fourth bullet here,
13 and I know Dr. McKeel objected to this,
14 indicating that he did not state that the
15 person who lost the source died and I agree
16 he did not say that.

17 What he told us and what I've
18 quoted here is that a clerk reported this to
19 him and I simply quote this from one of Dr.
20 McKeel's reports to us that this shows
21 additional uncertainty about what happened.

1 The official story in the
2 newspaper says no one was hurt. There was
3 one clerk apparently that had a conflicting
4 story. But, in any event, those reports
5 give some uncertainty about this.

6 One thing appears fairly clear
7 from the news reports is that the searching
8 was done with the assistance of a Geiger
9 counter.

10 One recently located news account
11 was not available at the time of the January
12 meeting and Mr. Ramspott had located that
13 and identified that he had found an
14 additional article and we basically agreed
15 to wait and have this distributed to the
16 Work Group and the Board after the meeting
17 so that NIOSH could have a look at any
18 additional information before making a final
19 judgment on how they would handle this lost
20 radium sources part of dose reconstruction,
21 and Jim can report on that in a moment when
22 he speaks.

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1 So that summarizes what we
2 covered in the meeting. I think we can open
3 it for questions, or perhaps you want to
4 hear from Jim first? Mr. Chairman, I leave
5 that to you.

6 CHAIRMAN MELIUS: Yes, why don't
7 we let Jim clarify that last issue and then
8 --

9 DR. NETON: Well I'm prepared to
10 speak on two points, one is the agreed upon
11 dose estimates and the other one is to speak
12 briefly, no, maybe not so briefly, on the
13 lost radium source.

14 There's been a lot of
15 deliberation that's gone on with the dose
16 calculations at GSI. Ultimately, at the end
17 of the day, that we ended up with some
18 fairly simple models that are going to be
19 applied to only two Classes of workers as it
20 turns out.

21 We have administrative personnel

1 and those are people who we conclusively
2 know did not work in the plant, may have
3 walked through the plant on occasion, but
4 really didn't work with sources, and for all
5 years, for all administrative workers, we're
6 going to end up assigning about 570 millirem
7 per year. That was agreed upon at the
8 Working Group level.

9 All other workers are going to be
10 bounded by either having, for external
11 exposure by either having worked with radium
12 sources or in what we called the so-called
13 radium era, or later on, are bounded by
14 having been the layout man who was the
15 maximally exposed individual in our
16 estimation when the betatron was being used.

17 So between 1952 and 1960 we have
18 a triangular distribution that's applied
19 with the maximum dose of that triangular
20 distribution being 15 rem, which is equal to
21 the exposure limit recommended at the time.

22 The central estimate is 9.7 rem,

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1 which is based on a workers badge results
2 that were interpolated, and the 6.3 rem
3 lower bound is based on time-motion studies
4 that we've done trying to reproduce what
5 might have been a realistic exposure
6 scenario.

7 So for all those years, between
8 '53 and 1962, the upper bound will be 15,
9 except for '61, '62, it went down to 12 rem
10 and that's what will be assigned.

11 After '63, that's during what we
12 called the radium era, after '63 to '66,
13 June of '66, the layout man, who is a person
14 who is stationed outside the betatron
15 working with materials, will receive a gamma
16 exposure of 9 rem and neutron exposure of
17 557 millirem.

18 So this will be -- we cannot
19 differentiate worker types and Classes at
20 GSI so everyone will be, or they're assumed
21 to be, a layout man in that era or in the

1 earlier years of radiography, unless they
2 were an administrative worker.

3 Internal doses, we agreed upon,
4 well I'm not going to give doses because
5 they're intake rates, but we identified,
6 finally settled on a surrogate exposure
7 scenario that resulted in a 68.7 dpm per
8 cubic meter air concentration based on the
9 handling of uranium.

10 That will be assigned to all
11 workers except administrative personnel, and
12 it'll be prorated based on the number of
13 work hours per year that they worked with
14 uranium up to, I think it's about 400 hours
15 was the maximum number of hours we
16 estimated.

17 And we also agreed to use a
18 resuspension factor of ten to the minus
19 fifth versus our proposed ten to the minus
20 sixth resuspension factor. That's a brief
21 summary of what the doses are. They're
22 fairly large. They're distributions to

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1 account for uncertainty.

2 We believe that they adequately
3 bound all Classes of workers at the site.
4 There's a lot of other miscellaneous, not
5 miscellaneous, but other types of work that
6 went on, but we believe that these
7 particular doses are put in upper cap on
8 what the exposures might have been.

9 Unless there's any questions on
10 that I can move on to the radium source.

11 Brad, do you have a question?

12 MEMBER CLAWSON: Help me
13 understand how you're classifying these
14 people.

15 DR. NETON: Okay.

16 MEMBER CLAWSON: Because to be
17 right honest with you I guess I'm wondering
18 because we really haven't been able to do
19 that any other site and --

20 DR. NETON: Well, there's only
21 two Classes. One is what we call

1 administrative and then there's all other
2 workers. Administrative personnel are
3 people who worked in office environments,
4 that sort of thing, where they would not
5 have had routine access to the plant and
6 walking, you know, working with the sources,
7 that sort of thing.

8 There aren't going to be very
9 many of those. I mean I've looked through
10 the data set and it's going to be a small
11 number of workers that we would be able to
12 conclusively identify that that was their
13 exposure.

14 MEMBER CLAWSON: Well I just look
15 at the time era of this and to be right
16 honest there's a lot of sketchy information
17 and I'm just really trying to get my hands
18 around how you guys will actually be able to
19 do that.

20 But, you know, I know this comes
21 to the Work Group and goes from there, but
22 it's, we've done this at other sites and

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1 really had a terrible time with it and
2 that's why I was just wondering.

3 DR. NETON: Yes. I appreciate
4 the comment. Okay. As far as the radium
5 source goes, Dr. Melius eluded to the fact
6 that John Ramspott and Dr. McKeel had
7 provided us newspaper articles that
8 substantiated that a source had indeed been
9 lost, or reported missing at the GSI
10 facility in October of '53.

11 There were three newspaper
12 accounts. One in the Edwardsville
13 Intelligencer that stated, and I quote,
14 "They believe the plumb bob was misplaced
15 and not stolen."

16 I emphasize they believe it was
17 misplaced. They didn't say it was lost in
18 the plant, but they were looking frantically
19 at the plant, not frantically, that's
20 probably not a good word. They were looking
21 for it with Geiger counters lets put it that

1 way.

2 And the other two articles were
3 in the Granite City Press. The first one
4 basically reported the same thing as the
5 Edwardsville Intelligencer, the plumb bob
6 was missing at the plant and search
7 continued with Geiger counters at the site.

8 So they were looking at, you
9 know, around the site, Geiger counters
10 plural, for the source. And the last piece
11 was the one that was missing at our last
12 meeting, which reported that the missing --
13 the Granite City Press reported the missing
14 source was recovered from outside the plant.

15 So those are the three pieces of
16 information we have from the press. The
17 other information we have is from comments
18 by workers, either at a worker outreach
19 meeting or via an interview by SC&A.

20 In an August 2006 worker outreach
21 meeting and an August 2007 worker outreach
22 meeting, the same worker spoke about this

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1 missing source.

2 And one of the meetings actually
3 had verbatim transcripts and he was pretty
4 specific about what he believed happened.
5 I'll just, paraphrasing here, but they went
6 all over the plant with the Geiger counters,
7 first thought it was ground up in the sand
8 mill, ended up scattered throughout the
9 plant.

10 But because there was some
11 zirconium sands there that had natural
12 radioactive material they realized that was
13 not the case. Then he goes on to talk about
14 an airplane search with a Geiger counter and
15 says "the source was easily found in the
16 Brooklyn Lovejoy area," I'm not sure what
17 that is.

18 And he further states "some
19 worker thought it was a fishing cork," which
20 doesn't really make sense, probably thinking
21 of fishing sinker possibly. "He was a

1 laborer in Plant 6 and took it home with
2 him." So that's the statement of one
3 worker.

4 And then in a subsequent
5 interview SC&A had with another worker, he
6 basically independently mentioned that there
7 was a lost source and they searched all over
8 Granite City with a Geiger counter.

9 So two more pieces of
10 information, which are not really
11 inconsistent with the newspaper accounts
12 that the source was lost offsite.

13 So the worker sources are
14 consistent, the source was removed from
15 site, the plant was searched with Geiger
16 counters. It was a strong source, about a
17 500 millicurie source, so it was fairly
18 strong source as we talked at the Working
19 Group meeting, it was about 400 mR per hour
20 at a meter.

21 So this source would easily be
22 detected by Geiger counters. I did a --

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1 MEMBER FIELD: Hey, Jim?

2 DR. NETON: Yes, sir?

3 MEMBER FIELD: This is Bill on
4 the phone.

5 DR. NETON: Yes, who?

6 MEMBER FIELD: Would it be
7 possible to stand closer to the microphone
8 we can hardly hear you on the line.

9 DR. NETON: I can do that, sorry.

10 MEMBER FIELD: Okay, that helps.
11 Thanks.

12 DR. NETON: Yes. This 500
13 millicurie source would've had source
14 strength of about 400 mR per hour at a
15 meter. Based on the technology and what I
16 know about Geiger counters, I think it would
17 easily detected at about 100 feet.

18 It would probably be 40 times the
19 background line of sight from 100 feet. So
20 if you're going through the plant with
21 Geiger counters it would be kind of

1 implausible to me that you would miss it if
2 it was lost in the plant. That's one other
3 piece of information we have.

4 The fourth is concerns raised
5 that, you know, these sources are often lost
6 and they result in over exposures. I went
7 back and pulled out a Public Health Service
8 Report from 1968 that actually categorized
9 sources that were radium incidents going
10 back to 1911.

11 Between 1951 and '60 they
12 identified 69 type such incidents. No
13 indication whether the Granite City was in
14 there or not, but nonetheless, based on all
15 those incidents they stated that none of the
16 missing sources involved over exposure of
17 the workers.

18 Remember, our upper limit of
19 assignment of dose to workers at GSI is 15
20 rem during that period. Lets see. So at
21 this point in time we don't think that
22 there's sufficient evidence to indicate that

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1 the workers were really, sufficient evidence
2 to include an incident in 1953 based on the
3 radium source.

4 By all accounts are it was taken
5 offsite and returned to the site. We're
6 certainly open to, if there's additional
7 information that comes our way that we will
8 modify the Site Profile accordingly, but at
9 this point we don't see any reason to do
10 that. Thank you.

11 CHAIRMAN MELIUS: Okay. Thank
12 you, Paul and Jim. Any questions from Board
13 Members? Dave Kotelchuck?

14 MEMBER KOTELCHUCK: The report
15 that was gotten from the worker from the
16 meetings with workers --

17 DR. NETON: Right.

18 MEMBER KOTELCHUCK: Did that
19 person give a name of the person who
20 apparently had it, the --

21 DR. NETON: I don't believe so.

1 MEMBER KOTELCHUCK: Could that
2 person have been asked or can that person be
3 asked?

4 DR. NETON: Oh, the person, I --

5 MEMBER KOTELCHUCK: The person
6 who reported that there was, that it was in
7 somebody's home.

8 DR. NETON: Ask for the name of
9 the person?

10 MEMBER KOTELCHUCK: Yes.

11 DR. NETON: I don't know. I mean
12 he could be asked I assume.

13 MEMBER KOTELCHUCK: Because if, I
14 mean if, as suggested that the person died
15 of the radiation --

16 DR. NETON: Yes.

17 MEMBER KOTELCHUCK: -- and it was
18 presumably acute and that may have resulted
19 either in a work -- if we knew the name of
20 the person either in a workers' compensation
21 case or in a lawsuit and that could be
22 fairly easily checked by name, but if we

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1 don't know the name of the person then it's
2 very hard.

3 DR. NETON: Yes, going back 60
4 years is pretty difficult.

5 MEMBER KOTELCHUCK: Yes.

6 DR. NETON: I understand what
7 you're saying and certainly could look into
8 in more detail. I will point out that if
9 the source was lost offsite, was taken
10 offsite and there was exposure to the worker
11 it would not be covered under this program,
12 because only exposures at that facility are
13 covered under EEOICPA.

14 MEMBER KOTELCHUCK: I was
15 thinking about the state workers'
16 compensation --

17 DR. NETON: No, I understand. I
18 understand.

19 MEMBER ZIEMER: This is Ziemer.
20 I don't believe the name of that person is
21 known. I believe if it were certainly Dr.

1 McKeel or Mr. Ramspott would've identified
2 it.

3 I think they've made efforts to
4 actually track this further. They have
5 continued to look for additional information
6 on this and, you know, have done a good job
7 of identifying these initial new sources.

8 So I'm sure that if there was
9 anything out there they certainly would be
10 able to, you know, or would've tried to get
11 it.

12 I think they did try to identify
13 it further, but I'm not aware that there is
14 any confirming name associated with that.

15 DR. NETON: Right.

16 MEMBER KOTELCHUCK: Thank you for
17 that.

18 CHAIRMAN MELIUS: Anybody else
19 with questions? Anybody? Any of our Board
20 Members on the phone have questions other
21 than --

22 MEMBER FIELD: This is Bill.

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1 CHAIRMAN MELIUS: Yes. Hi, Bill.

2 MEMBER FIELD: I don't have any
3 questions, but we really had a hard time
4 hearing Jim. I think we missed about two-
5 thirds of it.

6 MEMBER ROESSLER: Yes, I'm in on
7 that, too. I think the sound in the hotel
8 is very variable. I could hear Chris
9 Crawford perfectly clear.

10 When Paul was speaking at the
11 podium I assume, he came through very
12 clearly, but Jim Neton doesn't come through
13 at all. I think maybe you should check the
14 mike.

15 CHAIRMAN MELIUS: I think it's
16 the -- he was using a different microphone.

17 MEMBER ROESSLER: Yes. It's
18 almost impossible to participate by phone
19 because the sound comes and goes and I'm
20 glad to hear Bill verified what I'm hearing
21 here, too, which is almost nothing at times.

1 CHAIRMAN MELIUS: Okay. Well
2 we'll do the best we can.

3 MEMBER ROESSLER: Thanks, Jim.

4 CHAIRMAN MELIUS: Any other Board
5 Member questions? If not, I, I guess --
6 what happens next, Paul?

7 MEMBER ZIEMER: Well my
8 understanding is that NIOSH has information
9 that they need to proceed with a revision of
10 Appendix BB.

11 Of course once that revision is
12 done we will need to review it and SC&A will
13 help us with that. I don't think anybody's
14 talked to me about timetable, but I believe
15 that's the next step. Maybe Jim can confirm
16 that?

17 DR. NETON: Yes. The next step
18 will be for us to provide a Revision 1 to
19 Appendix BB and include all of the doses
20 that we've agreed to during the Working
21 Group meeting.

22 CHAIRMAN MELIUS: And I would

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1 just, as a final comment, seems to me that
2 this issue of the missing source has been
3 pursued appropriately and I don't really see
4 anymore action that's needed at this point.

5 You know, borrowing new
6 information that may appear. I think it's,
7 you've taken into account appropriately in
8 the current approach to dose reconstruction.

9 MEMBER ZIEMER: And let me also
10 just mention to the Board, and I assume
11 you're aware of this, but I know the co-
12 petitioner and the site expert have ongoing
13 concerns about some of these issues.

14 I believe they've, all of their
15 concerns have been distributed and I believe
16 Dr. McKeel and perhaps John will make
17 additional comments during the public
18 comment period on this, so I don't want to
19 overlook the fact that there are still
20 concerns that they have and if additional
21 information came to light, such as Jim

1 mentioned on the source, that could always
2 be taken into consideration.

3 But I do think it's important
4 that we get underway with revising Appendix
5 BB, which I believe, compared to the
6 original dose calculations will be, appear
7 to be, will be favorable to additional
8 individuals.

9 I can't say that for sure, of
10 course, but certainly this is a pretty
11 substantial change in dose reconstruction at
12 that site.

13 CHAIRMAN MELIUS: Okay. Thank
14 you. So I believe that wraps up our
15 discussions for this session. We now have
16 scheduled a lunch break.

17 I will remind the Board that we
18 come back at 1:30. We have Joslyn
19 Manufacturing SEC Petition, essentially an
20 update of something we've previously worked
21 on with an extended period.

22 So we'll have that and that will

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1 be followed by a Board Work Session. Part
2 of that Board Work Session is a set of
3 public comments from October, people need to
4 review and be ready to comment on their
5 disposition and so forth.

6 We will have Work Group reports
7 and then there's some issues with scheduling
8 some future meetings, and so people need to
9 be ready with their calendars and do the
10 best we can with that and so we can get some
11 additional meetings and that'll take us up
12 to a break.

13 And then after that break, again,
14 starting around 4:15 we'll be talking about
15 the Kansas City Plant SEC report. So let's
16 break now, we'll reconvene at 1:30 p.m. back
17 in this room and do Joslyn.

18 So, good. Thanks everybody.

19 (Whereupon, the above-entitled
20 matter went off the record at 11:34 a.m. and
21 resumed at 1:37 p.m.)

1 CHAIRMAN MELIUS: Okay, why don't
2 we get started again? I think we have the
3 computer working, got our Board Members.
4 Ted, you've been doing housekeeping?

5 MR. KATZ: I just want to check
6 and see first of all which Board Members we
7 have on the line.

8 MEMBER FIELD: Bill Field is on.

9 MEMBER ROESSLER: Gen Roessler.

10 MEMBER VALERIO: Loretta Valerio.

11 MR. KATZ: And then I'm just
12 checking, David Richardson, do we have you
13 on the line?

14 MEMBER RICHARDSON: Yes, I'm
15 here.

16 MR. KATZ: Oh, great. Thank you.
17 And how about Dick Lemen, Richard? Okay.
18 Very good and then just let me ask, remind
19 people who are on the line, too, to mute
20 your phones except when you are speaking.

21 It's star six if you don't have a
22 mute button. Thanks.

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1 CHAIRMAN MELIUS: Okay. We've
2 heard everybody mute. Okay, we will start
3 with Joslyn Manufacturing and Jim Neton will
4 present and then we'll have some follow-up
5 comments from Paul Ziemer, so Jim.

6 DR. NETON: Thank you, Dr.
7 Melius. First of all I'd like to make sure
8 that the Board Members on the phone can hear
9 me. Gen, Bill Field, can you guys hear me
10 all right?

11 Apparently. They must be on
12 mute. Okay, I'd like to talk today about
13 the Joslyn Manufacturing & Supply Company.
14 This is a Special Exposure Cohort Evaluation
15 Report addendum.

16 The original SEC Evaluation
17 Report was presented to the Board December
18 2012, I believe at the Knoxville, Tennessee
19 meeting. We've reconsidered our position,
20 at least for a portion of the covered
21 period, and that's what I'm here to talk

1 about.

2 But before I -- I'd like to
3 mention a little bit about Joslyn, refresh
4 your memories as to what the site is about.
5 We've packaged this one a little
6 differently, rather than adding a little
7 addendum, a period onto the SEC we've
8 essentially just amended the SEC evaluation
9 designation to cover the whole period
10 including the extra time period that I'm
11 going to talk about today.

12 So just to refresh your memory
13 since it's been a little over a year we
14 talked about Joslyn. It's an Atomic Weapons
15 Employer site that covers a period from
16 March '43 to 1952.

17 Originally the covered period
18 started in 1944, but NIOSH found some
19 documentation that indicated it probably
20 should've started earlier, probably March
21 1943.

22 We communicated that to the

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1 Department of Labor and they agreed with us
2 and extended the covered period to start in
3 1943. As almost all these AWEs, they were
4 heavily involved --

5 MEMBER FIELD: Is it possible --

6 DR. NETON: Hello?

7 MEMBER FIELD: -- if you speak
8 into the mike?

9 DR. NETON: Okay. Hello? That's
10 better. Yes, I got to really get close to
11 these microphones apparently.

12 MEMBER ROESSLER: Nothing's
13 coming through on the telephone.

14 DR. NETON: Okay. How about now?

15 MEMBER ROESSLER: Sort of.

16 DR. NETON: Sort of.

17 MEMBER ROESSLER: Very vague.

18 DR. NETON: Well, we'll have to
19 scream in this microphone.

20 DR. NETON: Do you think it's the
21 presenter?

1 MEMBER ROESSLER: No.

2 (Off the record comments)

3 DR. NETON: Okay, as I was
4 saying, Joslyn was an Atomic Weapons
5 Employer from March '43 to '52. Like most
6 Atomic Weapons Employers they were heavily
7 involved in the machining and rolling of
8 uranium rods.

9 They did a little bit of thorium
10 work on a couple of occasions prior to July
11 of, December of 1948, but they were very
12 limited in scope, numbering I think five to
13 ten rods per rolling.

14 This was one of the earliest AWEs
15 to work with uranium. In fact they were
16 primarily, in the early years, involved in
17 developing the techniques and technology
18 that would be used at other sites in later
19 years.

20 For instance, you know, the
21 rolling speed, the temperatures, how to
22 grind, and what types of machinery would be

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1 efficient at grinding, that sort of thing.

2 Okay. The pre-1948 work was
3 unlike the AWEs that were later involved,
4 and this is the activities, the pre-1948
5 work was directly involved with production
6 for the Hanford operations and it was
7 overseen by Hanford operations, which
8 created a little bit different oversight
9 than we're used to when we see the AEC
10 activities from the East Coast with HASL
11 being involved.

12 HASL did not get involved in this
13 site until later in their operation. I
14 mentioned they were developing procedures
15 for rolling uranium metals and testing.

16 They did a little bit of work for
17 other agencies outside -- well, they did
18 work for the AEC, but they also did work in
19 cooperation with the AEC for Chalk River in
20 Canada and some work for the British, Great
21 Britain. A very small amount of work. I

1 think they rolled about 30 tons for them.

2 There were three rolling mills at
3 Joslyn that were very close in proximity to
4 each other, unlike a lot of the other sites
5 that we've dealt with.

6 I don't know that you can make
7 this out really well from this slide, but on
8 the far right, there is an 18-inch mill, in
9 the middle there's a 12-inch rolling mill,
10 and on the far left there's a 9-inch rolling
11 mill.

12 And as we'll talk about a little
13 later, when production was really under a
14 crunch they would process and roll uranium
15 simultaneously at all of these three mills,
16 which adds a little bit of complexity to the
17 picture, unlike what we've seen at some of
18 the other sites.

19 Okay, getting back to the
20 petition evaluation, the petition was
21 originally received in March of 2012. It
22 was qualified, and as I mentioned, the

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1 petitioner originally asked for the Class to
2 cover 1944 to '52 and NIOSH, through
3 evaluation, capture of data evaluations and
4 reports, determined that March of '43 would
5 be a better start date.

6 And, in fact, DOL concurred with
7 that and established the Class through that,
8 from '43 to '52, so that's what we actually
9 evaluated.

10 Okay. The summary of what the
11 Board's action has been so far, as I
12 mentioned December 2012 at the Knoxville
13 Board meeting, the Board concurred with
14 NIOSH's recommendation that a Class should
15 be added for all employees, that should say
16 March 1943 through December 1947, the end of
17 1947.

18 We proposed that dose
19 reconstructions after, or starting in
20 January of '48 could be reconstructed using
21 a TBD-6000 approach, which we've done at a

1 lot of sites where we have no monitoring
2 data, and that was our feeling at the time
3 that we presented the report.

4 In December the Board also tasked
5 SC&A at that time, though, with reviewing
6 the period where we recommended that the SEC
7 not be added, and that's the 1948 to '52
8 period.

9 SC&A did their review and in
10 December of 2013 SC&A submitted a report
11 that had 11, they've identified 11 issues
12 associated with that time period.

13 On January 16th, just recently,
14 the addendum of the issues matrix were
15 provided to the Work Group, and I think Dr.
16 Ziemer's going to provide a summary of the
17 status of where they are with their review
18 of the addendum and the matrix issues.

19 Okay. As far as NIOSH's actions
20 are concerned, since the original ER was
21 written, we have conducted numerous
22 interviews. I think we interviewed five

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1 additional people, did some additional data
2 captures, and actually had an additional
3 site visit at Joslyn to try to flesh out
4 some more of the details associated with the
5 activities at the site.

6 In particular, we were concerned
7 about the activities associated with the
8 rolling operations that involved water as a
9 coolant. This apparently generated a lot of
10 steam and concomitantly particulate that is
11 unlike what we had experienced at other
12 sites.

13 And also there were some issues
14 associated with the burning of uranium,
15 fires at the plant and that sort of thing,
16 wanted to make sure that the TBD-6000
17 methodology would actually capture or bound
18 those types of exposures.

19 After reconsidering all of these
20 factors, we ended up deciding that we wanted
21 to recommend a Class that would include an

1 additional 6-month period, and that would be
2 from January 1, 1948, to July 31, 1948, due
3 to our inability to reconstruct internal
4 doses, which we're going to talk about in a
5 little bit.

6 Okay. First I'll just go through
7 some of the exposure sources, inhalation,
8 ingestion of uranium is expected here with
9 natural uranium oxide from the rolling and
10 the production and shaping activities.

11 These were hand-operated shops
12 under experimental conditions. They
13 occasionally would use tenting to try to
14 control it, which definitely made air
15 currents a little bit unpredictable.

16 As I mentioned, there was these
17 three co-located rolling mills, the 18, 12,
18 and 9-inch mills where rolling operations
19 were conducted simultaneously. I also
20 talked about the water, water-cooled
21 bearings previously.

22 Joslyn was responsible, like most

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1 AWEs, for packaging, handling and loading.

2 They did all of that on their own. The MED

3 kept strict controls of the records, and

4 Joslyn also did a lot of cleanup and

5 material accountability control activities.

6 The Medical Surveillance Program

7 was there for Joslyn and we do recommend

8 that medical exposures be covered and added.

9 I did mention briefly earlier there were two

10 recorded thorium processing periods prior to

11 '48, and these were prior to the 6-month

12 period that we're recommending now.

13 In June of '46 they did some

14 grinding of thorium rods. In January of '47

15 there was some grinding of some thorium

16 rods. There was some concern in the

17 findings that SC&A found that we weren't

18 very explicit in how we were going to

19 reconstruct thorium.

20 We've since added that to a White

21 Paper that's being written, and it's

1 essentially a source-term model like we
2 would do for uranium.

3 You could do some Monte Carlo
4 simulations based on the, you know, activity
5 present and the shape of the material that
6 they've been working with.

7 This slide is pretty relevant to
8 what we're talking about today. If you look
9 at the production pattern over time,
10 starting in '43, '44, '45, there were some
11 rollings, I think the total package here,
12 they ran a little over one million pounds of
13 uranium through the facility.

14 But if you look at 1948, the
15 first half of '48, which is what we're
16 proposing to add, more than half of that
17 million pounds was run through the plant in
18 that time period.

19 They ran almost 600,000 pounds of
20 uranium in a very short period of time, and
21 this is the period that we're recommending
22 be added to the SEC.

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1 before we ran across this, with an
2 electrostatic precipitation technique, which
3 turned out to be abandoned later on as not
4 being a very quantitative procedure.

5 I think they had high
6 expectations that they could precipitate the
7 uranium out with some charge and that really
8 didn't work out to be the case.

9 So those things, those types of
10 measurements are very unreliable and we're
11 nowhere close to what you could, the
12 reproducibility you could get with a HASL,
13 you know, Whatman-41 type high volume air
14 sample program.

15 A substantial study was performed
16 by HASL in '58 where they did a very good,
17 typical HASL time-weighted average study of
18 the various production operations and we
19 believe that that's a very good
20 characterization for the later years after
21 the SEC period that we've added.

22 Okay. The rationale for the

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1 Class addition, the 6-month period that I
2 mentioned, again, we previously thought we
3 could use the TBD-6000 approach, but we also
4 felt that we needed to validate that.

5 It turns out that the practices
6 that were used at the site continued on
7 through that first half of 1948. They had
8 the same oversight, the Hanford oversight,
9 not the HASL involvement.

10 And so, you know, these
11 electrostatic precipitation measurements,
12 the concomitant rolling at three different
13 rolling mills, it just gave us the pause
14 that we could actually do anything with
15 sufficient accuracy and ended up with the
16 conclusion that TBD-6000 would not be
17 appropriate for this time period.

18 Here we go over the three co-
19 located rolling mills. Interestingly, the
20 1952 study was done at one station at a
21 time, and the rollings that were conducted

1 after that rolling in 1948, that 600,000
2 pound rolling, were done at one rolling mill
3 at a time, specifically the 18-inch rolling
4 mill, which in the HASL '52 study show that
5 that was the lowest of the three rolling
6 mills as they operated.

7 So we're fairly comfortable
8 saying that the '52 measurements at HASL
9 will be bounding of the rolling mill
10 operations. Okay. Again, talking about the
11 1949-'50 rollings, they were very low-volume
12 rollings.

13 These ones in 1949 and '50 were
14 in support of the Chalk River reactor in
15 Canada. These were done to try to get the
16 temperature control down.

17 It was very important when you
18 rolled uranium to keep the temperature at a
19 specific value to make sure that the uranium
20 maintained a certain degree of integrity in
21 the lattice structure.

22 So these were almost experimental

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1 type rollings. And, again, I mentioned that
2 they were only done on the 18-inch rolling,
3 which was demonstrated by HASL in '52 to be
4 the lowest of the rolling mills.

5 So, you know, again, suitable DR
6 method does not exist and the differences in
7 operational characteristics from other
8 medical working operations, we didn't feel
9 that there's any particular surrogate that
10 could be used here.

11 Okay. This is our typical slide,
12 why is everyone covered? Well we just have
13 no idea of the control in the facility of
14 who went where and when, you know, movement
15 was not prohibited throughout the site.

16 So we just feel that this has to
17 apply to everyone that was onsite during
18 that time period. And I had mentioned
19 already why we want to stop in July '48.

20 We believe that TBD-6000 is
21 appropriate after July of '48. It can bound

1 the rolling operations, but also there were
2 some grinding operations that were done that
3 we don't have air samples for, but we
4 believe the TBD-6000 can be used to bound
5 those grinding operations in those later
6 years.

7 Okay. For those who were not
8 included in the SEC as usual, we'll use any
9 internal monitoring data that we may end up
10 finding in a person's individual case file.
11 We'll perform dose reconstructions during
12 that time period to the best extent we can.

13 The external dose reconstructions
14 we believe we can reconstruct using source-
15 term models and Monte Carlo modeling from
16 '43 to '52, the same as with medical x-rays
17 from '43 to '52.

18 And the internal, of course,
19 we're going to stop the SEC at, we're
20 recommending stopping it at July 31st. For
21 the rest of that year we believe we can
22 reconstruct it again using the TBD-6000

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1 approach.

2 And external dose, we talked
3 about that. There was some onsite storage
4 here that was not typical at many of the
5 other AWEs, and so we had to account for
6 that.

7 So for the rolling days, when
8 people are exposed to billets at one foot,
9 or a billet at a foot per rolling day, we're
10 going to give 7mR per day; in the storage
11 we're going to get about a seventh of that.

12 Ten hours' exposure to a long
13 billet at one meter will give about 1mR per
14 day and that's our recommended approach for
15 that period.

16 Again, the evidence reviewed
17 indicates some workers may have accumulated
18 chronic exposures. Consequently, we believe
19 that health may have been endangered and so
20 the workers who were covered by this
21 evaluation were employed for a number of

1 work days aggregating at least 250 days.

2 And this is our summary slide of
3 feasibility. It's a little bit busy because
4 of the way we've broken this out, but we
5 believe that reconstruction is feasible from
6 August 1st '48 through 1952 for uranium.

7 For the thorium, between August
8 1st '48 and '52 there was no thorium
9 processed so that's not applicable.

10 External exposures, we believe we can do all
11 years and medical all years.

12 What's not feasible now is March
13 1st '43 through July 31, 1948, that adds
14 that 6-month period and it's the same for
15 the thorium, the thorium period is March 1,
16 1943 through 12/31/1947, because there was
17 no thorium after that.

18 With that, I'll answer any
19 questions that there might be.

20 CHAIRMAN MELIUS: Questions for
21 Jim or do you want to wait till we hear from
22 Paul? Why don't hear from Paul and then --

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1 MEMBER ZIEMER: This report,
2 again, comes from the TBD-6000 Work Group
3 and was part of our deliberations earlier
4 this month. Again, I'll remind you of who
5 the Work Group members were. I serve as
6 Chair. It's Josie Beach, John Poston and
7 Wanda Munn.

8 Dr. Neton mentioned the idea of
9 extending the SEC Class period by six
10 months, it's actually seven months. The
11 proposed extension is January 1st through
12 July 31st of '48.

13 And by unanimous vote, the Work
14 Group agreed with NIOSH that dose cannot be
15 reconstructed for the period January 1, '48,
16 through July 31, '48, and thus recommends
17 that this time period should be included in
18 the SEC Class Definition previously approved
19 by the Board.

20 So that is a recommendation from
21 the Work Group for this Board. And then a

1 related recommendation, and we voted on this
2 separately, by unanimous vote, the Work
3 Group agrees with NIOSH that dose can be
4 reconstructed for the remainder of the
5 covered period, that is, beginning August 1,
6 1948, and that SEC Class status should not
7 be recommended for work during that time
8 period.

9 So those will be our two formal
10 recommendations, Mr. Chairman, when we're
11 finished and you'll also hear from the
12 petitioner. We would consider this to be
13 two motions which you may wish to combine
14 into one, but you understand the thrust of
15 them.

16 And then to elaborate here
17 further -- okay, I need to go backwards, so
18 --

19 Okay. A brief summary of the
20 matrix issues and I might add that many of
21 these matrix issues were rather minor in
22 nature.

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1 For example, the Table 6-1, the
2 first issue had some incorrect units in it
3 and NIOSH agreed that those were incorrect
4 and we closed that issue.

5 Likewise, in Table 6-2 there were
6 incorrect units there and NIOSH agreed and
7 we closed that issue. The third issue was
8 asking that NIOSH document the 1948 as a
9 start date for site surveys.

10 Well that was really resolved by
11 the establishing of a new start date for the
12 period that we are talking about here, the
13 new start date August 1, 1948, and it was
14 agreed that surveys, it was clear that
15 surveys were done, certainly beginning in
16 that time period, so that issue was closed.

17 Also, in the SEC report, they ask
18 that NIOSH correct Table 7-1 to assure that
19 comparable units and correct working hours
20 were used, and NIOSH agreed with that and
21 that was closed.

1 Likewise, there were
2 typographical and calculational errors in
3 Table 7-2, and NIOSH agreed and we closed
4 that issue. Issue 6, SC&A felt there was an
5 inadequate description of how TBD dose
6 reconstruction methods were to be applied.

7 And actually NIOSH is to prepare
8 a White Paper on this so this issue remains
9 open, or in progress, I think, is going to
10 be the correct designation there.

11 I went the wrong way here. In
12 Issue 7, SC&A asked NIOSH to address
13 uncertainty as to whether the air
14 concentration rates are dependent on
15 production rates.

16 This was an issue that had to do
17 with the early '48 period and it now would
18 become a moot issue since the first seven
19 months of '48 will included in the proposed
20 addition to the SEC Class.

21 SC&A had asked NIOSH to evaluate
22 the degree to which pit burning of uranium

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1 renders TBD-6000 approaches incomplete as
2 being a proper surrogate, and actually this
3 issue had been addressed earlier.

4 We did not address it at this
5 last meeting because it had already been
6 addressed and closed and SC&A concurred with
7 NIOSH's White Paper on that issue, so that
8 had been previously closed.

9 SC&A asked NIOSH to document the
10 basis for 90 percent coverage of uranium as
11 a source term and that was agreed to and
12 closed. The last two items are open.

13 Well, first the need for
14 external, or to revise the external exposure
15 assumptions, this is a finding that's very
16 closely associated with the previous item
17 that I said was still open, Item 6. So the
18 White Paper that NIOSH is preparing should
19 be addressing this issue as well, so that
20 remains open or in progress.

21 And then, finally, that NIOSH

1 document sources of information on the
2 relative hazards of thorium and NIOSH has
3 agreed to provide details on this, and that
4 remains open or in progress.

5 And that completes the report of
6 the Work Group, Mr. Chairman.

7 CHAIRMAN MELIUS: Okay. Thank
8 you. I just -- well, you know, I do agree
9 with NIOSH, so I think, you know, a 6-month
10 estimate is sufficiently accurate for the 7-
11 month --

12 MEMBER ZIEMER: Plus or minus a
13 month, is that what you're saying?

14 CHAIRMAN MELIUS: Yes. We're
15 close enough. I'm not sure that counsel
16 will agree with us, but -- do that. Board
17 Members with questions, Dave?

18 MEMBER KOTELCHUCK: Yes, for Jim
19 Neton. How do you propose to handle people
20 who began work during the SEC period, but
21 did not complete 250 days until they -- but
22 worked continuously and did not complete the

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1 250 days till later into the assessment
2 period where they're not under SEC?

3 DR. NETON: Yes. We'd only be
4 able to reconstruct those doses that we can,
5 so if -- for the periods they worked in the
6 SEC, we would not be able to reconstruct the
7 internal exposures.

8 We would reconstruct their
9 external and medical exposures and then
10 once, for the period they're outside of the
11 SEC, we would do a full reconstruction.

12 MEMBER KOTELCHUCK: But if you
13 can't reconstruct -- but then the period in
14 which they are in the SEC does not count?

15 DR. NETON: The only exposure
16 that we will reconstruct is what we can.

17 MEMBER KOTELCHUCK: Oh, to be
18 sure.

19 DR. NETON: But the internal
20 exposure that we can't reconstruct, we can't
21 do it. So, yes, it would not be added to

1 their dose.

2 CHAIRMAN MELIUS: Can I interject
3 here?

4 MEMBER KOTELCHUCK: Please.

5 CHAIRMAN MELIUS: We wrestled
6 with this issue some years ago when we first
7 passed the -- approved the SEC and reviewed
8 the SEC regulations and there's no good way
9 around this.

10 To be qualified for the SEC you
11 have to have worked for 250 days and if you
12 --

13 MEMBER KOTELCHUCK: Right.

14 CHAIRMAN MELIUS: -- don't then
15 you are relying on what's available for
16 dose, you know, individual dose
17 reconstruction and that, you know,
18 throughout your work time.

19 And if some of your work time is
20 when some of your dose cannot be
21 reconstructed it just doesn't count.
22 There's no way. The way the, really the law

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1 and the regulations that, you know, follow
2 that law is set up is you have to be able to
3 qualify for the SEC or you don't.

4 There's no, you can't half
5 qualify and get half credit, or, you know,
6 partially qualify and get partial credit in
7 terms of the amount of time that you work.
8 You either meet the threshold or you don't.

9 You can meet the threshold based
10 on multiple sites of, you know, work, where
11 you've worked where there's multiple, you
12 know, SECs at multiple sites, but there's
13 just no way of, you know, if you can't
14 reconstruct that dose, you just can't
15 reconstruct it and so that just doesn't
16 count.

17 Now it may not seem always fair
18 to someone, but we really can't sort of say
19 that we can or, either we can or we can't,
20 you know, do individual dose reconstruction
21 based on a particular exposure.

1 MEMBER KOTELCHUCK: Right. So
2 basically you're saying that the close
3 reading of the law, that's what was required
4 even though it will, it could adversely
5 affect some people?

6 CHAIRMAN MELIUS: Correct.

7 MEMBER KOTELCHUCK: Who don't
8 work 250 days in the SEC period?

9 CHAIRMAN MELIUS: Correct.
10 That's how you qualify for the SEC is
11 working the 250 days.

12 MEMBER KOTELCHUCK: Yes. Thanks.

13 CHAIRMAN MELIUS: Yes, Jim?

14 DR. NETON: While I'm up here I
15 just want to add one more point of
16 information to Dr. Ziemer's presentation and
17 that is there are three open issues that
18 were identified, but it was agreed by the
19 Board, SC&A and NIOSH that none of those
20 three issues were SEC issues.

21 They were Site Profile
22 implementation issues, that is, you know,

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1 how we would actually apply TBD-6000 to
2 those cases.

3 CHAIRMAN MELIUS: Yes. I --
4 don't go away, Jim. I actually have
5 questions for both you and Paul here. This
6 concerns not the, sort of the SEC period,
7 but the post-SEC period.

8 I did not see in your
9 presentation or in the updated report any
10 sort of demonstration on how you would be
11 utilizing surrogate data and did that meet
12 the criteria that both you have set and as
13 well as the Board had set for review of the
14 use of surrogate data and how that would
15 then be applied in individual dose
16 reconstruction?

17 Now maybe I missed it from an
18 earlier presentation or it's hidden away in
19 a White Paper someplace or something. But
20 I'm a little concerned that, sort of asking
21 the Board to, you know, approve something

1 and we really aren't being presented with
2 that particular information.

3 DR. NETON: Right.

4 MEMBER ZIEMER: Well --

5 DR. NETON: Right. Well that
6 might have been implied in the addendum, but
7 we believe that TBD-6000 is applicable after
8 '48.

9 TBD-6000 was put together at
10 sites starting in 1948 and covered certain
11 operations such as grinding and shaping and
12 those type of activities, and that's the
13 type of surrogate data that we're talking
14 about here.

15 What we didn't believe was
16 covered in that 6-month period, though, was
17 this concomitant rolling of three mills and
18 such. After 1948, the middle of '48, HASL
19 took over and started doing measurements.

20 And we believe the nature of
21 those rolling activities are captured by the
22 HASL evaluations.

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1 CHAIRMAN MELIUS: Yes, but -- I
2 know what you believe, but I want you to be
3 able to demonstrate to me that you, you
4 know, went through those criteria.

5 I thought that was how we agreed
6 to approach surrogate data --

7 DR. NETON: Well --

8 CHAIRMAN MELIUS: -- as well as
9 individual dose reconstruction. And I
10 brought this up before and you seemed to be,
11 you know, not do, stopped doing that
12 recently and it applies to the Kansas City
13 facility also.

14 And, again, with surrogate data,
15 there are a number of Board Members that
16 have serious concerns about the use of it.

17 There are disagreements on the
18 Board and I really think it's important that
19 we have that information available or
20 present it to the Board if you're going to
21 ask us to approve the use of surrogate data.

1 And it's a lot easier to do if we can
2 actually see the application and see it
3 applied.

4 Now, again, now maybe this is,
5 you know, is going on for some time, maybe
6 it's a better way, maybe the Work Group has,
7 you know, done that, but I'm a little
8 uncomfortable dealing with that part of
9 this, your recommendation and the Work
10 Group's recommendation without seeing that
11 demonstration or understanding that it's
12 been done.

13 DR. NETON: Well --

14 MR. THURBER: This is Bill
15 Thurber from SC&A. I would mention that in
16 our review of the Petition Evaluation
17 Report, we did address the criteria.

18 And so one of the sections in our
19 report did address the surrogate data
20 criteria.

21 MEMBER ZIEMER: This is Ziemer.
22 Bill is quite right and, in particular, I

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1 think they went back particularly to the
2 Simonds Saw data and did validate the fact
3 that the highest data from Simonds Saw,
4 which was verified as being part of the TBD-
5 6000 supporting material, was a good
6 representation here that this type of data
7 met the criteria.

8 I don't think the Work Group
9 formally asked the question of SC&A as I --
10 or we didn't formally take action to say we
11 agree with SC&A that it meets the criteria,
12 and perhaps you're asking for that.

13 We were dealing with the matrix
14 issue and I think we were operating under
15 the assumption and SC&A seemed to believe it
16 did meet the criteria, but we did not
17 actually, I don't recall discussing that.

18 And maybe Josie or Wanda can help
19 me, but I think you're quite right. I don't
20 think we specifically discussed it in the
21 Work Group.

1 MEMBER BEACH: For my mind, I
2 remember thinking about the criteria, and I
3 don't remember the specifics of what was
4 discussed that I was okay and comfortable
5 with that criteria being met, and that might
6 have been what was in the report.

7 MR. KATZ: This is Ted just to
8 remind you, so, yes, Bill did discuss it in
9 Work Group Meeting, but you didn't actually,
10 you know, take any action on that
11 specifically, but Bill did present and
12 discuss just what he sort of reiterated very
13 briefly just now on the phone.

14 MR. THURBER: Well there's really
15 (telephonic interference.)

16 MR. KATZ: Bill, we couldn't
17 understand you there. There's something
18 wrong with the audio and your voice was
19 really garbled. Can you repeat what you
20 were saying?

21 MR. THURBER: Yes. What I said
22 was that we had included a section in our

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1 review of the Petition Evaluation Report
2 where we addressed the five surrogate data
3 criteria and as Paul said, which is
4 consistent with my recollection, that it was
5 not discussed, it was included as part of
6 the report.

7 Did you hear that all right, Ted?

8 MR. KATZ: Yes, Bill, we heard
9 you. Thanks.

10 MR. THURBER: Okay. There's some
11 other terrible noise in the background
12 incidentally.

13 MEMBER SCHOFIELD: I have a
14 question for Jim. I mean you talk about, in
15 the data about when they were running all
16 three mills how incredibly filthy it got
17 there loading the -- my concern is that I
18 can't see where they did a real good cleanup
19 at the, you know, starting in August of '48.

20 So I'm a little concerned about
21 the resuspension factor unless there's some

1 documentation that shows -- I mean if we had
2 that much loading in the atmosphere then,
3 you know, what do we have far as
4 resuspension in a mill that probably wasn't
5 cleaned up in '48?

6 DR. NETON: Yes, that's a good
7 question. Sam Glover was on the phone. He
8 might be able to answer that, in a better
9 position to answer than I. Sam, are you on
10 the phone? Sam Glover?

11 DR. GLOVER: Can you hear me?

12 DR. NETON: Yes.

13 DR. GLOVER: Sorry about that.
14 My speaker didn't work on my headphone. So
15 I wanted to address a couple things and
16 hopefully help clarify this.

17 We did, I think, very carefully,
18 go through the Board and NIOSH's criteria.
19 And I want to make sure that we very
20 carefully looked at the area of 1952 to go
21 backwards and then we could really all say
22 okay, now we have a process that matches or

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1 bounds this.

2 For residual contamination
3 specifically what we're doing is using the
4 TBD-6000 30 straight days of 24-hour
5 operations at 100 MAC, air, and we are
6 leaving that contaminated that level from
7 day one through 1952 using the updated 10 to
8 the minus 5 resuspension factor.

9 And so we were very heavily
10 contaminated again, assuming that it's
11 highly contaminated from the very beginning
12 and it stays that way.

13 And we are going to use that even
14 in the period of the SEC to do external dose
15 or use that for the residual period, the
16 post-SEC period, and there were a couple
17 contamination reports in 1949 and then, of
18 course, HASL was onsite in 1952.

19 As Jim pointed out the nature of
20 the rolling after this heavy rolling period,
21 after that span, 1949, it becomes one rod

1 going through a very temperature controlled
2 in that one mill, the 18-inch mill, which
3 was shown to be the lowest of the mills that
4 were operated.

5 So we're using the 1952 data as
6 one day where they rolled everything. They
7 used all the different mills, they used all
8 the processes so they could understand the
9 contamination at Joslyn.

10 And when they went through the
11 threading operations, the grinding
12 operation, we have data for all of those
13 operations. So we feel that, knowing
14 exactly what they did post-July of '48, that
15 we have very carefully examined the criteria
16 and have data that supports that we are
17 bounded by TBD-6000. I hope that helps.

18 CHAIRMAN MELIUS: Any additional
19 Board comments or questions? Okay --

20 MEMBER RICHARDSON: Yes. This is
21 David Richardson.

22 CHAIRMAN MELIUS: Yes, go ahead,

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1 Dave.

2 MEMBER RICHARDSON: I had a
3 question that I guess is directed to Dr.
4 Ziemer, which was in the matrix of issues,
5 Item Number 7 was address uncertainty as to
6 whether air concentration rates are
7 dependent on production rates.

8 And that issue was sort of set
9 aside as moot and I was wondering if you
10 could comment on, I had wondered about this
11 issue I guess, even that the HASL data comes
12 from 1952, looking at the histogram that Dr.
13 Neton had, but the production rates are
14 very, very low in that year.

15 They're not, they appear to be
16 zero in the second half of '52, but real
17 close to zero in the first half of '52 when
18 the air sampling was done.

19 And so, again, extrapolating back
20 to let's say the first half of 1949 and the
21 second half of 1950 then the quantities

1 being processed would be much higher. If
2 you issued a new report, it would just make
3 it that the evidence that is bounding the
4 1952 implies it's bounding in 1949.

5 MEMBER ZIEMER: David, I don't
6 think I know the answer to that. The part
7 that I was pointing out as being moot was
8 that we were originally concerned about that
9 large production area, or production rate in
10 1948, and since that moved into the proposed
11 addition of the SEC that's why that issue
12 became moot to us because that was what the
13 -- or that was the item that raised the
14 issue in the first place.

15 But looking forward, for example,
16 into '52, I would need help on that, maybe
17 Sam can help on that. I don't think I know
18 the answer to that.

19 DR. NETON: Yes, I think Sam
20 basically touched on that in his last
21 discussion, but also I don't think we're
22 just using the rolling operations, we're

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1 also doing some TBD-6000 for grinding
2 operations.

3 Sam, could you talk about that?

4 DR. GLOVER: Yes, sir. We are
5 absolutely including both sets. The rolling
6 operations are not actually the bounding --

7 DR. NETON: Right.

8 DR. GLOVER: -- TBD-6000
9 exposure. It's actually the machining
10 operations. And so we are still going to
11 use the TBD-6000 machining operations as we
12 look at these cases.

13 And so even though -- I talked
14 briefly that the data from '52 were done for
15 short periods of time, just like the Simonds
16 Saw & Steel with basic HASL when the product
17 was going through the mill, they made the
18 measurement, so they, you know, and then
19 they broke it up for later analysis.

20 Beginning in the second half of
21 '48 forward, August 1st, that's the kind of

1 rolling that Joslyn did, and even still the
2 data in '52 are on this mill called the 9-
3 inch mill, which from 1944 on, they
4 recognized was very high.

5 But they didn't do those kind of
6 rollings except for one day. And what
7 doesn't come out, is that's why you see
8 those little blips there, those are three or
9 four days of rolling per year.

10 They're not a continuous effort.
11 These are like, we come in, they crank it
12 out in two 8-hour shifts, 16 hours a day,
13 and they get them done. So there's not a
14 long, continued presence at this site.

15 Did I miss anything in there,
16 Jim, that I still need to cover?

17 DR. NETON: No, I think you got
18 that, Sam. But I guess is it true that the
19 machining operations will be bounding over
20 all those years or is it just in certain
21 time periods?

22 DR. GLOVER: It was bounding for

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1 all years.

2 DR. NETON: Right. So what I'm
3 saying is that, you know, we're confident
4 that the HASL values are representative of
5 the early years, but those are not the
6 bounding values that are going to be used in
7 the dose reconstructions.

8 The machining operations out of
9 TBD-6000 are the ones that will bound the
10 exposures.

11 DR. GLOVER: Yes, and they bound
12 all sorts of the machining operations that
13 were measured and all air monitoring data
14 from the rolling operations.

15 DR. NETON: And correct me if I'm
16 wrong, but I think that even though there
17 were only three or four days of rolling per
18 campaign, the machining operations we're
19 going to assign continue on much longer than
20 that? Is that not correct?

21 DR. GLOVER: The operation days

1 we have include the operation days for the
2 machining operations that came in. They
3 rolled a machine and the material. We will
4 still include the onsite storage of product.

5 DR. NETON: Right.

6 DR. GLOVER: You know, post, in
7 the SEC, but we know from the Hanford
8 reports and the operation, you know, when
9 the Chalk River was onsite. We have very
10 detailed records of the number of rolling
11 days, or operational days.

12 DR. NETON: That's right. I had
13 forgotten that they actually were trying to
14 get this all accomplished in a very limited
15 period of time, so the rolling and machining
16 occurred concomitantly, right?

17 DR. GLOVER: That's correct.

18 CHAIRMAN MELIUS: This is Jim
19 Melius again. This is maybe a comment or a
20 question. When I look at the SC&A report,
21 which is from March of last year, I think it
22 refers to the surrogate data use for the

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1 entire '48 to '52 time period.

2 So I think it predates this
3 decision to add the six months. Now, yes,
4 and again, I'm not trying to be, you know --

5 DR. NETON: Well --

6 CHAIRMAN MELIUS: -- picky, but
7 they're sort of saying surrogate data was
8 adequate for use for the six months that you
9 just added data.

10 DR. NETON: Well, right, but you
11 need to look at the six months, it's the
12 600,000 pounds that were rolled. I mean I'm
13 not sure what --

14 CHAIRMAN MELIUS: Well --

15 DR. NETON: Yes.

16 CHAIRMAN MELIUS: My question
17 really is, is has this surrogate data issue
18 been adequately evaluated?

19 DR. NETON: Well, we believe it
20 has, but I mean if you're not comfortable
21 with it that's --

1 CHAIRMAN MELIUS: And I question
2 both whether SC&A -- and I don't think the
3 Work Group has taken this up. And, again,
4 it may very well be valid, I'm not, you
5 know, saying it's not appropriate to do, but
6 I think there's sort of a due diligence
7 issue that we need to --

8 MR. THURBER: This is Bill
9 Thurber again. In our review -- and you're
10 correct, Dr. Melius, in the time phasing
11 that you just commented on.

12 But in our review of the
13 surrogate data before this decision was made
14 to add the six months, if you go back and
15 look through our report this was one of the
16 concerns that we raised and was tied in with
17 several of our findings that we didn't see
18 how you could average the whole of, the
19 period from January 1 of '48, through '52,
20 and we didn't feel that was right.

21 And in our review of the temporal
22 considerations we again raised this question

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1 and said to NIOSH, you need to explain why
2 the data source, which is a document by
3 Harris and Kingsley, who were part of the
4 HASL team, you need to explain clearly how
5 that data covers the period from the
6 beginning of 1948 because that particular
7 document, which is the source document for -
8 - for much of the data in TBD-6000, didn't
9 have any dates in it.

10 And, subsequent to that, and Sam
11 Glover kind of alluded to it, NIOSH did some
12 additional work and determined by comparing
13 some of the data in TBD-6000 to, I believe,
14 the data from Simonds Steel & Saw that they
15 could pinpoint when the coverage in Harris
16 and Kingsley began.

17 So this is a long, kind of winded
18 thing, but we did raise the question at the
19 time about the temporal considerations and
20 based on the additional work that was -- the
21 research that was done and the change in the

1 finding, that concern I think has been
2 addressed, at least that's my personal
3 opinion.

4 CHAIRMAN MELIUS: Okay. Thanks,
5 Bill. Any other questions or comments? I
6 would like to hear the petitioner, I believe
7 has some short comments?

8 MR. KATZ: Okay, right. One
9 second, I just need to pull it up. Okay,
10 thanks, and I'm reading because the
11 petitioner, Betty Keller, asked that we just
12 read this into the record for her.

13 Our family wishes to extend our
14 appreciation to everyone who has been
15 working with the Joslyn Manufacturing &
16 Supply SEC. We are disappointed that the
17 SEC is not covering the entire period that
18 Joslyn was declared an atomic weapons site,
19 that is through December 31, 1952.

20 We are pleased for those fellow
21 workers who have benefitted from the SEC.
22 We submitted our claim in July 2010 and

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1 remain confident that our husband, father,
2 grandfather, Ernest, Ernie Keller, qualifies
3 for compensation under EEOICPA.

4 Therefore, we will be thankful
5 for any consideration that can be given to
6 us. And that's signed Betty Keller and
7 William and Kristi Keller.

8 CHAIRMAN MELIUS: Okay. Thank
9 you, Ted. We have a motion from the Work
10 Group to approve the, I guess the modified
11 SEC as NIOSH has included in their addendum
12 report and then to, secondarily to also
13 approve the fact that the subsequent period,
14 mid-'48 through '52 not be added to the SEC.

15 I don't know if those are one or
16 two separate motions that we want to --

17 MEMBER ZIEMER: I'm going to
18 propose that you make them separate motions
19 for the following reason. It seems to me
20 that there's no reason not to go ahead with
21 the SEC portion today.

1 If the Board is not comfortable
2 on the issue of the surrogate data for the
3 remainder of the period, the Work Group can
4 certainly go back and specifically look at
5 that and we could delay action on the second
6 part of the recommendation till next time if
7 the Board so wishes.

8 But I think it's important to get
9 this additional part of the SEC added as
10 soon as possible.

11 MEMBER CLAWSON: Second it.

12 CHAIRMAN MELIUS: Okay.

13 MEMBER ZIEMER: Well that wasn't
14 a motion. I was suggesting it be two
15 motions.

16 (Laughter.)

17 CHAIRMAN MELIUS: So we have two
18 motions. So the first motion is to approve
19 the SEC addition as stated in the NIOSH
20 report, the addendum report, and what's been
21 presented here and what our Work Group has
22 agreed to, that.

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1 So any further comments or
2 questions on that? If not, Ted, do you want
3 to do a roll call?

4 MR. KATZ: Yes, thank you. So
5 I'll just do this alphabetically, Anderson?

6 MEMBER ANDERSON: Yes.

7 MR. KATZ: Beach?

8 MEMBER BEACH: Yes.

9 MR. KATZ: Clawson?

10 MEMBER CLAWSON: Yes.

11 MR. KATZ: Field?

12 MEMBER FIELD: Yes.

13 MR. KATZ: Griffon?

14 MEMBER GRIFFON: Yes.

15 MR. KATZ: Kotelchuck?

16 MEMBER KOTELCHUCK: Yes.

17 MR. KATZ: Dr. Lemen is absent.

18 Lockey?

19 MEMBER LOCKEY: Yes.

20 MR. KATZ: Melius?

21 CHAIRMAN MELIUS: Yes.

1 MR. KATZ: Munn?
2 MEMBER MUNN: Yes.
3 MR. KATZ: Poston?
4 MEMBER POSTON: Yes.
5 MR. KATZ: Richardson?
6 MEMBER RICHARDSON: Yes.
7 MR. KATZ: Roessler?
8 MEMBER ROESSLER: Yes.
9 MR. KATZ: Schofield?
10 MEMBER SCHOFIELD: Yes.
11 MR. KATZ: Valerio? Loretta, are
12 you on the line? Loretta Valerio, maybe you
13 are on mute?
14 MEMBER VALERIO: Can you hear me
15 now?
16 MR. KATZ: Yes, perfectly. Thank
17 you.
18 MEMBER VALERIO: Yes.
19 MR. KATZ: Next, and Ziemer?
20 MEMBER ZIEMER: Yes.
21 MR. KATZ: So the motion is
22 unanimous. We have one outstanding vote to

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1 collect, but the motion passes.

2 So I'll just run through the
3 second vote then if that's clear to
4 everybody. Is that correct? Yes?

5 MEMBER KOTELCHUCK: Repeat the
6 motion, please.

7 CHAIRMAN MELIUS: I think the
8 second motion from the Work Group is to
9 essentially concur that dose reconstruction
10 can be done with sufficient accuracy for the
11 time period from mid-1948 post, I guess,
12 August 1, 1948, through the end of 1952,
13 which is the period involved with the, the
14 range of this SEC petition.

15 So it would be for that time
16 period.

17 MR. KATZ: Exactly. Okay, let's
18 do this again.

19 CHAIRMAN MELIUS: Well first, we
20 have that as a motion. Paul also mentioned
21 that we can, if people wish, we can postpone

1 this and get further information.

2 I don't want to make this overly
3 formal or, I guess, so I'm looking is there
4 a second or comments from the Board Members?

5 MEMBER MUNN: Let's take the
6 vote.

7 MEMBER ZIEMER: In terms of
8 procedure, I believe if individuals wish to
9 delay this or postpone it, you can either
10 table it and then ask the Work Group to do
11 something or you can make a motion to defer.

12 MEMBER ZIEMER: Either of those
13 motions supersedes the motion to approve.

14 CHAIRMAN MELIUS: We have the,
15 the mover is also our in-house
16 parliamentarian.

17 (Laughter.)

18 CHAIRMAN MELIUS: So either I
19 need a second or I need a, to the initial
20 motion, or I need someone to make another
21 motion, whatever people wish.

22 MEMBER CLAWSON: Well let's

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1 clarify on what your motion was because now
2 I'm kind of confused on what --

3 MR. KATZ: Can I just say, I'll
4 explain. So the motion on the table is the
5 motion that came from the Work Group which
6 is to concur with NIOSH that it's feasible
7 to do the dose reconstruction for the rest
8 of the period that's under consideration,
9 the rest of the period covered by the
10 petition.

11 But, alternatively, if you don't
12 want to deal with that motion right now, you
13 can table it or defer it and that requires a
14 motion and a second.

15 MEMBER CLAWSON: I'd like to
16 table it because I don't think it's been
17 demonstrated quite yet.

18 I'd say table it right now
19 because there's still some outstanding
20 questions.

21 CHAIRMAN MELIUS: We have a

1 motion to table it, do we have a second to
2 that?

3 MALE PARTICIPANT: Second.

4 MALE PARTICIPANT: Second.

5 CHAIRMAN MELIUS: Okay. So I
6 think that's an immediate vote if I recall
7 correctly.

8 MR. KATZ: Exactly.

9 CHAIRMAN MELIUS: Yes, no
10 discussion. So, Ted, go ahead.

11 MR. KATZ: Correct, thank you.
12 So second motion, so it's to table it.
13 Anderson?

14 MEMBER ANDERSON: Table.

15 MR. KATZ: Beach?

16 MEMBER BEACH: Yes.

17 MR. KATZ: Clawson?

18 MEMBER CLAWSON: Yes.

19 MR. KATZ: Field?

20 MEMBER FIELD: Yes.

21 MR. KATZ: Griffon?

22 MEMBER GRIFFON: Yes.

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1 MR. KATZ: Kotelchuck?

2 MEMBER KOTELCHUCK: Yes.

3 MR. KATZ: Lockey?

4 MEMBER LOCKEY: Yes.

5 MR. KATZ: Melius?

6 CHAIRMAN MELIUS: Yes.

7 MR. KATZ: Munn?

8 MEMBER MUNN: No.

9 MR. KATZ: Poston?

10 MEMBER POSTON: No.

11 MR. KATZ: Richardson?

12 MEMBER RICHARDSON: Sure, yes.

13 MR. KATZ: Roessler?

14 MEMBER ROESSLER: No.

15 MR. KATZ: Schofield?

16 MEMBER SCHOFIELD: Yes.

17 MR. KATZ: Valerio?

18 MEMBER VALERIO: Yes.

19 MR. KATZ: And Ziemer?

20 MEMBER ZIEMER: Well the

21 workload's going to fall on me, but I'll

1 vote yes. I'm okay with it.

2 (Laughter.)

3 MR. KATZ: Okay. No, that's
4 good. The motion passes with one absent
5 vote and three no votes, but the motion
6 passes.

7 So it is tabled and deferred.

8 CHAIRMAN MELIUS: So it's tabled,
9 no it's tabled --

10 MALE PARTICIPANT: Tabled.

11 CHAIRMAN MELIUS: -- and tabled
12 means we take it up at our next meeting --

13 MR. KATZ: Ah.

14 CHAIRMAN MELIUS: -- which would
15 be at the -- well, it depends on which --

16 MEMBER ZIEMER: Whenever somebody
17 draws it off the table.

18 CHAIRMAN MELIUS: Yes, yes, yes,
19 yes. Yes, we have to have a vote at the
20 next -- yes, and that.

21 MEMBER BEACH: Yes, there you go.

22 CHAIRMAN MELIUS: So I think what

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1 we're asking then is for the Work Group to
2 meet and just confirm on the issue on the
3 use of surrogate data.

4 And I'll leave it to the Work
5 Group to decide whether you want or you need
6 SC&A to update their initial review that
7 we've discussed this afternoon or whether
8 that information's adequate based on your
9 further deliberations.

10 MEMBER ZIEMER: Well, I'm
11 wondering if we couldn't just ask SC&A to
12 look at their report and advise us as to
13 whether their recommendation changes with
14 this new date change. Is that appropriate?

15 CHAIRMAN MELIUS: Yes.

16 I actually have a letter prepared
17 on the first motion. The paragraph in red
18 is from --

19 MEMBER ROESSLER: Jim, could you
20 turn up the volume again?

21 CHAIRMAN MELIUS: -- our new

1 counsel. She's chosen red as her color of
2 ink, yes.

3 (Off the record comments)

4 CHAIRMAN MELIUS: Okay. I will
5 read this fairly quickly. Advisory Board on
6 Radiation and Worker Health, the Board, has
7 evaluated a Special Exposure Cohort, SEC
8 Petition 00200 concerning workers at the
9 Joslyn Manufacturing & Supply Company in
10 Fort Wayne, Indiana, under the statutory
11 requirements established by the Energy
12 Employees Occupational Illness Compensation
13 Program Act of 2000 incorporated into 42 CFR
14 83.13.

15 The Board respectfully recommends
16 that SEC status be accorded to, quotation,
17 all Atomic Weapons Employees who worked for
18 Joslyn Manufacturing & Supply Company at the
19 covered facility in Fort Wayne, Indiana,
20 from March 1, 1943, through July 31, 1948,
21 for a number of work days aggregating at
22 least 250 work days occurring either solely

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1 under this employment or in combination with
2 work days within the parameters established
3 for one or more other Classes of employees
4 included in the Special Exposure Cohort.

5 This recommendation to extend the
6 SEC Class added for individuals employed at
7 the Joslyn Manufacturing & Supply Company
8 from the previous end date of December 31,
9 1947 to July 31, 1948.

10 This recommendation is based on
11 the following factors. Individuals employed
12 at the Joslyn Manufacturing & Supply Company
13 worked on a number of projects related to
14 the manufacture and development of nuclear
15 weapons. Two, the National Institute for
16 Occupational Safety Health, NIOSH, review of
17 available monitoring data as well as
18 available process and source term
19 information for this facility found that
20 NIOSH lacked the information necessary to
21 complete individual dose reconstructions

1 with sufficient accuracy for internal
2 radiological exposures from thorium and/or
3 uranium and their progeny to which these
4 workers may have been subjected during the
5 time period in question.

6 The Board concurs with this
7 determination. NIOSH determined that health
8 may have been endangered for these Joslyn
9 Manufacturing & Supply Company employees
10 during the time period in question. The
11 Board also concurs with this determination.

12 Based on these considerations and
13 the discussions at the January 28, 2014,
14 Board meeting held in Kansas City, Missouri,
15 the Board recommends that this Class be
16 added to the SEC.

17 Enclosed is the documentation of
18 the Board meeting where this SEC Class was
19 discussed. Documentation includes copies of
20 the petition and NIOSH review thereof and
21 related materials. If any of these items
22 are unavailable at this time, they will

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1 follow shortly.

2 The third bullet there's a
3 misspelling of employees, a P left out, but
4 any comments, if they are grammatical, if
5 people would let me know.

6 Okay. Board work time, not that
7 we haven't been working.

8 So if you will all turn to your
9 October public comments, and really to the
10 spreadsheet, and I will go through these
11 relatively quickly, but sort of grouping by
12 site from our discussions.

13 And we have a -- the first eight
14 comments, number of people related to Rocky
15 Flats, this was, again, the public comment
16 period after we had approved the SEC for
17 that, so the number of these regarding the,
18 I think they're relatively straightforward,
19 either thanking us for doing the SEC or
20 thanking NIOSH or people wanting, finding
21 additional information related to further

1 work or further follow-up at the Rocky
2 Flats.

3 If nobody has questions, I will
4 move on. Then next we have three comments
5 from -- it's actually the petitioner at
6 Hanford. On that, really wanting an update
7 on the Hanford, there's actually been
8 follow-up from that.

9 There seems to be one mistake in
10 the follow-up column here where it refers to
11 Hanford, but she is referred to talk to
12 LaVon and Mark Griffon; wrong Work Group.

13 Unless that's just somehow
14 mislabeled there, I don't know. So, again,
15 I don't think it -- there has been follow-up
16 actually with the petitioner and there will
17 be more regarding the Hanford site, so I
18 think it's sort of moot.

19 And then we have a comment from
20 the petitioner at the Mound facility
21 regarding some of her concerns about the SEC
22 and the implementation of the SEC at that

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1 site, which as you all you know has been
2 complicated.

3 And some, a few comments there.

4 I think, it appears that the follow-up is
5 appropriate and I can say that the Work
6 Group has actually met by phone and actually
7 addressed these issues and clarified them.

8 So I think actually it's been
9 taken care of. There's some additional
10 Rocky Flats, starting with Number 16 here,
11 on there. Additional comments from Rocky
12 Flats. Again, I think either they were just
13 comments or they were asking for additional
14 information which has been referred on,
15 straightforward.

16 The next comment is a set of
17 comments from Dan McKeel regarding the
18 General Steel Industries, and those have
19 been referred back and followed up on by
20 DCAS staff, it appears.

21 And comments, questions from the,

1 I guess sort of procedural questions on
2 Fernald and Pantex regarding timing of some
3 of the letters and the follow-up on Fernald
4 and Pantex and then also a question
5 regarding, sort of a procedural question on
6 coverage for employees at Sandia and
7 Lawrence Livermore and how those would be,
8 sort of under what site people were sort of,
9 that were housed at Lawrence Livermore, but
10 were Sandia Livermore employees, would they
11 be covered by the Livermore SEC, and that
12 has been responded to, do that, done on a
13 case-by-case basis.

14 And I'm not sure why this one is
15 here, there's a comment from the July
16 meeting from [identifying information
17 redacted] regarding the, that the Board Work
18 Group should examine the pages withheld from
19 the FOI request that was put in.

20 I actually, I think the
21 responses, I don't think the Board's in
22 position to review a Freedom of Information

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1 request, a withheld Freedom of Information
2 request for emails and so forth because the
3 Board doesn't really have access to them any
4 more than the general public does. I think
5 that's fair to say.

6 Okay. Though I will add that the
7 Board, I think, has followed up on the
8 general issue, this is related to the Mound
9 site and the FOI and the Board has followed
10 up on those and I think the earlier response
11 to the Mound petitioner addressed at least
12 the concerns about, that that petitioner had
13 about the Mound SEC implementation.

14 And so in that sense it's been
15 addressed, but we as a Board don't really
16 have access to FOIs, email or anything that
17 the general public doesn't have in that
18 sense anyway.

19 So any comments or questions on
20 those? If not, I believe we need a motion
21 to just accept our review and follow up that

1 we've completed this. Is that --

2 MR. KATZ: You don't need to --

3 MEMBER BEACH: Jim, I'll make
4 that motion.

5 CHAIRMAN MELIUS: I guess we
6 don't. Ted tells me we don't.

7 MR. KATZ: It's in the minutes.

8 CHAIRMAN MELIUS: It's in the
9 minutes, okay. It's documented. Why don't
10 we, while we have everyone's attention here,
11 let's jump to meetings and then we'll do
12 Work Group reports.

13 MR. KATZ: So it's a scheduling
14 meetings issue. And when we have, which we
15 don't need to answer right away, but we
16 should answer pretty soon, is a location.

17 We have scheduled the July 29-30
18 meeting. We haven't talked about a location
19 for that. And, Andy, beside me says
20 Amchitka would be a nice place to go.

21 (Laughter.)

22 MR. KATZ: So you may want to

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1 think about sites we haven't been to in a
2 while that are still on the Board's plate in
3 terms of SECs.

4 MEMBER BEACH: Do we know what's
5 going to be ready for that time period? I'm
6 trying to think back to LaVon's
7 presentation. It was four --

8 MEMBER ROESSLER: Would whoever's
9 talking please try to make it a little bit
10 louder.

11 CHAIRMAN MELIUS: Yes. Can,
12 again, I remind the Board Members that we
13 need to speak closer to mike, including
14 myself.

15 MEMBER ROESSLER: Yes, especially
16 yourself, don't forget.

17 (Laughter.)

18 MEMBER ROESSLER: I didn't hear
19 much of the discussion on the public
20 comments.

21 CHAIRMAN MELIUS: Okay. I

1 apologize, Gen.

2 MR. RUTHERFORD: Ted, are we
3 talking about the August or --

4 MR. KATZ: We are talking about,
5 not August, but July.

6 MR. RUTHERFORD: July.

7 MR. KATZ: July 29th through
8 30th.

9 MR. RUTHERFORD: Well, it's
10 really going to depend on if ORNL gets
11 pushed a little bit because of the data
12 capture from down there.

13 I mean right now it's on the cusp
14 of making it, but I would really suspect
15 ORNL's going to slip. So Oak Ridge National
16 Lab, we could be possibly ready for that
17 one.

18 I doubt that Hanford's going to
19 be ready. There's a lot of work that, or a
20 lot of issues they're working through there.
21 The, let me pull my presentation up and I
22 can tell you.

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1 Los Alamos National Lab, we're
2 clearly not going to be ready there because
3 we're waiting for information back from
4 them. At least I wouldn't suspect that we
5 would get that information and be ready to
6 close that one out.

7 Savannah River Site, we're
8 already talking about. Nuclear Metals is an
9 AWE, we will be ready for that one in April.
10 Joslyn, again, is discussed here. Rocky
11 Flats, we could possibly be ready at Rocky
12 Flats again. You know, there's five
13 remaining issues of Rocky Flats.

14 Right now I think our biggest,
15 our longest pole in the tent is probably the
16 data falsification and the neptunium because
17 we're waiting on information from Los Alamos
18 National Lab, but, you know, realistically I
19 think that we could be done with that as
20 well.

21 CHAIRMAN MELIUS: My suggestion

1 is that we wait till, let's bring this issue
2 up again at our next Board call and say that
3 -- I don't think we have to make the
4 decision now, and there's enough uncertainty
5 that --

6 MR. KATZ: Okay.

7 CHAIRMAN MELIUS: Yes, that -- we
8 could go back and visit Brad, but --

9 MEMBER CLAWSON: I was going say
10 Idaho is only nice in July.

11 CHAIRMAN MELIUS: It is only nice
12 in July.

13 MEMBER CLAWSON: The temperatures
14 are back in the 30s and 40s.

15 CHAIRMAN MELIUS: Is it.

16 (Laughter.)

17 CHAIRMAN MELIUS: I think Gen has
18 the same in Minnesota, but with a negative,
19 a minus in front of it. Okay, so why don't
20 we --

21 MR. KATZ: We can wait till the,
22 probably till the teleconference, and if we

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1 can't wait that long then I'll poll you all
2 in between.

3 CHAIRMAN MELIUS: Okay.

4 MR. KATZ: So the next --

5 CHAIRMAN MELIUS: It just takes a
6 long time for them to approve it, not to --

7 MR. KATZ: Yes, it does. Indeed,
8 that's the whole issue is getting it
9 cleared.

10 CHAIRMAN MELIUS: Yes. Okay.

11 MR. KATZ: So then next is just
12 scheduling further out another
13 teleconference following that meeting in
14 July and the right ballpark is the week of
15 September 14th through 21st.

16 MEMBER MUNN: Teleconference,
17 right?

18 MR. KATZ: So this is just a
19 teleconference.

20 MEMBER MUNN: Did you say
21 October?

1 MR. KATZ: September we're
2 talking, September 14th through 21st. That
3 week is just about the right timing of it.
4 It's not essential, but it'd be on one of
5 those weeks.

6 MEMBER MUNN: So Tuesday the
7 16th?

8 CHAIRMAN MELIUS: I'm fine that
9 week.

10 MR. KATZ: Yes. So Wanda
11 suggested for folks on the line the 16th of
12 September?

13 MEMBER MUNN: Yes.

14 MEMBER ROESSLER: Sounds good.

15 MR. KATZ: Gen, that's good for
16 you. David?

17 MEMBER RICHARDSON: It's actually
18 not too good for me, but --

19 CHAIRMAN MELIUS: Is another day
20 that week better for you, Dave?

21 MEMBER RICHARDSON: Yes, later.

22 MR. KATZ: How about the 17th?

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1 MEMBER RICHARDSON: That's
2 possible.

3 MR. KATZ: Okay, the 17th, how's
4 that? Everyone in the room okay with the
5 17th?

6 MEMBER MUNN: Fine.

7 MR. KATZ: Okay, so let's say
8 that. Bill Field, is that okay with you,
9 too?

10 MEMBER FIELD: Looks good.

11 MR. KATZ: Okay. And Loretta?

12 MEMBER VALERIO: Works for me.

13 MR. KATZ: I'm sorry, September
14 17th for a teleconference. So it's just --

15 MEMBER VALERIO: It works for me.

16 MR. KATZ: Okay, super.

17 Eleven a.m. Eastern time, unless
18 that's a problem. Okay, and then the next
19 meeting subsequent to that, the right timing
20 is October 27th, the week of that, October
21 27th or November 3rd, or November 10th,

1 those weeks. That's the ballpark.

2 MEMBER MUNN: So why not choose
3 Tuesday, I mean Wednesday, the 28th or 29th,
4 no?

5 MR. KATZ: So Wanda is suggesting
6 October 28th and 29th.

7 MEMBER BEACH: Ted, none of those
8 dates work for me.

9 MR. KATZ: Okay. So what about
10 moving on to the week of 11/3, so 11/4, 5,
11 6.

12 CHAIRMAN MELIUS: The week of
13 11/3 is problematic for me. It's Election
14 Day and then another meeting.

15 MR. KATZ: Okay. All right,
16 that's Election Day, 11/10, that week?

17 MEMBER BEACH: Not good for me.
18 I'm only good from the 17th, after the 14th,
19 so you may have to schedule without me,
20 November.

21 MEMBER MUNN: What about the week
22 of October 21st, the preceding week?

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1 MR. KATZ: Well that's getting to
2 be pretty short time from the preceding
3 Board meeting.

4 MEMBER MUNN: Five weeks?

5 CHAIRMAN MELIUS: It's hard for -
6 -

7 MR. KATZ: Josie, when are you
8 gone?

9 MEMBER BEACH: I'm actually gone
10 the 15th through the 14th, so I may just
11 have to miss this one.

12 MR. KATZ: Okay.

13 MEMBER KOTELCHUCK: I'm fine. I
14 made a mistake in the --

15 CHAIRMAN MELIUS: Can you speak
16 into your mike, please, Dave?

17 MEMBER KOTELCHUCK: Surely. I
18 think I made a mistake on the 27th. I'm
19 available that week if I was one of those
20 holding us up.

21 MEMBER MUNN: You were the one

1 holding us up.

2 MEMBER KOTELCHUCK: Okay. Well
3 then that's --

4 CHAIRMAN MELIUS: No, I was also
5 holding you up.

6 MEMBER KOTELCHUCK: Well, that's
7 all right, okay.

8 MEMBER MUNN: Oh, were you?

9 CHAIRMAN MELIUS: Yes.

10 MEMBER MUNN: You're very quietly
11 holding.

12 CHAIRMAN MELIUS: Well I didn't
13 need to hold up because Dave was holding up.

14 MEMBER KOTELCHUCK: Right.

15 MEMBER MUNN: Is the whole week
16 bad for you --

17 MEMBER KOTELCHUCK: Or November -
18 -

19 CHAIRMAN MELIUS: And if I had
20 stayed quiet Henry would've held up.

21 MEMBER KOTELCHUCK: And then
22 November 3rd, how about that week now?

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1 CHAIRMAN MELIUS: Yes, that's --

2 MEMBER KOTELCHUCK: Oh, that's
3 election week.

4 CHAIRMAN MELIUS: Election Day.
5 Yes, election week.

6 MEMBER KOTELCHUCK: How about
7 after Election Day? That is Wednesday --

8 MR. KATZ: Yes, November --

9 MEMBER KOTELCHUCK: -- Wednesday,
10 Thursday, Friday of the week of the third?

11 CHAIRMAN MELIUS: I can do
12 Thursday, Friday, or -- the problem the
13 following week, there's Veteran's Day. It's
14 on the 11th, which is Tuesday.

15 MEMBER KOTELCHUCK: Yes.

16 MR. KATZ: How about for folks on
17 the phone, 11/6 and 7, November 6 and 7?

18 MEMBER VALERIO: Sounds okay.

19 MEMBER FIELD: That works okay
20 with me.

21 MEMBER RICHARDSON: That seems

1 okay.

2 MEMBER ROESSLER: That works for
3 me.

4 MR. KATZ: Okay, sold.

5 CHAIRMAN MELIUS: Yes, and given
6 our usual record here we, our meetings last
7 usually about a day and a half at most, so I
8 think people would be able to get home on
9 Friday.

10 MR. KATZ: Oh, for sure, yes.

11 So 11/6 and 7, we're going to
12 hold those. If it's only a 1-day meeting it
13 will just be the sixth.

14 MEMBER MUNN: November --

15 CHAIRMAN MELIUS: Yes.

16 MEMBER ZIEMER: So, Mr. Chairman,
17 it occurs to me that that November meeting,
18 if I've counted right is meeting number 100,
19 is that correct?

20 CHAIRMAN MELIUS: No.

21 MEMBER ZIEMER: When is 100?

22 MEMBER KOTELCHUCK: This was 96

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1 today.

2 MEMBER ZIEMER: Yes. And I'm
3 counting the others --

4 MR. KATZ: That's correct.

5 MEMBER ZIEMER: So, well, we've
6 talked off and on about having a meeting in
7 Washington, D.C., and I'm wondering if it
8 might be appropriate to do that on meeting
9 100 --

10 MEMBER KOTELCHUCK: Yes.

11 MEMBER ZIEMER: -- where our,
12 some, you know, we don't have our workers
13 there, but we have other constituent groups
14 there. Just an idea that popped into my
15 mind.

16 MEMBER KOTELCHUCK: It's a nice
17 idea, but I believe that's 99, yes? Today
18 is 96, we have two more scheduled, this is
19 the third one scheduled so --

20 MEMBER BEACH: Ninety-nine is the
21 call.

1 CHAIRMAN MELIUS: Ninety-nine is
2 the -- we have calls and the calls count.

3 MEMBER KOTELCHUCK: Calls count?

4 CHAIRMAN MELIUS: Yes.

5 MEMBER MUNN: Yes, of course they
6 do.

7 MEMBER KOTELCHUCK: Oh, okay.
8 Then that would be the 100th. Let's do
9 Washington.

10 CHAIRMAN MELIUS: Our new Board
11 Member catches on to our tricks.

12 You've been feeling so bad for us
13 all this time, now you know.

14 MEMBER KOTELCHUCK: Who's
15 counting?

16 MR. KATZ: I think we'll just, we
17 can leave open the location at this point.

18 MEMBER MUNN: We are suggesting
19 them.

20 MEMBER ANDERSON: Are these dates
21 set?

22 CHAIRMAN MELIUS: Yes.

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1 MEMBER ANDERSON: Okay.

2 CHAIRMAN MELIUS: Okay. Work
3 Group and Subcommittee Report update.
4 Brookhaven?

5 MEMBER BEACH: I have no report
6 at this time.

7 CHAIRMAN MELIUS: Fernald?

8 MEMBER CLAWSON: I have. At this
9 time we're still waiting for NIOSH and to
10 set up a time to go over the Site Profile
11 issues and with the restraints and stuff
12 they said it can be sometime this year.

13 CHAIRMAN MELIUS: Okay. Hanford,
14 we're actually waiting on a little bit more
15 data information. We've got an updated
16 matrix and if we just, probably we'll do a
17 conference call in the next couple months of
18 the Work Group to sort of at least update
19 everybody on where we are and where we see
20 this going.

21 There's been a little bit of

1 delay in terms of getting some of the
2 information, but I think we'll be back on
3 track now. Okay. Idaho, Bill?

4 MEMBER SCHOFIELD: We've got a
5 Work Group Meeting scheduled March 5th -- I
6 got to look at my calendar here, I'm sorry.
7 My mind's whipping around.

8 MEMBER BEACH: Twenty-fifth.

9 MEMBER SCHOFIELD: Twenty-fifth,
10 okay. March 25th, and hopefully all the
11 White Papers will be done by then.

12 CHAIRMAN MELIUS: Lawrence
13 Berkeley?

14 MEMBER ZIEMER: Yes, actually
15 we're in the process of trying to find a
16 date. I think it's going to be at the, it's
17 going to be early March is what we're
18 looking at.

19 Ted has actually solicited dates
20 from the Work Group members. We have all of
21 the information now from Dr. Hughes and
22 NIOSH to proceed with that meeting, so we're

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1 basically ready to go.

2 CHAIRMAN MELIUS: Kansas City?

3 MEMBER BEACH: I've just got a
4 real brief update. I understand we'll be
5 talking about it later.

6 CHAIRMAN MELIUS: Yes.

7 MEMBER BEACH: Let's see, we'll
8 be needing to task SC&A with ER review and
9 matrix development during our tasking
10 portion. We are also in the process of
11 working on scheduling a classified document
12 review in Germantown for, I'm hoping, the
13 end of February, mid-March.

14 All Work Group members are
15 looking at their calendars. And we hope to
16 schedule a Work Group meeting in the future,
17 but I can't give you any dates at this time
18 until we come out with the report.

19 CHAIRMAN MELIUS: Yes, okay.

20 LANL?

21 MEMBER GRIFFON: Yes, a very

1 brief update. NIOSH is continuing to work
2 with LANL on some questions on the later
3 years with regard to compliance with 10 CFR
4 835, and we haven't set our Work Group
5 meeting up yet, but as soon as they make
6 some progress on that, we'll probably set a
7 Work Group meeting up.

8 CHAIRMAN MELIUS: Mound?

9 MEMBER BEACH: Yes. I want to
10 give just a brief final update on the Mound
11 log book questions. Mound petitioners had
12 raised concerns at the last Board meeting.

13 The concerns were reliance on
14 tritium log books to generate lists of
15 workers whose recorded tritium bioassays
16 would make them eligible for inclusion in
17 the SEC Class, questions on whether the
18 records were complete and accurate.

19 And, secondly, NIOSH's decision
20 not to make use of the tritium bioassay
21 entries in the MESH electronic database.
22 The Mound Work Group held a teleconference

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1 on November 26, 2013, with NIOSH and with
2 the petitioners on the line to discuss these
3 concerns.

4 NIOSH discussed the MESH database
5 and how tritium bioassay entries were
6 handled, and it was noted that the tritium
7 log books represented the primary record of
8 who would have been given the bioassays,
9 that NIOSH has had no experience with any
10 claimants having a recorded MESH bioassay
11 entry without one in the log books.

12 You remember an 83.14 was granted
13 for those time periods where the log books
14 were missing. NIOSH also discussed what it
15 had done from a quality control standpoint
16 to ensure that the DOL list of tritium
17 bioassay workers was adequately and
18 accurately transcribed.

19 The multiple QC steps included
20 line by line reviews by a second reviewer,
21 re-scanning of illegible entries, and final

1 analysis by senior QC reviewer.

2 Only one name could be positively
3 identified and that name was later confirmed
4 to be a visitor from another DOE site. The
5 petitioner was satisfied with this
6 explanation as was the Work Group.

7 So at this time, I'm considering
8 those issues closed. However, the Work
9 Group is still awaiting Site Profile review
10 from NIOSH, and I don't know if we have a
11 date for that at this time.

12 I would know, but I don't have my
13 computer so I can't pull it up real quick.

14 CHAIRMAN MELIUS: Okay.

15 MEMBER BEACH: Thank you.

16 MR. RUTHERFORD: Yes, we're
17 expecting May of this year.

18 MR. RUTHERFORD: The last
19 excerpt, the last TBD revision is the
20 external TBD revision, and that is the
21 longest one and it's May of 2014.

22 MEMBER BEACH: Thanks. I had

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1 reviewed that and forgotten the date, so I
2 appreciate your looking that up quickly.

3 CHAIRMAN MELIUS: Be ready there,
4 LaVon. Yes, and I would just like to thank
5 the Work Group and NIOSH for following up.
6 I think, you know, as a result of the FOI
7 for emails, I think there's a lot of
8 concerns and appropriately on the part of
9 the petitioner, and I'm glad that we were
10 able to, you know, take actions that would
11 address their concerns and be able to, you
12 know, at least keep moving along on this
13 site.

14 MEMBER BEACH: Yes.

15 CHAIRMAN MELIUS: So thank you,
16 everybody. Nevada Test Site, Brad?

17 MEMBER CLAWSON: That's in the
18 same, we've got the matrix from SC&A and
19 everybody's had a chance to look at those.
20 We're just trying to get a date to be able
21 to sit down and set up a Work Group for

1 that.

2 CHAIRMAN MELIUS: Okay. A Work
3 Group meeting, you have a Work Group.

4 MEMBER CLAWSON: Yes, Work Group
5 meeting, excuse me.

6 CHAIRMAN MELIUS: And you've got
7 a computer, too.

8 (Laughter.)

9 CHAIRMAN MELIUS: No excuses.
10 Oak Ridge National Lab, Gen?

11 MEMBER ROESSLER: This is Gen.
12 Can you hear me?

13 CHAIRMAN MELIUS: Yes, we can.

14 MEMBER ROESSLER: Oh, good. It's
15 kind of one-sided, but anyway, LaVon wanted
16 Newburg NIOSH to have their presentations at
17 the next full meeting, but as you've heard
18 from LaVon this morning, there is still some
19 delay waiting for data to be evaluated.

20 We're waiting for data from ORNL,
21 so April's in question. But that would
22 leave it for probably the next Board meeting

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1 in July and I was not able to hear what
2 LaVon said a little bit ago.

3 LaVon, maybe you can comment,
4 does that sound like July would be feasible?

5 MR. RUTHERFORD: Yes, Gen, can
6 you hear me?

7 MEMBER ROESSLER: I can hear you,
8 yes.

9 MR. RUTHERFORD: Okay. Yes, we
10 should have all of the information ready for
11 the July Board meeting. I would suspect it
12 would be shortly after the April Board
13 meeting, but again that's dependent on the
14 site's response on our search requests that
15 we had, that last search request.

16 MEMBER ROESSLER: Okay, thank
17 you.

18 CHAIRMAN MELIUS: Yes, and I know
19 that DOE is following up on that also.
20 Pantex?

21 MEMBER CLAWSON: We have nothing

1 at this time.

2 CHAIRMAN MELIUS: What might you
3 have in the future?

4 (Laughter.)

5 MEMBER CLAWSON: In the future,
6 when NIOSH has time we still have some Site
7 Profile issues to bring to an end.

8 CHAIRMAN MELIUS: Okay. I knew
9 the answer, but it's on the record.
10 Pinellas?

11 MEMBER SCHOFIELD: Okay. They've
12 done some more interviews on the tritium
13 issues and monitoring. They've also
14 requested a large number of boxes of data to
15 go through.

16 One of the holdups is they're
17 looking at the tritium smear analysis and
18 assessing its impact on unmonitored dose and
19 that's where we stand with Pinellas.

20 CHAIRMAN MELIUS: Yes. If I
21 understood the SC&A report, that there's
22 some concern that methods you have used in

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1 the past for dealing with these issues won't
2 work or something?

3 DR. NETON: Yes, actually that's
4 correct. I'm not sure whether SC&A
5 identified it or we did, but --

6 CHAIRMAN MELIUS: Well I read
7 their report and I --

8 DR. NETON: Oh, you read the
9 report, okay.

10 The issue is that we're going to
11 apply the method that was used at Mound,
12 which was the surveys for tritium to bound
13 the potential tritide exposure.

14 It turns out at least in one
15 procedure it appears that the material was
16 dissolved and filtered before it was
17 measured, which would filter out any
18 tritides.

19 So we're trying to get to the
20 bottom of that. It doesn't seem intuitive
21 that they would do that and that's why we

1 conducted the interviews. I guess those
2 didn't really prove to be very fruitful.

3 And so now that we've identified
4 this cash of records, tritium records that
5 we want to go through to see if we can
6 validate what actually happened with those
7 tritium smears.

8 CHAIRMAN MELIUS: I would just
9 add, I mean thanks for the update and I
10 think we understand. I'll just add that's
11 sort of a long standing site, and a hard,
12 difficult one.

13 DR. NETON: And the fact that
14 it's the only remaining issue that I'm aware
15 of.

16 CHAIRMAN MELIUS: Yes.

17 DR. NETON: So we do need to put
18 this bed. It was ready to be closed until
19 we realized that the method that we were
20 using wasn't valid.

21 CHAIRMAN MELIUS: You know the
22 plan was always to -- let's close Mound --

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1 DR. NETON: Yes.

2 CHAIRMAN MELIUS: -- deal with it
3 on Mound and then we'll be set. So best
4 laid plans, but anyway, thank you, Jim.
5 Phil, Fort Smith, Paducah, K-25?

6 MEMBER SCHOFIELD: The only
7 outstanding issue is how we're going to deal
8 with some of the tritium and then we'll be
9 able to do a conference call I think to
10 finish that out.

11 CHAIRMAN MELIUS: Okay. Mark,
12 Rocky?

13 MR. RUTHERFORD: Can I correct
14 that one little bit? It's actually dealing
15 with the high-enriched uranium, the neutron
16 exposure; it's not the tritium.

17 MEMBER SCHOFIELD: Oh, yes, on
18 site.

19 MR. RUTHERFORD: Yes. And this
20 is tied up with the USEC that, getting the
21 information from USEC that we're waiting on.

1 MEMBER GRIFFON: I'm Rocky Flats.

2 CHAIRMAN MELIUS: Yes.

3 MEMBER GRIFFON: And I think Stu
4 kind of, I mean LaVon kind of answered this
5 earlier, but they are continuing to work on
6 the data validity questions, the neptunium
7 question, and also I think they've got some
8 more leads on this Tiger Team-like report,
9 the multiple volume report.

10 I think they're trying to still
11 run that down, but have some leads on it is
12 what I understand. So, no scheduled
13 meeting, but they're continuing to work on
14 those issues.

15 CHAIRMAN MELIUS: Okay, great.
16 Sandia? Dick Lemen isn't here. I don't
17 know if anybody knows what's --

18 MR. RUTHERFORD: Yes. We're
19 looking at the post-1994 period. We are
20 working on scheduling a site visit, too. We
21 want to do some additional interviews also,
22 some data capture to look at the post-'94

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1 period.

2 However, it's kind of pushed out
3 a little bit because of priorities and some
4 of the funding. So I'm thinking April
5 timeframe we'll be doing that. It would be
6 later in the year before we would have any
7 updates on that.

8 CHAIRMAN MELIUS: Okay. Thank
9 you. Santa Susana?

10 MEMBER SCHOFIELD: They've
11 actually spent most of last year working on
12 some files. They had about 14,000 files
13 they had to extract. They data-mined by
14 hand.

15 That's been done in both the
16 internal and external, data has been
17 reviewed and put in for coworker models and
18 that's undergoing internal review right now
19 at NIOSH.

20 CHAIRMAN MELIUS: Okay. Mark,
21 Savannah River?

1 MEMBER GRIFFON: Savannah River,
2 we have a meeting scheduled for next work,
3 Work Group meeting, and recently NIOSH
4 provided, I think it was last week or two
5 weeks ago, NIOSH provided SC&A with White
6 Papers on remaining thorium and neptunium
7 issues for Savannah River.

8 I think there are still some
9 questions on this, a sampling plan for this
10 subcontractor database question, and I don't
11 know if NIOSH is going to come forward with
12 that yet.

13 But the notion of whether the
14 issues of the subcontractors' data being
15 available on these databases came up in
16 prior reviews and there's a question about,
17 they want to, I think, sample the database.

18 Yes, go ahead, Jim, if you want
19 to comment on this.

20 DR. NETON: Well I'm not sure
21 that we've decided we want to sample the
22 database.

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1 MEMBER GRIFFON: Oh.

2 DR. NETON: Yes, I thought that
3 was maybe going to be discussed at the Work
4 Group meeting whether it was --

5 MEMBER GRIFFON: All right.

6 DR. NETON: -- worth going after
7 that database.

8 MEMBER GRIFFON: Okay.

9 DR. NETON: Because we had some
10 additional -- and we re-interviewed the
11 person who made some of those early remarks
12 and there's additional information to
13 discuss.

14 MEMBER GRIFFON: Yes. Okay. It
15 will certainly be a topic of discussion
16 anyway.

17 DR. NETON: Yes. And then after
18 that Work Group meeting, we'll make a
19 decision as to how to proceed.

20 MEMBER GRIFFON: Okay.

21 CHAIRMAN MELIUS: Yes, my

1 understanding from, I think some of the
2 discussions at our prior meeting was that it
3 was a question of, I think it's a question
4 of validation, right?

5 MEMBER GRIFFON: Yes.

6 CHAIRMAN MELIUS: And to validate
7 into the database is going to be a large,
8 very large task, and so I think the Work
9 Group needs to focus on, you know, is there
10 an alternative to that or not, I think. I'm
11 not going to judge that, but --

12 MEMBER GRIFFON: Yes.

13 CHAIRMAN MELIUS: -- that seems
14 to be the issue because --

15 MEMBER GRIFFON: Right.

16 CHAIRMAN MELIUS: And it's hard
17 to think how you, you know, if there's
18 questions then they almost, yes, push
19 buttons having to validate them. It's
20 tricky.

21 DR. NETON: Yes.

22 MEMBER GRIFFON: Yes.

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1 CHAIRMAN MELIUS: Okay. But
2 you'll have the answer for us next week?

3 MEMBER GRIFFON: Answer the next
4 time, the next meeting, yes.

5 CHAIRMAN MELIUS: Dave
6 Richardson, Scientific Issues? Dave, are
7 you on the line?

8 MEMBER RICHARDSON: Yes, I am.

9 CHAIRMAN MELIUS: All right, we
10 can hear you.

11 MEMBER RICHARDSON: We didn't
12 have a (telephonic interference.)

13 CHAIRMAN MELIUS: Hold on, Dave.
14 We're having trouble.

15 (Off the record comments)

16 MEMBER RICHARDSON: Can you hear
17 me?

18 MR. KATZ: Yes, that's much
19 better.

20 CHAIRMAN MELIUS: Yes, it's
21 better now. Yes, go again.

1 MEMBER RICHARDSON: Okay. I had
2 hoped that we were going to, I was going to
3 be able to schedule the meeting before this
4 one, but we haven't met since then. I have
5 nothing to report except that it's high on
6 the intention list.

7 CHAIRMAN MELIUS: Okay, fair
8 enough. Thanks, Dave. SEC Cohort Issues
9 Group, I think we've already reported. It's
10 the 250-day issue, so we're moving along.

11 Dave Kotelchuck, Subcommittee on
12 Dose Reconstruction?

13 MEMBER KOTELCHUCK: Yes. We last
14 met on November 20th. Our next scheduled
15 meeting is this coming Thursday, February
16 6th at 10:00 a.m. For better and worse
17 we're continuing to do our work by
18 conference calls.

19 In terms of the blind reviews,
20 first Grady at the last meeting reported
21 that they had done nine blind reviews of
22 ORAU data, that is internally, and they had

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1 agreement on the decisions in all the cases.

2 For Set 17, the six blind reviews
3 that SC&A is doing, the first three have
4 already been long reported. The next two,
5 four and five, are almost done, they're
6 being done in internal review and we should
7 get a report from that soon, and that leaves
8 one to go.

9 So we don't have a final result
10 on any of the last three, but two-thirds of
11 them will be done soon. In our dose
12 reconstruction, we still have one case from
13 Set 9, from Huntington, it's a TBD issue,
14 and hopefully that will get resolved
15 sometime soon.

16 On Sets 10 through 13, which
17 we've been working on for a long time, it's
18 almost done. We have Rocky Flats, LANL --
19 we've finished Rocky Flats, LANL, Paducah,
20 Portsmouth, Hanford has one remaining, and
21 we chose cases for Set 18 now.

1 At our next meeting we expect to
2 go over the five remaining, Oak Ridge
3 National Laboratory, and we have twelve
4 other ones scattered in seven plants and I
5 don't know how many of those we'll get to go
6 through or how many will be done by the time
7 of next meeting.

8 So that, I think that completes
9 our report.

10 CHAIRMAN MELIUS: Okay. Thank
11 you. I just had two things, one is that,
12 you know, there are some concerns about the
13 delays because of the government issue, you
14 know, budget issues, in terms of awarding
15 contracts and so forth.

16 So, Dave, if you can keep in
17 touch with Ted and we'll be in touch with
18 SC&A. We've had a little juggling and
19 trying to figure out what's appropriate, how
20 to keep this process moving.

21 But there may be some, you know,
22 delays or, just simply because of the

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1 contract process.

2 MEMBER KOTELCHUCK: Right. We
3 will keep track.

4 CHAIRMAN MELIUS: Yes.

5 MEMBER KOTELCHUCK: And stay in
6 touch.

7 CHAIRMAN MELIUS: Secondly, I
8 believe during this last set of, where the
9 Board Members were reviewing, I believe it
10 was Wanda brought up an issue where she was
11 very concerned about an error that was,
12 appeared to have been made in a dose
13 reconstruction, and I think actually
14 somebody else pointed out another error if I
15 recall correctly.

16 It was sort of a question on a,
17 you know, procedurally what happens in that
18 case and I think what we've said in that
19 case was to bring it to the attention of,
20 you know, DCAS, you know, leadership and get
21 it addressed at least so they know and can

1 follow up rather than waiting for it to go
2 through the whole resolution process.

3 My recollection going back a
4 number of years, early on, is that we had a
5 similar issue arise and that was the
6 procedure the Board had approved and so
7 forth.

8 So for any other Board Members
9 and for SC&A, when that does occur and, you
10 know, let's, you know, move on it and get it
11 addressed so we don't have to wait for the
12 whole process to do that.

13 MEMBER KOTELCHUCK: Yes, okay.

14 CHAIRMAN MELIUS: Yes.

15 MEMBER KOTELCHUCK: Also, in case
16 there was -- I may have used the phrase next
17 Thursday, it is, the next meeting of the
18 Subcommittee is February 6th. I think I
19 said that, but I may have also referred to
20 it later as next Thursday and it is Thursday
21 a week.

22 MR. KATZ: This is Ted just

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1 adding on to what Dr. Melius just explained.
2 I have advised SC&A also, in addition to all
3 of what he just said, but for when they come
4 across these types of cases where they have
5 concern that the decision might change, even
6 before they have even necessarily managed to
7 bring it to, you know, present it to the two
8 Board Members that review each of these
9 cases, but to notify me up front and try to
10 get this addressed sooner just for the sake
11 of timeliness.

12 CHAIRMAN MELIUS: Yes. No,
13 again, these are very rare instances. I was
14 not, and obviously because we didn't all
15 recall the old procedure we had discussed,
16 you know, probably seven or eight years ago
17 or something.

18 I think it's some sign that it's
19 not something that happens commonly, but
20 when it does, let's move and get it
21 addressed, so we'll do that.

1 And probably by the time it
2 happens again we'll have forgotten again,
3 but what can you do? Wanda, Subcommittee on
4 Procedures?

5 MEMBER MUNN: We have not met
6 since our last Board teleconference and
7 therefore I have nothing new to report.
8 We're due to meet on February 13th for our
9 next meeting.

10 The prior one on which I reported
11 before was November 7th. Very quickly,
12 broad brush, against what I have already
13 spoken to you about, we are focusing much
14 more currently on PERs than we have before.

15 At the time of our last meeting
16 there were 46 total PERs out there and 23 of
17 them had been assigned. We're covering
18 quite a bit of material with those PERs.

19 Y-12's TBD revision is attached
20 to PER 31 and there are currently some --
21 there's a thorium issue involved there
22 that's still active.

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1 PER 30 was a Savannah River Site
2 TBD, and that's now done; it's completed.
3 We have PER 14, that's the construction
4 trade workers issue, still has several open
5 items that we're dealing with.

6 We have, both our Subcommittee
7 and the Dose Reconstruction Subcommittee has
8 had occasion to address issues with respect
9 to skin exposure and particulate deposition.
10 You are going to see, I think, White Papers
11 that will clear that up.

12 There was to be a technical call
13 about that issue last month, I believe, but
14 that didn't come to fruition simply because
15 the parties had discussed this and it's my
16 understanding that there is agreement on
17 several items that were of concern.

18 So we may have something new for
19 you after our meeting on the 13th. PER 20,
20 which was the Blockson TBD review has now
21 been resolved and should be closed by the

1 time our next meeting comes around.

2 There were a couple of responses
3 that were still needed for, or two issues,
4 we'll see how those go next time. K-25 TBD
5 and TIB revisions are covered by PER 11 and
6 we have several responses, I think, are
7 going to resolve three of those, or two of
8 those issues next time.

9 The stratified coworker data sets
10 issue out of Report 53 has been referred to
11 the SEC Work Group and it's our
12 understanding that there will be a report on
13 that next time.

14 So, I could go on individually,
15 but I don't think it really gets us
16 anywhere. We have OTIB-83 which we'll be
17 addressing next time and 34 which is
18 internal dosimetry coworker data sets for X-
19 10 that are coming up next time.

20 And we have, I hope, had the
21 advantage of having a new look at SC&A's
22 report for their coordination activities in

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1 recent months.

2 If you've seen that, then you've
3 seen the total report from where we are and
4 what we've done. We've addressed more than
5 600 individual findings and over 80 percent
6 of those are now complete.

7 So we're doing well, depending
8 upon what the next set of PERs bring for us
9 and how thorny the few remaining issues are
10 that we have. Thanks.

11 CHAIRMAN MELIUS: Thank you,
12 Wanda. Both Paul and I, who are on the SEC
13 Review Group, appreciate some clarification
14 later about what you referred to us.

15 MEMBER MUNN: Okay.

16 CHAIRMAN MELIUS: Because we're
17 confused.

18 MEMBER MUNN: All right.

19 CHAIRMAN MELIUS: Do that, but in
20 the interest of time, let's move along.

21 Next, TBD-6000?

1 MEMBER ZIEMER: Well we now have
2 additional work for TBD-6000 based on the
3 Board's action earlier today so we will be
4 scheduling a meeting to deal with the Joslyn
5 issues.

6 The other thing we have on our
7 agenda is Simonds Saw & Steel. We last
8 dealt with them in the summer of last year
9 during one of our meetings in June.

10 In the subsequent months, there
11 have been some materials being prepared by
12 NIOSH in response to the SC&A issues and
13 questions.

14 The last item we were awaiting
15 was on Issue 7 from, I don't remember what
16 it was exactly, but it's Issue 7 from NIOSH,
17 and I believe that now has been completed.

18 I'm trying to recall whether or
19 not NIOSH has, or whether SC&A has received
20 that. Jim is shaking his head no. I
21 thought I got a report from Tom Tomes
22 earlier that they were done or about done

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1 with Issue 7.

2 DR. NETON: Tom Tomes has
3 finished his review of the response, but
4 it's an internal review.

5 MEMBER ZIEMER: Oh, it's an
6 internal viewing going on, okay.

7 DR. NETON: It should be out
8 shortly though.

9 MEMBER ZIEMER: Right.

10 DR. NETON: Very shortly.

11 MEMBER ZIEMER: So that will be
12 going to SC&A very soon and once they are
13 done with their review plus the review of
14 the Joslyn issue, why, we'll schedule a
15 meeting on those two items we need to deal
16 with.

17 Actually there's some other
18 issues at Simonds Saw & Steel. I think
19 Issues 2 through 5 are basically agreed to
20 already between SC&A and NIOSH and we'll be
21 able to close.

1 We still need to deal with I
2 think Issues 6 and 7. In SC&A's Board
3 Coordination Document, which I think was
4 just referred to a moment ago by Wanda,
5 there is a more detailed description of some
6 of these things including the Simonds Saw &
7 Steel.

8 So I appreciate SC&A, your work
9 on that document because it helps us, too,
10 on the Work Groups.

11 CHAIRMAN MELIUS: I appreciate
12 the SC&A document also, and by submitting it
13 late, I get it just as I'm leaving the
14 office to go to the airport, so I had to
15 print out and, you know, read it. That was
16 good timing. I was forced to pay attention
17 to it.

18 I had actually missed it. I
19 emailed Ted the night before, I think, to
20 ask him where it was because I hadn't seen
21 it, but anyway thank you. It is helpful to
22 have that and the effort involved. Son of

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1 TBD-6000?

2 (Laughter.)

3 MEMBER ANDERSON: We are
4 currently in abeyance. So where we have
5 completed most of our active reviews, I
6 think we're waiting for some information at
7 new sites to come to us, but Site Profiles
8 have been reviewed and we're basically
9 waiting to close those out when the
10 revisions are written and in place.

11 CHAIRMAN MELIUS: Okay. Thank
12 you. Surrogate data is, so maybe it's in
13 abeyance?

14 MEMBER ANDERSON: Yes.

15 CHAIRMAN MELIUS: And Weldon
16 Spring I believe the same, want to do that?

17 MEMBER ANDERSON: Yes.

18 CHAIRMAN MELIUS: Worker
19 outreach?

20 MEMBER BEACH: I actually have a
21 report this time.

1 CHAIRMAN MELIUS: Okay.

2 MEMBER BEACH: So last year, SC&A
3 completed their review of Objective 3 for
4 LANL. That review was completed by NIOSH
5 and the report given to the Work Group on
6 the 7th of January.

7 So we just received that. SC&A
8 should have their review completed mid-March
9 and back to the Work Group. There may be a
10 technical call if needed to discuss any
11 clarification issues there.

12 That has not been scheduled, but
13 should be done within SC&A and NIOSH if
14 that's needed. When that is complete, then
15 we will look for a, either Work Group call
16 and/or meeting.

17 Also, moving forward, the Work
18 Group needs to think about and decide what
19 this Work Group's mission's going to be
20 moving forward, whether we're going to take
21 the two reviews that are completed now,
22 remember Rocky and LANL, and look at those

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1 two reviews and decide what we learned to
2 give us a path forward potentially, maybe a
3 third site or to focus on something else.

4 We did have some 10-year review
5 items that we haven't addressed and I'm not
6 sure really what the path forward on those
7 will be.

8 And then the Worker Outreach
9 meetings, you know, how involved we want to
10 be in reviewing those. So we have some
11 questions and some things to work out in the
12 future here.

13 CHAIRMAN MELIUS: I think if you
14 could prepare either a short document or
15 maybe even a short PowerPoint to, for our
16 next meeting where we could just, so we
17 could talk about what makes sense to do in
18 terms of follow-up.

19 I mean something to work off of
20 so people can think about it rather than --

21 MEMBER BEACH: Yes, and I --

1 these are just, I have just been thinking
2 out loud on these. I don't know if that
3 PowerPoint will come after we finish the
4 review and the Work Group discusses the LANL
5 report, but, yes, I agree that's a good
6 idea. Thank you.

7 CHAIRMAN MELIUS: Yes, whenever
8 you think it's appropriate, that's all.

9 MEMBER BEACH: Okay.

10 CHAIRMAN MELIUS: I just don't
11 want to leave it to sort of -- so it's --

12 MEMBER BEACH: No, I won't do
13 that.

14 CHAIRMAN MELIUS: -- be left
15 undone, yes.

16 MEMBER BEACH: It will really be
17 done.

18 CHAIRMAN MELIUS: Yes, that's all
19 so we can -- yes. No, I know you will do
20 it. I just was -- I think do it, you know,
21 sooner, but when you think it's ready and we
22 can keep active.

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1 MEMBER BEACH: Okay.

2 CHAIRMAN MELIUS: It's an
3 important Work Group, but it is tricky in
4 terms of its charge --

5 MEMBER BEACH: I agree.

6 CHAIRMAN MELIUS: -- and what to
7 do and so forth, okay.

8 MEMBER BEACH: Thank you.

9 CHAIRMAN MELIUS: Good. Dave,
10 you had your hand --

11 MEMBER KOTELCHUCK: Yes. I was
12 just wondering. We, the Dose Reconstruction
13 Subcommittee sent a Huntington case, our
14 last case in Set 9, sent it in a while ago.

15 I wondered where it is. I didn't
16 hear it mentioned in the TBD Reports. I do
17 not remember what the details of it were in
18 terms of what was the issue.

19 It's been sitting around for a
20 long time, months. Does anybody have, do
21 the TBD people know that we sent in? I

1 think Mark was still Chair when we sent it
2 in if I'm not mistaken.

3 MEMBER MUNN: Well we had a PER
4 on Huntington, 25 I think, but there was
5 others.

6 MEMBER KOTELCHUCK: Ah. There's
7 a PER on Huntington.

8 MEMBER MUNN: Twenty-five and 33.

9 MEMBER KOTELCHUCK: Okay. Is
10 that completed?

11 MEMBER MUNN: It's completed and
12 I believe there were no findings.

13 MEMBER KOTELCHUCK: Oh.

14 MEMBER MUNN: I mean I'd have to
15 double check to make absolutely sure there
16 are.

17 MEMBER KOTELCHUCK: And we would
18 follow up, too. Thank you.

19 MEMBER MUNN: You bet.

20 CHAIRMAN MELIUS: Yes, John?

21 MR. STIVER: Can everybody hear
22 me? Yes, this is John Stiver. I just

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1 wanted to get an elaborate on this
2 Huntington issue. I think there are two
3 different things.

4 There was one finding left in Set
5 9 for Huntington that still hasn't been
6 closed out yet. There's also a PER, 25 and
7 33 combined, which are delivered.

8 We've got the Sub Task 4 Review
9 completed for 25, which has been delivered
10 in December, and also for 33, that was
11 delivered in January.

12 And there was also, kind of
13 concurrent with the discussion in DRSC, we
14 had a matrix of our Huntington Pilot Plant
15 Site Profile update review, which were
16 addressed within that particular venue.

17 So there's sort of three
18 different aspects of the Huntington that
19 came to play in this. That's all I have to
20 say.

21 MEMBER KOTELCHUCK: Good.

1 FEMALE PARTICIPANT: Thank you,
2 John.

3 MEMBER KOTELCHUCK: Thanks.

4 CHAIRMAN MELIUS: Yes, Paul?

5 MEMBER ZIEMER: As long as, and
6 Dave, you're still sort of on the hot seat
7 there, Dave Kotelchuck --

8 MEMBER KOTELCHUCK: Surely.

9 MEMBER ZIEMER: -- I'm going to
10 ask you a question, or maybe Mark can help
11 answer it.

12 MEMBER KOTELCHUCK: Okay.

13 MEMBER ZIEMER: About when is the
14 last time that we have reported to the
15 Secretary of Health and Human Services on
16 the findings of our dose reconstruction
17 audits?

18 MEMBER KOTELCHUCK: I'm glad you
19 asked that question because I forgot to
20 address it in my report. First, it was a
21 long time ago and I --

22 MEMBER ZIEMER: That's what I

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1 thought.

2 MEMBER KOTELCHUCK: But we are
3 preparing to send in a report and at the
4 last meeting we agreed that we would start
5 working on the, reviewing the last report
6 and get set to put out a report from our
7 committee, subcommittee.

8 I don't have a sense of date on
9 that, we're just starting that now, but we
10 definitely have begun.

11 MEMBER ZIEMER: Okay. All right,
12 thank you very much.

13 MEMBER KOTELCHUCK: Yes.

14 MEMBER ZIEMER: One of the
15 primary responsibilities of this Board in
16 addition to handling the SECs, for example,
17 and the other things we do is informing the
18 Secretary as to whether or not the dose
19 reconstructions are, I forget the exact
20 phrase, but basically scientifically sound
21 is what the words I'll use. I don't think

1 that's the exact words from the legislature,
2 or legislation.

3 But in any event, it seemed to me
4 it's been a long time and wouldn't it be
5 appropriate, and it sounds like you're
6 getting there, that when we reach Meeting
7 100 that we're ready to give a status report
8 on that question because that's one of our
9 prime responsibilities.

10 MEMBER KOTELCHUCK: Well that
11 sets us a good, a timeframe for trying to
12 get it done. I'm sure we'll make.

13 MEMBER ZIEMER: That's just my
14 opinion, but --

15 MEMBER KOTELCHUCK: No, no, but -
16 -

17 MEMBER ZIEMER: The Chairman may
18 have a different idea. He may want it
19 sooner than that.

20 CHAIRMAN MELIUS: No. My comment
21 was going to be that we probably should
22 start, one is I agree we need to do that

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1 report. One is we probably should start
2 sooner rather than later because the Board
3 has taken awhile to wordsmith and figure out
4 the wording and reach an agreement on how
5 the information should be reported and
6 portrayed.

7 And it's not just simple
8 wordsmithing, so it's --

9 MEMBER KOTELCHUCK: Yes.

10 CHAIRMAN MELIUS: I think it's
11 more, you know, sort of half full, half
12 empty glass issues, you know, and I think
13 it's important.

14 Now maybe it'll be easier now
15 that we've done more. It's harder at first
16 because the sample was smaller, but it's not
17 an easy report to do because this whole
18 program is so interconnected between dose
19 reconstruction, Site Profile, SECs, it's
20 that.

21 MEMBER KOTELCHUCK: Good.

1 CHAIRMAN MELIUS: So anyway, Jim,
2 talk to Mark, and he's here today --

3 MEMBER KOTELCHUCK: Yes, and good
4 advice. And I've never been a participant
5 in developing one of these reports, or
6 participating in it, so I have not a clear
7 sense of deadline or --

8 CHAIRMAN MELIUS: Well you --

9 MEMBER KOTELCHUCK: But this is
10 helpful and we will move along.

11 CHAIRMAN MELIUS: Yes. I will
12 tell you, compiling the data is the easy
13 part.

14 MEMBER KOTELCHUCK: Yes.

15 CHAIRMAN MELIUS: But then again
16 maybe you'll bring a new perspective and who
17 knows. But just in case --

18 MEMBER KOTELCHUCK: Yes.

19 CHAIRMAN MELIUS: And, again, I'm
20 not faulting anybody on the Board or
21 anything for that, it is a difficult, trying
22 to, you know, summarize the program and a

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1 lot of work in a relatively short and
2 straightforward, you know, letter --

3 MEMBER KOTELCHUCK: Right. And I
4 will be leaning on Mark who was the Chair
5 most of the period in which the report will
6 cover.

7 CHAIRMAN MELIUS: Okay. And that
8 concludes our Work Group Reports unless I
9 skipped somebody. I hope I didn't. And any
10 other Board business we need to do?

11 MEMBER BEACH: Jim, what about
12 tasking? Can we do that now or do we need
13 to wait on that?

14 CHAIRMAN MELIUS: Tasking what?

15 MEMBER BEACH: For Kansas City,
16 for --

17 CHAIRMAN MELIUS: We do that
18 after it, I think.

19 MEMBER BEACH: After the, okay.

20 CHAIRMAN MELIUS: Yes, yes.
21 That's the only one we have.

1 MEMBER BEACH: Okay, thank you.

2 CHAIRMAN MELIUS: I think it's
3 more appropriate until we could do it now.
4 Okay. So it's a quarter of four, why don't
5 we take a break. We're scheduled to start
6 with presentations on the Kansas City SEC at
7 4:15, and so we will reconvene, you know,
8 sharply at 4:15 and do that.

9 That's what we're scheduling, and
10 some people are here all ready, more I
11 suspect will be coming in, so let's go from
12 there. Thank you.

13 (Whereupon, the above-entitled
14 matter went off the record at 3:46 p.m. and
15 resumed at 4:13 p.m.)

16 CHAIRMAN MELIUS: Good afternoon,
17 everybody. My name is Jim Melius. I am the
18 Chair of the Advisory Board on Radiation and
19 Worker Health.

20 A couple of sort of housekeeping
21 items and so forth. We will do a series of
22 presentations here, first a presentation

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1 from NIOSH on their review of the Special
2 Exposure Cohort petition related to the
3 Kansas City facility. We'll hear from them.
4 The Board Members will then ask questions of
5 them about the report and so forth.

6 Then we will hear from the
7 petitioners about that. Then we will take
8 any time for, the Board Members may have
9 questions for the petitioners.

10 Board Members may have comments.
11 They may want to take some action, I suspect
12 in terms of referring the report for further
13 evaluation.

14 That'll be up to the Board Member
15 but that's our usual practice so I don't
16 think we'll be reaching any final judgments
17 on the report or the recommendation from
18 NIOSH at this meeting.

19 Then we will go into what we call
20 the public comment period and we'll go into
21 that directly. We're not going to wait till

1 5:30. I think there are a significant
2 number of people here and it doesn't make
3 sense to take a break or split up that.

4 So it is important, helpful I
5 should say, though not absolutely necessary,
6 that if you do wish to make public comments
7 that you do sign up at the front desk there.

8 Again, it helps us. I use the
9 list just to call people in order and so
10 forth, you know, which order of people
11 comment. Gives us something to work off of.

12 But if you didn't get a chance to
13 sign up, there'll be time, you know, at the
14 end to make those. If you do sign up,
15 decide you don't wish to make public
16 comments, you're welcome not to speak.

17 So as, you know, we go through
18 this process and as you understand the
19 process, there will be additional time for
20 public input into this process and into our
21 decision, what we recommend.

22 So I don't think you need to, you

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1 know, be concerned this is the only
2 opportunity. You may want to think about
3 it. You may have other information that you
4 know and can come back with at a later point
5 in time or wish to contact people about so
6 go from there.

7 So we will start with the
8 presentation from NIOSH and Grady Calhoun
9 from NIOSH will be presenting the NIOSH
10 Evaluation Report.

11 I believe copies of that report,
12 a full report, are over on the table there.
13 You can get them now or that's also
14 available on the website.

15 I think, as you may or may not
16 know, all the information on what we do as a
17 Board, including our Work Groups and all our
18 Evaluation Reports and so forth, are
19 publicly available.

20 So they will be available through
21 the NIOSH website and the people at the

1 front desk, other people here can help you
2 if you're not aware of how to access this
3 with that.

4 So go ahead, Grady.

5 MR. CALHOUN: All right. I guess
6 do I sound okay?

7 CHAIRMAN MELIUS: Yes.

8 MR. CALHOUN: All right, I'll try
9 to stay close to this.

10 CHAIRMAN MELIUS: And just also
11 for people that, excuse me, Grady, but, you
12 know, we do have some Board Members that
13 couldn't be here today but are on the phone
14 so you'll hear people on the phone asking
15 questions at some point or commenting, so.

16 MR. CALHOUN: All right. Okay,
17 as far as an overview goes, we received the
18 petition on March 12th, 2013.

19 The requested Class Definition
20 was all Bannister Federal Complex employees
21 who worked at the site from 1949 to present.

22 We qualified the petition for

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1 review July 1st, 2013, based on radiation
2 exposures and doses potentially incurred by
3 members of the proposed Class were not
4 monitored either through personal or area
5 monitoring.

6 Okay, we started the Evaluation
7 Report evaluation period consistent with the
8 start of AEC operations.

9 Then we looked back at 160 claims
10 with employment of 1994 or later and that
11 coincides with implementation of 10 CFR 835
12 to determine a potential end date for the
13 evaluation.

14 We found no apparent or
15 potentially inadequately monitored exposures
16 after 1993.

17 So the Class that was ultimately
18 evaluated was all employees who worked in
19 any area of the Kansas City Plant in Kansas
20 City, Missouri, from January 1st, 1949
21 through December 31st, 1993.

1 Okay, as far as some background
2 goes, there's a Main Manufacturing Building.
3 It's the main structure. Has about 2.7
4 million square feet of space and it houses
5 the primary KCP manufacturing operations.

6 From the beginning, the principal
7 operation at the plant was to make non-
8 nuclear components of nuclear weapons. That
9 involved machining and fabrication of metals
10 and plastics, plating, microelectronics and
11 electrical and mechanical assembly.

12 They currently make about 85
13 percent of the non-nuclear components for
14 the U.S. atomic stockpile.

15 As far as the work with
16 radioactive material goes, they did work
17 with natural uranium. They machined some
18 uranium slugs and handled billets from
19 February '51 to December 1952. This work
20 was performed in the Main Manufacturing
21 Building.

22 A total of just a little bit more

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1 than 313,000 pounds of natural uranium was
2 machined into slugs and they had the
3 capacity to produce 1,000 slugs a day.

4 In addition to the machining,
5 they also inspected and assembled uranium
6 components from May 1950 to February 1955,
7 also in the Main Manufacturing Building,
8 Department 3A.

9 As far as depleted uranium work
10 goes, that took place from 1958 to about
11 1971. They machined and inspected DU
12 products in Department 20.

13 And that's the primary source of
14 radiological exposure, was associated with
15 machining these items that contained DU
16 oxide. The program using the depleted
17 uranium oxide ended in 1972.

18 Also did some magnesium-thorium
19 alloy work. It was supplied by Dow. It was
20 HK-31 alloy, which is approximately three
21 percent thorium.

1 This work went on from May 1st,
2 1957 to April 5th, 1979. They machined and
3 fabricated classified items that contained
4 the magnesium-thorium alloy in two areas of
5 the Main Manufacturing Building, Department
6 20 and the Model Shop.

7 They did have operational
8 controls in place that we found in documents
9 to prevent and control airborne generation.

10 Thorium oxide powder work, we
11 found a document that said that there was
12 some work with thorium oxide powder and so
13 we looked into that a little bit further to
14 find out what that was and it was very small
15 quantities.

16 After we looked into it more,
17 turns out that they had about 100 grams on
18 site and they would make solutions as needed
19 throughout one year and they used about 20
20 grams of the material.

21 Okay, we have a couple incidents
22 of note that occurred at the site. The

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1 first one that I'll go through is the erbium
2 tritide. That happened in September 30th,
3 1987.

4 A worker removed the cover of a
5 W80 Data Analyzer and noticed that the
6 interior was not decontaminated as required
7 and he replaced the cover.

8 They surveyed the analyzer and
9 the work area and the contamination was only
10 detected inside of the unit, not on the
11 outside of the unit, and it was 986 dpm per
12 100 square centimeters tritium.

13 The analyzer was returned to
14 Sandia National Laboratory for
15 decontamination.

16 Urinalysis was performed for that
17 worker who removed the cover and the results
18 indicated no detectable activity for tritium
19 as erbium tritide, solubility Class M if
20 anyone's interested. This was an isolated,
21 one-time incident.

1 Okay, the other one is
2 promethium-147. This was at least started
3 in February 10th, 1989. It's 100 percent
4 beta-emitting radionuclide, 224 keV max.

5 Basically it was a failure of a
6 source integrity and it spread
7 contaminations to multiple locations inside
8 and outside of the facility.

9 There was quite an extensive
10 investigation into this incident. They
11 ended up monitoring 97 individuals
12 internally to find out if there was any
13 intakes. No intakes were discovered.

14 They also inspected several
15 workers' homes. In one actually they found
16 contamination that needed to be
17 decontaminated.

18 Okay, sources of available
19 information are the Site Profile TBD-6000
20 used to model internal doses for natural
21 uranium during machining operations. We
22 have the KCP Site Profile used to describe

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1 DU internal doses and external doses.

2 We reviewed approximately 1,645
3 Research Database documents, conducted 19
4 interviews with people, on site for the most
5 part, and we did our normal cadre of
6 standard data searches.

7 Okay, as far as the dose
8 reconstructions that we've done at this
9 site, we have 672 cases were submitted for
10 dose reconstruction. Six hundred and sixty-
11 five of those were in the period that we're
12 evaluating for the SEC.

13 Six hundred and eight of those
14 have been completed, sent on to Department
15 of Labor. Thirty-five of those had internal
16 dosimetry records supplied with the case and
17 103 of those had external dosimetry records
18 supplied with the case.

19 Okay, as far as personal
20 monitoring data that we have, as far as
21 internal monitoring data, routine bioassay

1 data, which was urinalysis, was available
2 for the DU work. It started in 1959 until
3 1971.

4 We have air sample data, one dust
5 sample analysis in 1952 and then we get into
6 routine, fixed-air gross alpha counts
7 monitoring from 1958 to 1971 in the Main
8 Manufacturing Building.

9 Okay, also we have air sampling
10 data for the magnesium-thorium operations.
11 The gross alpha was being done throughout
12 the Main Building as I said earlier.

13 But in 1970 they did an
14 evaluation of all the magnesium-thorium
15 machining operations in the model shop and
16 this was more of a breathing zone type
17 approach.

18 And basically what they found is
19 that the long-lived contaminants in the air
20 that they were finding, which would be the
21 thorium, was at background levels and the
22 short-lived activity was less than E minus 9

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1 microcuries per mil air and that's generally
2 attributed to radon/thoron.

3 As far as external monitoring
4 data goes, we have accessed a little bit
5 fewer than 14,000 records that include
6 monitoring data for deep dose, shallow dose,
7 extremity dose and neutron dose and that's
8 from 1950 to 1993.

9 KCP participated in the DOELAP
10 performance testing using Landauer-provided
11 services beginning in October of 1992.

12 Okay, we've recently obtained
13 copies of routine contamination surveys from
14 1959 to 1969 and 1990 to 1993. There's some
15 radiation surveys in there as well.

16 We also have contamination survey
17 and some volumetric sampling data from the
18 '84 to '86 decontamination activities.

19 Okay, as far as sources of
20 exposure at the site, we could have
21 inhalation and ingestion of uranium and

1 thorium by workers. We have residual
2 airborne radioactive contaminants that may
3 have been present after operations ceased.

4 External sources include
5 photon/beta exposure from uranium and
6 thorium and small amounts of surface
7 contaminations that was present after
8 operations ceased as well.

9 We also have neutron radiation
10 sources there. It's a pulsed-neutron
11 generator that we have, and we also have
12 some plutonium-beryllium sources there and
13 that started after 1965.

14 Additional external sources
15 include just isotopic sources that they used
16 for a variety of different things. They
17 used for manufacturing quality control, like
18 measuring thickness. And they also have
19 some radiography-type devices, x-rays and
20 electron generators. Accelerators I mean,
21 sorry.

22 Okay, from all this information

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1 we believe that the available monitoring
2 records, process descriptions and source-
3 term data are adequate to complete dose
4 reconstructions with sufficient accuracy for
5 the evaluated worker Class.

6 And the approach is going to be
7 that for the natural uranium operations
8 we're going to use TBD-6000 to estimate the
9 KCP internal exposures when dosimetry is not
10 available.

11 After the natural uranium
12 operations but before the actual DU internal
13 monitoring started, which is the period
14 March 1st, '55 through August 11th, 1959,
15 we're going to use the maximum measured
16 gross alpha air sample during the post-
17 operation period that was done when handling
18 uranium.

19 And TBD-6000 methodology will be
20 used to bound air concentrations for workers
21 with less exposure potential than the

1 machine operators.

2 As far as the magnesium-thorium
3 operations, we have a couple different
4 control levels that were instituted at the
5 site.

6 At the beginning of operations in
7 '57, we had a control level of 9E to the
8 minus 11 microcuries per ml. In October of
9 1959, they lowered that limit to 3E to the
10 negative 11 microcuries per ml.

11 Gross alpha fixed air monitoring
12 was done in the Main Manufacturing Building
13 during the first 13 years of this operation
14 and they maintained operations at 2.85E to
15 the negative 12 microcuries per ml on
16 average and less than 8.55 10 to the
17 negative 11 microcuries per ml maximum over
18 that time frame.

19 Okay, just as a little note here,
20 the limit of 9E to the negative 11 would
21 equate to about 27 milligrams per meter
22 cubed of total dust in air and that's not a

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1 very well-tolerated concentration of dust
2 for a full shift.

3 In 1970 they actually performed a
4 work site, breathing-zone air sampling. It
5 was also gross alpha and validated that
6 their process doesn't generate, I'd say
7 significant airborne radioactivity than
8 none.

9 This validation was performed
10 prior to the cessation of fixed air
11 monitoring in 1971.

12 Okay, during the mag-thorium
13 operations, to bound the internal exposures
14 for machine operators, we'll use their
15 initial engineering limit of 9E minus 11 and
16 apply it as a constant for 5-1-57 through
17 10-31-1959.

18 We'll use the lower engineered
19 limit, 3E to the minus 11 microcuries per
20 ml, and apply it as a constant distribution
21 from 11-1-59 through 4-30-1979.

1 Any ingestion doses we'll assume
2 and calculate those through our OCAS-TIB-
3 009, and we'll also be assigning thoron
4 doses and those we're going to use the
5 highest 1970 short-lived sample that we've
6 got, which is 5.1 working level months per
7 year.

8 TBD-6000 methodology will be used
9 to bound air concentrations for Classes of
10 workers with less exposure potential or that
11 spent less time in the machining areas than
12 the machine operators.

13 Okay, after magnesium-thorium
14 operations ceased but before the facility
15 D&D, we'll assume that the air concentration
16 at the end of the operation was the lower
17 limit, the 3E to the negative 11.

18 And then we'll use the
19 deposition, resuspension and depletion
20 models to assign intakes after that point,
21 and then we'll still assign ingestion doses
22 derived using our OCAS-TIB-009.

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1 The thoron dose basis for this
2 period will start at the 5.1 working level
3 months, which was our maximum per year, and
4 we'll use the same depletion rate as we
5 depleted the thorium to determine exposure
6 for each year of this period.

7 And, again, TBD-6000 will be used
8 to bound air concentrations for Classes of
9 workers with less exposure than that of the
10 machine operators.

11 Okay, bounding uranium intakes
12 after the magnesium-thorium operation
13 ceased, what we'll do is we'll use the
14 maximum measured surface contamination
15 survey taken during DU, which is depleted
16 uranium, machining operations and it's going
17 to be used to model a starting point air
18 concentration for the post-operational
19 period.

20 We'll apply a resuspension factor
21 of $1E \text{ neg } 5$ and that yields a concentration

1 of 0.27 picocuries per meter cubed for the
2 end of the post-operation period May 31st,
3 1984.

4 Depletion rate will be applied to
5 the initial air concentration to determine
6 the remaining activity available for
7 inhalation and ingestion for machine
8 operators during each year of this post-
9 operation period.

10 Bounding uranium intakes -- Okay,
11 I got that still. Okay, TBD-6000
12 methodology will be used to bound air
13 concentrations for Classes of workers, as
14 with the other ones, with less exposure
15 potential than those of the machine
16 operators.

17 Okay, there were D&D activities
18 took place June 1st, 1984 through September
19 3rd, 1986.

20 Rockwell employees were
21 monitored. Barriers were set up around the
22 work areas and continuous air monitoring was

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1 performed outside the perimeter so we will
2 use the dosimetry for those individuals.

3 They monitored uranium-238 at 1E
4 minus 12 microcurie per ml control level,
5 and we will assume that the Kansas City
6 Plant employees were exposed at the
7 perimeter air concentrations during the
8 decontamination period.

9 So the summary is that from
10 January 1st, '49 through December 31st,
11 1993, we determined that the external dose
12 reconstruction is feasible and the internal
13 dose reconstruction is feasible, and that's
14 all I have.

15 CHAIRMAN MELIUS: Okay, thank
16 you. Board Members with questions. Paul.

17 MEMBER ZIEMER: Grady, just for
18 the record, you didn't mention medical x-
19 rays or annual chest x-rays or whatever.

20 MR. CALHOUN: Right, but we do
21 have those and we will include those in the

1 dose reconstruction.

2 MEMBER ZIEMER: Thank you.

3 MR. CALHOUN: I'm sorry about
4 that. Those will be included.

5 CHAIRMAN MELIUS: Josie, then
6 Brad.

7 MEMBER BEACH: I just had a
8 question on your personal monitoring data.
9 You said KCP participated in DOELAP starting
10 in '92, and it's always been my
11 understanding that when sites were in that
12 program it's because they were forced to
13 based on lack of, they weren't monitoring --

14 MR. CALHOUN: No, it wasn't
15 because of lack of performance. All sites
16 had to come into compliance with DOELAP
17 standards according to -- I think the DOE
18 RadCon Manual then 10 CFR 835 were the
19 drivers behind that. It was everybody had
20 to that was in a DOE complex unless you got
21 a waiver.

22 MEMBER ZIEMER: Can I also

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1 respond to that? You're exactly correct
2 because that was right after the Tiger Teams
3 visited virtually all of the sites and the
4 RadCon Manual went into effect as did Part
5 835 of the Code of Federal Regulations which
6 required this of all the DOE sites.

7 CHAIRMAN MELIUS: Yes, Brad.

8 MEMBER CLAWSON: You were
9 speaking earlier of, I believe it was
10 '51/'52, the machining of the uranium and so
11 forth. How are you going to handle the fire
12 that they had?

13 MR. CALHOUN: I don't know that
14 off the top of my head. I don't have that
15 detail.

16 MEMBER CLAWSON: Okay, because
17 it's in the Site Profile there and there was
18 fire in that and it was fairly well
19 documented. I guess we'll address that down
20 the road but we need to keep that in mind
21 then.

1 MR. CALHOUN: Sure, sure.

2 CHAIRMAN MELIUS: Yes, Henry.

3 MEMBER ANDERSON: Yes, I noticed
4 at the start that there were quite a number
5 of claims that have been already processed
6 but most of them had no dosimetry records.
7 What methodology was used for those earlier
8 cases to do dose reconstruction?

9 MR. CALHOUN: When we had
10 dosimetry, we used it. When we didn't have
11 dosimetry, we assigned some degree of
12 ambient as well as x-rays, medical x-rays.

13 MEMBER ANDERSON: Okay.

14 CHAIRMAN MELIUS: Yes, it's Jim
15 Melius. Just to follow up on that, I'm
16 trying to understand some of the same
17 issues, and in a couple places here you
18 refer to using TBD-6000 methodology for the
19 non-machine operators, people that were not
20 machine operators.

21 I'm trying to understand exactly
22 what you mean by TBD-6000 methodology, where

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1 that data would be coming from and, second,
2 the rationale for, you know, distinguishing,
3 you know, people didn't operate machines
4 from people that did in terms of sources of
5 data and why that differential is justified.

6 MR. CALHOUN: Right. The
7 methodology's outlined in the ER and it's
8 like a scaling factor that's done for the
9 people who have a lower potential of being
10 exposed.

11 And we would determine that by
12 looking at job category, looking at plant
13 history and we may even be able to get our
14 hands on some of the access control logs.

15 CHAIRMAN MELIUS: So that's how
16 you would determine who fell into the
17 categories, correct?

18 MR. CALHOUN: Yes.

19 CHAIRMAN MELIUS: And my question
20 was what was the methodology? So it would
21 be based on using Kansas City data or based

1 --

2 MR. CALHOUN: And individual data
3 as well from the CATIs.

4 CHAIRMAN MELIUS: Yes. Okay, no,
5 no. I'm talking about the actual dose
6 reconstruction methodology, not how you
7 placed people into those categories.

8 MR. CALHOUN: What we do is we
9 end up using the airborne that we would use
10 for the machine operators and it's scaled
11 down to the others.

12 CHAIRMAN MELIUS: Okay. That's
13 the clarification I was looking for, okay.
14 Anybody else with questions at this point?
15 On the phone, any of our Board Members on
16 the phone have questions?

17 MEMBER FIELD: This is Bill.

18 CHAIRMAN MELIUS: What did he
19 say?

20 MALE PARTICIPANT: This is Bill.

21 CHAIRMAN MELIUS: I know it's
22 Bill. Bill, did you have questions or, I

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1 had trouble hearing you then.

2 MEMBER FIELD: Yes, I said no
3 questions.

4 CHAIRMAN MELIUS: Oh, okay. I'm
5 sorry, I couldn't hear that. Okay, do that.
6 Okay, we'll move on and I'd like to hear
7 from our petitioners now, Mr. Copeland.
8 Whoever wants to go first can go first, Mr.
9 Copeland or Mr. Knox.

10 MR. COPELAND: Yes, I'm Maurice
11 Copeland. One thing, I'd like to start, you
12 know, where the iron is hot. He just
13 mentioned access control. This is a way of
14 judging the exposures of people around the
15 materials.

16 Everyone should know that access
17 control, I think the committee should know,
18 they did the investigation, that we did not
19 have access control in that plant for
20 decades.

21 The access control did not start

1 until the late '90s or mid '90s, so when
2 they're basing this information to judge
3 whether the exposures on the people were
4 proper, you're only going for a few years
5 there. We're not going back to 1949.

6 Nowhere in that plant did I have
7 to sign anything but an x-ray to get into
8 when I was in the apprenticeship program and
9 I was apprentice for six years as a tool and
10 die maker. I'd like to find out how they're
11 going to do the dose reconstruction on the
12 model of me, a tool and die maker.

13 Now, let me first tell you why
14 I'm here. I'm here to put a face, a human,
15 flesh and bones person that worked in that
16 plant, in front of you, to let you know that
17 I am no fool.

18 And, no, I do not think that as
19 our petition says that they can't do dose
20 reconstruction or even can do dose
21 reconstruction on all personnel. I don't
22 believe that what I asked for is possible.

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1 But I also do not believe that
2 what they're saying, that they can do dose
3 reconstruction on all personnel. They can't
4 do it. It's impossible.

5 They do not know what went on in
6 that plant. That plant went from 2,000
7 people to 8,000 or 9,000 people overnight.
8 You got 100 machines for 100 machinists and
9 you got 300 machinists walking around. What
10 are you going to do with these people?

11 Now, the government always finds
12 something for people to do. I'm a Vietnam
13 veteran, okay? And before I went to
14 Vietnam, my MOS was a personnel management
15 specialist. I went to the best school so I
16 know how to burn papers too and know how to
17 lose documents. I went to Fort Benjamin
18 Harrison and I got the best, okay?

19 Now, when we deal with what went
20 on at that plant, I'm a machinist. I'm a
21 tool and die maker. You're going to judge

1 my exposures. You don't know what I did.
2 There's no way possible. The only way you
3 know is I tell you and I've done it many
4 times in sworn testimony and I've been on
5 reviews also.

6 When I was in Vietnam, you will
7 see Maurice Copeland personnel management
8 specialist and you're going to judge my
9 movement by my MOS.

10 I was not a personnel management
11 specialist in Vietnam, okay? So my
12 exposures or whatever happened to me in
13 Vietnam is not what you're going to get on
14 that paper, just like the documents that
15 you've got.

16 The work I did at that plant, and
17 I want you all to understand it. When you
18 judge what I'm saying, you judge everybody
19 else.

20 When we went from 3,000 to 9,000
21 people, we loaned people out to every
22 section of that plant and every section of

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1 that facility, of that facility.

2 We had people that were
3 machinists for five years and never ran a
4 machine while they were out there. They
5 might have been out at the barrel lot, on
6 the skid wash or out somewhere on the
7 buildings and grounds.

8 The classifications that you're
9 dealing with, that you're classing and that
10 you're dealing with people, some of the
11 classifications you don't even have. We had
12 a buildings and grounds when we first went
13 there and those people handled the buildings
14 and grounds.

15 Just to show you the scope of
16 what I'm saying about the exposures, we
17 dealt with Agent Orange at that complex
18 every day. Do you have that? When we're
19 able to talk about that, are you going to
20 deal with the Agent Orange that people dealt
21 with that weren't trained to handle this

1 stuff that took care of the buildings and
2 grounds?

3 Okay, so these things that I'm
4 going to mention to you, I'm going to put a
5 human face and let you know what went on in
6 that plant.

7 I see a lot of Department 20 and
8 the Model Shop. Back in 2001, the
9 Department of Labor came here and we had a
10 town hall at Bartle Hall. Some people may
11 remember that. In that town hall, they were
12 laying out the program of the EEOICPA.

13 In that town hall, one of the
14 people got up and says, hey, my name is
15 [identifying information redacted] and I
16 worked in the Model Shop.

17 The man on the podium said hold
18 it. Don't say another word. You people are
19 special, the Model Shop, and I know they're
20 special because I was a model maker. I was
21 a model maker supervisor.

22 And he took those people off to

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1 the side after the meeting was over with and
2 he talked to them. I said can I talk to
3 you? And he just looked at me. Well, he
4 didn't know I was their supervisor but he
5 would not let me have that conversation.

6 I would like to know with your
7 investigation and what you do to tell the
8 people in the Model Shop, tell the people in
9 the tool room, tell the people in TEM, tell
10 the people in Department 20, which I worked.
11 I ran those billets. I ran every machine
12 that those billets were run on.

13 Not only did I run them, during
14 the time period that you state here they
15 were doing remediation, when did that
16 happen? I was in that department first,
17 second and third shift and if he was doing
18 it, fine. Remediating a machine while I'm
19 on it, Maurice Copeland should have had a
20 dosimeter badge on at some point.

21 And you say that you was doing

1 medical evaluation from x-rays. All those
2 years we took physicals every two to five
3 years. We came in the plant on being hired
4 taking a physical. We came in in a certain
5 condition so we were fit to work.

6 Throughout the process of those
7 two- to five-year physicals, I think
8 something was changing them folks and what
9 we would hear on these changes was stop
10 eating so much bacon.

11 It wasn't take care of yourself
12 around the beryllium. Watch your benzene
13 intake. It wasn't none of that stuff. It
14 wasn't do you work in Department 20 or the
15 Model Shop?

16 I think that the scrutiny that
17 you're going on to measure or to do a real
18 dose reconstruction is not on what actually
19 happened.

20 This is the cold war and cold war
21 means one thing like any other war. It
22 means casualties. That's what war is.

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1 And it's funny that the United
2 States government has never mentioned the
3 casualties of the cold war and the only
4 reason I can suspect that that wasn't done
5 is because the casualties of the cold war
6 were in-house. The production of nuclear
7 weapons is not pretty.

8 In the last year, in the last few
9 months, you may even, I can get someone,
10 [identifying information redacted] to say it
11 today, that the nuclear weapons industry and
12 what went on at Honeywell is no different
13 than what goes on in any other manufacturing
14 company.

15 Tell me, tell me, if it's no
16 different than what goes on at any other
17 manufacturing company, I think the federal
18 government ought to start going and
19 scrutinizing these other places too.

20 Now, we might as well be truthful
21 about this thing flat out and just put it

1 out on, we cannot do a dose reconstruction
2 on all classifications at that plant. It's
3 no way possible. It's no way possible
4 because you don't know the footsteps.

5 It's no way possible for
6 Honeywell to give you this information and
7 expect for you to really believe it when our
8 footsteps went outside of that plant all
9 over Kansas City.

10 It went to GSA. We had garage
11 sales at GSA where we sold equipment,
12 machinery, no spark tooling, all types of --
13 we advertised all across Missouri for people
14 to come in. They would sit out in that
15 parking lot and have tailgate parties.

16 This is back in the '60s. We
17 advertised all over the country, all over
18 the state of Missouri. We had people come
19 in from St. Louis, Springfield to buy that
20 equipment.

21 Not only that, you're going to
22 measure dose reconstruction, measure my

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1 wife. The plant ordered us, ordered us, to
2 take our equipment home that we had worked
3 with for 30 years, all the residue and
4 anything else that we have been exposed to.

5 And like I said, I worked in the
6 Model Shop. I was a Model Shop supervisor.
7 I worked in Department 20. I ran those
8 billets in that three-sided room with those
9 big rubber, two-inch-thick flaps. I ran it.

10 Did you know that? How you going
11 to do a dose reconstruction on Maurice
12 Copeland? How are you going to do a dose
13 reconstruction on anybody that I worked with
14 doing that job?

15 Here, here is a good question to
16 shut the whole thing down. Why hasn't the
17 plant done an inspection like they did at
18 GSA? That was very carefully done.

19 The IG, CDC, EPA all did
20 investigations. Did a dose cluster, I mean,
21 a cluster for illnesses over here at GSA and

1 did not go to the source of the
2 contamination.

3 And the only reason that they did
4 not go to the source of the contamination,
5 things smell around here, is because they
6 said DOE did not invite them in. Invite
7 them in? GSA owned the plant, own the
8 facility and we got to be invited in? Why
9 would they duck that?

10 Why not go up and get the cluster
11 investigation done to find out all of the
12 pancreatic cancers and all the cancers that
13 came out of Bendix, out of the side?

14 We need that. In order for you
15 to do the proper dose reconstruction, I
16 think you ought to look for the cancer
17 clusters, the brain cancers that came out of
18 that plant. And people that are suffering
19 from them right now, right now.

20 You even had consultants that
21 were hired in that plant in 2001. 2001, the
22 company contracted with ex-employees to do a

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1 site analysis of that plant. I think you
2 ought to go back and look at what those
3 people wrote about that plant.

4 And when you look at what they
5 wrote, note the names of the people that
6 wrote it and then go back to NIOSH and see
7 how many of them filed a claim after writing
8 what the company wanted about how clean the
9 place was but they filed claims for how
10 dirty it caused them, the illnesses that it
11 caused them.

12 We might as well look at this for
13 what it really is. You know for a fact that
14 you cannot do a credible dose reconstruction
15 on everybody in that plant. There are
16 certain classifications, it's no way, no way
17 you can do a credible dose reconstruction.

18 Like I said, you can pull it up
19 in any record from Bendix, from that place.
20 I'm the one that was running those billets
21 in Department 20. I am one of them.

1 I ran the same equipment and if
2 they were remediating that equipment they
3 were remediating it while I was running it
4 and never told me. They should have gave me
5 a dosimeter badge.

6 Not only that, get your President
7 Christian Tilly, who I have given you many
8 names, many names, to talk to, get your
9 President Christian Tilly to see why dose
10 reconstruction wasn't done on Maurice
11 Copeland when I took a box that I had
12 received to him and had him open the box and
13 inside the box was a unit.

14 Under all of the popcorn and the
15 packing was a sticker that says radioactive
16 material inside. Well, wait a minute. I
17 think that should have been on the outside
18 of the box instead of the inside of the box.

19 And I gave it to the S&H Director
20 Christian Tilly personally, personally, and
21 they never said a word to me about it. I
22 think that that is very irresponsible and

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1 I'm still walking around waiting for the
2 answer as to what was in that box. Did I
3 get contaminated?

4 Also, understand, dose
5 reconstruction, I worked in the Model Shop.
6 It's a lot of things in national security
7 that we can't say, will never say. Even
8 people that hate this process, they're loyal
9 to this country and loyal to what they say,
10 just like me.

11 I'm a fourth-generation veteran,
12 fourth generation, and I want you to see the
13 human side of this. I'm a Vietnam veteran.
14 My brother was a Vietnam veteran. My
15 brother suffered from three cancers. VA
16 never gave him a shot, never gave him the
17 consideration of his time in Vietnam and in
18 Cambodia because we weren't there.

19 My father was a veteran. He came
20 out disabled and they did not pay him a
21 benefit until 1999 when I found out that

1 they cut his benefit off in 1959. So for,
2 what, 40-some years they cut him off and I
3 got it started back up at 100 percent.

4 So this is what we're dealing
5 with. We're dealing with a government and a
6 situation and a process that seems like it's
7 meant to deny, deny, deny until we die.

8 I want to put a human face on
9 this but I wanted to give you the plain,
10 simple facts. It's no way that this company
11 can have engineering controls on how to
12 handle material in that plant.

13 And every last one of these
14 engineering process controls on this paper
15 were never, never followed, never. I never
16 took a shower out there. I wore the same
17 clothes to work that I wore home. I used
18 the air hose. Everybody did.

19 The movements and what actually
20 goes on out there in the war, out there on
21 the field, is not what's done on that paper.
22 This is human, baby.

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1 (Applause)

2 CHAIRMAN MELIUS: Thank you very
3 much, Mr. Copeland. Hello again. Welcome.

4 MR. KNOX: Hi, how are you doing?

5 CHAIRMAN MELIUS: Good.

6 MR. KNOX: Good to see you again.
7 Good to see you again, Dr. Poston. And, Dr.
8 Ziemer, the last time I was here you let me
9 sit up there, remember? Can I come back up
10 there?

11 (Off microphone discussion)

12 MR. KNOX: Before Rachel Leiton
13 find out about it, I want to do a quick
14 demonstration to answer your question how
15 did they account for unmonitored exposures
16 at the Kansas City Plant?

17 Now, bear in mind the Kansas City
18 Plant was a non-nuclear plant. It didn't
19 have any radioactive materials.

20 These guys machined, polished and
21 grind uranium, but that uranium was actually

1 recycled uranium containing plutonium. They
2 received a tremendous amount of exposures as
3 they held this stuff close to their body,
4 machined it. In fact, that depleted uranium
5 was actually recycled depleted uranium
6 because it contained U-236.

7 I talked to Stu about it and Stu
8 agreed with me that it, indeed, was
9 recycled, recycled now, depleted uranium
10 which contained plutonium.

11 And that uranium was found in the
12 urine samples of all Classes of workers,
13 including administrative types. The
14 material was found even outside of the
15 facility.

16 So they received a tremendous
17 amount of radiation exposures that was
18 unaccounted for based upon processing this
19 uranium.

20 Now, the question someone asked
21 is, well, how did they monitor the
22 unmonitored exposures? Well, what they did

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1 was to, and I have this cup. It's a Fiesta
2 cup. It contains uranium.

3 And Rachel Leiton now has banned
4 me from going to any hearings demonstrating
5 this because she consider this to represent
6 a public safety menace so please don't tell
7 her I'm doing this because she'll come after
8 me again, put me in jail.

9 But, anyway, this is what they
10 did at the Kansas City Plant. But, first of
11 all, keep in mind they had no health
12 physicists at this plant. They didn't have
13 the training.

14 Even the industrial hygienist
15 that was responsible for this didn't even
16 know they were processing uranium. They
17 didn't know they had all of these
18 radioactive materials, and we have one
19 gentleman here that was an industrial
20 hygienist and he'll tell you he didn't know.

21 But getting back to the question

1 you asked, how did they do it and keep in
2 mind they have evaluated 600 cases, denied
3 95 percent of them based upon their
4 bounding, if you will, of the radiation
5 exposure of the workers while they processed
6 this uranium.

7 This is how they did it.
8 Everybody got a instrument, radiation
9 detector. You hold radiation detector close
10 to you. You get high radiation doses the
11 closer you get to it, right? What they did
12 was to use a control dosimeter and put it
13 outside of it and say that --

14 (Off microphone discussion)

15 MR. KNOX: Okay, pressed it. Why
16 don't I just close it?

17 (Laughter)

18 MR. KNOX: Anyway, the bottom
19 line is that's how they got away denying all
20 of these people their right to medical care
21 and compensation for their cancers, simply
22 by using the results of a control dosimeter.

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1 I tried to explain to the NIOSH
2 surrogate what a control dosimeter was
3 because he was not a health physicist.
4 NIOSH refuses to allow me to talk to a
5 health physicist.

6 They have a surrogate there that
7 I have to explain things to him or her and
8 they won't even tell me their names and they
9 claim to go to a NIOSH health physicist and
10 express my concerns and get back to me.
11 When they do that, nothing changes because
12 they don't even know what a control
13 dosimeter is.

14 The bottom line to the question
15 you asked is how did they record unmonitored
16 doses? What did they use and determine the
17 Probability of Causation? It was that
18 control dosimeter and it was not the dose
19 rates coming from the work they were doing.

20 Dr. Poston, good seeing you
21 again. Dr. Ziemer, same to you. Let me,

1 one of the basic problems we had with this
2 plant was that it was designed, it was
3 defined as a non-nuclear facility. And we
4 actually don't have any definitions of a
5 non-nuclear facility.

6 But you look at what they were
7 doing. They had hundreds of different x-ray
8 machines. They had PuBe sources that they
9 were using without shielding, without proper
10 shielding.

11 They actually were developing and
12 testing nuclear power reactors at that
13 facility. I provided that information in
14 the petition.

15 In the petition it was provided,
16 including the testimony of Ferguson who was
17 the president of Bendix. During those 1993
18 hearings we had, he admitted that they were
19 developing and testing commercial nuclear
20 power reactors there.

21 I'm a nerd. Dr. Poston, you know
22 me. Okay, I'm a nerd. I traced it all back

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1 down. They got the fuel down from
2 Mallinckrodt. I got the shipping records.
3 I'm filling in the package. I put
4 Ferguson's testimony that that's what they
5 were doing in the package.

6 But all of this is ignored by
7 NIOSH because they don't think developing
8 and testing nuclear reactors in the basement
9 over there was nothing. I mean, it was
10 nothing. No big deal. All of the material
11 that would have been released from that
12 testing would have blanketed that whole
13 site.

14 And keep in mind they did not
15 have the instrumentation to detect it. If
16 you look at some of the instruments, they
17 had one of this and one of that.

18 And you said, well, what happens
19 when you send the instrument back to a
20 calibration? What happens if you get an
21 instrument crapped up and you can't use it?

1 It was an absurd health physics program to
2 have testing reactor.

3 And I look around a little more.
4 They have the material there, and keep in
5 mind this is in Kansas City. This is not
6 out on a desert. They have the material
7 there to build two different types of atomic
8 bombs.

9 They had U-233 and all you know
10 we used that in Teapot. That was our
11 thorium cycle bomb. They had it there and
12 that U-233 would start building up high
13 gamma emitters but that wasn't even
14 considered in this report.

15 They had the PuBe sources there
16 and I was talking to one guy and he said,
17 well, that's no big deal because plutonium
18 is an alpha emitter and big deal, anything
19 will stop an alpha. They ignore the fact
20 that a PuBe source produces neutrons and you
21 need hydrogenous materials in order to
22 shield.

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1 You read through these reports
2 and it is incredible that people are still
3 alive today because of the fact that, number
4 one, the facility was not designed or
5 staffed or documented to handle radioactive
6 material because it was a non-nuclear
7 facility. It was not. They had a daycare
8 center there.

9 You had people that worked for
10 GSA that would actually go into the spaces.
11 A lot of the ventilation systems were on the
12 roof. They would go up there. GSA people
13 would monitor the HVAC system and they would
14 do all of the repairs on it.

15 They could walk into the
16 facility, make these repairs with their
17 instruments and equipment and walk right
18 back out to the other side without any
19 release surveys. These were crapped-up
20 filters. How did they do this, is amazing
21 to me.

1 I know I have a limited amount of
2 time here but we had some discussion of this
3 promethium-147 spill. I read all of the
4 reports. It's nothing like was reported by
5 NIOSH.

6 Based upon the reports now, you
7 had contamination spread to Mound, to Oak
8 Ridge, even to Amersham, England, based upon
9 the reports.

10 And yet and still DOL and NIOSH
11 said we didn't have any personnel, they said
12 we had no personnel contamination. They
13 said we had no environmental contamination.

14 The spill lasted for over 12
15 years and they're going to tell me there was
16 no personnel contamination? It was only
17 found because someone at Sandia in New
18 Mexico found it. They didn't have the
19 capability to analyze anything.

20 So you have all of this spill.
21 You had not just one person. I've
22 interviewed this lady, a little old lady,

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1 nice little lady. Went into her house and
2 talked about what happened.

3 She was a janitress. She spread
4 the stuff all over the facility, other
5 people, for 12 years undetected because they
6 did not have the training, the
7 instrumentation to detect anything.

8 Additionally there were more,
9 based upon the reports, there were more
10 leaking sources found. I provided all of
11 this to NIOSH in my petition. All of this
12 is ignored. I thought that was critical.

13 The reactor development, and they
14 got all, they had 100 engineers. I'm sure
15 you remember the old airplane reactor deal.
16 Dr. Poston, you remember out of Dalton,
17 Georgia, right up there. Yes. They got
18 those airplane reactor engineers.

19 Again, Ferguson, in his
20 testimony, said they got about 100 of them
21 to come up to Kansas City and work on that.

1 I'm not so sure that those airplane reactor
2 guys were that great. I'm not trying to
3 insult anything but they crapped up a lot.

4 The people here, that is the
5 Bendix and the Honeywells, I'm going to call
6 names, crapped up these facilities because
7 they were held harmless, indemnified, by the
8 Atomic Energy Commission. They could
9 develop commercial nuclear power reactor
10 under the cloak of national security for
11 corporate interests.

12 Now, I supported the development
13 of the atomic bomb. Yes, we should have
14 done it and I don't think people would have
15 enjoyed the world we live in today had we
16 not.

17 I supported the development of
18 commercial nuclear power in our national
19 interests. But things got a little skewed
20 when corporate interests dominated the
21 scene.

22 It was not national security. It

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1 was not national interest but corporate
2 interest dominated the scene, where the
3 corporations saw where they could develop
4 all of this technology with a disposable
5 source of people. We could kill them.

6 It doesn't make any difference
7 because we want to make money, we want to
8 develop commercial nuclear power, we want to
9 develop all of the technology associated
10 with nuclear materials but we don't want to
11 pay the price for it.

12 Congress even said it. Congress
13 said, in this act, it stated clearly that
14 the corporations exposed all of these
15 people. One of the reasons was they did not
16 want to provide hazardous duty pay.

17 That is a hell of a reason for
18 exposing all of these people and causing
19 death and illness and the contamination of
20 all of these facilities. I did not wish to
21 provide hazardous duty pay. Thank you.

1 I'll let you go. I know I ran over a little
2 bit.

3 CHAIRMAN MELIUS: You're fine.
4 Thank you.

5 (Applause)

6 MR. JACKSON: I did sign the
7 list.

8 CHAIRMAN MELIUS: Give us a
9 second. We will get to you, okay?

10 MR. JACKSON: Okay.

11 CHAIRMAN MELIUS: We will go
12 through the list. We just need to wrap up a
13 little bit of our business here about this
14 and then we'll start with the list and
15 someone needs to get me the list also. Yes,
16 do that, okay. Do that. Any comments or
17 questions for the petitioners right now?

18 MR. KNOX: Well, how do we define
19 a non-nuclear facility?

20 MEMBER ZIEMER: I don't have the
21 answer to that but I think the Board
22 recognizes that there were radioactive

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1 sources here so I think it's not an issue
2 for us.

3 But would you clarify for me, I
4 hadn't heard the issue of there being
5 testing of reactors here at this site. Was
6 it your understanding that they also had
7 enriched uranium here of some sort, which is
8 normally what is used, low-enrichment
9 uranium for reactors?

10 MR. KNOX: Yes, they got --

11 MEMBER ZIEMER: You'll need to
12 use the mic, Wayne, if you would.

13 MR. KNOX: They got the material
14 from Mallinckrodt in St. Louis and that's in
15 Ferguson's testimony before Congress. And,
16 again, I went through the records and I
17 found the shipping papers where the material
18 was shipped from St. Louis up to here too.

19 MEMBER ZIEMER: And is it your
20 understanding they had critical masses of
21 such material?

1 I could understand the
2 possibility of them doing something with
3 PuBe sources and looking at neutron
4 multiplication with subcritical masses in
5 order to provide some sort of neutronics
6 data, which is not quite the same as
7 building a nuclear power reactor. I'm
8 trying to understand what you were telling
9 us on the reactor issue.

10 MR. KNOX: Yes, the reactor and,
11 again, I traced it down as best I could.
12 They built the reactor here downstairs, not
13 here of course.

14 But then they transported it, one
15 of them. I don't know how many they built
16 but one of them was transported over to the
17 University of Kansas City and installed in
18 Burt Hall over there. That one I was able
19 to trace down.

20 But they also had some
21 interesting materials. If you go through
22 the material list there, they had that stuff

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1 we used to coat the reactor with, coat fuel
2 with. They had yellowcake here. They were
3 trying to make fuel looks like.

4 I don't know what all they were
5 doing but it was one big experimental pool
6 that was done under the cover of national
7 security.

8 And, again, the gentleman here
9 that's an industrial hygienist, he'll tell
10 you he didn't know. They didn't tell him.

11 MEMBER ZIEMER: Thank you.

12 CHAIRMAN MELIUS: Any other
13 questions or comments? Okay. I think we
14 need a recommendation for follow-up here.
15 Josie, do you want to --

16 MEMBER BEACH: Yes. I'd like to
17 make the recommendation that we task SC&A
18 with Evaluation Report review and putting
19 together a matrix. I know that follows
20 hand-in-hand, but.

21 CHAIRMAN MELIUS: Yes, we have a

1 Work Group and yes. Yes, Wayne, you had --

2 MR. KNOX: May I make one other
3 little comment?

4 CHAIRMAN MELIUS: Yes, sure.

5 MEMBER ZIEMER: Use the
6 microphone.

7 CHAIRMAN MELIUS: Yes, as long as
8 you use the mic. That's --

9 MR. KNOX: This sort of reminds
10 me of the good old days because I used to
11 argue a lot with Dr. Morgan. You know, I
12 did my graduate work under the father of
13 health physics and we had a lot of different
14 interesting arguments.

15 But I submit that we really
16 cannot do the internal doses for an
17 individual because everything is based upon
18 standard man, right? There is no standard
19 man if you look at -- and, in fact, EPA has
20 said that in a letter, there ain't no
21 standard man.

22 So all of your internal dosimetry

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1 is based upon standard man and it's based
2 upon the fact that this man lives in a
3 climate between 40 and 60 degrees. He's
4 five feet, seven. Okay, okay, I meet that
5 criteria.

6 He's of Northern European
7 ancestry. He's a white guy. And we know
8 that there are physiological differences
9 between the two, right? There are because
10 when I was in the military I got extra
11 credit because I was a black guy as far as
12 pulmonary functions.

13 All of this difference. So the
14 argument is if you compare any one of these
15 people in here to standard man, it doesn't
16 matter.

17 Now, the question I have is this
18 regulation, this whole program of dose
19 reconstruction is based upon sufficient --
20 is it sufficient accuracy? So you're saying
21 that's a white man right there? No, it's

1 not. Is it sufficiently accurate to say
2 that that is a white man right there? No.

3 All of these people have
4 physiological differences so you cannot just
5 use this data and come up with three decimal
6 place accuracy.

7 (Applause)

8 CHAIRMAN MELIUS: Okay, we do
9 have a Work Group. Okay, we can do that.
10 So let me explain then. Oh, Dave, yes.

11 MEMBER KOTELCHUCK: I wanted to
12 ask one more question of the speaker who
13 just spoke. As far as you know, about when
14 did this commercial reactor work begin and
15 about how long do you think it took place,
16 over what period of time did it take place
17 as far as you know?

18 MR. KNOX: Well, Ferguson made
19 the testimony in 1953, so it started before
20 1953 because he spoke in there. And, again,
21 I provided all of this information to NIOSH.

22 Before 1953 they had started

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1 testing and building reactors. They shipped
2 the reactor over to Burt Hall in 1965. No,
3 no, no, it was taken out in 1965.

4 So I haven't been able to get
5 all of the information because you guys want
6 to charge so damn much for it. If I could
7 get information under the Freedom of
8 Information Act, I would have been able to
9 give you a more detailed picture.

10 The question I have, can someone
11 help me get information under the Freedom of
12 Information Act cheap? Did I answer your
13 question, sir?

14 MEMBER KOTELCHUCK: Yes, thank
15 you.

16 CHAIRMAN MELIUS: Yes. I think
17 the government could get the information.
18 Whether they can share it with you and how
19 they can and without expense, we can't
20 influence so, but we understand the concern.

21 (Off microphone discussion)

22 CHAIRMAN MELIUS: Yes, before we

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1 get going with that. So I need a second on
2 that.

3 MEMBER ANDERSON: Second.

4 CHAIRMAN MELIUS: Yes. And all
5 in favor just say aye.

6 (Multiple aye)

7 CHAIRMAN MELIUS: Opposed?

8 (No response)

9 CHAIRMAN MELIUS: Okay. Let me
10 just explain a little bit before we start
11 the public comment period what we're doing
12 here.

13 What the EEOICPA Act charges us
14 to do, this Advisory Board to do, is to do
15 an independent evaluation of NIOSH's
16 recommendation on the Special Exposure
17 Cohort.

18 So we've been doing this. Many
19 of us have served on this Board for a long
20 time, close to ten years. We're approaching
21 our 100th meeting here to go over this so it
22 takes a while. It's been a while and that.

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1 What we do and we have, we'll do
2 our own review. We have a Work Group that's
3 set up that has, usually have four to five
4 Members from the Board that focus on this
5 particular site and this particular
6 evaluation.

7 We have a independent contractor
8 that works for us, reports to the Board.
9 That's SC&A and Joe Fitzgerald, John Stiver
10 are here in the room from SC&A, okay, and
11 they will conduct an independent evaluation.

12 Our charge is to make a
13 recommendation to the Secretary of Health
14 and Human Services whether or not we support
15 the NIOSH recommendation on the Special
16 Exposure Cohort.

17 Now, we can't do that just on
18 the basis of whether we believe it or not or
19 what our feelings are.

20 If we're going to agree or
21 disagree with the NIOSH report, we have to
22 state, you know, the reasons for that, the

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1 technical reasons why we believe a dose
2 cannot be reconstructed with sufficient
3 accuracy. So that's the sort of technical
4 issues there.

5 There's very practical issues,
6 some of which you've raised. You know, can
7 we place where people worked, what type of
8 work they did and that, is there adequate
9 descriptions, adequate information to do
10 that? And so that takes a little while.

11 I can tell you our track record
12 is pretty good. Recommendations we make to
13 the Secretary, the Secretary has followed so
14 far, all of them.

15 And we have, you know, disagreed
16 with NIOSH's recommendation many times. I
17 don't know the numbers and so forth, so I
18 think it's fair to say we do our best to
19 make an independent judgment.

20 And to do that, we need your
21 help in terms of gathering information on
22 that and information that helps us to

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1 evaluate that recommendation from NIOSH, the
2 information from NIOSH.

3 I can tell you we've had
4 situations where as we've gone through this
5 process where NIOSH has changed its mind and
6 said, well, gee, we weren't aware of that
7 information. When we look at it in more
8 detail, it doesn't hold up and so forth.

9 So there's some back and forth
10 to this but we will go through a process.
11 That process, the Work Group process,
12 everything we do, the documents that are
13 produced are all public record.

14 We don't do this behind closed
15 doors. We won't do every meeting here but
16 we will do it. It's available on phone for
17 people.

18 We keep the petitioners fully
19 informed. If other people want to be
20 informed, you know, let us know or let NIOSH
21 know. We'll, you know, keep you up to date
22 on what goes on.

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1 But what really is important is
2 to get information from you. We may not
3 even know what information we need now it
4 may become as we go through this process.
5 So knowing who has information, we may ask
6 the petitioners, we may ask other people, do
7 that.

8 We understand that there are
9 some, you know, classified information
10 that's involved in this process. We have
11 people that have Q clearance from our
12 contractor, on our Board.

13 We can do classified interviews.
14 We get good cooperation from Department of
15 Energy for being able to do that and for
16 getting, you know, classified information
17 that can be, you know, utilized to
18 confirm/not confirm information.

19 But, again, what I would really
20 emphasize to you is, you know, you can
21 really be a big help to us by providing
22 information. I'm not going to fool you,

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1 that we know all about this facility from
2 reading a few reports.

3 You people worked in it or you
4 had relatives that worked in it and can help
5 us, you know, understand what went on there,
6 provide information and that's usually what
7 will let us, you know, agree or disagree
8 with the decision in this report but it is
9 something that you can really be helpful on
10 as we go through that process.

11 So what we will do now, we'll
12 open it up for -- yes, Wayne. Go ahead.

13 MR. KNOX: I just have one other
14 quick thing.

15 CHAIRMAN MELIUS: Sure.

16 MR. KNOX: Use the mic?

17 MEMBER ZIEMER: Use the mic.

18 CHAIRMAN MELIUS: Use the mic.

19 That's all.

20 MR. KNOX: I have been on the
21 outside pissing into this tent all this time
22 now, over, how long it started, 1997 when I

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1 first made that presentation to the CDC. I
2 don't know if you were there, Dr. Poston.

3 But we got into the argument as
4 to whether NIOSH could accurately
5 reconstruct these doses and I proved that
6 they could not accurately do it so they
7 changed it to sufficiently accurate.

8 But what I'm trying to say is
9 that I can do it. I can provide the
10 information to support you. I'm a dirty
11 hands guy, dirty hands. I worked directly
12 under Wally Howe, which was the father of
13 operational health physics and I can support
14 them.

15 In addition to that, as far as
16 clearances are concerned, I maintain the
17 highest levels of security clearances in
18 DOE, Nuclear Regulatory Commission and, what
19 else, Department of Defense.

20 I was actually a top secret
21 control officer. I had all of those special
22 access authorizations. And I've been clean

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1 all this time. I swear. Could you get me
2 reinstated? I haven't done anything, much.

3 CHAIRMAN MELIUS: Well, I want
4 to ask about that part but --

5 (Laughter)

6 CHAIRMAN MELIUS: -- all I can
7 say is we can look into it. I don't know
8 the criteria for that and so forth.

9 But, again, yes, we do work
10 closely with the petitioners and people
11 involved and, you know, involve you in the
12 process to the extent that we can.

13 (Off microphone discussion)

14 CHAIRMAN MELIUS: Okay, and do
15 that. Ted has a few words to say about the
16 rules for public comment.

17 MR. KATZ: Yes, it's really just
18 to advise you what to expect in terms of
19 when you comment to the Board.

20 We have a court reporter there
21 so all of our discussions are transcribed
22 and reported verbatim. They end up on the

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1 NIOSH website in a report that includes
2 every word of everything that was said
3 unless something has to be redacted.

4 I mean, and as far as you folks
5 are concerned, when you get up here and
6 speak for yourself, everything you say for
7 yourself will be recorded and reported. So
8 if there's anything you don't want to say
9 about yourself, that you don't want to end
10 up in public domain, don't say it.

11 But if you do talk about other
12 people, what you say about other people will
13 be looked at to consider their privacy
14 concerns and there will be redactions if
15 necessary to protect their privacy.

16 So whatever you say in your
17 statement about other people, we'll look at
18 that and possibly take out information
19 that's necessary to take out to keep their
20 privacy.

21 That's sort of the basic nuts
22 and bolts of the rules of how that works.

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1 There's a much longer explanation of it
2 that's on the NIOSH website. It should be
3 somewhere up there on the table too called
4 the Redaction Policy.

5 But I've told you everything
6 that you probably need to know, and that
7 takes care of that.

8 CHAIRMAN MELIUS: Okay. And I
9 would just add to that again that if you
10 would prefer not to make public comments or
11 you make public comments and have some
12 additional information you want to provide
13 or we may ask you for that, we may refer you
14 to give us some information, talk to either
15 one of the NIOSH people here or the SC&A
16 people.

17 Yes, and for the people on the
18 telephone who are either listening in or
19 participating, can you please mute your
20 phones? If you don't have a mute button on
21 your phone, please just *6. I guess that's
22 their answer, but -- okay, there we go.

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1 MALE PARTICIPANT: Mute on.

2 CHAIRMAN MELIUS: That worked.

3 Okay. We try to make these open by phone so
4 we have this problem every time, but thanks
5 for that.

6 And, sir, you've been waiting
7 patiently. I think I said you could be --
8 yes, you wanted to make public comments. Go
9 ahead and then I'll start going through the
10 list.

11 And when you get up to make
12 public comment, please identify yourself.
13 That's all we ask.

14 MR. JACKSON: My name is Willie
15 Jackson. I want to thank the Board for
16 allowing me to make this comment. I'm not a
17 nuclear scientist. I'm not a physicist or
18 engineer.

19 I was hired in at Bendix in 1977
20 as a mechanical inspection supervisor and
21 the reason I want to make comment, because
22 I'm concerned about this reconstruction

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1 exposure to radiation.

2 My first assignment was given to
3 me. I had several departments out there to
4 supervise them, mechanical inspection
5 supervisor. I had people working with me as
6 employees.

7 X-ray was one of my departments
8 as well as the Paint Shop. I worked in x-
9 ray because I had employees working in
10 there. Their job was to examine material,
11 x-ray it, find out the thickness, et cetera,
12 et cetera.

13 Of course, I have to talk to
14 them and train them and monitor them so I
15 was exposed to whatever is going on in there
16 as well.

17 This dosimetry meter they
18 talking about here, I was given one six
19 months after I was employed there in
20 radiation, in x-ray.

21 So I'm just kind of concerned.
22 How could they, you know, reconstruct that

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1 when I wasn't even given a dosimeter until
2 six months after I was there? So how they
3 going to know what I was exposed to and how
4 much? It's impossible.

5 So I'm not angry but I did file
6 several claims. I retired in, well,
7 actually I was let go in 1993, sort of
8 retirement, after about 17 years.

9 So I filed a claim in 2007 after
10 I was diagnosed by a pulmonology specialist,
11 a doctor who determined that I had
12 occupational asthma. So through Wayne
13 recommending him, he talked to me and I
14 filed a claim with DOE, the DOL, Department
15 of Labor.

16 And the response I got
17 immediately was, well, you can't really file
18 a claim with us because you retired in 1993.
19 Now, it's 2007. It's too late.

20 That kind of threw me for a
21 loop. You know, I didn't even know I had
22 asthma until I was diagnosed by a trained

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1 physician known as a pulmonologist. Yet
2 they say, well, you can't file a suit or
3 even consider it because I reported the
4 asthma in 2007.

5 Anyway, so go on. Since I have
6 been diagnosed with occupational asthma
7 (telephonic interference) care for
8 occupational asthma.

9 The Department of Labor,
10 Department of Energy, whoever been
11 communicating with me, have not offered me
12 anything but denial, denial, denial. They
13 said there is no relationship --

14 MALE PARTICIPANT: Hello.

15 MR. JACKSON: -- between me
16 having occupational asthma and what I was
17 exposed to out there, all these chemicals in
18 the Paint Shop and in particular x-ray, that
19 nothing exposed me to that so, therefore,
20 I'm not qualified for any compensation or
21 any medical card or anything.

22 I don't know what other evidence

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1 they want. My doctor has sent them
2 everything he can as a professional
3 pulmonologist and my regular medical doctor,
4 that I have asthma, that it either
5 contributed to it, either caused it or
6 irritated. It's not hereditary.

7 But yet they deny me, deny me,
8 deny me, deny. I have been to court. I've
9 been to three hearings. They denied my
10 hearing. They denied my three or four
11 claims.

12 And even beryllium, my people I
13 had in Department 20, I had inspectors all
14 over that place. They inspected the
15 machine, stuff that came out of Department
16 20. They were machining beryllium.

17 My people had to inspect it. I
18 was exposed to that as well. Yet they say
19 you were not exposed to beryllium enough to
20 cause any problem so, therefore, you're
21 denied.

22 So, anyway, I just want the

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1 Board to know that I'm not angry, I'm not
2 upset, but I'm still in this fight. I'm
3 here petitioning for this SEC and I want to
4 help others as well as myself.

5 And I think the Department of
6 Labor owe me something. Somebody owe me
7 something. Now, whether it's Honeywell, it
8 wasn't Honeywell when I left. It was
9 AlliedSignal, Bendix AlliedSignal when I
10 left there. Of course, I was laid off with
11 5,000 other people who were the engineers
12 and, you know, given the red paper the
13 doctors said.

14 But this dose reconstruction, it
15 seem to me it's impossible them to do that,
16 particularly my case when I wasn't even
17 given a dosimetry meter till six months
18 after I was employed there in x-ray.

19 And I was never given any x-
20 rays, never called in for examination,
21 although I tried. Petition, say, listen, I
22 want to be x-rayed after I left. I never

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1 got a chance to get an x-ray. They wasn't
2 even contacting me, although I tried.

3 But I'm still here but I talked
4 to the NIOSH representative about two weeks
5 ago when you all was in town, the Department
6 of Labor as well.

7 And the Department of Labor
8 approved my, get this now, they accepted my
9 occupational asthma after about four or five
10 different communications and all the
11 document my doctor sent. They said, well,
12 we accept the occupational asthma.

13 And then I got another letter a
14 month later from Department of Labor, said,
15 no, we rejecting it. You're denied again.
16 So I just can't quite get my mind around
17 that. Maybe someone else can.

18 But I want the Board to know
19 that, that as a former employee for about 17
20 years there I did have all those areas, the
21 x-ray, the beryllium machine. I had people
22 doing deeper -- all kind of areas I was

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1 exposed to.

2 So in that plant out there, many
3 time, they would hang these big blue sheets,
4 big blue sheets up to try to cover up the
5 asbestos and everything else that's being
6 exposed.

7 And, boy, they would fall down
8 so we'd walk around the hall, yes, we
9 walking around exposed to everything. And I
10 had the Paint Shop too --

11 FEMALE PARTICIPANT: Are you
12 going to get me in?

13 MALE PARTICIPANT: Can't hear a
14 thing.

15 MR. JACKSON: -- chemicals used
16 in there, for example trichloroethylene and
17 many others, and we would go in to our
18 supervisor --

19 MALE PARTICIPANT: I can't hear
20 anything.

21 MR. JACKSON: -- to supervise my
22 people, we were getting little masks you can

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1 buy at the dollar store, the little --

2 MALE PARTICIPANT: I just sent
3 an email to Ted Katz.

4 MR. JACKSON: And they don't
5 protect anything, didn't protect. They had
6 us put those on. That's all we had. And
7 they said, well, you worked in the Paint
8 Shop. You wasn't exposed to --

9 (Simultaneous speaking.)

10 MR. KATZ: Excuse me. Excuse
11 me, Mr. Jackson. Let me interrupt a second.
12 There are people on the phone who are
13 carrying on conversations who are not muted
14 and you're really disrupting everybody.
15 It's disrespectful to Mr. Jackson. Can you
16 please mute your phones, people on the line?

17 MR. JACKSON: I don't have a
18 phone.

19 CHAIRMAN MELIUS: No, not you.

20 MR. KATZ: I'm speaking to the
21 people on the phone.

22 CHAIRMAN MELIUS: And I think

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1 they're having trouble hearing --

2 (Simultaneous speaking.)

3 MR. KATZ: Folks on the phone,
4 can you press *6 to mute your phone?

5 (Simultaneous speaking.)

6 CHAIRMAN MELIUS: Okay, yes, I
7 apologize, Mr. Jackson. Little technical
8 problems here, but why don't you go ahead.

9 MR. JACKSON: Okay, I only got
10 one more thing to say and then I'm going to
11 sit down anyway.

12 But on this dose reconstruction
13 on the radiation, that cannot happen.
14 There's no way they can do that and they
15 keep saying they can.

16 It's impossible because, like I
17 said, they couldn't do it on me and I wasn't
18 even given a dosimetry meter till six months
19 after I was in the x-ray department
20 supervising and moving product out of there
21 and my people inspecting the product. They
22 was exposed as well and so was I.

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1 And so when they did give me a
2 dosimetry meter, they would take it. We'd
3 never see the results. Never see the meter
4 again or anything.

5 Then I was given another one
6 three or four months later. Meanwhile, I'm
7 still supervising people in the x-ray
8 department.

9 So this dose reconstructions, I
10 just can't buy it. The feasibility in
11 certain area is impossible. Like I said,
12 I'm not a scientist but I'm not an idiot
13 either. Thank you very much.

14 CHAIRMAN MELIUS: Okay, thank
15 you.

16 (Applause)

17 CHAIRMAN MELIUS: The first
18 person I have listed is Gayla Burton. You
19 can use this mic if you like or you can use
20 the podium, either one.

21 MS. BURTON: I will. Thank you.
22 My name is Gayla Burton. I know there are a

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1 lot of people here that are probably in my
2 same situation so I'm going to try to be as
3 brief as possible.

4 My mother's Betty Burton who is
5 deceased as of December 5th, 2013, which is
6 last year, December 5th.

7 My mother was in the top secret
8 Kansas City Plant. She was told what she
9 did was top secret and not to talk about it
10 to anybody, even after she left there and
11 continued on with her life. She was there
12 from 1956, my dad will correct me if I'm
13 wrong here, to 1961.

14 She had two miscarriages before
15 she had my brother. She had one miscarriage
16 before she had me. She was pregnant with me
17 at the time she left -- after she had me,
18 she went back to work at the plant. My
19 father convinced her to leave the plant.

20 Her cancer started out as
21 leukemia. She then got colon cancer. I
22 have to count because I forget if I don't

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1 count how many cancers she had.

2 She started out with leukemia,
3 colon cancer, ovary, bladder, adrenal gland
4 to kidney, kidney and breast. She went from
5 a grape to a raisin. If you've seen that, I
6 feel for you.

7 This dose reconstruction that
8 they're talking about here today, her dose
9 reconstruction was 6.2 percent.

10 She got her medication and her
11 mileage paid for, at least that's what we
12 know of as of this point, which was in the
13 area of \$7,000 a month in addition to
14 mileage. To this day we have not seen any
15 monetary, other than the medication and the
16 mileage.

17 It's unfortunate that she was
18 asked to do an impairment rating. However,
19 she wasn't physically able to do that so she
20 didn't follow through with that which cuts -
21 - of course, no amount of money will bring
22 my mother back, give me another day with my

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1 mother. Excuse me.

2 She wasn't physically able to do
3 the impairment rating and decided not to do
4 the impairment rating because of her dose
5 reconstruction.

6 She never saw any monetary
7 value. She saw no monetary or financial
8 responsibility on the part of the Kansas
9 City Plant, Bendix, Allied Signal,
10 Honeywell, whoever you want to call it.

11 We were not notified of this
12 meeting as some of you were. We were at the
13 town hall meeting on the 14th and thank God
14 for Denise Brock who made us aware that this
15 meeting was going on. We've been here since
16 9:00 this morning in order to speak.

17 A lot of people we've
18 encountered in the month and a half since my
19 mother has been deceased, six people that
20 worked at the plant in Kansas City that
21 don't know anything about any of these
22 claims that have cancer.

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1 There are also descendants of
2 people that worked at the Kansas City Plant
3 that have cancer. I'm one of those people.
4 There are about 30,000 of them if I am
5 accurate.

6 I don't know, you know, how much
7 accuracy there is in that, whether it be
8 descendants or people who handled their
9 clothing, did their laundry or any of those
10 kind of things.

11 I guess it would be unfair to
12 ask if any of the Board Members have family
13 members, or they probably wouldn't be on the
14 Board I guess if they had family members
15 because that would prejudice you to your
16 vote as far as the dose reconstruction.

17 My mother never spoke of anyone
18 she worked with that I'm aware of. Now, my
19 father may say different. He's here as well
20 today.

21 The thing that I find
22 unfortunate in this situation is after

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1 talking with Denise and Amanda and Kim if,
2 God forbid, something would happen to my
3 father who's 80 years old I could not
4 continue on with this claim. It would be
5 done.

6 So there is kind of a sense of
7 urgency for me because that doesn't leave me
8 as the survivor. My father is the survivor
9 and the surviving spouse, even though I have
10 two brothers and myself that survived my
11 mother.

12 So I hope that the words that
13 are being said here today are going to help
14 with this procedure and that's the reason
15 that I came here.

16 I don't know if my father wants
17 to say anything or not. I just know that I
18 feel that it's sad that some of these people
19 don't even know about it as of yet.

20 And what are we doing to get
21 those communications out there, to let
22 people know that, hey, if there's a problem,

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1 if you've had a health problem -- one of the
2 people that I encountered also has some
3 health problems and she's a descendant of
4 and her mother was pregnant with her when
5 she worked there as well.

6 So I appreciate the time. I
7 appreciate. I'm not a nerd. I don't know
8 all of those fancy things. I know it's been
9 a long day for everybody. I appreciate your
10 patience with the people here.

11 I know the emotions are high
12 because of the feelings involved in the
13 situation. It's a difficult situation.

14 There is no way in my mind that
15 the dose reconstruction is accurate. To me,
16 it is a stall tactic, a stall tactic and in
17 her case it stalled long enough for her to
18 die and that's unfortunate.

19 But, to me, it seems that
20 there's somebody needs to be held
21 accountable and responsible for the
22 suffering that she went through.

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1 She would have said let it go,
2 but I'm unable to do that at this point.
3 She gave her life for her country, just like
4 a vet. With no disrespect to any vets here,
5 she gave her life for God and country by
6 working at that plant so somebody needs to
7 be held accountable and responsible for
8 that.

9 And I appreciate, again, all the
10 help that I've gotten from the people here
11 and I hope that something or anything that I
12 said may help someone else as well as help
13 with the decisions on the petition. Thank
14 you.

15 CHAIRMAN MELIUS: Thank you.
16 Mr. Burton, do you want to make comments or
17 --

18 (No response)

19 CHAIRMAN MELIUS: Okay. Again,
20 we appreciate both of you coming here and
21 sure, we understand it's got to be hard
22 given how recent -- yes. Yes.

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1 (Off microphone discussion)

2 MS. BROCK: I'm Denise Brock and
3 I just wanted to mention that the
4 survivorship eligibility, in case there's
5 some confusion, that you're referring to is
6 under Subpart E.

7 So under B the survivorship
8 eligibility is different just for those of
9 the audience that aren't familiar with that.
10 The law is split into two sections and if
11 you're confused about that I can explain it
12 so I don't use anybody else's time.

13 But under E the survivorship
14 eligibility is completely different than B.
15 It's the living worker, the surviving spouse
16 and then if there's children they had to
17 have been a minor dependent upon that worker
18 at the time of death and that's what they
19 were referring to. Thanks.

20 CHAIRMAN MELIUS: Yes. Thank
21 you. Okay, Sharon Long.

22 MS. LONG: Hi. My name is

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1 Sharon Long and I'm kind of a different case
2 actually. My husband was Donald Long who
3 worked there at Bendix, Allied, whatever you
4 want to call it. He started there when he
5 was 20 years old, 1981, and he just recently
6 passed away November 3rd of 2013.

7 A lot of you may have known him
8 but I can't introduce him but I would like
9 to bring up a picture of him to show that he
10 was a very handsome, young man at the age of
11 52. This is my husband. I hope you guys
12 all can see just by my face and by my youth
13 here I'm very young to be a widow.

14 And my husband passed away from
15 liver cancer and he was a non-drinker, he
16 was a non-smoker, he was a wonderful man,
17 great husband, great dad, was a very
18 dedicated man.

19 And I just want to let you know
20 that I cry still every day. My life is just
21 totally upside down. My husband wanted to
22 live to May 10th of 2014 to watch his son

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1 graduate college but he didn't make it.

2 And I just want to let you know
3 that my world is totally upside down and I
4 didn't work there. I don't know. I just
5 hear the stories. I retired from UPS just
6 recently so I could take care of my husband.

7 And I just want to kind of let
8 you know the effect on my life as being a
9 young, older woman. Our son wants to go to
10 law school after he graduates.

11 Well, because my husband passed
12 away before his retirement age, my income
13 from his retirement was 50 percent. So
14 basically I'm entitled to \$750 a month for
15 the rest of my life to take.

16 And you let me know how that
17 works to pay for law school. If you can
18 figure that out, let me know the budget and
19 I'll work with it.

20 But not only that, my son and I
21 lost our healthcare because he was 52 years
22 old when he passed away so we lost our

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1 healthcare and obviously lost a lot of
2 income coming in to the home. So just
3 wanted to let you know how it's affected my
4 life and my family.

5 But he did have a claim,
6 employee claim filled out and on November
7 30th you guys denied it and the denial form
8 came in on November 2nd and I had already
9 made funeral arrangements. I was told to by
10 hospice.

11 And I could not tell my husband
12 who had hours left to live that his claim
13 was denied and, I don't know, he went to his
14 grave not knowing. I didn't have the heart
15 to tell him that his claim was denied. I'm
16 sorry. It was just I gave it to Joe.

17 But so, anyway, there was I'm
18 sure more things that I wanted to say about
19 my husband because he was a great man. You
20 know, like, 52 is very young and when people
21 ask my marital status, for me to say widow,
22 it just tears me up.

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1 But I don't know what else I can
2 say but from listening to the people out
3 there and to be here in front of all of you,
4 you know, I don't know if I should beg on my
5 knees or what you have to do to get
6 something passed but it doesn't sound like
7 from what I'm hearing from both sides and
8 seeing, it just seems like it's a tug of
9 war.

10 But I just wanted to let you
11 know that I'm a very young lady here that's
12 lost her husband, my son's lost his dad and
13 I have law school to pay for.

14 So but I do know there is
15 chemicals from out there that I know he was
16 exposed to just from my own research.

17 I went to the meeting on the
18 14th and I do know that the young lady out
19 there gave me the website of the chemicals
20 that was on the website. We did get those
21 pulled up.

22 And then just for my own

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1 curiosity I did go ahead and research toxic
2 hepatitis due to chemical exposures and I
3 just kind of highlighted, went back and
4 forth.

5 And 90 percent of the ones that
6 do cause liver cancer are on this list and I
7 just want to let you know there's no liver
8 cancer in my husband's family.

9 His 85-year-old dad is still
10 alive and buried his 52-year-old son. His
11 56-year-old brother is still alive. His 76-
12 year-old mother passed away from heart
13 disease. And I have his death certificate
14 with me. If you would like to see it, I
15 have.

16 I don't know. I'm just letting
17 you know that I just think that there's
18 common sense somewhere and I just don't see
19 where playing tug of war is going to be
20 common sense because people's lives are
21 affected.

22 And believe me and everybody can

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1 tell you mine is affected and my kids call
2 me and worry about me all the time because I
3 just cry all the time. I miss him so
4 terribly bad and there's no bringing him
5 back.

6 But I do want to let you know I
7 do have to carry on. I do have to live and
8 I do have a son that wants to be a lawyer,
9 of all people, but I do have to financially
10 take care of myself, my son.

11 And losing health insurance, you
12 know how that is today but my son is in
13 college with no health insurance.

14 So, anyway, but my name is
15 Sharon Long and I wanted to stand up and say
16 something for my husband. So, anyway, thank
17 you for your time.

18 CHAIRMAN MELIUS: Thank you.
19 Thank you. I just want to clarify one thing
20 that may be actually helpful here also.
21 There are two parts to this program for
22 cancer.

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1 I think as you may have known
2 from the public meeting, there's a part
3 under, Subpart E it's called under the
4 Department of Labor that takes into account
5 radiation exposures and chemical exposures
6 also.

7 And then there's the Subpart B,
8 which is the one we're involved in which is
9 the dose reconstruction and the Special
10 Exposure Cohorts.

11 And all we can look at by law is
12 the radiation exposure. That's our focus.
13 I think it's clear from this facility that,
14 you know, both are possibilities and you can
15 apply for both.

16 So it's not that one leaves out
17 the other but the chemical part of it is
18 part of the Department of Labor's program.
19 And we refer people back and forth and so
20 forth. I mean we'll work together, but.

21 The next person I have listed is
22 Maggie Watts. Maggie Watts here? Okay.

1 Welcome and --

2 MS. WATTS: Yes, my name is

3 Maggie Watts and I worked --

4 CHAIRMAN MELIUS: Okay, can you

5 pull that microphone down or --

6 MS. WATTS: Oh, down.

7 CHAIRMAN MELIUS: Thank you,

8 sir.

9 MS. WATTS: Yes, my name is

10 Maggie Watts and I worked at Allied Signal

11 for several years and I worked in different

12 departments. I was a solderer. I soldered

13 all night. I worked night shift.

14 And then the first year, I tell

15 you, I didn't know what was going on. I had

16 to be rushed to the nurse's office and I got

17 sick many nights, just working in different

18 chemicals because we worked in so many

19 chemicals.

20 I had to work in acetone,

21 cleaning parts and then, you know, opening

22 boxes where dust was and also I worked in

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1 the department where they were doing the
2 ceiling, you know, where asbestos and things
3 were falling.

4 And like I said, they had to
5 walk me to the nurse office many times. And
6 one time I had to take a sick leave. I
7 didn't know what was going on. I just got
8 so weak and, you know, confused.

9 And I know right now I have that
10 asthma real bad and I really can't just
11 sleep at night, you know, breathing. I have
12 to use my little inhaler.

13 And I just want to let you know
14 the clothes that we worked in, I had to wear
15 them home and that's many, many chemicals
16 and things, you know, what we worked in.

17 My family got exposed to those
18 things and my husband and kids never
19 suffered with asthma and, you know, chronic
20 illness but they do have it. It's from the
21 chemicals that I took home. And we had to
22 wear our shoes. Didn't have no covering for

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1 our shoes where we went in different
2 departments.

3 And I just really do believe
4 that the Department of Labor do owe some
5 compensation to me and my family, that's all
6 I want to say, because I worked in many,
7 many departments and got very ill. Like I
8 said, had to go to the nurse's office really
9 just about every night.

10 I didn't know what was going on
11 until I went to, you know, a specialist,
12 like the lung specialist and things, and
13 they did say I have asthma and I can't
14 hardly breathe. I just want to say that.

15 MALE PARTICIPANT: Okay, thank
16 you.

17 CHAIRMAN MELIUS: Thank you very
18 much. Next person I have is Sasteh Mosley.
19 Oh there, okay. There you are.

20 MR. MOSLEY: Hello. My name is
21 Sasteh Mosley. I'm with a group called
22 EMWOT, or East Meets West of Troost, here in

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1 Kansas City and I've been working with the
2 Peace Planters movement and I'm glad we're
3 at this point where we're dealing with the
4 Special Exposure Cohort.

5 I worked at the plant '83/'84
6 during the time that they were doing the D&D
7 work and I was exposed to the beryllium and
8 I have my, ready to file my claim under E
9 for the aggravating so I'm going to limit my
10 comment to the radiation component, okay?

11 Specifically I looked this
12 morning at the history of the Special
13 Exposure Cohort program, all the claims
14 you've processed and so forth and looked at
15 the large amount that's involved with
16 approving this thing here in Kansas City and
17 that's really why I wanted to make my
18 comments.

19 I am a electrical engineer. I
20 was a engineering intern when I worked at
21 the plant and they try to expose you to as
22 much as they can, literally.

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1 And I went on from there and
2 joined the U.S. Navy, became a nuclear
3 reactor operator on the USS James K. Polk.

4 From there, when I got out of
5 the Navy, I worked in the nuclear program at
6 Point Beach Power Plant and worked doing as
7 built, doing redesign engineering.

8 And I was responsible for
9 sending men and women into the actual
10 reactor to do maintenance work in accordance
11 with this Nuclear Regulatory Commission
12 correction they had to do to make sure all
13 the drawings matched what was actually at
14 the plant.

15 So I've done lots of dose
16 predictions, reconstructions and so forth
17 and so on relation to my job as a nuclear
18 engineer.

19 I do want to say to everyone
20 here, I know you said you had some people
21 that do have Q clearance. I had my top
22 secret clearance for about 15 years so if

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1 anybody, if I start talking about anything
2 that's top secret just wave at me and I'll
3 go a different direction. I don't need to
4 be redacted today, okay?

5 So I said that I'm just going to
6 talk about the ability to do a dose
7 reconstruction from the position of not a
8 nuclear engineer but electrical engineer,
9 nuclear reactor operator because after I
10 left Bendix I went into the tight quality
11 control that you have on a U.S. submarine,
12 okay?

13 Our controls were dosimetry. We
14 took as few chemicals as possible on the
15 ship as one of the control mechanisms.

16 This Exposure Matrix that you
17 have at Bendix and not being able to take
18 into effect the fact that these things
19 multiply themselves and the additional
20 effect of these things with radiation, my
21 brain kind of stops right there.

22 It would be no way I could

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1 calculate or send anybody into this place
2 based on any calculation I could do, okay?
3 So it's basically a nightmare calculation.

4 But the controls, limiting the
5 chemicals that we use, actually having
6 dosimeter for all personnel, having actual
7 testing, regular physical requirements,
8 testing for all our personnel, that's the
9 type of program that should be in place for
10 anybody around these nuclear materials, that
11 I was surprised that they did have an actual
12 radiation Exposure Matrix at the plant.

13 By it being non-nuclear, for
14 them to actual have these levels where they
15 say, you know, this much radiation is in the
16 air, this much dust is in the air, I'm
17 really shocked that I was exposed to that
18 when I worked at the plant, okay?

19 Remember, I came from a
20 engineering college when I got to the plant
21 and I specifically asked the management, the
22 people that recruited me.

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1 I knew what a nuclear reactor
2 was. We have one sitting down the
3 University of Missouri-Rolla, and I
4 specifically asked about my radiation
5 exposure.

6 And I was reassured by the
7 management and the people at the plant that,
8 oh, you don't have to worry about that and
9 to my chagrin these years later to actually
10 once I get involved find out that from '84
11 to '86 they were actually doing work for a
12 cleanup during the time I was there.

13 As a worker asking other
14 professionals -- I had a top secret
15 clearance and I asked my fellow workers, my
16 managers, the people that sent me in to
17 work.

18 So this is why doing a
19 reconstruction, it's going to be really
20 difficult to have an expectation that you're
21 going to be told the truth because I can
22 tell you that my coworkers lied to me

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1 because I know I asked.

2 The second piece I want to talk
3 about from this reconstruction is when I
4 worked in the nuclear engineering
5 department, we had certain points that we
6 had to verify.

7 You couldn't just say, you know,
8 wires go in here. We had to actually go
9 into the reactor and if somebody got a
10 certain amount of exposure they were no
11 longer able to work the rest of the year in
12 the exposed environment, okay?

13 And you had intermediary cleanup
14 areas between the reactor and you documented
15 all of this, okay? You know, and I was
16 responsible for setting up workloads and
17 actually sending people in.

18 If you try to do a dose
19 reconstruction with this, trusting these
20 management that you have at Bendix and they
21 are sending their people in under these
22 circumstances, I would say the integrity of

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1 your program with listening to the
2 management report what they did, okay, I
3 have to redact myself sometimes, okay?

4 But as a engineer, as a actual
5 nuclear worker around radiation, as this
6 process goes along, okay, because right now
7 my focus went from I call them Schedule E
8 people who were influenced or whose
9 condition was aggravated to actually --
10 Maurice and Wayne and I actually worked for
11 years to make sure the people that were
12 dying got their first shot and that's what
13 we focused our time on.

14 Now that we're looking at trying
15 to get this Special Exposure Cohort done so
16 that more people aren't going to die while
17 we're trying to figure out this mess, okay?
18 That was our next focus.

19 There's going to be come a day
20 after this is all done and said when we
21 drill down and we get these final records,
22 you're going to find more and more people

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1 that are going to come out and are going to
2 add more of these little carets to the
3 Exposure Matrix, you know.

4 People that don't even know yet
5 that they were ever exposed, they're still
6 out there. We're still meeting these people
7 today.

8 And when you start adding these
9 testimonies like, oh, by golly, we did make
10 a nuclear reactor, yes we forgot that, and
11 we did have a fire, oh yes and we did dump
12 that stuff out back, when you start putting
13 these nuclear pieces in -- now is the time
14 to, you know, I appreciate the work that,
15 you know, that NIOSH has done saying that,
16 yes, I can do it because I'm telling you
17 when I worked as a engineer I would have
18 given it my best shot and said this is to
19 the best of my ability, like the pledge I
20 took as a naval officer, to the best of my
21 ability.

22 Yes, they have to do their job.

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1 But I'm telling you from reviewing the
2 testimonies of some people who are dead now
3 that you are not going to be able to come up
4 with a reliable dose construction at this
5 plant and that's my professional opinion.
6 Thank you very much.

7 CHAIRMAN MELIUS: Thank you. I
8 am having a little trouble reading this
9 handwriting so I apologize. It's either
10 Marlon or Marlor?

11 MR. SMITH: Right here.

12 CHAIRMAN MELIUS: Okay.

13 MR. SMITH: Marlon Smith.

14 CHAIRMAN MELIUS: Smith?

15 MR. SMITH: Yes. Yes, I was a
16 union roofer for a subcontractor, okay?

17 CHAIRMAN MELIUS: Okay. Can you
18 talk directly into the mic so we can --

19 MR. SMITH: I was a union
20 contractor. My name's Marlon Smith. I
21 worked in 2005. They say that it's an
22 amount of exposure? No. I was there six

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1 month and I come up with beryllium, you
2 know, positive, quite.

3 And the conditions, vents, the
4 dust and everything. It says capsulated.
5 You could wet it down. When you take that
6 roof down to the concrete from when the
7 original roof was put on in 1949, what do
8 you think was soaked into that roof? All
9 kinds of chemicals, radiation, I don't know
10 what all I got exposed to. I was up
11 underneath units, soaked from head to toe.

12 I mean, you could go through all
13 kinds of precautions for people but it's
14 like this, if you know it's that toxic, that
15 place, why don't you take the proper
16 precautions and suit them out and put them
17 in a mask and everything? You know, it's
18 simple.

19 I mean, but you're wasting an
20 hour of somebody's time putting them in a
21 suit, then to have them come and change
22 again. There's a hour for \$46 an hour. You

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1 calculate like that by about 40 people, what
2 are you losing in six months? It's all
3 about profit, you know?

4 You know, I don't feel good, you
5 know? I accepted what they exposed me to.
6 Ain't no big deal. I mean, what they
7 exposed me to is killing me. That's fine.

8 But why don't they step up and
9 take the responsibility for exposing me to
10 this stuff? Every vent was blowing out
11 dust. They say that it's capsulated, the
12 asbestos. It's not a problem.

13 Any time you hit asbestos with
14 an axe or cut it with a saw, no matter if
15 you do wet it down, what happens when it
16 dries out? It's in the air for hours and
17 hours.

18 I was there six months. So it
19 ain't about not even how many years you're
20 there. Where was this stuff going on top of
21 this roof? If I caught it in six months on
22 top of the roof, what about the people on

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1 the inside and the dust that was traveling
2 from that place?

3 You know, I just don't agree
4 with what they're doing, you know, but I'll
5 accept any responsibility I got on anything,
6 you know, because I pay for that.

7 They need to step up and take
8 responsibility for what they exposed
9 everybody to. You know, that's the bottom
10 line on everything.

11 You know, I been through
12 National Jewish. Did a biopsy. Okay, but
13 that facility, I just ain't comfortable with
14 it for the simple fact first time I went I
15 was on medications, everything. They did
16 the biopsy on me. Flew me out the next day.

17 I got home. My leg swelled up.
18 I had a blood clot in my leg, okay? You
19 know, I think they should have proper
20 monitoring when they do biopsies on people
21 and have them in a hospital monitoring them
22 before they send them home on flight and

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1 stuff.

2 They don't tell you nothing
3 until after the fact that you're having a
4 problem. And, you know, that's pretty much
5 all I got to say.

6 And, you know, it ain't a matter
7 of years or anything. I was there six
8 months so what's that tell you? Okay, thank
9 you.

10 CHAIRMAN MELIUS: Thank you, Mr.
11 Smith. James Reed, yes.

12 MR. REED: Good, evening. I'd
13 like to thank everybody for being here to
14 this evening and especially all the workers
15 because you all helped win the cold war.

16 I do have a handout that I'd
17 like to hand everybody here. This is going
18 to be a set of questions and observations.

19 FEMALE PARTICIPANT: You can
20 just drop them and we'll pass them on if you
21 like.

22 MR. REED: This is a set of

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1 questions and observations. The goal is to
2 show that there are, at minimum, a specific
3 part of the petitioned work Class that the
4 dose reconstruction process is not feasible
5 for.

6 And so the reason I'm here
7 today, of course, my parents both worked at
8 the plant in the late '60s.

9 I just want to go through. I
10 can kind of skip through the questions real
11 quick because I know, you know, we're
12 running short on time and really this is
13 more kind of for the Work Group in the end.

14 But I would really like to make
15 sure to, at minimum, voice some of the
16 concerns that my mother had put on here as
17 basically she ended up with renal cell
18 carcinoma and had a coconut-sized cancer
19 taken out of her.

20 And the questions, starting from
21 the beginning, "Was there a real effort in
22 the dose reconstruction process to contact

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1 people who worked with me? If so, who was
2 found and what happened to my coworkers?"

3 Is the coworker model just a
4 math, is just math based or based on
5 actually people I worked with? And then
6 truly the question is how many of these
7 people are dead and from what and was she a
8 part of a disease cluster?

9 "What was the dust on my clothes
10 I took home most days? Where did it come
11 from and what types of particles did it
12 contain?

13 "If the dose reconstruction
14 staff was aware of depleted uranium being
15 present, why did I have to bring it up and
16 have it listed as other?

17 "Why does the interview ask so
18 many specific questions which I have no way
19 of answering due to the secrecy of the plant
20 and the lack of hazard communication by my
21 employer?"

22 And, "If I was kept in the dark

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1 regarding depleted uranium/beryllium as a
2 technical writer of the plant, what else was
3 I not told of or what I was exposed to?"

4 And so just kind of skipping
5 ahead, what I've made sure to do is look at
6 the Class of all employees in the years of
7 1968 and 1969 because if you really look at
8 the Petition Evaluation and look at the data
9 that's available for those years there's
10 basically a significant lack of data for
11 those years.

12 And then specifically I wanted
13 to bring up the position of technical
14 writers, which was the position my mother
15 was in.

16 What your technical writer,
17 generally their job description was
18 interfacing with engineers and production
19 staff, observing specific production
20 processes in the plant while they were
21 operating, producing documents according to
22 DOE and Bendix standards.

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1 And so in order to really track
2 where she went in the plant, it seems that
3 it would require knowing what document she
4 was creating. What was she writing about?
5 That would have actually guided her path
6 through the plant during her work history.
7 And so there is a serious potential for her
8 to be misaligned as a Class.

9 And so just because there's
10 occupational codes and then there's
11 estimated locations of where somebody worked
12 in the plant has nothing to do with where
13 she would have been as a technical writer or
14 anybody on the technical writing staff.

15 And then also the limitations of
16 the secrecy of the work due to, you know,
17 what were they writing about? There's no
18 way to know exactly who wrote what document.
19 Where was she going? What was she touching?
20 What was she observing?

21 You know, these are all unknowns
22 and there's uncertainty that's not accounted

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1 for in the dose reconstruction process,
2 specifically for technical writers.

3 And then so basically they lack
4 the ability for sufficient accuracy due to
5 the inability to estimate where the work
6 locations were, inappropriate application of
7 the coworker model because as her coworker
8 model, if she was interfacing with
9 engineers, production people and anybody in
10 the plant related to her technical writing,
11 how is the coworker model applied to that
12 job set?

13 And so potentially this Class is
14 misaligned and the dose reconstruction
15 process cannot be directly applied.
16 Actually, everybody, here you can pass these
17 out. I made plenty of copies.

18 (Off microphone discussion)

19 MR. REED: Oh, please. And
20 please make sure the guys from SC&A, that's
21 who I want to make sure you get them too.

22 Going on to the last three pages

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1 looking specifically at the SEC petition,
2 the Evaluation Report, SEC-00210, regarding
3 the internal doses of depleted uranium,
4 basically from my understanding -- and all
5 this information is taken directly from the
6 report. It's all cited on there, you know,
7 according to, you know, the information.

8 Basically we're looking at under
9 700 people were requesting help through the
10 dose reconstruction process.

11 The number where the internal
12 exposure records were available was I guess,
13 according to Table 4.1, less than six
14 percent.

15 Okay, and so is that a
16 sufficient amount of information in order to
17 recreate those doses for the overall Class,
18 much less when you look at the low
19 percentage of workers found just by -- then
20 basically in the report it basically says
21 that, you know, generally everybody was
22 given urinalysis samples and bioassay data

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1 was recorded either on their film badge, I
2 mean, basically it says broadly, hey, we can
3 find all this information, but yet there was
4 only six percent of the data found for the
5 dose reconstruction workers.

6 Now, specifically related to the
7 years 1959 to 1971, there's a total of 13
8 reported years. An average number of
9 workers reported per year was 143 workers,
10 yet in 1968 and 1969 there was basically 11
11 or ten or less workers reported.

12 And so statistically for those
13 specific years, 1968 and 1969, the dose
14 reconstruction process has significant flaws
15 in its lack of data and potential lack of
16 accuracy.

17 And so the idea that bounding
18 this or, and I'm not sure about all the
19 statistical portion of it but bounding that
20 and especially for people, for example my
21 mother worked there during only those three
22 years, '68, '69 and '70, and so taking data

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1 from other years does not apply to her at
2 all.

3 And so also the other fact that
4 seemed interesting and I didn't understand
5 quite was basically when you look at the
6 depleted uranium in the workplace air, Table
7 6.2, basically the highest measured years
8 were in 1968, 1965 and 1969 when you're
9 looking at the highest measurements.

10 And so if there was only ten or
11 11 people tested or their records are found
12 but yet they're the highest years of
13 depleted uranium in the air, where did that
14 depleted uranium come from?

15 What is the potential event or
16 probable causation? Or I think there's a
17 specific term for that that I would have to
18 look up.

19 What would be the plausible
20 circumstance for such a high level of
21 depleted uranium in the air, yet only ten or
22 11 workers were they able to find urinalysis

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1 for?

2 Moving on to external doses of
3 radiation, basically related to the external
4 doses of radiation. This would mainly apply
5 to the dosimetry.

6 I believe there was less than 16
7 percent of the records found for this, you
8 know, less than 700 workers. Again, is this
9 a sufficient amount of information for the
10 overall Class, the low percentage? I mean,
11 it's really about the same thing.

12 But this actually, there's even
13 a greater issue here when we look at 1969
14 which basically all records of the doses
15 were written in as zero from my
16 understanding in the data, you know, the
17 report.

18 And then this is my
19 understanding in trying to read through the
20 dose reconstruction processes. Once they
21 found all records, or here let me, I guess I
22 should, "All 1969 recorded doses equal zero.

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1 However, NIOSH can bound these doses using
2 Section 2.1.2 of," you know, it's noted
3 here, which basically the method they used
4 was to take half of the, what, LOD, the
5 limit of the --

6 CHAIRMAN MELIUS: Limit of
7 detection.

8 MR. REED: The limit of
9 detection. So basically they took the
10 maximum the badge could find and cut it in
11 half and that's what they used for the whole
12 year.

13 And so, first off, is a whole
14 year being noted as zero a plausible
15 circumstance? And how can that be utilized
16 as justification for a dose reconstruction
17 process specifically for anybody who was
18 there for 250 days in 1969? That's
19 basically what I have to say and so --

20 CHAIRMAN MELIUS: Thank you.

21 MR. REED: Thank you.

22 CHAIRMAN MELIUS: You know,

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1 thank you. I think you're doing our job for
2 us here. Those are all the right questions
3 to focus on and the same types of things
4 that we look for in the report and follow up
5 on.

6 I think what's also very helpful
7 to us is knowing different groups of people
8 in the plant. Technical writers, what did
9 they do? Where were they? Where did they
10 move around in the facility?

11 The part about their temporary
12 offices being put in an area that, you know,
13 that might not be readily available from the
14 records we look at so that kind of
15 information can be very helpful to us and we
16 appreciate your effort and we will keep
17 looking for that.

18 The next person I have listed is
19 Belinda Gollowsky I believe. There's a
20 Belinda and a Mae. I may be mispronouncing
21 names here. I apologize. Gollowsky?

22 (Off microphone discussion)

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1 CHAIRMAN MELIUS: See, I knew I

2 --

3 MS. GOOLSBY: They had us sign
4 the wrong thing. We didn't sign the sheet.

5 CHAIRMAN MELIUS: Oh, okay.

6 That's fine then. You don't have to.

7 (Off microphone discussion)

8 MS. WASHAM: Well as my sister
9 said, we signed the wrong paper but good
10 afternoon and good afternoon to everyone.

11 My name is Norma Washam and our
12 father's name and my mother's husband's name
13 was Mr. Goolsby and he worked at Bendix from
14 1968 to 1991.

15 And he had a blood disease
16 that's not on your paper. No one ever could
17 figure out why he -- it was called
18 thrombocytopenia. He just kept having a low
19 platelet count. He would bleed and so forth
20 and so on.

21 And he ended up with a cancer.

22 He had renal cell carcinoma also. No one in

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1 his family ever had that.

2 But my question was about the
3 dose reconstruction. I had typed up
4 something but I can't find what I typed up
5 but, to me, I don't understand it because
6 there's no tissue sample, there's no blood
7 sample.

8 I mean, how can you really, it's
9 kind of like a formulation that you
10 formulated to figure out how a person's dose
11 could be dosed.

12 And then if a person's deceased
13 like our father, you can't do a dose on him
14 because he's deceased. I mean, you know,
15 doesn't make any sense to me.

16 But I'm glad that you do have a
17 program for the people who are still alive
18 that work so that they can be tested and see
19 if they're exposed.

20 But it still leaves a unanswered
21 question for us because our father also said
22 everything was a secret. He couldn't tell

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1 us anything.

2 Until he got sick we didn't even
3 know, actually after he passed away, we
4 didn't even know this program even existed
5 so we never had him tested for anything so
6 we have a lot of unanswered questions.

7 I hope that you guys consider
8 this information that people have brought to
9 you because it's very hard to watch someone
10 dwindle away, a strong man just waste away
11 to nothing.

12 And then you don't know what
13 happened to him and then you find out about
14 this and you're wondering, well, did this
15 have anything to do with it?

16 So the dose reconstruction
17 thing, to me, I wish you guys would look at
18 it a little bit more because it makes no
19 sense to me.

20 You don't have any -- I'm a
21 nurse so I look at stuff like blood, tissue.
22 I mean, how are you determining a person

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1 who's passed away what percentage of dose
2 they have in them when you really can't, you
3 know, do it without any tissue or anything
4 like that?

5 So I don't know if that makes
6 any sense to you but I thank you for letting
7 me speak. I hope I said whatever my mother
8 had on her heart.

9 Again, my father just, and I'm
10 sure some of your loved ones just suffered
11 and it was very hard to watch the suffering
12 that he went through and I can only imagine
13 what your loved ones have gone through.

14 So I pray that you guys
15 reconsider or think about what's being said
16 here and find a solution or help those of us
17 who have unanswered questions to find an
18 answer. Thank you.

19 CHAIRMAN MELIUS: Thank you.

20 Donna Murphy. Is Donna here?

21 MS. MURPHY: Good afternoon to
22 the ladies and gentlemen of the Board. My

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1 name is Donna Murphy. I'm a United States
2 Air Force disabled veteran.

3 I had the opportunity to work at
4 the Bannister Federal Complex. The job that
5 I held in the United States Air Force was a
6 emergency room shift leader.

7 And the reason I felt it was
8 necessary for me to speak, in the area where
9 I worked we had active duty Marines, we had
10 Army individuals.

11 And we were on the
12 administrative side of the house, bean
13 counters. The office that we were moved
14 into had formerly stored beryllium, but no
15 one told us.

16 And I think my dismay is sitting
17 in a office with active duty military and
18 I'm a vet myself, knowing that I was trained
19 to evaluate individuals with illnesses, be
20 able to see it, document it and relay it to
21 the MOD of the day, which was the medic of
22 the day.

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1 And so to be in a area where
2 you're doing accounting and you see your
3 colleagues and coworkers literally dying
4 around you, anything from breast cancer to
5 brain cancer to eye cancer to skin cancer,
6 ladies in their late 50s and 60s coming to
7 work complaining about they felt they had
8 adult acne but it wasn't adult acne. These
9 were polyps and some of the women were
10 diagnosed with rosacea.

11 There was a problem with the
12 female coworkers holding their urine. At a
13 certain point in time when the weather would
14 heat up, our entire area would have the
15 stench of urine. The women were having
16 issues with their kidneys or bladders.

17 Or you'd hear a group of ladies
18 discussing their miscarriages in the ladies'
19 room or going bald. But we're on the bean
20 side of the house. We're their accountants,
21 accounting technicians.

22 And even when we had our

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1 customers come in from 8th and I, Marine
2 Corps headquarters, those were my customers,
3 and one particular incidence the guys came
4 to town. They were working on the roof.

5 The entire directorate became
6 ill, nauseous smells. When you see a group
7 of hard-core marines holding their hair and
8 upchucking, you know something's not right.
9 These are Devil Dogs.

10 And so I just ask think about
11 all of us. We love our country. We served
12 our country. We've loved America, but
13 sometimes I think maybe America hasn't loved
14 us.

15 We were not derelict. We were
16 not callous with our work. Individuals came
17 to work every day, every day, thinking and
18 feeling they were doing something that was
19 significant.

20 I'm not 60 but I've had so many
21 cancer scares, polyps, biopsies done. I
22 eventually told my doctors I feel like a

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1 walking, talking guinea pig. How many times
2 can they slice and dice on me? It's
3 unbelievable.

4 All I ask is that you all see us
5 as humans. We're not a tick on a letter.
6 We're not a column. We're not a category.

7 I lost my mother to pancreatic
8 cancer, to see your parent wither away and
9 die. Her paranoia was she didn't want
10 anyone else helping her. She was scared
11 someone would hurt her. So we turned her
12 dining room into a hospital room and let her
13 die where she wanted to die.

14 And I've told my sons the same
15 thing. I've prepared them. If you come in
16 in the morning and I don't respond, you all
17 do what you need to do.

18 Now, that's something, that you
19 tell your children if I don't wake up in the
20 morning, do what you need to do. No human
21 being should have to live with that every
22 day.

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1 And that's all I ask. Please,
2 please, if you have a conscience, we're not
3 a number. The majority of the people out
4 there worked. They were veterans, trying to
5 continue on that type of work ethic. Well,
6 I have military service and I'll just go
7 right into a federal government job.

8 Our community has economically
9 been devastated. It's like a bomb went off.
10 Why? Because the majority of the people
11 within the community, family oriented,
12 they're gone. The homes are empty. They're
13 derelict. They're boarded up because the
14 people that worked for the federal
15 government, they have died off.

16 Please, please help us. We did
17 not collectively get together with a,
18 everybody in here, I don't know many of
19 these people, but we did not collectively
20 get together and come up with a scheme to
21 defraud the government. We did not do that.

22 And if you're sitting at home

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1 and you've been off your job for ten years
2 or 14 years, not because you got laid off or
3 retired but because of illnesses, we want to
4 work. You can't work. You're too ill to
5 work.

6 House need a roof. Can't get
7 it. Need extra groceries. What do you do?
8 Do you have enough gas money to even get
9 down here to this meeting? It's that dire.
10 It is that dire.

11 What do you tell a claimant when
12 they say I've got three kids, Donna, and I
13 don't have money to get groceries? What do
14 you do? You share. Share what I got. I
15 don't have a lot but I share.

16 Please help us. No one should
17 be left out. No one. No one. And that's
18 all I have to say. Thank you very much for
19 your time.

20 CHAIRMAN MELIUS: Thank you.
21 The next person I have listed is Montano
22 Shaw.

1 MS. SHAW: My name is Montano
2 Shaw and I was just diagnosed with a
3 autoimmune disease and they told me it was
4 lupus.

5 And I worked in Building 41 and
6 I'm here to represent how far out this
7 contamination has reached and so I don't
8 know what else to say except I'm here to
9 represent the people over there who got sick
10 as well.

11 You know, we have miscarriages.
12 As you can see, I got friends, other friends
13 with lupus. I have other friends with the
14 illnesses that they have. We are just
15 discussing now body welts. I have rashes
16 all over my body.

17 And I don't even know where to
18 start, listening to everybody else. My
19 mother, her name is Cynthia Kelly. She just
20 died in April from cancer. She had
21 lymphoma, lymphoma, cancer.

22 Me and my mother got sick around

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1 the same time. When I say that, I mean that
2 she had other illnesses as well but she
3 really started going downhill.

4 We got sick in November of 2007,
5 where we both went into the hospital and we
6 both became very, very ill and that's when I
7 got diagnosed with the lupus and my body
8 locked up and I couldn't move or anything.

9 I don't know, I guess with this
10 dose reconstruction, however it's going to
11 reach out to us, over to us I don't know but
12 I'm going to say that it is not an effective
13 tool to use to determine how and who should
14 get compensated for the illnesses that we
15 are experiencing.

16 I'm a stay-at-home mother and I
17 did not look like this, I'm going to say two
18 years ago. I'm 44 years old and it's
19 devastating.

20 I got two babies. I have a 8-
21 year-old and 11-year-old that I have to
22 worry about now because I planned on going

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1 back to work when they got in school and,
2 you know, start moving on and now I can't
3 even do that because I'm sick and I got so
4 many things going on.

5 And things are developing in me
6 that, you know, if you determine me today
7 that, no, I'm not sick enough, well, in a
8 few minutes I will be. That's what they're
9 telling me. It's coming and it's coming
10 because of the things that I was exposed to.

11 Let me see, those were a couple
12 of the points I wanted to make. So I think
13 that if you reduce us to all this testing
14 that is not appropriate or effective or, you
15 know, accurate, it's not giving you what you
16 need for the people who are real going
17 through these things, really going through.

18 So we appreciate you, again,
19 allowing us a chance to come forward and you
20 see our faces and you hear our voices.
21 That's pretty much what I want to say.
22 Thank you so much.

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CHAIRMAN MELIUS: Thank you.

The next person I have listed is Elizabeth Cody. Is there an Elizabeth Cody here that wishes to speak? Okay. Can't see through the pillar, okay.

MS. CODY: Hi, I'm, whoa.

Sorry. I'm Elizabeth Cody. My mom was Mary Cohen. She worked at Bendix, Allied Signal, Honeywell from 1977 to '82 and then from about 1983 to 2008.

The '82 to '83 was because she had me and decided not to be around what she was exposed to while she had a baby in her, but then she came back.

I have, I can pass around. This was her before she was sick. This was her three days before she died. She died August 13th, 2011.

(Off microphone discussion)

MS. CODY: So anyways, I won't keep much of your time. I know you've gone past the time you wanted this meeting. I

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1 just wanted to tell you about one incident
2 that I know she talked about.

3 When she got diagnosed in
4 January 2011 with Stage 4 lung cancer, it
5 was too late for her really to do anything.

6 She did do some research. Filed
7 a claim for both Part B and E.
8 Unfortunately, because it took too long,
9 neither one was really done much before she
10 died in August.

11 They did at one point ask her if
12 they could get a sample from her lungs. By
13 that point she had had radiation and it was
14 too late to get a sample, which is another
15 thing to take into consideration for
16 reconstruction. If these people have had
17 treatment, you can't get anything which I'm
18 sure you guys are smart and you know that.

19 But anyways, the story that she
20 told was one time she was having to clean up
21 a room, document everything in that room on
22 paperwork and she was having to document.

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1 The next time she saw the
2 documentation that she wrote it was by a
3 person behind glass wearing a hazmat suit.
4 So what she was documenting was highly
5 contaminated, so much the paperwork she
6 wrote on got contaminated.

7 Did she have a badge? No,
8 because she was an engineer. She wasn't a
9 worker on the line. So, you know, she was
10 engineer but there is a prime example of
11 just one day and I know there was other days
12 that she had documented.

13 I haven't gone through a lot of
14 her paperwork because since she passed away
15 I've gotten married. I have a 6-month-old
16 daughter that turned 6 months today she
17 never got to see.

18 But I just wanted you to know
19 that at least that one incident that I know
20 of for sure. I am sure there's plenty of
21 other days like that. Thank you.

22 CHAIRMAN MELIUS: Thank you very

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1 much. The next person I have signed up is
2 East Meets West. I'm not sure who the --
3 their email is the address.

4 MALE PARTICIPANT: She's gone.

5 CHAIRMAN MELIUS: What?

6 MALE PARTICIPANT: She's gone.

7 CHAIRMAN MELIUS: Oh, is she?

8 Okay. She didn't put down her name, just
9 the organization so. Okay, there's a, I
10 believe it's Johnny, it's either Hegin's or -
11 -

12 MR. FIGGIOUS: Figgous.

13 CHAIRMAN MELIUS: Ferguson,
14 okay. Welcome.

15 MR. FIGGIOUS: Good evening. My
16 name is Johnny Figgous and I was employed at
17 Allied Signal from 1977 to 1985.

18 I worked at ground zero so to
19 speak, Department 48, where we did the
20 experimental department for those who're not
21 familiar with it.

22 It was an experimental

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1 department and these were the departments
2 that most the beryllium was machined into
3 powder form, beryllium along with other
4 toxic, boron, things like that, all that.
5 It was all machined in that particular
6 department.

7 And throughout that time we
8 worked in the machining, I would take that
9 air hose, from the time we run the machine,
10 time we get in there. It would cling, cling
11 to the air hose.

12 I'll explain how dust got on the
13 roof. We had 30-foot-high ceilings in there
14 and when we blow that air hose, the clouds
15 just go up. When it comes down, we sweep
16 it.

17 Well, we scoop whatever we got
18 up because the janitor no longer worked
19 there. They pulled him out of there. He
20 since has died.

21 Some of the other people that
22 worked in the laser room with me, they've

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1 died, E.L. Miller, Ella Tolliver. They all
2 passed. They all worked in that laser room.
3 Inside the laser room, we've got doors open.
4 We weren't properly equipped.

5 Even the supervisors didn't have
6 the ability to even know what we were doing
7 in there when it came to them ordering the
8 parts or measuring.

9 Had no idea what their equipment
10 was, the test equipment, the gauges, had no
11 idea many of them. Many of them were what
12 you might say were production planners that
13 they made supervisors in order to get this
14 job done.

15 So from my point of view, with
16 all this beryllium be going on in there in
17 my particular department, I can't speak for
18 all the rest of them because I only worked
19 in 95 with it again, when I worked in
20 Department 95, but I'm sure that stuff, it
21 went through the floors and it's probably
22 over there in that Blue River because it

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1 runs along there.

2 The floor stayed packed with the
3 stuff. The hotel vacuum system didn't work
4 half the time, and on top of that we had to
5 eat at our work station sometimes.

6 See, nobody's mentioned that we
7 had a cafeteria, that many of us have went
8 down to the cafeteria, some with washed
9 hands, some without washed hands. They'd go
10 in that cafeteria and touch food and then
11 pass that stuff throughout the building.

12 But to say where the beryllium
13 goes, when we blew the beryllium, it went
14 all on the fixtures, then left out of
15 storage, went to some other part of the
16 plant.

17 Many times it sit in the hallway
18 with the same substance on there. Sit on
19 the dock, sit in the hallway so just about
20 everybody's exposed to it.

21 I'm asking that you not consider
22 the process you're using to deal with these

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1 people. I was at ground zero. I know what
2 it's like there and I'm probably the only
3 living employee out of Department 48.

4 As for the showers, this man
5 painted a picture that he never took a
6 shower. Well, I did. I took a shower in
7 Department 26. You know what they did after
8 I took a shower? They took it out of there.

9 They made me go all the way to
10 the front end to where the security guards
11 took showers, which is about 800 or 900 feet
12 from our work station. This is the kind of
13 thing that went on out there at Bendix.

14 So for them to say they had
15 showers, for them to say they had protective
16 clothing, that didn't happen. I am probably
17 the only living witness as to what went on
18 in Department 48.

19 And I'm going to thank you guys
20 for your time and I hope you consider what
21 these people had to say to you because you
22 can consider me as a hostile witness but I'm

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1 going to tell you how it is and I got
2 everything to prove what I have to say to
3 you today and thank you.

4 CHAIRMAN MELIUS: Thank you. Is
5 there anybody else here that didn't sign up
6 that wishes to make comments? Okay. You,
7 sir.

8 MR. TAYLOR: Yes, my name is
9 John Taylor. How are you all doing?

10 CHAIRMAN MELIUS: Good.

11 MR. TAYLOR: I was a
12 subcontractor and I worked out there for, it
13 was several days and I was a broom man. We
14 laid asphalt and no one ever told me to mask
15 up. So on the back side of the plant, we
16 put that road in and so I'm the one that
17 sweep it.

18 And now I have asbestosis and I
19 have chest pains and I don't sleep too good
20 and shortness of breath and I can't run from
21 here to that wall without running completely
22 out of air.

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1 So but they have denied me twice
2 but I never had asbestosis until I worked at
3 Bendix. Thanks.

4 CHAIRMAN MELIUS: Thank you,
5 sir. Anybody else that, I think you wanted
6 to make comments, sir?

7 MALE PARTICIPANT: I do.

8 CHAIRMAN MELIUS: We'll get to
9 people on the phone in a second, so.

10 JUDGE CHAMBERS: I'd like to
11 speak from here because I have some
12 documents to pass to the Board because some
13 things that I'm about to say may be a little
14 bit controversial.

15 CHAIRMAN MELIUS: Okay, can you
16 just introduce yourself first so we have it
17 for the record?

18 JUDGE CHAMBERS: Sure. I'm
19 Judge Reed A. Chambers the Second and for
20 credibility purposes I'm passing to the
21 Board now documents that are my certificates
22 of having been nominated to be county

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1 executive of Jackson County, Missouri and
2 twice to be state senator.

3 I'm the adopted son of
4 [identifying information redacted] and he
5 used to play keyboard jazz before World War
6 II and his stage name was [identifying
7 information redacted] so everybody knew
8 [identifying information redacted].

9 He was a machinist at Bendix.
10 He filed a claim under EEOICPA and
11 encountered federal inertia where nothing
12 happens for a long period of time and then
13 they make demands of senior citizens to
14 remember specifics that happened decades
15 ago.

16 And then we encountered, as the
17 booklet here that was passed out, the 2012
18 Annual Report to Congress from the
19 Ombudsman's Office.

20 Just as an example, on Page 49,
21 yes, under C, "As noted above, under Part B
22 the statute outlines specific criteria for

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1 diagnosing both pre 1993 and post 1993
2 chronic beryllium disease.

3 "With respect to diagnosing CBD
4 under Part E, the statute does not set forth
5 similar specific criteria.

6 "In 2011, DEEOIC informed the
7 Office that a positive or abnormal BeLPT
8 test was now necessary in order to prevent a
9 claim for CBD under Part B. This
10 determination by DEEOIC continues to
11 generate comments."

12 One of the comments, "Claimants
13 question DEEOIC's authority to impose new
14 specific criteria for CBD under Part E,
15 especially since Congress did not set forth
16 any specific criteria in the statute."

17 By show of hands, I'd like to
18 see the Board. Did each of you take an oath
19 to support and defend the Constitution of
20 the United States and to well and faithfully
21 execute the office you're about to enter
22 when you began service on this Board? Raise

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1 your hands if you did.

2 I asked the Board if they took
3 an oath to support and defend the
4 Constitution and to well and faithfully
5 execute the office you're about to enter.

6 CHAIRMAN MELIUS: Yes.

7 JUDGE CHAMBERS: Okay. The
8 importance of that is that the United States
9 Constitution specifically forbids Congress
10 to having any power whatsoever to impinge on
11 the law of contracts.

12 And yet the reason that we're
13 all here today, because of the subcontractor
14 contract between the Department of Labor and
15 private business corporations that purports
16 to indemnify and to hold harmless these
17 corporations for acts.

18 One of the five elements of a
19 contract is lawful purpose, and yet as a
20 direct result of this contract, over 400 of
21 my dad's coworkers have died.

22 And why did they die? I just am

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1 a latecomer to all this, but it seems to me
2 as though the corporate contractors were
3 engaged in conduct that would otherwise be
4 called negligent homicide.

5 Now, in addition to the
6 compensation law that we're all here today
7 for, I want to tell everybody here that you
8 have to exhaust your administrative remedies
9 before you could sue but that's only in
10 respect to the EEOICPA.

11 If you have a cause other than
12 that, such as conspiracy to deprive an
13 American citizen of their civil rights which
14 arises, in my view, when administrative
15 agency deprives you of due process of law
16 rights by taking beyond its limits of the
17 statute and starting to say you have to do
18 this and have to do that in order to comply
19 to get your compensation.

20 Worse, if there are three
21 instances that can be proved of any number
22 of specific criminal acts, including

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1 negligent homicide, you might have a case
2 for RICO, racketeering, for which you get
3 triple damages and your attorneys' fees
4 paid.

5 Now, has everybody seen the
6 movie, Al Pacino's movie Scent of a Woman?
7 In that he made a speech before a college
8 ethics board and he was a blind combat
9 marine colonel and he said to his board if I
10 was half the man I used to be I'd take a
11 flamethrower to this place. Well, I'm not
12 here to infer any sort of threat like that,
13 but to associate myself with his anger.

14 My father has cancer. He's had
15 over 100 cancer operations to remove tumors.
16 The question before this body is about this
17 Special Exposure Cohort that NIOSH, who
18 can't find its butt with both hands, has
19 determined that there is not enough evidence
20 to determine that there was an inability to
21 measure exposures.

22 Well, one of the things I

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1 noticed on my dad's medical report, that for
2 one whole year there was a missing
3 reconstruction of exposures.

4 Well, in Missouri we have
5 something called badges of fraud. Was that
6 missing records because they were shredded,
7 or what?

8 Now, in the documents that were
9 just passed out a minute ago, years all
10 recorded doses equaling zero is 1969.

11 And measured depleted uranium in
12 the workplace air 1958 to 1970, Table 6.2,
13 the highest measured years, highest to
14 lowest, 1968, 1965 and the missing year
15 1969.

16 You can infer that to be a badge
17 of fraud that the records are missing and
18 I'd so argue that before a jury.

19 Now, NIOSH claims that it can
20 make a dosage reconstruction for everybody.
21 We got the average man rule and yet one
22 roofer after six months, not even the 250

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1 days' exposure, comes down with all kinds of
2 problems.

3 My dad was a machinist and he
4 worked on that roof. He worked in all areas
5 of the plant. He was a specialist on
6 repairing the pumps that the grinding
7 machines had, the wet grinders for the
8 beryllium, okay?

9 I have seen my father waste.
10 He's losing weight. He's lost his appetite.
11 He's going blind. He's got cancer. He's
12 got lung scarring in his lungs proven by x-
13 rays, shortness of breath, lots of health
14 problems.

15 I'm given to understand that
16 more Americans have died as nuclear weapon
17 workers than all the Japanese who died in
18 both Hiroshima and Nagasaki added together.

19 I believe that the corporate
20 interest put profit over safety. Yes, they
21 were making nuclear reactors in Kansas City.

22 I personally saw on the Internet

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1 a newspaper article about the transport of
2 the nuclear reactor that went to the
3 University. It's there.

4 They weren't licensed to
5 manufacture nuclear reactors. I believe
6 these reactors were, in fact, unlicensed,
7 rogue construction projects to enhance the
8 pockets of the corporate interests, nothing
9 to do with national security.

10 Speaking of national security,
11 it was President Clinton that gave the
12 nuclear reactor to North Korea saying that
13 it's only going to be used for peaceful
14 purposes. They'll never make an atomic
15 bomb. Oh, yes.

16 And yet when our people, and I
17 associate myself with the claimants, want to
18 have information to assist them in their
19 claims, it's national security reasons that
20 they seal the records and don't share them
21 with you, that they freely gave to the North
22 Koreans. Absurd.

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1 I see footsteps leading to
2 conspiracies, civil and criminal. Yes, we
3 do have a heartfelt recommendation that the
4 Special Exposure Cohort be included for the
5 Kansas City people.

6 We have histories of floods in
7 Kansas City. The Bannister Plant was
8 flooded. They've got markers on the
9 entrance of the gates showing the high water
10 marks. During the flooding, nuclear
11 materials were buttered across the universe
12 in all departments.

13 I understand from the nuclear
14 physicist we have here, Wayne Knox, that the
15 depleted uranium is actually plutonium.
16 Yes, they lost plutonium in Kansas City.

17 So how could NIOSH under oath
18 affirm that they have ways to measure the
19 radiation exposure for everybody, given the
20 fact that they lost plutonium and everything
21 was scattered throughout the plant?

22 I urge the Board to not be

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1 puppets of a conspiracy to deprive American
2 citizens of their civil rights, just so they
3 can't get their measly compensation.
4 \$100,000 to trade for a life is not a lot of
5 money.

6 And yet the inertia that we see
7 in the bureaucracy leads one to believe that
8 one of the intents is to delay granting or
9 making a decision until the claimant dies.
10 Justice delayed is justice denied.

11 So the Special Exposure Cohort
12 Petition Evaluation Report Petition SEC-
13 00210 states, "NIOSH found no part of the
14 Class under evaluation for which it cannot
15 estimate radiation doses with sufficient
16 accuracy."

17 I direct the Board to take
18 notice of the missing words that should
19 appear at the beginning of this statement.
20 The missing words are once upon a time.

21 Let me tell you a little bit
22 about federal inertia.

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1 CHAIRMAN MELIUS: Could you
2 please wrap up shortly?

3 JUDGE CHAMBERS: I will. This
4 is my last comment.

5 CHAIRMAN MELIUS: Okay, fine.
6 Thank you, sir.

7 JUDGE CHAMBERS: [Identifying
8 information redacted] , World War II Army,
9 landed at Utah Beach. He was wounded by
10 Nazi artillery fire in the Battle of
11 Northern France, fought under General Patton
12 in the Battle of the Bulge.

13 His U.S. Army unit was the first
14 military unit of the United States Army to
15 penetrate and invade Germany. Everyone in
16 front of him was a German soldier. Everyone
17 behind him was an American, but they were
18 the first to stand on German soil.

19 He was awarded for heroism a
20 Bronze Star Medal and a Purple Heart for
21 being combat wounded.

22 On February 22nd, 2010, a long

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1 time after his 1945 discharge date, the
2 Congressional Record shows that he was
3 finally awarded his second Bronze Star by
4 order of the Secretary of the Army.

5 I don't think that these people
6 can wait as long for the recognition of
7 their claims for just compensation.

8 And I'm going to conclude my
9 remarks right now by saying in a court of
10 law people address the judge as Your Honor.
11 Well, I'm going to amend that for the
12 purpose of this hearing and appeal your
13 conscience. Thank you very much.

14 CHAIRMAN MELIUS: Thank you.
15 Now, does anybody else here in the audience
16 wish to make public comments before I turn
17 to the telephone?

18 MR. COPELAND: Excuse me. I was
19 on the list for public comment.

20 CHAIRMAN MELIUS: Okay. I'm
21 sorry. I thought you just --

22 MR. COPELAND: Yes, and I just

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1 want to hit on a couple --

2 CHAIRMAN MELIUS: That's fine.

3 That's fine, go ahead.

4 MR. COPELAND: I'm not going to
5 take long at all. I just want to hit on a
6 couple of things that I want the Board and
7 the President to understand since the
8 President is going to be making his State of
9 the Union tonight and that is our direct
10 appeal according to the Act. According to
11 the Act, our direct appeal is to the
12 President of the United States of America.

13 Like some people have related
14 and are related, this was a cold war, no
15 doubt about it. It was declared a cold war.
16 We are veterans. These people are veterans.

17 Any war, no matter how you cut
18 it, has casualties. For some reason, the
19 United States of America does not want to
20 count the casualties of the Cold War,
21 because it is us. We, the people.

22 In order to reach this plateau

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1 that we are the most powerful nation in the
2 world, you all have been considered an
3 acceptable risk and you will lie in between
4 the pages of the Cold War as an acceptable
5 risk and not a casualty.

6 Now I am, like I said, a fourth-
7 generation veteran, combat veteran from
8 Vietnam. My brother was a combat veteran.

9 Many people that went to work
10 with me at Bendix in 1968 were veterans,
11 Purple Heart winners. They couldn't come
12 here tonight, and the reason they couldn't
13 come here tonight is because of their
14 illnesses.

15 But I want you all to understand
16 and I want the President to understand that
17 when he speaks tonight to this nation, what
18 you're going to get out of it, with the
19 problems that we have in society, there has
20 to be more personal accountability. People
21 have to do things right that problems don't
22 turn on their self.

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1 The government, all we ask for
2 is for the personal responsibility. You
3 know, we know what we did. We know exactly,
4 and Honeywell knows it. You did not protect
5 the people, plain and simple.

6 I worked in Department 20. And
7 I was a manager, a supervisor. I was on the
8 ethics committee at Honeywell. I was the
9 human rights committeeperson in my union.

10 I found out in 2013, 2013, that
11 I was running the equipment that was being
12 remediated in Department 20. I had no idea
13 from all the way up to 1968. Is that
14 responsible?

15 Is it responsible not to inform
16 these people, to inform these people that
17 you had a lady at Honeywell that stepped in
18 promethium, took it home, found it on her
19 carpet, on her drapes, on her pillow and,
20 ladies, this went on for years, and they
21 found it on her toilet stool.

22 Is it not responsible for this

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1 company to know that they've filed and
2 they've had many settlements in court,
3 settlements over the years in court from
4 people that were contaminated and they
5 turned around and filed lawsuits which were
6 settled in court and they settled them. And
7 you knew, they knew that they made people
8 sick and they did not tell them.

9 [Identifying information
10 redacted] has bone cancer, okay? And a lot
11 of other people are sitting in the same
12 situation.

13 Had two ladies, two, that their
14 children at the same age had brain cancer,
15 brain cancer, one died, in the same
16 department working with the same chemicals
17 related to that brain cancer. They knew
18 that, and they also know all of the other
19 cases out there.

20 Why don't we do a study to find
21 out about the clusters out there at Bendix?
22 You did it on GSA side and once you found

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1 those pancreatic cancers on GSA side in the
2 same area, six cancers, then the government
3 throws in the whole population of the whole
4 complex on the GSA side.

5 It's wrong. It's wrong what you
6 did to the Vietnam veteran and what you're
7 doing to the nuclear war veterans is doubly
8 wrong because we know for a fact.

9 Bring someone from Honeywell,
10 from DOE to stand in front of me and tell me
11 to my face that I protected my people in the
12 Model Shop as a supervisor. It'll never
13 happen. They'll never do it.

14 Why haven't they had one, just
15 one? Think about this. They may have
16 talked to you in a back room, but they've
17 never done it in public.

18 Not only that, I want to say
19 this. I understand that Councilman Cleaver,
20 Representative Cleaver, McCaskill and Blunt
21 have representation here that have been in
22 the crowd. I understand that. And I want

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1 them also to do their job.

2 Councilman Cleaver,

3 Representative Cleaver was also an employee
4 at Honeywell, Bendix, and I want him to do
5 his job. McCaskill called for an
6 investigation that we've never had from the
7 floor, that we've never had. Have that
8 investigation, make the wrong decision and
9 it's going to look very bad to some people.

10 CHAIRMAN MELIUS: Thank you very
11 much.

12 If you can be -- I am holding up
13 people on the phone. That's all I'm --

14 MR. KNOX: I would like to
15 highlight a couple of things. My position
16 on the recycled uranium was that it
17 contained plutonium.

18 Based upon our national
19 security, we will not tell you how much
20 plutonium was in that because that recycled
21 uranium was readily available to other
22 people that could perhaps get that recycled

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1 plutonium and get the plutonium out of it.

2 The other quick one is that I
3 did analysis on the promethium-147 spill.
4 They just screwed it up.

5 That promethium-147 would have
6 had promethium-146. It would have also, I
7 agree, in small amounts, it would have had
8 samarium, 146 and 147. Those are alpha
9 emitters, alpha emitters. I did the
10 analysis here. They found a flea.

11 I did the cleanup, at least
12 responsible for the cleanup of Building 125
13 at Hanford where we had a large promethium-
14 147 spill. I know the analysis of it.

15 I know about nuclear fleas. We
16 probably coined that because you could clean
17 up that stuff one day and come back the next
18 day and it's there again.

19 So them cleaning up this lady's
20 house in 45 minutes after a 12-year spill,
21 contamination is incredible.

22 Now, also there's one other

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1 quick point. No one has talked about the
2 injection pathway which is prominent.

3 These people were machining
4 that. They have cuts all over their hand so
5 you had actually since it was uranium
6 containing plutonium, you had the
7 possibility of plutonium being injected into
8 the skin.

9 That's one of the reasons why
10 Judge Reed's [identifying information
11 redacted] has so many cancers on his body,
12 because of those injection wounds.

13 The other point is, and I'll
14 shut up, the synergistic effect. If you
15 have all of these, they had 900 different
16 types of chemicals. They had beryllium.

17 If you have that in your lungs,
18 you can take that model that we use and
19 throw it out the window because if you have
20 any kind of radioactive deposits in your
21 lungs, the residency times have changed and
22 you cannot reconstruct that. I'll shut up.

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1 Thank you.

2 CHAIRMAN MELIUS: Thank you.

3 Okay, well, I will point out that President
4 Obama when he was Senator Obama actually did
5 come to one of our Advisory Board meetings
6 and asked for, I think, fair and rapid
7 follow-up on a Special Exposure Cohort that
8 had been brought to his attention of that so
9 he's aware of this program and has been
10 involved, so.

11 We have some people on the
12 phone. We do allow people to call in if
13 they wish to make public comments. I have
14 one person signed up and I believe there's
15 maybe another person. I'm not sure if
16 people are still there but, go ahead.

17 MR. BLACK: My name is Thomas.

18 May I speak now?

19 CHAIRMAN MELIUS: Yes, you may.

20 MR. BLACK: My name is Thomas
21 Dan Black. My father (telephonic
22 interference) died January of 2013 of

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1 cancer. He had cancer in his pancreas that
2 had spread to his liver and his colon. It
3 was a painful and ugly death.

4 Dad worked at the Kansas City
5 Plant from 1981 to 1997 as a maintenance
6 electrician. He serviced and cleaned the
7 exit lights, light fixtures, he conducted
8 maintenance on exhaust fans, electric
9 motors, he changed batteries in forklifts
10 that went all over the plant, he maintained
11 and troubleshooted various machines all
12 across the plant.

13 Dad had a wide range of skills
14 and when there was a need, he was asked to
15 work outside his assigned area but there was
16 no record of that.

17 It is really impossible for
18 NIOSH to do a dose reconstruction because
19 there's no records of places he went in the
20 plant.

21 During the mid to late 1980s,
22 Dad was involved in an accident. I don't

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1 know exactly what happened but I do know
2 there was a dangerous light bulb that was
3 broken in the incident.

4 I also know that that day he
5 came home without his clothes. He was
6 wearing white coveralls. He had no shoes.
7 They had taken them for testing. He was
8 wearing medical shoe covers to cover his
9 feet. He didn't have shoes on.

10 They had taken a urine test.
11 They gave him a chest x-ray and he was
12 taking some kind of medicine. I don't know
13 what it was.

14 But there's no records of any of
15 these things that I mentioned. Dad told me
16 that people were afraid for their jobs, that
17 the incident was probably going to
18 disappear.

19 There was a time when he wore a
20 dosimeter badge and once it was taken for
21 testing for possible exposure. There's no
22 record that he ever wore a dosimeter badge.

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1 I just don't understand how they
2 can do a dose reconstruction with such poor
3 records or missing records.

4 Dad's case is still at NIOSH.
5 It seems obvious what the result's going to
6 be. Without the approval of the Special
7 Exposure Cohort, the claim for survivor
8 benefits will probably be denied.

9 I pray that you guys will
10 approve the Special Exposure Cohort. Thank
11 you very much.

12 CHAIRMAN MELIUS: Thank you,
13 sir.

14 MR. KATZ: Sir, were you reading
15 from something just then?

16 MR. BLACK: I made a few notes.

17 MR. KATZ: Just wondering, you
18 were difficult to hear. I wonder if you
19 wouldn't mind sending it in actually.

20 MR. BLACK: I could email it.
21 Where do I send it to?

22 MR. KATZ: Go ahead and send it

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1 to me. I'll give you my email address right
2 now if you want to write it down.

3 MR. BLACK: I will. I'll write
4 it down.

5 MR. KATZ: Are you ready?

6 MR. BLACK: Yes.

7 MR. KATZ: Okay. T as in Ted, M
8 as in Michael, K --

9 MR. BLACK: Okay, I'm sorry. I
10 --

11 MR. KATZ: I'll try again.

12 MR. BLACK: Start over, please.

13 MR. KATZ: Sorry. T --

14 MR. BLACK: T.

15 MR. KATZ: -- as in Ted, M as in
16 Michael, K --

17 MR. BLACK: K as in kite?

18 MR. KATZ: Yes, 1.

19 MR. BLACK: 1?

20 MR. KATZ: Yes, at cdc.gov.

21 MR. BLACK: cdc.gov.

22 MR. KATZ: Thanks. If you'd

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1 email me, that would be great. I appreciate
2 it.

3 MR. BLACK: TMK1@cdc.gov.

4 MR. KATZ: You got it.

5 MR. BLACK: I'll do it. I'll
6 send it in.

7 MR. KATZ: Thank you.

8 CHAIRMAN MELIUS: Thank you very
9 much, sir.

10 MR. BLACK: You bet. Bye.

11 CHAIRMAN MELIUS: Anybody else?
12 I believe Dan McKeel is on the phone. Maybe
13 not.

14 DR. MCKEEL: Yes, Dr. Melius.
15 Can you hear me?

16 CHAIRMAN MELIUS: Okay. Yes,
17 now I can, yes. Go ahead, Dan.

18 DR. MCKEEL: Okay. There is
19 some very loud noise on the telephone right
20 now that's feeding back and it makes it very
21 hard to hear and talk.

22 CHAIRMAN MELIUS: We understand

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1 and we apologize. It's just at this hour,
2 we've been doing our best but it's --

3 DR. MCKEEL: I understand. I'll
4 go ahead then and speak up. Anyway, good
5 evening to the Board. I'm Dan McKeel. I'm
6 the SEC-105 co-petitioner who has addressed
7 General Steel Industries dose reconstruction
8 and SEC matters with this Board since 2005.

9 This evening I want to comment
10 on several specific slides and matters from
11 today's Board meeting.

12 This ABRWH meeting is especially
13 important in the GSI saga because the TBD-
14 6000 Work Group now has settled all major
15 issues. However, NIOSH has proceeded to
16 issue Appendix BB, Revision 1.

17 This development comes to
18 fruition after seven plus years of the TBD-
19 6000 Work Group negotiating with NIOSH and
20 SC&A on the first revision of the June 2007
21 GSI Appendix BB to fulfill TBD-6000.

22 My first point is I want to talk

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1 about Slide 11 which was shown by NIOSH and
2 Director Stuart Hinnefeld this morning
3 showing that four SEC Administrative Reviews
4 are under way at HHS.

5 The GSI AR for SEC-105, Slide
6 44, has specific errors. It was submitted
7 to HHS on 4-17-13 and was qualified on May
8 17th, 2013 to be reviewed by three
9 independent HHS review panel members who
10 were to be appointed by the HHS Secretary's
11 designee Assistant Secretary of Health,
12 Howard Koh. The SEC AR policy cloaks all
13 review panel deliberations in utmost
14 secrecy.

15 For example, I am prevented to
16 know the review panel members' identities or
17 their professional credentials. I cannot
18 know how many times they have met or exactly
19 what GSI material they were provided to
20 review.

21 I am not allowed to share with
22 them any of the 17 GSI White Papers and 48

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1 additional errors I have identified since
2 last May 17th. They cannot review any new
3 material. How could such a secretive
4 process possibly be claimant-favorable?

5 To promote more transparency in
6 the AR review process, I have posted on the
7 DCAS website under Docket 140, 1-4-0, the
8 complete 185-page GSI SEC-105 AR application
9 and an addendum to it that lists more of the
10 post-May 17th errors, the total 92 to date.

11 Until this meeting today, I was
12 under the mistaken impression that the GSI
13 SEC-105 AR had been under deliberation by
14 the HHS panel for eight months and 11 days.

15 During his presentation earlier
16 today, coincident with the slide I mentioned
17 and thereafter, Stuart Hinnefeld replied to
18 a Board Member question that the GSI SEC AR
19 was started being processed, in his words,
20 very recently.

21 Hearing that, I asked Mr.
22 Hinnefeld by email during the first break

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1 today to please correct the record.

2 Stuart explained that NIOSH had
3 taken until sometime in December of 2013 to
4 deliver all the requisite GSI records
5 including, as he put it, many meetings to
6 HHS.

7 I believe openness and
8 transparency dictates I should have been
9 informed of this month-long delay.

10 This frightening and highly
11 disturbing revelation suggests that NIOSH
12 Director Howard and HHS Secretary Sebelius
13 could not have had all the necessary GSI
14 records they needed to decide to deny SEC-
15 105 as the Secretary announced in her March
16 6, 2013, SE-105 denial letter.

17 I was permitted only 30 days to
18 submit my 185-page administrative review
19 application along with a CD-ROM containing
20 the transcript of every TBD-6000 Work Group
21 transcript that has occurred to date. And I
22 assembled all that work myself.

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1 NIOSH, according to Mr.
2 Hinnefeld today, allowed itself over eight
3 months to accomplish the same task.

4 So based on this, I will have to
5 move immediately to notify the HHS Secretary
6 of my concerns directly about this matter.

7 A second point I'd like to make
8 is that I have a comment that I'd like to
9 make of several Dr. Ziemer's GSI Site
10 Profile review slides from his presentation
11 earlier this morning.

12 I made some of these points
13 yesterday in an email to Dr. Ziemer and had
14 them circulated by Ted Katz, the DFO, to the
15 full Board.

16 Dr. Ziemer's Slide 3 titled
17 Activities Since the Last Board meeting, the
18 Jim Neton memo regarding negotiations DCAS
19 Director Hinnefeld had with Landauer VP
20 Craig Yoder about GSI control film badge
21 procedures was also discussed at the January
22 16th, 2014, TBD-6000 Work Group meeting.

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1 NIOSH has decided to abandon use
2 of GSI Landauer film badge data as you all
3 heard just today.

4 The need for the full Board to
5 review this rationale, including the co-
6 petitioner's point of view, is underscored.

7 Dr. Ziemer's Slide 4 titled
8 Status of Appendix BB Issues Matrix omits
9 the co-petitioner's strong objections to
10 closing many of the original and transferred
11 SEC issues that occurred on January 16th.

12 For example, all GSI sources
13 have not been bounded by NIOSH with
14 sufficient accuracy. Also, some of the
15 closed issues involved the very film badge
16 data that NIOSH has now decided to abandon.

17 It is scientifically
18 unacceptable for NIOSH to simply say, as
19 they did on the 16th, we agree to use SC&A's
20 data that does not rely on film badges.

21 These issues closures by the
22 TBD-6000 Work Group on January the 16th were

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1 premature in my opinion.

2 The badges factor into why SC&A
3 in 2012 modeled a higher external dose for
4 layout personnel than for betatron
5 radiographers, while the reverse was true in
6 2008.

7 Dr. Ziemer's Slide 5 omits the
8 co-petitioner's objection and Dr. Ziemer's
9 shared concern and NIOSH's agreement to
10 prove it can bound the different betatron
11 work practices in the extended 1952 order
12 for GSI operational period.

13 This has not been done to date.
14 This omission is misleading to the full
15 Board, which again needs to view the January
16 16th TBD-6000 Work Group transcript.

17 Dr. Ziemer's Slide 6 shows Issue
18 8, work hours, was closed. This should be
19 in abeyance. They are going to be placed in
20 Rev 1 of Appendix BB.

21 Work practices, Issue 9, to
22 include the 1952 extended period. Dose

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1 rates from uranium, Issue 10, ignore more
2 recent testimony and cite expert and co-
3 petitioner documentation on uranium NDT
4 betatron practices during 1952-66 that
5 differ from the values NIOSH uses.

6 And finally, Dr. Ziemer's last
7 Slide 7 that was titled Lost Radium Source
8 Issue. Bullet Point 3 mentions an ongoing
9 search and this sentence should add the
10 words within the plant.

11 No one knows how many of the
12 nine days the radium source was on or off
13 site at GSI.

14 We do know as being inaccurate
15 SC&A's assertion that a part-time GSI
16 radiographer tested at the October the 9th,
17 '07, GSI worker outreach meeting that an
18 airplane radiologic survey had led to
19 recovery of the removed GSI radium source.
20 We believe that refers to a different
21 incident than the one in 1953.

22 In Bullet Point 4 the site

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1 expert believes that GSI timekeeper made
2 these observations and, well, that's the
3 point about the person dying as a result of
4 radiation sickness.

5 And my statement is that no one,
6 the co-petitioner, myself, the timekeeper or
7 the site expert, ever said, quote, died as a
8 result of radiation sickness, end quote.

9 This statement, reiterated by
10 Dr. Ziemer again today, is a quote by me of
11 a worker needs to be retracted and the
12 record set free.

13 I never mentioned radiation
14 sickness. That would be pure speculation.
15 And I am a pathologist and a physician and I
16 know very well what radiation sickness of
17 the acute variety would involve.

18 Bullet Point Number 5, the
19 reason for the stated NIOSH response that
20 Dr. Ziemer gives, that the news account of
21 the finding of the source was not available,
22 is not accurate.

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1 Dr. Neton did not believe that
2 any harm from the source had been proven.
3 That was the reason he indicated on January
4 16th that NIOSH was unwilling to do any more
5 about this matter.

6 The co-petitioner had, in fact,
7 distributed to the TBD-6000 Work Group and
8 the Board the missing news story and it's
9 finding in a April 5th, 2013, GSI White
10 Paper a full nine months previously.

11 And also it placed this material
12 in his data field to the site expert January
13 2014 email on the subject to Dr. Neton and
14 the full Board. Bounding this radium
15 incident remains as a viable issue for GSI.

16 So my summary of Dr. Ziemer's
17 seven slides and Dr. Neton's brief 128 dose
18 summary is that before NIOSH proceeds to
19 revise Appendix BB, the full Board needs to
20 see an updated single GSI dose table in
21 writing that displays all external and
22 internal photon, beta and neutron doses for

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1 all three classes of workers, the
2 radiographers, the layout and the
3 administrative, from October the 1st, 1952
4 through the end of 1973.

5 My question is, if NIOSH
6 abandons GSI Landauer film badge data and
7 substitutes instead SC&A methods and data,
8 then who oversees the scientific validity of
9 SC&A's work? Does the Board review SC&A's
10 work?

11 My final comment pertains to
12 Slide 9 by NIOSH and, again, this was a
13 Stuart Hinnefeld slide and it states that 21
14 of 151 dosimetry records requests are
15 greater than 60 days overdue.

16 I represent for film badge
17 matters only a well-known to this Board
18 part-time GSI radiographer who is seeking
19 his own personal weekly GSI Landauer program
20 208 for film badge data through the Privacy
21 Act and FOIA mechanism.

22 This person's initial request to

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1 the CDC/ATSDR FOIA PA Office was on June the
2 19th, 2013. Today he still lacks any record
3 for the GSI operational period years 1964
4 and 1966.

5 CDC has agreed it possesses
6 these records, yet it will not release them
7 and will not state the exact reason.

8 I deeply appreciate you letting
9 me address you and I thank you for hearing
10 my concerns.

11 MR. KATZ: Thank you, Dr.
12 McKeel. Would you mind also because of
13 audibility issues just to be safe, if you
14 would email me your statement if you have it
15 written.

16 DR. MCKEEL: I sure will. I'll
17 send it to you tonight.

18 MR. KATZ: Thank you, sir.

19 CHAIRMAN MELIUS: Thank you.

20 DR. MCKEEL: Yes.

21 CHAIRMAN MELIUS: Anybody else
22 on the phone wish to make public comments?

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1 MS. HAND: Yes. This is Donna
2 Hand. Can you hear me?

3 CHAIRMAN MELIUS: Yes.

4 MS. HAND: Okay, I will make
5 this short because it is running very late.
6 I just want to point out that the Evaluation
7 Report has stated in the very first pages on
8 the Kansas City that the NIOSH operations
9 monitoring data was not found complete.

10 It also stated that NIOSH
11 determined internal monitoring records are
12 not complete for all time periods or for all
13 radionuclides.

14 And it is strange that only 35
15 internal monitoring results were found out
16 of the 608 and then they never mention what
17 year that the 35 was at.

18 It also is in on the Technical
19 Basis Document, Page 19, there's a document
20 0031, no definitive statement of detection
21 limit achieved by KCP was found, was not
22 found, so they don't know what was the

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1 detection limit for Kansas City workers.

2 The frequency of bioassay
3 analysis for KCP with depleted uranium
4 powders is not known.

5 So, again, there's documentation
6 that is not there. And according to 42 CFR
7 83, if the data is not there, then you must
8 give it, even though you may get the data
9 later on.

10 Right now do you have that
11 information? If you don't, then the
12 regulations require you to go ahead and
13 issue a Special Exposure Cohort.

14 It also should be noted that on
15 Page 21, Table 13, it lists a number of
16 recorded bioassay measurements and even
17 managers and administrators were having
18 bioassay, sheet metal workers bioassay,
19 production workers bioassay.

20 So to limit it to just the
21 machinists is being more restrictive than
22 the regulation and the statute require and

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1 that you cannot do, otherwise you're
2 violating the Administrative Procedure Act
3 as well as constitutional rights.

4 In essence, I will be informing,
5 you know, writing up a little summary of the
6 discrepancies between the Technical Basis
7 Document and the evaluation and as well as
8 to remind you that you have to have access
9 to sufficient information to estimate the
10 maximum radiation dose for every type of
11 cancer, not every type of job category. It
12 says every type of cancer or to estimate
13 dose of members, such as the workers, more
14 precisely than the estimate of maximum dose.

15 And if you do do the dose, it
16 must be scientific valid. And right now,
17 with the information that you have, you do
18 not have the proper scientific valid
19 information to do the dose reconstruction as
20 required by the statute and the regulation
21 and the guideline as it stands right now
22 today. Thank you very much.

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1 CHAIRMAN MELIUS: Thank you,
2 Donna. Anybody else? I think we're running
3 late here and I think we will close the
4 public comment period unless somebody else
5 here in the audience wishes to say anything.

6 If not, we thank you all, those
7 of you who are left, for your patience and
8 we'll be following up and if you have
9 questions please contact us or the people
10 involved in doing this evaluation. Thank
11 you.

12 MR. KATZ: All right, thank you
13 everyone on the phone call, too.

14 (Whereupon, the above-entitled
15 matter went off the record at 7:41 p.m.)

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