

Dragon, Karen E. (CDC/NIOSH/EID)

From: Daniel McKeel
Sent: Friday, February 06, 2015 8:57 AM
To: NIOSH Docket Office (CDC)
Cc: danmckeel; Katz, Ted (CDC/NIOSH/OD); pl.ziemer@comcast.net
Subject: New McKeel Docket 140 submission
Attachments: McKeel_TBD6Kwg_mtg2_2.5.15.pdf

Dear NIOSH Docket Officer,

Please accept the attached 16 page PDF file: "Submission by Daniel W. McKeel, Jr. MD. The 2/5/15 TBD-6000 Work Group Meeting" for consideration for posting on the DCAS website under Docket 140 (GSI). I will request that DFO circulate this new white paper to the full Board and the TBD-6000 WG including DCAS, OGC and SC&A members. The paper includes my personal notes and remarks for this very important GSI meeting that centered around Appendix BB Rev 1 and PER-057 issues. Thank you very much.

-- Dan McKeel 2/6/15

Daniel McKeel

Submission to GSI Docket 140

“TBD-6000 Work Group 2/5/15 GSI Meeting”

by Daniel W. McKeel Jr., MD
(February 6, 2015)

The TBD-6000 work group (“WG”) of the ABRWH held a scheduled meeting, a conference call, on Thursday, February 5, 2015. The main topic was GSI Appendix BB Rev 1 (issue date 6/6/14). The meeting began at 11:00 am ET and adjourned about 3:15 pm ET.

All participants except the public used Microsoft LIVE MEETING™ software (LMS) to view the two SC&A presentations. Use of LSM was not offered to the public, nor did the printed agency AGENDA for the 2/5/15 meeting have the LIVE MEETING log in information. McKeel has never been able to get this software to work on multiple Macs or his Dell Inspiron laptop. The security settings cannot be met by Apple Os X version 9.5.5 or by PC Windows 7 Home Premium Edition running on the Dell PC. I have brought this matter to DFO Katz’ attention many times without having him suggest a solution that works or anyone who could make the software work. I count myself as a very advanced and experienced cross platform PC-Mac user.

Those participating Board members identified at roll call by the DFO included WG chair Dr. Paul L. Ziemer, and WG members Josie Beach, Wanda Munn and John Poston, Sr. Dr. Poston signed in after the roll call. NIOSH was represented by Dave Allen and Dr. James Neton. John Stivers, John Mauro and Dr. Robert Anigstein identified themselves as SC&A participants. Mr. Stivers made no remarks.

Jenny Lin, HHS OGC, and Ted Katz, Board DFO, were the federal officials who identified themselves as being present. Ms. Lin also made no comments. Members of the public included Dan McKeel (GSI SEC-00105 co-petitioner), John W. Ramspott (GSI site expert), GSI SEC-00105 main petitioner Pat (Coggins) Jeske, and GSI workers/claimants Donald R. Piper and Danial Churovich.

Mr. Piper got compensated under EEOICPA part B based on GSI Appendix BB Rev 1 on 1/29/15. He addressed the WG later on when the discussion turned to the questions of whether thick castings had more structural defects than thinner castings.

Importantly, Board member Bradley Clawson, who served as an NDT radiographer for ten years, and whom Dan McKeel had suggested chairman Ziemer invite to the meeting, did not sign in or identify himself at any time during the 2/5/15 TBD-6000 WG meeting. Chairman Ziemer did not act upon McKeel's request to invite Mr. Clawson to the 2/5/15 WG meeting.

Dan McKeel, the GSI SEC-00105 co-petitioner, typed contemporaneous notes (included here as Attachment A) and addressed the WG several times. This chapter draws on those notes and wrap-up conversations with GSI site expert John W. Ramspott last night, the day of the meeting.

Dan McKeel's prepared written talking points, which he only present part of to the WG, are included as Attachment B.

ATTACHMENT A

McKeel Contemporaneous Meeting Notes

McKeel_TBD6Kwg_Notes_2.5.15.rtf

Page 1

TBD-6000 WG - Feb. 5, 2015 - 11:00 am ET = 10:00 am Central Time

• Phone: 1-866-659-0537

• Passcode: 9933701#

beach at work at 6, munn, no piston, zeida yes, plz no, not on live meeting

958 am CT dwm logged in

Katz - on DCAS all reports. presentations came in late

BOARD — PLZ, Beach, Munn, no Poston 2ND roll call (signed in late)

NIOSH -- Neton, Allen

SCA -- STIVER, MAURO, ANIGSTEIN

Federal -- KATZ, LIN

public

MCKEEL

RAMSPOTT

JESKE

DON PIPER SUPERVISOR

CHUROVICH CLAIMANT

PLZ - CALL to order. Comments and doc review.

Focus App BB Rev 1 - assess whether doc incorporates previously agreed to.

NIOSH will make revisions on what App BB is meant to be. Model assumptions and calc. some items need attention. Reach closure.

DOCS:

1. agenda
2. not web order: have received
3. App BB Rev 6/6/14
4. McKeel Rev 1 7/16/14
5. Dec 10, 2014 (earlier version Oct. 29, 2014) made some mistakes in numbers
6. NIOSH responses SC&A Jan 8, 2015
7. NIOSH skin dose Jan 8.2015
8. DCAS
9. Memo Jan 29 McK-Ram noncompliance + correspondence
10. SCA Jan 30 skin dose

11. Jan 30 Mckeel noncompliance addendum
- 12.
13. 2/5/15 JWR not named
14. Powerpoint Anig 1 findings and resolutions
15. Powerpoint 2 Anig 2 DCAS papers

PAGE 2

Go to SCA initial comments: editorial things. NIOSH has agreed on editorial things.

NETON - EDITORIAL BY MCKEEL

ANIG - Can everyone see my screen. Won't repeat with complete agreement. Non issue 1.

Issue 2 betatron doses somewhat different from Dec 2013 and Jan 2014 SC&A papers. Moot now no longer agree to old dose, have new approach. Have not down yet

Finding 3 — former workers testify no block building for Ra-226 before 1955. Triangular dose needs to be corrected. "Not an issue" - basically agreement couple % different

Finding 4 — AEC limit was 15 Rem CFR 20 — 1960. in 1961 became 12 REM error App BB Rev 1. NIOSH will address and revise

Finding 5 - area disagree — same radiographer 30% ra-226 could be doing betatron
Get to that

Finding 6 — NIOSH beta skin dose lower than SC&A. NIOSH have different model. MOOT get to that

Finding 7 - Calc error as if 1966 was whole year.

Finding 8 - Ingestion not OK with TIB-009 — now ingestion much higher than OTIB-009, revised down

Finding 9 — OTIB 52 exponential decay - started with inhalation start point.

Finding 10 — Original OFF betatron dose needs to be in different units. Hasn't seen.

UNRESOLVED FINDINGS (ANIGSTEIN)

NIOSH APP BB REV 1 VS SCA 12/10/14

KATZ poston on 10 minutes... briefing page 4 — no page numbers —

Back to Rev 1 differences, Dec 2013 didn't change model, SS slip-up — 1 ft or in contact 50% of time, at 1 meter other 50% of time. Didn't do MCNPx for 1 meter because so long, got better computer equipment did make a difference. Did not get added in numbers in December.

Layout man - NIOSH has 2 sets of values Hands and forearms, rest of body — added 15 to 20% dose. NIOSH changed doses DOWN between 2014 and 2015.

PAGE 3

NIOSH does not agree Betatron and Ra-226 radiography down by same persons.

Interview with [] did radium and betatron (50-60% of time) one or two week end shifts. Take 40-90 shifts per year. Sum for 18 quarters. Extrapolated dose 9.1 to 20.5 REM (overestimate). Reason I brought it up, dose on high side, divided does that not mean lower - NO full radium dose + 30% betatron - will ADD to "operators" get photon and neutron dose. RME reasonably maximally exposed individual is good EPA term.

Surrogate for badge breast ICRP 74 use dose coefficient for air kerma. Dose to breast.

Finding 10 — FB got 10, limit for detection, **SCA model uses film badges - 10 rads/yr not really a high dose. 26 mrem effective dose agreed upon**

PLZ question - Neutrons has higher biological dose. Rad vs REM? Anigstein using REM. Jim Neton help me out. In IREP. Doc gives distribution of neutron RBE's start with REM

Neton on top of dose. laid on top of dose. stripped out and added back into IREP. Beta and photons are 1. Multiplie

NETON editorial and factual inaccuracies will be considered in next revision.

SC&A usually stick with facts. This one "final document" McKeel had submitted, applicable when passed along.

JWR NIOSH is committed to applying best science... as relevant new information becomes available...described in a PER. If it appears new info will (change) NIOSH committed to reopen and rework claims (quote and unquote). Blatant

example of new information - it is pretty evident. Jump fro 34% to 69% is evidence, as Allen said, PER should have been done today or yesterday. Ten guys I know are dead waiting for this PER — can't sleep — bothers me. 11:15 AM Central Time.

PLZ Neton and Allen has given resource constraints, hear you and understand the concern.

NIOSH 2 papers and responses to

NETON LANDAUER BADGES - UM, CONTROL BADGE ISSUE RAISED BY SC&A from the first time we Jan 2012 Allen white paper, badges on rack never showed greater than 10 mrem (M). SC&A says control badges were subtracted from themselves. Three reasons won't; be useful, (1) ?(2) doses reconstructed with MCNPx furniture might affect, (3) Oct 11 (year not stated) teleconference meeting. That prompted me to issue

PAGE 4

Oct. 5, 2013 — page 23 and 25 said control badges would be used to bound.

Badges used to model MCNPx

MCKEEL sparred with Neton who said his yoder memo is clear, won't change.

ALLEN - CAN'T HEAR - Dave spoke up - SC&A page 4 today. fading In and out, corrupted, still BAD. patches in audible. better w/speakerphone = OFF. Inconsistency numbers all around some higher or lower. explain agree 1 meter numbers should br changed.

finding 2 — missed this

finding 3 - 1955 we agree - niosh dose higher verbally occurred

finding 4 - simple error 1961 9 not 12

finding 5 — bob radiography do disagree - source utilization log [DWM note— NO NO NO---WHERE WAS THIS LOG? SHOW ME.

Anig. continues: METHOD ON GAMMA RADIUM-226 SHIFT. BOTH PEOPLE WORKED BOTH JOBS - DON'T DISAGREE WITH THAT. TAKE BETATRON DOSE WHOLE SHIFT AND COMPARE WITH RA-226 WHOLE SHIFT AND TAKE LOWER DOSE.

ANIGSTEIN — Have taken travel time, (clearly describing) doing radiography 1957 through 1961 continuous. Took 12 to 15 secs to walk away.

Develop film; took film with him and developed film himself from previous shot —
DM note: ask where the radium-226 film was developed? 9.69 REM carrying source back and forth.

• Full time betatron op dose prorated- Ur 15% — “neutron dose from uranium.”

DM: How about scatter from the Betatron beam? Anig: “based on a real case.”

DM: Making up numbers as he goes along.

Thus far, Poston has said nothing except “can’t hear him (McKeel) at all.”

Radium 10 exposures per shift - ANIGSTEIN

NO RELIEF to PLZ and everyone characterizing McKeel paper as “editorial comments.” PLZ says he read them all. Anigstein says he read them all.

Compare Table 3 and 5 in 12/10/14 SC&A report: give uranium and steel doses.

PAGE 5

Uranium predominates for skin dose. If they went down 50%, NETON says, would this not be claimant favorable. Not deviating from agreed. Should be some Beta skin doses and some neutron dose.

PLZ does NIOSH needs to consider this further? ALLEN: fade in/out. interviewed 3x. ALLEN debates travel time. BIG LEAD PIG RIGHT THERE.

ANIG... cut off by Katz

KATZ (mad) scolded Anigstein interrupting Dave. Wait for him to finish.

ALLEN proceeded fading in and out.

ANIG: Same time 2.4 hrs 140 min 10 exposure 14 to 15 minutes per exposure. Everyone said time was of the essence. He had helpers. Then in later years 2 or 3 doing shots. Bounding values, if come down lower than 70% - can’t say zero.

ALLEN: Disagrees about evidence they have. 15%... cannot use

SC&A comfort break. KATZ arguing take 15 minutes only.

RECONVENE AT 12:15 PM CENTRAL

Katz : Poston√ and Neton √ tardy NOT on line

PLZ still on issue 5: go to others? Any point - NIOSH proposal do Betatron and

do Radium and take higher dose. SCA fraction betatron dose + radium dose (skin and neutron from Betatron). Feel for percentage - depends on type of CA — some fraction amenable? Dave dips to inaudible.

PLZ Anigstein - triangular distribution OK photon. Some beta skin and neutron assigned. Can be less than that. Still point out: (a) hear and respect Allen, (b) my observation applies to next topic, NIOSH position presupposes it seems to imply state of knowledge to best of knowledge no one really has - assumes we know more than we know. Did that actually develop film after each shot? Don't know w exactly what happened 60 years ago; give benefit of doubt. Not reasonable 50-60% in Betatron based on his records got higher end 9-20 R/Yr if prorated to full time.

=====
SAME RADIOGRAPHER DID ALL THE URANIUM (McKeel is NOT true).
=====

PLZ do you believe Bob's scenario is plausible? Allen : not plausible. board members — munn agree w dave. Badge readings we have at high end. josie go w sca

PAGE 6

poston — can u hear me — i am stuck in between, both some merit - more to sca.

plz i am leaning that way myself — NO ACTIONS. POSTON - no correct answer here.

go to issue 6 bob related issues in issue 6? may have lost him.

ANIG - technically no connection. layout man 63-66 issue 6.

ISSUE 6
=====

ALLEN — Layout man (1963-66) beta dose not discussed during wg mtgs. betatron greater than uranium. sca did not agree to — should use 2008 — sca mistake, WG Never addressed beta dose method.

ANIG — SCA had reported in 2012 9Allen wrong) did runs fall 2013 used same runs betatron and layout man. use excel SS. DID DO - CONFUSION MY PART - can't mix the two, gamma and skin dose. nosh not physical realistic.

EXAMPLES OF OVERLOOKED EXPOSURES. ACTUAL NOT LIMITING EXPOSURES.

small layout fraction. steel fx small amount. beta dose mostly skin. mcnp gives delayed gamma. did not see, plausible. go back 5 or 10

times, call it 7.5 times. 30 hrs delay 15 min to get fe-53 t1/2=8 hrs.
new casting every 75 minutes. story told by deceased staff -
transmitted to dave and jim and to procedures WG 7 YEARS AGO
TO WANDA E-MAILS AND MEMOS TO WORKERS — MAN
ONLINE SIGNED. GET THESE EMAILS, SAME CASTING HAD thick
and thin shots. **USE FACIA REQUEST FROM MUNN PRSC OLD
WRK GRP NOW SUPERCEDED BY SUBCOMMITTEE. Doses are
plausible and claimant favorable.**

does wanda prsc have sca interviews?

- Dr. Anigstein states the interviews were not posted to
the DCAS website, and some emails were submitted to the Procedures Work
Group. **Part of the interviews were first published by SC&A Jan. 26, 2014.**

**Had 2 betatrons op simultaneous — Bldgs 8-9-10 finished next
to NBB. OBB “200 yards away” so could have had castings
mixed by OBB and NBB. Our story.**

**plz - Further commends to SC&A arrived 2 days ago. SC&A beta
skin dose Layout man (last Friday) Jan 30th. Any reactions
dave? sticking with previous values.**

ALLEN — our position has not changed.

PAGE 7

**ANIG — OUR 3 PAPERS SHOWING ON LIVE MEETING (mckeel
not given chance to use this service) - 90% short shots. 34% and
64% fx of short and long shots represent; ...> [missed this]
years ago. small deal on numbers.**

=====
MCKEEL TO FILE LAWSUIT TO OBTAIN DUE PROCESS RIGHTS
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12:58 hrs CT...

**PLZ - what assumptions are reasonable. ALLEN had measurable effects. Basic
not just short shots. Retracted by site experts.**

**ANIG — pontificated; conceptual model can't get any worse than that.
Implausible don't keep shooting same casting. Other sites i have reviewed listed**

bounding used without time and motion studies.

ALLEN — Can't irradiate a casting 30 hrs every 75 minutes.

ANIG willing to back off if there was a plausible upper bound.

MUNN - Questions minus solid facts - no opinion.

ALLEN questions why Bob thinks more defects in thicker than thin parts of casting. BOB CANT BACK UP — MCKEEL PLZ/WG ASK CLAWSON!!!

JWR - ask GSI experts - he opined thicker castings had more defects. forgot to mention asking brad clawson.

PIPER — chimed in / mckeel cut off — PIPER WEIGHED IN ON CASTING THICK 5-18 INCH CASTING BUT DID NOT SAY WHICH HAD MOST DEFECTS. 30 shots to 10 shots per 8 hr shift.

piper retakes castings layout on rr car.

MCKEEL CONSULT BRAD CLAWSON.

CHUROVICH — Also didn't answer question. Never seen one of those film badges. I never wore one.

Move onto other findings and come back to (to see 5 and 6) where to go.

PAGE 8

Issue 7 allen — 1966 intake rate, agree w SCA

ISSUE 8 [missed allen comment]

ISSUE 9 will correct that...

ISSUE 10 - FIRST TIME THIS MORNING — this dose calculated to effective dose should be by air kerma AP-PA. [film badge 30 kev of reads very little] dose varies tremendously throughout the body. now included in skin and forearms. **de hands**...should use 10 mr from film badge. Don't change, write in explanation.

PLZ — comments?

ANIG — problem using 26 is effective dose OCAS-IG-001 does;t allow this. Can't pretend it is OK - use air Kerma (Roentgen multiple 0.85 fixed number). The correct doses for safety but NOT for DR. Hands could be hanging by sides, not have to be behind him. Cannot agree with 26...

PLZ need more work, Beach needs more work, agree. [FURTHER PROLONGING FINDINGS RESOLUTION] AND PER.

FINDINGS 2, 5, 6 AND 10 NEED MORE WORK AND DISCUSSION. Don't need to do today. 1,3, 4, 7, 8 and 9 complete SC&A and NIOSH agreement. WG agree to close. Beach OK, Wanda YES, PLZ agree, Poston "absolutely"

FINDING 2

1:28 pm CT... PLZ checking on F2, what needs to be done. Anigstein have not even seen the NIOSH numbers. Dave Allen repeats PLZ's question because he wants to get rid of the finding.

PLZ ON **FINDING 2**: "Numbers fall into place BUT YOU STILL HAVE TO DO IT." Neton issue can be closed. Have to agree on the model.

- ANIGSTEIN betatron operator will be done. paper by Allen DCAS "New model will be used." Not using results in Rev 1. We understand each other.

PLZ — do that and be back to one another. Dave do you agree. Work on soon."

Allen: Yes, "quickly"

ANIG believes interrupted model is OK but it is inappropriate. One casting being shuttled back and forth. **Need to see it before we can comment.** PLZ state assumptions but DO NOT debate them.

PAGE 9

Allen says same model today but corrected. This paper throws out number in Rev 1.

FINDING 5 - Neton will figure out "where we are at" WG believes SC&A is best Radium + betatron neutron and beta skin dose. Need to model and get back Neton. Soon?

NETON: "should not take too long, just arithmetic."

FINDING 6

Possible vs plausible 30 hours. Allen agrees this is an issue. Bob agree... Bob intermittent exposure modeling in one way left some doubt, perfectly plausible. SC&A define a claimant favorable and plausible dose.

TED KATZ — It isn't up to SC&A to solve the conundrum. NIOSH come up

with a bounding scenario that is OK with WG. Allen: that is what we did. Katz Limiting that will never happen. KATZ IS ASSUMING SC&A'S ROLE INAPPROPRIATELY, AGAIN.

PLZ - work out logistics and geometry

FINDING 10

NIOSH NEEDS MORE TIME TO weigh this issue.

=====
PLZ MOVED past, ignored, Agenda 6 so far:
=====

PLZ: Next meeting... near future date "ready by" Neton get back to you with schedule, have other things going on.

McKeel asked where Anigstein filed the e-mails. He sent an e-mail to the old Procedures Review WG and all 12 redacted pages are in his 12/26/14 SC&A white paper. The original interviews were NOT posted to the DCAS/OCAS website. Most of them came from John Ramspott, so McKeel and Ramspott must have access to the originals. [NO, this is NOT true]

Jeske did not get on with a comment.

—end 2:15 PM Feb. 5, 2015 Thursday

Attachment B

McKeel Talking Points 2/5/15

2/5/15 TBD-6000 Work Group

DM_TalkPoints_2.5.15wg.rtf (FINAL)

1. RE: App BB Rev 1:
 - (a) should have a section that denotes the major differences with Rev 0 from June 2007. Part of this section should be a Table comparing NIOSH and SC&A Rev 0, 2008 modeled doses, 2012 modeled doses based on film badge data, and Rev 1 assigned doses.
 - Agreement findings: NIOSH postpones to AppBB Rev 2 - what is that DATE?
 - Finding 2 - SC&A, too late to use new model. DWM: Use AppBB Rev 1

- Finding 5 - Agree with SC&A, McKeel stated GSI radiographers DID do both Betatron work and Ra-226 radiography to calculate Betatron op dose.
 - Finding 6 - Too late for new skin dose model for Layout man. Use AppBB rev1
 - Finding 10 - I agree with SC&A. NIOSH needs to use air kerma values.
2. **Question 1 for Dave Allen: Why will NIOSH issue Rev 2 App BB?**
Appendix BB Rev 1 should be revised immediately as NIOSH resolves SC&A's 10 new findings (12/10/14 paper plus #10 from today).
 3. **Question 2 for Dave Allen** — [Piper] DR #2 POC 69% (2014) versus DR#1 (2006) POC = 34%. Person was a film badge clerk classified as a Betatron operator, film reader and supervisor. What aspect of Rev 1 would lead to such a large POC increase? Allen answered "there are many that DR. Mckeel knows," thus rudely refusing to answer the question I asked in good faith. It is NOT obvious why the referenced POC increased 35%.
 4. **Question for SC&A: Why was SC&A's 10/29/14 review of Appendix BB Rev 1 taken off DCAS website?** What was difference between it and SC&A 12/10/14 App BB Rev 1 review?
 5. **Neton response to McKeel's Hinnefeld questions implies that NIOSH WILL USE GSI film badge data.** This is opposite to what his Dec. 2013 Memo to the Board stated. Could NIOSH please clarify this point? Neton Nov 2013 memo states "**NIOSH proposed method for bounding exposures to betatron operators cannot be used. Thus, NIOSH proposes using the limiting value for exposure to betatron operators proposed by SC&A, which does not rely on the use of film badge data.**" Please explain. Neton maintained memo was clear; no revisions will be made. McKeel strongly disagreed.
 6. **SC&A failed to review Dan McKeel's 7/16/14 review of App BB Rev 1.**
 - Why did neither SC&A nor NIOSH cite or acknowledge a single Dan McKeel or Ramspott GSI (400 page workbook 2005) white paper, public comment, workgroup and Board presentations, or their many data contributions in Appendix BB Rev 1, or the three SC&A papers, or the DCAS response to SC&A paper that are all DISCUSSION PAPERS for the TBD-6000 work group meeting scheduled for Feb. 5, 2015?
 7. **PER-057 questions:**
 - a) The Act says PERS "will be issued" whenever important new data emerges. John Ramspott quoted the Act and NIOSH PER rule. Why wasn't a PER issued when FOIA NRC 2010-0012 became available

with the GSI twin Ra-226 sources? This drastically changed the DR assigned doses landscape for the period 1952-1962.

b) Who authorized work to stop? [Neton says Hinnefeld only can comment]

c) What was the stop date?

d) When will work on PER-057 resume?

e) Does it exist in draft form?

8. **Work on PER-057** for GSI should resume day after 2/5/15 meeting. Denied claimants should NOT have to wait for Rev 2. NIOSH should use Rev 1 of Appendix BB. I repeat again, as I have to DCAS Director Hinnefeld and others many times, that PER-058 for the Dow IL site, was issued by NIOSH minus any work group, Board or SC&A review of Appendix C Rev 1 issued 4/3/14. My requests to explain this vastly different processing of PERs 057 and 058 have been ignored. PER-058 includes 96 cases, 16 of which represent claimants employed at both the GSI and Dow sites.

• **NIOSH needs to first identify how many denied part B GSI claims will be included in PER-057?**

9. **GSI SEC issues, recent data:**

• ORO-NCIS-53 (1972) documents 7 GSI AEC noncompliance issues that overlap with similar citations in NRC FOIA 2010-0012. Include lack of use of calibrated and leak tested survey instruments that would affect DR. AEC could not confirm annual radiography proficiency and radiation safety classes & tests were actually administered after 1963. GSI did not deny the charges. Answered they will START holding such classes and HAVE PURCHASED new survey instruments. These collective observations suggest that a robust radiation safety program DID NOT EXIST AT GSI 1963-1966 during the last 3 years on the operational period. The Board was misled on this point before the 12/11/12 vote to deny SEC-00105.

ABSTRACT 60008

1. Source storage rooms not properly posted
2. Copy of license not posted
3. A source was stored in an unrestricted area
4. Utilization logs were incomplete
5. Radiographic operations were conducted without a calibrated survey instrument
6. Survey records were not always maintained
7. Results of annual tests of radiographers were not always available

ABSTRACT 61438

1. New radiation signs were obtained
2. Copy of license was posted

3. Sources are stored in a restricted room
 4. New utilization logs were prepared
 5. New survey meters were purchased and calibrated
 6. Records are kept to assure that the sources are shielded before being stored
 7. Radiographers will be tested annually and tests filed
10. **Betatron operator/supervisor and film reader** on 2/2-4/15 provided a new affidavit that confirms many defects in **betatron inspected x-ray shots were marked on RR cars on RR tracks outside of 10 building**. Only “green” (not previously Betatron inspected) castings had Layout performed off the tracks inside 9/10 building. Dr. Anigstein and SC&A maintain that No LAYOUT/markup work was on the RR tracks at GSI. The GSI SEC team believes SC&A is incorrect on this important point that could affect external dose to layout men.
11. SC&A Finding 10 listed as “new” was delivered to Dan McKeel 2/5/15 at 7:02 am
- Assumed residual photon radiation from betatron after shutdown expressed as effective dose with the conversion factors listed in OCAS-IG-001 (Find10—new)

Footnote 12: The GSI SEC-00105 Administrative Review is still pending at HHS 21 months after being submitted on 4/17/2013. This is outrageously too long for the SEC Class members to be forced to wait to hear the results of this total secrecy AR review process. The absolute secrecy and lack of feedback is unfair and deplorable.

Footnote 13: CDC FOIA 14-00573 submitted by Dan McKeel to obtain the complete GSI administrative record and NIOSH Director John Howard’s report on SEC-105 to the HHS Secretary was submitted 4/10/2014. The Atlanta CDC FOIA office indicates to McKeel his request will not be worked on until the end of June 2015 at the earliest (14 months). This, too, is a ridiculous and negligent way of handling a FOIA request that amounts to potentially illegal censorship. FOIA allots 30 days for records to be furnished to requesters.

I will submit my comments to Ted Katz. Thank you.

Daniel W. McKeel Jr., MD
GSI SEC-00105 co-petitioner
Cofounder SINEW

Respectfully submitted,

Daniel W. McKeel, Jr., MD

February 6, 2015