

This transcript of the Advisory Board on Radiation and Worker Health, TBD 6000 Work Group, has been reviewed for concerns under the Privacy Act (5 U.S.C. § 552a) and personally identifiable information has been redacted as necessary. The transcript, however, has not been reviewed and certified by the Chair of the TBD 6000 Work Group for accuracy at this time. The reader should be cautioned that this transcript is for information only and is subject to change.

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

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ADVISORY BOARD ON RADIATION AND
WORKER HEALTH

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WORK GROUP ON TBD-6000

+ + + + +

THURSDAY
JANUARY 16, 2014

+ + + + +

The Work Group convened telephonically, at 10:00 a.m., Paul L. Ziemer, Chairman, presiding.

PRESENT:

PAUL L. ZIEMER, Chairman
JOSIE BEACH, Member
WANDA I. MUNN, Member
JOHN W. POSTON, SR., Member

ALSO PRESENT:

TED KATZ, Designated Federal Official
NANCY ADAMS, NIOSH contractor
DAVE ALLEN, DCAS
BOB ANIGSTEIN, SC&A
SAM GLOVER, DCAS
DEKEELY HARTSFIELD, HHS
JOHN MAURO, SC&A
DAN MCKEEL
JIM NETON, DCAS
JOHN RAMSPOTT
LAVON RUTHERFORD, DCAS
MUTTY SHARFI, ORAU Team
JOHN STIVER, SC&A
BILL THURBER, SC&A

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

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(10:02 a.m.)

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MR. KATZ: Well it's time to start so if everyone is ready let's get going. This is the Advisory Board on Radiation Worker Health, TBD-6000 Work Group. Just some general things to say before I do roll call.

We have the agenda for the meeting. It's posted on the NIOSH website under the Board section, under today's meetings, or scheduled meetings for today. So the agenda's there, there are a number of documents that should be posted there.

There's a presentation for Joslyn that should be posted there and maybe one other document, I'm not sure. I don't think so actually, I think it's just the presentation for that.

And then later today we have GSI and we have a couple documents posted for that. SC&A memo, an updated matrix, I think

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1 that should be it.

2 So roll call, let's just start
3 with Board Members. We're speaking about
4 specific sites, so please for everybody
5 agency related, speak to conflict of
6 interest as well when you register your
7 attendance. Let's start with Board Members.

8 (Roll call.)

9 MR. KATZ: Okay, very good.
10 Again I think, Dr. Poston will register his
11 attendance when he joins us in a few
12 minutes. And Paul, it's your agenda.

13 CHAIRMAN ZIEMER: Thank you very
14 much, and welcome everybody. I will
15 officially call the meeting to order. You
16 all have the agenda. We have two facilities
17 to deal with this morning. First, Joslyn
18 Manufacturing of Fort Wayne and then General
19 Steel Industries.

20 We're going to begin with Joslyn.
21 And we have first the presentation by Sam
22 Glover, dealing with the SEC Petition

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1 evaluation. And the issue of extending the
2 time for the SEC period. So Sam, it's all
3 yours at the moment.

4 DR. GLOVER: Thank you, Paul.

5 MR. KATZ: And Sam, just before
6 you get to that effort, I failed to mention
7 for everybody, when you're not speaking
8 please, mute your phones.

9 And use *6, to mute the phone if
10 you don't have a mute button on your phone,
11 *6 will then take it off of mute as well.
12 Thank you. Go ahead, Sam.

13 CHAIRMAN ZIEMER: Let me also,
14 this is Ziemer again, let me also mention
15 that Sam's PowerPoint presentation was
16 distributed a day or two ago.

17 Sam, I don't know if you were
18 planning, I guess you're also going to put
19 that up on Live Meeting as well, so that
20 those that don't have a Live Meeting, I
21 think it was distributed generally as well
22 by email.

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1 MR. KATZ: Yes, well it's, Paul
2 it's also, it's posted on the website.

3 CHAIRMAN ZIEMER: And on the
4 website.

5 MR. KATZ: For today's meeting.

6 CHAIRMAN ZIEMER: Right, thank
7 you. Go ahead, Sam.

8 DR. GLOVER: Thanks Paul, yes we,
9 I apologize for the lateness, but because we
10 had to put the addendum together, and get it
11 reviewed. We didn't, we weren't able to get
12 this out to you further ahead of time.

13 I do want to mention that you
14 should have all received a copy of the, I
15 think the entire Board received a copy of
16 the presentation. It is on the website.

17 I also put in AB Document Review
18 Folder, the summary of all the action items
19 that were generated. As well as all the
20 supporting material and the addendum, Paul,
21 to try to make it as easy on you guys as
22 possible to review the changes.

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1 With that, then I guess we'll
2 start with the presentation and see what
3 you, what else, what other questions you
4 have. Or if you have any other questions
5 about the supporting material and I'll let
6 you go from there.

7 So I'm going to briefly go
8 through the Joslyn Manufacturing Supply
9 Company, this our addendum report to SEC-
10 200, and I'm going to try to remember to
11 control the slides with this. I'm going to
12 Slide Number 2, for anybody who might be
13 following along on a different piece.

14 So it's been about a year ago
15 since we talked about the site. Joslyn is
16 listed as an Atomic Weapons Employer. A
17 little bit of background here, from 1943 to
18 1952. And they were the primary commercial
19 rolling facility for the AEC, prior to
20 Simonds Saw and Steel.

21 Their principal operations
22 include machining and rolling of uranium

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1 rods. They did some very small, very
2 limited thorium machining operations before
3 1948, in the 1946, '47 time frame.

4 Next slide, Slide Number 3. So
5 based on Jim's various recommendations, I
6 slimmed up this presentation so there is not
7 a whole lot of extra ancillary things in
8 here, but just a little history.

9 We did do, in December 2012, we
10 presented at the Board meeting our Class
11 recommendation for Joslyn. And we recommend
12 the period March of 1943 through December 31
13 of 1947 as infeasibility.

14 And then after that we said we
15 believed that we could do dose
16 reconstruction from January 1, 1948 through
17 the end of 1952. Advisory Board agreed with
18 that, as far as the SEC Petition portion.
19 But withheld judgment from '48 to '52.
20 Requested SC&A prepare a report, and they
21 did that.

22 And that report was summarized

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1 into 11 issues for resolution and the folks
2 over there summarized that into a Issues
3 Resolution Matrix on December 18th, but it
4 was well broken out in the report, but
5 certainly that matrix is also in the folder
6 setup that I put up on the AB Document
7 Review Board for you.

8 Going to go to Slide Number 4.
9 Joslyn Manufacturing is located in Fort
10 Wayne, Indiana they have a long history of
11 producing stainless steel. Participated in
12 a number of radiological operations for the
13 Manhattan Engineer District and later the
14 AEC.

15 And these included hot rolling,
16 quenching, straightening, cooling, grinding,
17 waste burning, abrasive cutting of uranium
18 billets into metal rod.

19 Slide Number 5. So much of the
20 early work at Joslyn, pre-1948, was related
21 to production of uranium for the Hanford
22 site. And Hanford oversaw those operations.

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1 Numerous experiments to develop
2 procedures for rolling uranium metal for use
3 in nuclear reactors. They performed rolling
4 operations at Chalk River, for the Chalk
5 River experiments and also for the British
6 government.

7 Slide Number 6. So one of the
8 things when you have an SEC, the question
9 you sort of ask yourself is all right, '48,
10 December 31st, 1947 and then I go to 1948,
11 what changed?

12 And so when I thought about some
13 of the things maybe that are unique to
14 Joslyn that gave us some concerns, and we
15 wanted to make sure we addressed them very
16 well.

17 On Slide Number 6, this is a
18 diagram that was extracted from the Health
19 and Safety Report in 1952. And it shows the
20 proximity of three separate rolling mills.

21 If you were to look at those on
22 their side, they're like if you took a 250

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1 gallon drum laid on its side, one on top of
2 the other, they would roll in the same
3 direction with grooves.

4 So you see three mills, an 18
5 inch, this one, labels a 12 inch but at
6 different times it was, I believe also was a
7 16 and an 18, depending on what size rolls
8 they put on there. And then there's this
9 nine inch rolling mill that we talk about.

10 And that was the, you see the
11 furnaces they had. I believe ten, eight to
12 ten electric, I'm sorry, gas fired furnaces
13 where they heated the billets. That's at
14 the top of the slide.

15 I don't know if you guys can see
16 my pointer, but that's at the top, the top
17 corner is the furnaces. And that's only
18 about 25 feet away from these.

19 So you can see these are very
20 closely in a row, and it's well, it's
21 documented in this high production time
22 frame, that not only were they rolling one

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1 rod, they could be rolling up to three rods
2 in this section, simultaneously. So that
3 gave us some pause.

4 Also that, some concerns that in
5 high throughput, you had this later in 1952
6 data, but these rolls are water cooled.
7 They are, from the very beginning they
8 discussed the steam and smoke in this area.

9 So it's sort of a unique
10 operation that we want to make sure that the
11 1952 data, which we have a good study by
12 HASL, reflects the conditions that go back.

13 So that we'll talk about that as
14 we go to Slide Number 7. So let's go on to
15 the source of exposure. We have principal
16 sources, include the inhalation and
17 ingestion of natural uranium oxide from
18 production and shaping of uranium metal
19 rods.

20 It was a hand-operated shop,
21 compared to like Bethlehem Steel this was,
22 you drug a rod, manually reinserted the rod

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1 into the mill, they packed it back over, and
2 so they pushed this thing through.

3 And so the people on the inside,
4 you may see an east side or west side of a
5 rod, what's on these, so they're seeding,
6 and as that rod comes in, that oxide is
7 perhaps going to be higher on one side.

8 Joslyn operated these three mills
9 simultaneously. They were co-located and
10 they were conducted on, again, rollers which
11 were water-cooled bearings. And they
12 produced steam and high levels of
13 contamination.

14 In addition to the rolling, they,
15 many of the operations required additional
16 machining and preparation steps, including
17 centerless grinding, cutting, heating,
18 quenching, and an unusual operation, they
19 threaded them for various operations at
20 various facilities within the Joslyn plant.

21 Billets were also stored onsite
22 for relatively long periods of time. They

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1 maintained an inventory. Uranium waste was
2 noted to be collected and burned outside.

3 And so we spent a lot of time
4 with worker interviews and trying to make
5 sure we understood the burning of waste.

6 In the '45 time frame, they even
7 described an explosion where they didn't
8 properly oxidize the material and it got wet
9 and actually blew up in an offsite location.

10 I updated this graph to reflect
11 some new documents we collected in the last
12 year. And essentially what it is, is that
13 we found better documentation on the second
14 half of '49 and the second half of 1950.

15 Those about 30 tons of uranium
16 rod exposure, or rolling per Chalk River.
17 You can see that through, they had about
18 300,000 pounds up through 1947, maybe
19 400,000 pounds of total uranium that was
20 onsite and rolled and or machined.

21 The first half of 1948, they did
22 600,000 pounds of uranium in 42 days, of

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1 actual onsite operations. Those may have
2 been 42 days of two, you know they may have
3 had two back-to-back sets, two different
4 shifts running to get that done. But that
5 was the calendar days of operations.

6 And then after that, there's very
7 few rollings, those 30 tons were done in a
8 couple, in only two days in each time. And
9 you'll see those reflected in our actual
10 reports.

11 I'm going to go to Slide Number
12 10. So there is no routine air monitoring
13 or bioassay program. We have limited air
14 samples taken on three different occasions.

15 In '43 and '44, and even in
16 October of 1951, they were very limited in
17 scope, mostly GA samples. And the early
18 data was done with an electrostatic
19 precipitator which was not comparable to the
20 HASL equipment.

21 And the people at the time,
22 reflected that there was some potential

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1 bias. So we did not feel we could, very
2 comfortable with those who bound the dose.

3 Again, I mentioned there was this
4 January 8, 1952 study conducted by HASL and
5 they developed a time weighted average study
6 of the various operations at Joslyn.

7 Slide Number 11. And so, why add
8 seven months? I think Jim or Stu,
9 summarized this, so what changed? So we
10 previously recognized that TBD-6000 approach
11 needed validation for specific practices and
12 methods used at the Joslyn.

13 And these were performed under
14 the MED operation. So they were done under
15 Hanford supervision with the conditions and
16 the limits at the time.

17 So we have an extensive data
18 collection in 1952. How far back can we
19 justify that they represent the conditions
20 and practices at the site?

21 So we recognize that practices
22 and standards were rapidly evolving in this

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1 time frame. In '48 Joslyn had that same
2 oversight. It's still Hanford in this
3 large, that 600,000 pounds, we see the same
4 oversight and the same kinds of activity
5 being conducted through the end of July '48.

6 Operations after July of '48 are
7 clearly done under the auspices of the AEC.
8 You can see in the contracts and the people
9 who are present, these are AEC officials.

10 We've got that tie then, you
11 know, HASL was clearly taking, you know,
12 obviously were getting the reports from
13 Simonds Saw and Steel.

14 The other facilities that support
15 TBD-6000, we get that change over from just,
16 this is always how we've been doing things,
17 to being done under the auspices of a new
18 entity.

19 Slide Number 12, please. So
20 three closely co-located rolling mills, so
21 pre-'48, after July of 1948, we have the
22 documented practice of rolling multiple rods

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1 simultaneously on the same, and not just
2 adjacent mills, but they may, you could
3 actually run multiple rods through the same
4 mill is what they were documenting.

5 And so this practice was needed
6 to handle nearly 600,000 pounds of uranium
7 rod processed as I said, in 42 days. NIOSH
8 does not feel that the data collected in
9 1952 are directly comparable to this high
10 production phase which required different
11 operational practices.

12 Slide Number 13. Something, and
13 then also the type of work that was done.
14 We carefully looked at the additional
15 documentation received regarding Canadian --
16 it was still AEC, it was done for Chalk
17 River.

18 These rolling days, particularly
19 the several campaigns that were, that
20 represent most of the material after 1948,
21 were done in what's called the alpha phase
22 uranium dimensional stability.

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1 And that meant why wasn't the
2 uranium either expanding or shirking?
3 That's why they started rolling material to
4 begin with is that the extrusion process was
5 causing the Hanford reactors to shut down.

6 And they wanted to understand why
7 that was that was doing that, so they began
8 operations at different facilities to
9 understand should we be rolling this to get
10 better product, better uranium that wouldn't
11 cause our reactors to shut down?

12 Alpha phase is cool, it's not,
13 you can't get it too hot or it changes the
14 metal characteristic. So they had to do
15 careful temperature control. So you can't
16 be running a whole bunch of rods and they
17 get hot and you're not controlling that.

18 They represent much smaller
19 efforts because they were test efforts in
20 both, approximately 30 tons in '49 and '50
21 each. They were specifically done only on
22 the 18 inch mill.

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1 And that is of note because the
2 nine inch mill was noted by the 1952 study
3 as being much, much higher than the 18 inch
4 mill. The 1943 or '44 data while it was
5 still done with electrostatic precipitator,
6 also shows the same very large difference.

7 So it's supported a couple times
8 in different conditions, that the nine inch
9 mill really was a huge source. And that was
10 one of our major concerns and what the
11 exposure would be at the nine inch mill.

12 And you don't see that because
13 they simply didn't do it. They needed the,
14 they rolled it I think 28 passes through a
15 18 inch mill, to get into the specifics.
16 But they were very detailed in the
17 procedures.

18 Slide Number 14. So after July
19 of 1948, beginning August 1, we proposed to
20 use the data from TBD-6000 and the known
21 rolling days to determine internal and
22 external dose.

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1 Dose reconstruction methods were
2 summarized in a White Paper. Unfortunately
3 that's currently still in ADC review.

4 It's not particularly difficult
5 to discuss, we could walk through it, but
6 that would be at your discretion. Whatever
7 you want us to do, we'll be happy to give
8 you the details.

9 We'd propose to get these medical
10 X-rays for, using the OTIB-0006, using the
11 TBD-6000 tabulated data converted per
12 calendar days. The standard dosing
13 construction method for TBD-6000.

14 One of the things I did want to
15 note is that while rolling days are, you
16 know, are listed and that's what the TBD --
17 we're still including uranium machining as
18 an operation.

19 There was a lot of machining done
20 and we're still using the TBD-6000 machining
21 data. And that was actually higher than the
22 rolling data.

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1 Even though the HASL data does
2 not bear that out, we're using that as the
3 basis because of the different practices at
4 the site. And we're just using that as the
5 default. And that is actually a higher than
6 the rolling operation.

7 Next slide. So, I'm not going to
8 read the entire Class. Essentially what
9 this does is it adds, we're proposing to add
10 from January 1 of '48 through July 31st of
11 1948 to the existing Class. This Class
12 would essentially revise the previous one.
13 It would run from March 1 of '43 through
14 July 31st of '48.

15 Slide 16. And just a brief
16 summary, why the Class? Workers were
17 potentially exposed to uranium and thorium
18 who were not monitored, nor does suitable
19 dose reconstruction method exist prior to,
20 what should be August of '48, at Joslyn.

21 Based on the adequate biological
22 monitoring data, sufficient air monitoring

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1 information, and differences in operational
2 characteristics from other metal working
3 facilities. No appropriate surrogate data.

4 Why everyone? Based on reports
5 by the AEC and facility layout, the process
6 areas were broadly distributed. And
7 controls for preventing movement in these
8 areas was not enforced.

9 Why stop in July? NIOSH feels
10 that the surrogate data from TBD-6000 which
11 was, surrogates at the time, it wasn't
12 collected at the, it was still within that
13 facility, it's just that it's two years
14 later.

15 Coupled with the known
16 operational data and source term information
17 provides support that a realistic dose can
18 be determined.

19 And for employees not included in
20 the SEC, we use any internal monitoring data
21 that becomes available. And we're not
22 saying we can't do external.

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1 We're still going to use the
2 rolling days and the TBD-6000 approach to
3 reconstruct the external dose before this.
4 So that's a brief run through. Paul if you
5 have any questions?

6 MEMBER POSTON: Paul.

7 CHAIRMAN ZIEMER: Okay, thank
8 you.

9 MEMBER POSTON: Paul.

10 CHAIRMAN ZIEMER: Yes.

11 MEMBER POSTON: This is John
12 Poston here.

13 CHAIRMAN ZIEMER: So John Poston.

14 MEMBER POSTON: I just was at a
15 class.

16 CHAIRMAN ZIEMER: Thanks John,
17 just for the record, state any conflicts
18 with Joslyn or GSI.

19 MEMBER POSTON: No conflicts.

20 CHAIRMAN ZIEMER: Thank you.

21 Okay, you've heard the presentation. Work
22 Group Members do you have any questions?

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1 MEMBER MUNN: None here.

2 MEMBER BEACH: Sam, this is
3 Josie. I have a, one question. I, looking
4 through all the documents, what kind of
5 cleanup did they do after '48? Was there
6 anything discussed?

7 DR. GLOVER: Yes, there, we have
8 measurements in '49 where they talk about a
9 cleanup, but they still had operations after
10 that. The method we're basing the, I call
11 it, I misname it often, I call it the
12 residual contamination, but really it's the
13 between operation days.

14 Contamination is basically just
15 the TBD-6000 approach of containing of a
16 facility for 30 straight days, at 100 MAC
17 air, and essentially leaving that as a
18 constant contaminated area from 1943 through
19 the end of operations in '52.

20 Now I know you guys have
21 discussed that, probably at length, about
22 how much activity that is at a facility.

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1 It's several million dpm per 100 square
2 centimeters.

3 MEMBER MUNN: Yes, we have
4 discussed that.

5 MEMBER BEACH: Yes, we have.

6 DR. GLOVER: So that is our
7 default. And that is what's we're going to
8 rely on to do internal dose between rolling
9 days after that time frame.

10 But we have a, what we've done
11 for the external dose, and I apologize the
12 White Paper is not available, but
13 essentially you have the direct exposure for
14 a machinist or rolling person handling
15 uranium rod.

16 And also for none rolling data
17 assigning dose as if you're being, to be
18 exposed to the material that was stored
19 onsite.

20 Because where it was located,
21 which roughly is a millirem per day. So
22 we're providing direct exposure for, to the

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1 material that's stored onsite.

2 CHAIRMAN ZIEMER: Okay. Other
3 questions? Sam, and Work Group Members, it
4 seems to me that one of the options here
5 that would be similar to what we did before.

6 If we were to add this to the
7 SEC, we still might want to defer action on
8 the later group, as we did the last time
9 until, for example that White Paper is not
10 available yet, and that Sam referred to it.

11 And also that we do have the
12 Issues Matrix to deal with. I'm wondering
13 if we should take a look at the Issues
14 Matrix before we actually take any action on
15 the SEC recommendation?

16 MR. KATZ: Yes, Paul. I would
17 recommend that you do that, yes.

18 DR. MAURO: Paul, this is John
19 Mauro. I just have one question also if I
20 may?

21 CHAIRMAN ZIEMER: Sure.

22 DR. MAURO: Yes, during the time

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1 period covered by the SEC, '42 to '48, there
2 will, and you have someone, you know, that
3 shows up with a skin or prostate cancer.

4 Will you be using, making an
5 effort to try to assign doses? I think you
6 said you would, but I was wondering if the,
7 you would be using in other words, in theory
8 you have two options.

9 One, this is what we have, we
10 were unable to reconstruct those doses for
11 the reasons you described. Or
12 alternatively, one could argue, well we
13 believe that TBD-6000, if anything would
14 provide one way to estimate those doses.

15 They may not be upper bound, I
16 mean because you can't place a plausible
17 upper bound for the reasons you described,
18 but there's a, you can assign some doses
19 that might be reasonable.

20 So is it your position that
21 you're going to try to assign some internal
22 and external doses to prostate, skin

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1 cancers, people not covered during the
2 covered period?

3 DR. GLOVER: So the, John it's a
4 good question. What we're doing is we're
5 going to use TBD-6000 to assign the external
6 doses. And they are particularly for like
7 in skin cancer --

8 DR. MAURO: Yes.

9 DR. GLOVER: -- they're very
10 large, as you are well aware. If I were a
11 machinist, the base, the faults, we're going
12 to still assign those.

13 We can't assign, because we've
14 decided you know, the uranium is the
15 infeasibility, can't assign that as a dose
16 unless we have somebody's past monitoring
17 data. We would not discard that, we would
18 use that, but we can't use the, because that
19 is the infeasibility.

20 DR. MAURO: Okay, I got you. So
21 I just wanted to make sure we got that on
22 the record, because I think it's important.

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1 So you're going to assign
2 external, during the covered period, for
3 non-covered cancers, but not internal. Is
4 that what I heard you say?

5 DR. GLOVER: Exactly.

6 DR. MAURO: Okay, thank you.

7 CHAIRMAN ZIEMER: Okay. Other
8 questions? I'm not hearing any. Let's take
9 a quick look at the Issues Matrix and then
10 we can proceed from there.

11 The thing that had the document,
12 it was distributed, when was it distributed?
13 I'm looking for the date here. On, in
14 December, mid-December, December 18th is the
15 date of the Issues Matrix, and it's actually
16 a fairly base document.

17 MR. KATZ: Paul, do you want SC&A
18 to walk them through, all of you through
19 that matrix?

20 CHAIRMAN ZIEMER: Yes. I think
21 it would be useful to do that. I'm just
22 staring at the issues here because some of

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1 these are fairly straight forward and NIOSH
2 can to respond to them right away.

3 For example, incorrect units of
4 measure, that's certainly straight forward.
5 But why don't go ahead and SC&A, if you want
6 to just step through those and NIOSH give us
7 your responses here.

8 MR. THURBER: I can do that if
9 you want.

10 DR. MAURO: Bill, please. Yes.

11 MR. THURBER: Yes, the first two
12 issues are just questions of what we
13 believed were incorrect units of measure
14 used in a couple of the tables. And it's
15 not terribly relevant to the SEC discussion,
16 but was something we felt needed correcting.
17 The third issue, we said that --

18 CHAIRMAN ZIEMER: Well and very
19 quickly, does NIOSH, is okay, you understand
20 those and agree?

21 DR. GLOVER: Yes, and Paul I did
22 want to mention that our responses to the

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1 findings are in that folder.

2 CHAIRMAN ZIEMER: They're in the
3 file, but I --

4 DR. GLOVER: We agree, he was
5 wrong.

6 CHAIRMAN ZIEMER: -- corrected.
7 Right.

8 (Simultaneous speaking.)

9 CHAIRMAN ZIEMER: Okay. Issue 1
10 and 2, NIOSH agrees with the finding. Okay,
11 go ahead. Issue 2 is the start date.

12 MR. THURBER: Yes, and we raised
13 the question at the time because there was
14 some incorrect citations indicating that
15 some of the basic literature actually said
16 that the measurements, the HASL measurements
17 if you will, began in 1948. And so that was
18 the original basis upon which we made this
19 finding.

20 Now as Sam has explained, that is
21 kind of moot because rather than relying on
22 some of the basic information sources,

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1 particularly Harris and Kingsley, they have
2 circumvented that with the approach that Sam
3 described.

4 So in point of fact, the question
5 as to when TBD-6000 data, the background
6 data that underlies the document, began to
7 be accumulated is still unresolved. But the
8 NIOSH approach as I said, bypasses
9 establishing that date.

10 CHAIRMAN ZIEMER: You make a good
11 point. NIOSH, any comments?

12 DR. GLOVER: I agree, I
13 appreciate that Bill. And I did want to
14 mention the upper on the Kingsley document,
15 if you look at that upper rolling mill data.
16 That 13,700, that is directly from the first
17 Simonds Saw and Steel, October 1948 HASL air
18 monitoring data.

19 And so I would contend that, that
20 data goes all the way back into '48, when
21 they started doing studies.

22 MR. THURBER: Great. I'm glad

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1 that you have pin pointed that. I think
2 that's important to all the uses of TBD-
3 6000. And I'm glad you were able to make
4 that correlation.

5 I mean, our initial finding was
6 that, that needed to be looked into further.
7 And I'm glad to hear that you did find some
8 positive correlation that fixes the date for
9 the Harris and Kingsley data. That's great.

10 DR. MAURO: Let me second that
11 because I think it's important. Not so much
12 here, but TBD-6000. Now Paul --

13 CHAIRMAN ZIEMER: What?

14 DR. MAURO: -- as you know we
15 have been, this is John, you know TBD-6000
16 has been well reviewed and is the rock we're
17 standing on for lots of these facilities.
18 And there has been the general sense, and
19 this is sort of something that I was not
20 aware of until now.

21 That you know, when you look at
22 Harris and Kingsley. That's the one that

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1 deals with it, now of course Christofano and
2 Harris, because sometimes there's a
3 confusion.

4 When you look at Harris and
5 Kingsley, and look at all the great data
6 that is the foundation upon which TBD-6000
7 is based, one of the things Bill and I, and
8 Bill alerted me to this also.

9 He said, gee, when you look at
10 that, I don't really know when it starts.
11 We've sort of been walking around with the
12 sense that it's 1948.

13 Because that's when Christofano
14 and Harris cites, which deals with
15 conversion and chemistry. But you know, not
16 too sure about when a good starting point is
17 for, you know, Harris and Kingsley, TBD-6000
18 for metal working.

19 And I have to, Sam thank you,
20 pointing us into the direction that is
21 Simonds Saw data, which is part of the
22 foundation of all this is a 1948 data set

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1 relative to machining, grinding, rolling and
2 I think that further reinforces our
3 understanding and use of TBD-6000.

4 CHAIRMAN ZIEMER: So pleased,
5 thank you, good point, John. And thanks for
6 reinforcing that. I think with the finding
7 and the response there, are important to us.

8 Issue 4 is another correction on
9 the table. It has to do with table 7-1.
10 And the units. Let's see. SC&A first, any
11 amplification of that?

12 MR. THURBER: Not really.

13 CHAIRMAN ZIEMER: Okay. NIOSH.

14 DR. GLOVER: I just want to say,
15 I know we do appreciate that he caught
16 those. They were wrong. Issue 5 is the
17 same typographical error.

18 CHAIRMAN ZIEMER: Right.

19 DR. GLOVER: And we made those,
20 in the addendum we have officially corrected
21 them on the record. So that they're out,
22 they're truly in this addendum so that they

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1 have been officially corrected and not just
2 out there incorrect.

3 CHAIRMAN ZIEMER: Okay, very
4 good. And then let's look at Issue 6, which
5 has to do with the, how prescriptive TBD-
6 6000 is for dose reconstruction. SC&A, you
7 want to clarify that any further?

8 MR. THURBER: Well I mean this is
9 a kind of comment that we often have made in
10 the past. Basically we agree that the TBD-
11 6000 is a source to do the dose
12 reconstructions.

13 But we would like to understand
14 responsibly specifically how you're going to
15 apply it? Because there are obviously a
16 number of options as to how the document can
17 be used in dose reconstruction.

18 And we've as we say, on several
19 occasions we've said that we'd like to hear
20 a little bit more about just how you're
21 going to do it.

22 CHAIRMAN ZIEMER: Okay, let me

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1 ask this question. A part of this issue had
2 to do with the pit burning, and we resolved
3 that previously.

4 MR. THURBER: Right, that part
5 I'm satisfied. Yes.

6 CHAIRMAN ZIEMER: That part is
7 clear, but then the general sufficiency of
8 TBD-6000 is kind of a broader issue than
9 Joslyn is it not? And I think you're asking
10 that in more of a genetic sense. Is that
11 correct?

12 MR. THURBER: That's true. And I
13 suspect from what Sam said, that, that,
14 there may have been some further comment on
15 that in this, the document that is in the
16 works.

17 DR. MAURO: Can I, this is John
18 again. I just want to help out. I guess my
19 recollection is, when you implement TBD-
20 6000, it's a very large matrix. And you
21 have choices regarding categories of
22 workers, job categories, things like that.

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1 And there are, and really his
2 question was, if you, my understanding of
3 this issue is that we're not really, it's
4 not really clear what particular job
5 category is going to be adopted, you know,
6 in TBD-6000?

7 You know, and the time, how much
8 time? I know that you have your
9 concentrations and your exposures et cetera,
10 but of course embedded in that are
11 questions, okay now when you apply it to
12 Joslyn's, so it's not generic really.

13 Is that as you apply it to
14 Joslyn, are there any questions regarding a
15 duration of exposure for each category?
16 That sort of thing? Am I correct that,
17 that's the nature of this Issue 6?

18 I guess this first a question to
19 Bill, I'm sorry. Something that we could
20 have talked about earlier but I wasn't
21 available. Is that what's at play here?

22 CHAIRMAN ZIEMER: Bill, can you

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1 answer that?

2 MR. THURBER: I think you need to
3 go back to our report from which this Issues
4 Matrix was derived. And in there we
5 provided a description, a much more detailed
6 description about exactly what we're talking
7 about.

8 CHAIRMAN ZIEMER: Okay, well
9 again I'm trying to determine whether you
10 need to close this issue specifically for
11 Joslyn, or if it's a broader issue?

12 I mean, you understand what I'm
13 saying? It seems, there seems to be a
14 genetic portion to it, asking for the extent
15 to which TBD-6000 is prescriptive?

16 DR. NETON: Paul, this is Jim. I
17 don't think that's the case here. I think
18 what they're saying is, you need to describe
19 in more detail how you're applying TBD-6000.

20 MR. THURBER: Yes, it's your job
21 to --

22 (Simultaneous speaking.)

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1 MR. THURBER: -- kind of things
2 about whether you assume the 95th
3 percentile, or the geometric mean and the
4 full distribution, and --

5 DR. NETON: And what you do on
6 non-rolling days, that sort of thing.

7 MR. THURBER: And how to treat
8 the non-rolling days, it --

9 DR. NETON: But Sam, I suspect
10 that we've addressed this in this White
11 Paper. Is that not correct?

12 DR. GLOVER: That is correct and
13 we've left in rolling and cleaning.

14 (Simultaneous speaking.)

15 CHAIRMAN ZIEMER: Yes, that's
16 what we're waiting to see though, right?

17 DR. GLOVER: Yes.

18 DR. MAURO: Jim, a couple quick
19 questions. Will you be working with a upper
20 bound centerless grinding? I think you said
21 you would be.

22 In other words are you operating,

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1 when you make your choice, what I think I
2 heard you say, is that you are going to be
3 picking the upper end of the distribution of
4 airborne dust floating, for example. That
5 come off the Matrix in TBD-6000 with the --

6 (Simultaneous speaking.)

7 DR. MAURO: -- the data line.

8 DR. GLOVER: The White Paper
9 describes both the rolling and the machining
10 operations.

11 DR. MAURO: Okay.

12 DR. GLOVER: So you know, it's
13 descriptive. In this case it only does the
14 post, because in SEC the standard practice
15 is they start from July of '48.

16 DR. MAURO: Right.

17 DR. GLOVER: If you look at how,
18 you know, Dave Allen, there's, the cases
19 have been done. We got a large number of
20 cases that came in.

21 And if you look what Dave did, he
22 took the rolling operator and assigned a

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1 geometric mean at 12th, you know, on the
2 days afterwards, up until that point for the
3 external exposure loads.

4 It's at that machining
5 operations, external even for the, in the
6 SEC. There is a slight new revision to that
7 because they didn't include the, dose from
8 metal left onsite. We've included that in
9 this, was part of our original dose
10 reconstruction to the Board.

11 And David actually come up with a
12 method for doing external dose for thorium
13 rods. Again in the SEC time frame.

14 DR. MAURO: Oh, okay.

15 DR. GLOVER: So he's including
16 that. And so essentially John, the
17 machining operations is what's going to be
18 used.

19 DR. MAURO: Which is abound, it
20 turns out that is I believe, at least for
21 internal, that's bounded if I remember
22 correctly.

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1 DR. GLOVER: Yes, the centerless
2 grinding is the worst case, pretty much. I
3 think if you see, when we take this and we
4 do the implementation. You go and you look
5 at our cases, then you're going to see a
6 bounding approach was applied.

7 DR. MAURO: Thank you.

8 CHAIRMAN ZIEMER: Thanks for that
9 clarification. It seems to me though, that
10 SC&A is going to want to see that actual
11 White Paper before they kind of give their
12 final a, view on this. Is that correct,
13 SC&A?

14 DR. MAURO: I know I would. Yes,
15 just to see how it all closes out, right.
16 You know, it sounds to me that this, we're
17 in agreement in principal.

18 And what I'm hearing is that,
19 yes, sounds like you're taking the task and
20 implementing TBD-6000 in a way that's
21 certainly is claimant favorable. But I
22 think it's appropriate for us to actually

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1 see that White Paper and maybe later on,
2 look at a few cases.

3 CHAIRMAN ZIEMER: This particular
4 one is going to have to remain in progress
5 here, it looks like. What's the time frame
6 on that White Paper, do we know?

7 DR. GLOVER: It's in review, DOE
8 has it, we're just waiting for it come back
9 from Classification Review.

10 CHAIRMAN ZIEMER: Right, right.
11 So that may or may not be imminent. We'll
12 have to wait and see I guess.

13 MEMBER MUNN: What's been our
14 recent experience on that? On review time
15 for DOE?

16 CHAIRMAN ZIEMER: Yes, has that
17 changed with the sequestration?

18 MR. RUTHERFORD: Paul, this is
19 LaVon. Yes, we have, we did have longer
20 review periods from the September to
21 December periods.

22 However, I think that based on

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1 discussions I'm hearing at least is that
2 funds are opening up and they should be able
3 to get those reviews completed fairly quick.

4 And it'd be, KCP evaluation,
5 Kansas City Plant Evaluation Report went
6 through pretty quick. The Joslyn ER
7 Addendum went through pretty quick, so I
8 think they'll be more standard review
9 periods in it, from this point.

10 CHAIRMAN ZIEMER: Is it likely
11 we'll have anything prior to the next Board
12 meeting, which is coming up quickly?

13 MR. RUTHERFORD: Yes.

14 DR. GLOVER: I think so too,
15 Paul. They turned the addendum around in
16 about six days. So the more, a pretty
17 focused issue, we've asked for a five day
18 turn around as a, you know, requested an
19 expedited review. And so I would expect
20 that, that's going to be back with us very
21 quickly.

22 CHAIRMAN ZIEMER: Very good.

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1 Okay.

2 MEMBER BEACH: Well, Paul, this
3 is Josie. This is Josie, the other part of
4 that, SC&A may want to look at a couple of
5 cases after reviewing that White Paper is
6 what I heard from John.

7 DR. MAURO: Is there a PER?
8 Specifically for Joslyn, where you're going
9 to revisit some cases that were done? Or is
10 that not necessary here?

11 MEMBER MUNN: I'm not aware of
12 it.

13 DR. GLOVER: It wouldn't happen
14 yet.

15 CHAIRMAN ZIEMER: I don't think
16 there would be, there's not a PER yet.
17 There wouldn't be, would there?

18 MEMBER MUNN: Why would there be?

19 DR. GLOVER: Well, eventually
20 there would be John, it just hasn't gone
21 through, I'm sorry.

22 MEMBER MUNN: Well you look --

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1 DR. NETON: That comes after the
2 fact. After we make these changes.

3 DR. MAURO: Right. Right, well I
4 guess that's a question really, what I'm
5 hearing is, we're going to have a revision.
6 But basically you don't have a Site Profile,
7 you've got an SEC Petition Evaluation
8 Report. I believe that's the case.

9 And in that is your protocol,
10 with this White Paper, which will be a
11 little more explicit in how you're going to
12 do those reconstructions.

13 For both, you know, for covered
14 and non-covered people, claimants. And
15 there, I presume, there are a number of
16 cases that have already been, DRs performed.

17 If not, then it becomes a moot
18 point. But if there are, and they have been
19 denied under the old paradigm, then wouldn't
20 it be correct that with this new paradigm, a
21 PER would be triggered, eventually?

22 DR. NETON: Yes, that's right,

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1 John. But I think right now, we need to be
2 careful, we're getting off into sort of Site
3 Profile Review Issues.

4 DR. MAURO: You're absolutely
5 right. You're absolutely right.

6 DR. NETON: And I think it would
7 benefit us to focus on, and dispensing with
8 any SEC issues first, and we could close the
9 book on this Petition.

10 DR. MAURO: Okay.

11 DR. NETON: And then, you know,
12 then certainly the Site Profile type things
13 will follow, but, because otherwise we'll
14 leave this thing open until we nail every,
15 you know, every finding.

16 MR. KATZ: Right, and so, this is
17 Ted. So the question on the table, I think,
18 right now should be, does SC&A need to
19 review the White Paper to close the book on
20 the SEC issues? Or is that a Site Profile
21 related review?

22 DR. MAURO: Could I take a shot

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1 at that?

2 MR. KATZ: Yes, please do.

3 DR. MAURO: I would say, really
4 we're interested in seeing, we know it can
5 be implemented. In other words, we have no
6 doubt that TBD-6000 if used appropriately as
7 applied to this site, that you can place
8 plausible upper bound. It depends on how
9 you implement TBD-6000. So in my opinion,
10 we're dealing with a Site Profile issue, not
11 an SEC issue.

12 MR. KATZ: Okay, thanks, John.
13 And then just to be clear, I mean when this
14 paper comes out, John, just consider
15 yourself tasked to review that.

16 DR. MAURO: Thank you.

17 MR. KATZ: Thanks.

18 CHAIRMAN ZIEMER: Right, and as
19 we've done in many other cases, the Site
20 Profile issues don't have to be closed prior
21 to action on SEC.

22 MR. KATZ: Right. Correct.

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1 CHAIRMAN ZIEMER: Okay. Any
2 other comments on this particular issue?
3 Okay. Issue 7, Uncertainty In Air
4 Concentrations. This one's fairly straight
5 forward in terms of the finding.

6 To address uncertainty, as to
7 whether air concentrations are dependent
8 upon production rates, NIOSH should consider
9 using the 95th percentile values in TBD-6000
10 to reconstruct doses.

11 This is similar to comments that
12 have come up in other situations. SC&A, any
13 other comments on that?

14 MR. THURBER: Well, I think that
15 this comment was in part, based upon the
16 fact that there was this very intense period
17 of rolling activity in the first half of
18 1948, that Sam described.

19 Given the fact that the
20 recommendation is to include that period
21 within the SEC cohort, kind of makes this
22 finding moot.

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1 Because it was, it was made to
2 provide some comfort that the very high
3 activity that might not have been normally
4 captured, you were sure to capture it. That
5 was the point.

6 CHAIRMAN ZIEMER: Okay. NIOSH
7 any comments? It sounds like this one we
8 would be able to close as well, as it's
9 considered moot by SC&A.

10 MR. THURBER: Yes, I would think
11 that the approach of using the full
12 distribution for the remaining period in
13 those reconstructions, given the operations
14 are again, as Sam described them in that,
15 the post '49 through '52 period basically as
16 being kind of modest is not unreasonable at
17 all.

18 DR. MAURO: I'll second that,
19 this is John. I think Issue 7 becomes moot
20 by the fact that you have extended the
21 period to cover the time period where we
22 were a little concerned. So we could

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1 withdraw this in light of what we just
2 heard.

3 CHAIRMAN ZIEMER: Okay, I'm going
4 to deal with these all at one time. The
5 Issue 8, we already dealt with and have
6 resolved. So we'll be able to close that
7 issue.

8 Nine is sort of simple, it would
9 strengthen the report if the basis for the
10 90 percent coverage of the uranium source
11 term was documented.

12 MR. THURBER: That was just, it
13 was a statement of fact without a reference,
14 that was made. And we said, please just
15 tell us where the number came from.

16 CHAIRMAN ZIEMER: NIOSH, is that
17 something we can do readily? It almost
18 doesn't sound like a finding, where it says
19 it would strengthen the report.

20 DR. GLOVER: So our intent really
21 was just to say basically that 90 percent of
22 the uranium, the activities were done in

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1 just a few days, or under this, processes.

2 And so we actually have a response to it.

3 It's, intended statements to
4 indicate the bulk of the materials processed
5 at Joslyn can be described by a limited
6 number of activities.

7 A more fully detailed list is in
8 these references, where you would in it
9 provide the SRV documents. Measure rolling
10 centerless, grinding activities included,
11 166,000 pounds in 1943 and '44. 206,000
12 pounds in '45, and then the 660,000 pounds
13 in the '48 time frame.

14 So if you add those very few
15 things up, that is a million pounds of
16 material. And so we're just saying that for
17 just a, most of the activity is related,
18 that material on site was associated with
19 just the rolling and machining of the
20 uranium.

21 So we weren't trying to be too --
22 it could do too much with that phase. It

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1 was probably just more clear when we said
2 it, what we were trying to get to.

3 MR. THURBER: Yes, as I say, it
4 was just a matter of clarification. It's a
5 weak finding at best.

6 CHAIRMAN ZIEMER: Okay.

7 DR. MAURO: Clearly not an SEC
8 issue.

9 MR. THURBER: No, clearly not.

10 CHAIRMAN ZIEMER: Okay. My
11 question is, are we satisfied that we'll be
12 able to close that, based on that kind of
13 explanation?

14 MR. THURBER: I am.

15 DR. MAURO: Me too.

16 CHAIRMAN ZIEMER: Yes. Thank
17 you. Issue 10. Need for Revised External
18 Exposure Assumptions. SC&A comments first
19 or clarifications?

20 MR. THURBER: I don't. Well we
21 had in our report, we had a number of
22 comments. We, the NIOSH report said that

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1 there was, it was assumed there was 95 days
2 of centerless grinding. And we felt that a,
3 some documentation of the basis for that
4 assumption was required.

5 NIOSH assumed that the centerless
6 grinding work would go forward
7 contemporaneously with the rolling work.
8 And we felt that, that might understate the
9 total exposure time because the, it's
10 certainly possible that the centerless
11 grinding work would be done after the
12 uranium rolling.

13 We had some comments about the
14 fact that the 50 percent of the uranium
15 processing occurred in '48. Now that's kind
16 of been talked about and addressed with the
17 new, with the proposed change to the SEC.

18 And we thought that the, that the
19 way that the monthly production rate was
20 calculated, needed to be reconsidered. And
21 because it was in large measure based on
22 that spike in the first half of 1948.

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1 So those are some of the kinds of
2 things that we felt needed to be clarified
3 and that's what was behind our findings,
4 Sam.

5 CHAIRMAN ZIEMER: Well there is a
6 mix of things you had. You had some issues
7 on the units used, millirem versus --

8 MR. THURBER: Right.

9 (Simultaneous speaking.)

10 CHAIRMAN ZIEMER: The, this is
11 external exposure in '48, early part of '48
12 and I, let's see, external exposure, NIOSH
13 says they're still going to do it even in
14 the early periods if needed. NIOSH, what's
15 your response on this one?

16 DR. GLOVER: Yes, Paul, this one
17 is tied up with, you know, because it's sort
18 of that, one of the details of dose
19 reconstruction. So we bundled 6 and 10
20 together. Because it seemed to be, you
21 know, they're sort of tied.

22 I think we did try to do our best

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1 job to estimate how many roll, machining
2 days. Hanford actually tells you how many
3 days they were onsite.

4 If you go to their monthly
5 reports, they provide, and they were rolling
6 a day, maybe two shifts of two eight hour
7 days, they were there to get this done.

8 And so a guy didn't roll and
9 machine, so seemed to us, that to do it, to
10 calculate the external dose if we provided
11 them, you know, the appropriate number of
12 hours per day at the machining rate, that we
13 had done an appropriate amount.

14 We recognize that a calendar day
15 may represent two shifts of work, it just
16 wasn't the same guy.

17 And in those documentation, they
18 ran for, in 1944, they ran 16 or 18 days of
19 16 hours a day, centerless grinding, to get
20 done the first loadings for the Hanford
21 reactors.

22 They documented very clearly, so

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1 you can see when Hanford's onsite. You
2 know, the guy right in his reports, we ran
3 the centerless grinders 16 hours a day, non-
4 stop.

5 MR. THURBER: This is, help me
6 Sam, this is new information that you have
7 developed since the original, since your
8 original report. Is that true?

9 DR. GLOVER: Yes, some of the
10 things were captured by us as we went down
11 to Oak Ridge, and pulling excerpts from
12 their records. So I think probably it was
13 always our concept that you know, that was
14 the number of days.

15 And how we, as far the, where I'm
16 finding this new information, I certainly
17 have done a lot of looking in the last year
18 to understand the operation, so you may
19 consider it new, Bill.

20 MR. THURBER: Okay.

21 DR. MAURO: And this is all
22 implementation issues, how you --

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1 MR. THURBER: Yes, it's
2 implementation, but it's good that there is,
3 that there has been some additional
4 information distilled from all these
5 resources to help clarify some of this
6 stuff.

7 CHAIRMAN ZIEMER: Okay. So
8 NIOSH, you going to provide that
9 information? Is this going to be included
10 in the White Paper or is this separate? You
11 talked about tying this to Issue 6.

12 DR. GLOVER: I think they'll be
13 able to see whether they feel we've
14 implemented their suggestions about the
15 number of days. Again I think that's an
16 implementation. We've bundled 6 and 10
17 together though Paul, yes.

18 CHAIRMAN ZIEMER: Okay, very
19 good, that's it. So we'll leave this one
20 open then.

21 DR. MAURO: This John, I'd like
22 to ask a question, and I could certainly use

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1 a little help from Bill on this. I recall
2 in the past, in looking at the TBD-6000
3 lookup tables, where they give you these
4 exposures for different, external exposures
5 now, the different categories of machining,
6 so forth.

7 And the last sentence, or last
8 couple of sentences in this item, Issue 10
9 has to do with, the labeling of the columns
10 in TBD-6000 as to whether they're millirem
11 per year, or milliR per year?

12 And Bill help me out if I got
13 this wrong, but is it our understanding,
14 maybe those columns are mis-labeled? And it
15 could be significant on how you convert?

16 MR. THURBER: That's what's the
17 end of this findings, suggests.

18 DR. MAURO: Yes.

19 MR. THURBER: Is that they should
20 be labeled, that we thought they were
21 incorrectly labeled as mR per year. When
22 they should have been millirem per year

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1 based on how the data in those tables was
2 arrived at.

3 DR. MAURO: Yes, and I think that
4 this might actually be a situation where if
5 you're labeling them as mR per year, in the
6 Matrix Tables of 6000. And then if you use,
7 and then if you, okay so now you're about
8 to, say calculate the dose to a person's
9 liver.

10 And you go to the OCAS-IG-001
11 their conversion factors, if you go from mR
12 per year, to organ dose as opposed to go to,
13 let's say, to a millirem per year organ
14 dose, you're going to overestimate the dose.

15 I think that's, so in other words
16 what I'm getting at is, could you take a
17 look at that? It's unfortunately it is a
18 TBD-6000 issue.

19 And Paul, I'm sorry to raise this
20 now, but I guess we do have some question
21 whether or not there needs to be some
22 consideration of, are those columns properly

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1 labeled?

2 And because they may end up
3 resulting in an overestimate, which is I
4 guess you know, anyway, Bill, am I --

5 MR. THURBER: Well I mean that's
6 basically the question that we posed in the
7 finding.

8 DR. MAURO: Yes, and I agree.

9 MR. THURBER: Is this table
10 properly labeled or not?

11 DR. MAURO: Yes, and it's a TBD-
12 6000 question is actually what it comes down
13 to. And I'd like to see, because I think we
14 came across this not only in the, did we
15 bring this up in the TBD-6000 review, or did
16 this come out as a result of looking at some
17 cases?

18 MEMBER MUNN: Well, I've heard it
19 discussed, I guess it was in the TBD-6000
20 review.

21 DR. MAURO: Okay.

22 MEMBER MUNN: Because this is not

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1 the first time this has risen to the fore.
2 And it's always a question of, you know,
3 what kind of badge, what kind of dose? And
4 whether or not you're dealing solely with
5 gamma. But right.

6 DR. NETON: This is Jim, I don't
7 recall there being an open finding on TBD-
8 6000.

9 DR. MAURO: I agree with you,
10 Jim. And that's why --

11 CHAIRMAN ZIEMER: There wasn't.
12 There wasn't Jim --

13 MEMBER MUNN: No, I think it was
14 well resolved. That's why I was saying, I
15 feel quite sure we've addressed it before.
16 I just don't remember where or what the
17 outcome was.

18 CHAIRMAN ZIEMER: Yes, it's an
19 interesting question because some of us
20 determined where the data was originally
21 generated. If it's the '48 data, and the
22 user of that has it right, because the rem

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1 didn't really exist then, as a unit.

2 If you go back to '48, it hadn't
3 been defined as far as I know. The rem
4 really didn't come into use until sometime
5 in the '50s.

6 They were using other things in
7 those days. But yes, but I think the
8 question's an interesting one, is given that
9 even the original information that had, in
10 terms of mR, you can figure out conversions
11 for that depending on the situation.

12 (Simultaneous speaking.)

13 CHAIRMAN ZIEMER: -- for the most
14 part, tissue for gammas, your rems and rads,
15 and roentgens are all very close within
16 about seven percent, but anyway.

17 DR. MAURO: Well, it has to do
18 with when you get to the point where you've
19 picked the number.

20 CHAIRMAN ZIEMER: Right.

21 DR. MAURO: Then you look up a
22 dose conversion factor.

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1 CHAIRMAN ZIEMER: Exactly.

2 DR. MAURO: They're quite
3 different depending on if you look at the mR
4 per hour, or the Hp(10) number.

5 CHAIRMAN ZIEMER: Right.

6 DR. MAURO: Yes, right now
7 there's a little, I think, at least in my
8 mind, maybe right or wrong, we do have some
9 question regarding, you know, what does that
10 column really mean?

11 It may be labeled MR, but maybe
12 really isn't millirem. I mean I, or the
13 reverse. I'm not sure.

14 CHAIRMAN ZIEMER: Right.

15 DR. MAURO: I remember this
16 coming up. It would be nice to put this to
17 bed.

18 CHAIRMAN ZIEMER: Right, well
19 we'll leave this issue open in any event,
20 and try to clarify that as we go forward.

21 DR. MAURO: I want to be fair. I
22 don't think it's an SEC issue. I just, you

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1 see --

2 CHAIRMAN ZIEMER: No.

3 DR. MAURO: I guess we've got to
4 get this clarified?

5 CHAIRMAN ZIEMER: Right, right.

6 Okay, let's move on to the last one. Issue
7 11, Documentation of Thorium Hazard Sources.
8 NIOSH should document the sources of
9 information they propose to use regarding
10 the relative radiological hazard from
11 thorium.

12 MR. THURBER: Right, and what
13 NIOSH said in their report was that they had
14 information on the radiological hazards
15 associated with the thorium, relative to
16 uranium, and all we were saying is fine,
17 tell us what those, what that information
18 is.

19 How you going to do it? How you
20 going to use uranium information to
21 characterize thorium exposures, so it's just
22 a, again not an SEC question, but an area

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1 where some additional --

2 CHAIRMAN ZIEMER: Right.

3 MR. THURBER: -- technical input
4 should be included.

5 MEMBER BEACH: Paul, this is
6 Josie. There was quite a discussion back
7 and forth between SC&A and NIOSH on this in
8 an email. And basically I thought the
9 bottom line was that, there wasn't anything
10 addressed in TBD-6000 for thorium, and --

11 CHAIRMAN ZIEMER: That's true.
12 Well this again, may be site specific as
13 well I think. Are you asking this, you're
14 asking this for Joslyn, right?

15 MEMBER BEACH: Of course, yes.

16 MR. THURBER: Yes.

17 DR. GLOVER: So Paul, what Dave
18 did, since this is in the SEC time frame, I
19 will apologize the White Paper just the
20 format, the way we do business is that it
21 addresses from after the SEC forward. So
22 it's not going to talk about thorium.

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1 When you get into our actual
2 implementation for the entire period, what
3 sort of comes after this, you know, it
4 resolved.

5 Dave has already come up with an
6 implemented, a five day basis, two and a
7 half days for each year of exposure to these
8 rods. He used an MCNP model to ratio the
9 rates, the exposure rates from, the dose
10 rates from TBD-6000 for metal operations.

11 And roughly a whole body dose is
12 about 52 millirem per year for this, this is
13 11 rods in two years total that were run.

14 Five days, gives them five days
15 of exposure for 11 rods, there were, it's
16 about 150, maybe 200 pounds of thorium
17 total. Looking at about 52 millirem per
18 year in '46 and '47.

19 Hands and arms, 121 millirad per
20 year, and other none skin with 16 millirad
21 per year. I'm just reading off of the
22 values that he generated for implementing

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1 this on existing dose reconstruction.

2 If you look in the existing DRs,
3 this was POW, they've been done. We've had
4 57 cases done. So we did, we're responsive,
5 he did come up with a methodology for that.
6 And I think I put it in the folder.

7 DR. MAURO: He did try to, I'd
8 like to say that this is very much
9 important, Site Profile issue. To see
10 exactly how, it's clearly, it cannot be an
11 SEC issue because what this is, if the SEC,
12 the thorium activities occurred during the
13 SEC period as I understand it.

14 So the fact that, nevertheless
15 you've elected, so it doesn't affect the
16 decision on the SEC, but nevertheless you've
17 elected to say listen, we're going to do our
18 best to assign some thorium exposures
19 because, externally now, I understand,
20 externally.

21 And yes, we'd be very interested
22 in looking at that part of your Site Profile

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1 protocol in your White Paper, to see how you
2 came at the problem.

3 CHAIRMAN ZIEMER: SC&A hasn't
4 seen that information yet that's in there,
5 in the files, right?

6 DR. GLOVER: It will not be
7 unfortunately addressed in the White Paper
8 because it's already in the SEC --

9 CHAIRMAN ZIEMER: No. No.

10 DR. GLOVER: -- time frame. But
11 we do have files that support this and so we
12 can share those, and, absolutely.

13 CHAIRMAN ZIEMER: Yes, so this is
14 not a SEC issue at that point, but it will
15 remain open. Okay, I'm going to ask for a
16 formal motion to close all but Issues 6, 10,
17 and 11 unless there's further discussion
18 first.

19 MEMBER MUNN: This is Wanda, I'm
20 glad to so move.

21 MEMBER BEACH: I'll second it,
22 Paul.

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1 CHAIRMAN ZIEMER: So Wanda moves,
2 and Josie seconds that we close all the
3 Issues except Issue 6, 10, and 11 on the
4 Issues Matrix. Work Group Members, quick
5 vote, Wanda?

6 MEMBER MUNN: Yes.

7 CHAIRMAN ZIEMER: Josie?

8 MEMBER BEACH: Yes.

9 CHAIRMAN ZIEMER: John?

10 MEMBER POSTON: Yes.

11 CHAIRMAN ZIEMER: Paul, yes.

12 Okay, we're recommending closure of those
13 issues, the others will remain open. But
14 we've agreed that they are not SEC issues
15 any longer. And they have to do with the
16 implementation of dose reconstructions.

17 Starts with dose reconstructions
18 for the early years and dose reconstructions
19 for, the time period following July 31st,
20 '48.

21 And okay, now I think we're ready
22 for our recommendation on the NIOSH proposal

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1 to add seven months to the SEC Class, that
2 the seven months would be January 1st, '48
3 through July 31st, '48.

4 MEMBER BEACH: Paul, this is
5 Josie. I'd like to make that motion.

6 CHAIRMAN ZIEMER: Thank you,
7 second?

8 MEMBER MUNN: So, I'll second.

9 CHAIRMAN ZIEMER: Any discussion?
10 (No response.)

11 CHAIRMAN ZIEMER: And then I'll
12 call for votes. Wanda?

13 MEMBER MUNN: Aye.

14 CHAIRMAN ZIEMER: Josie?

15 MEMBER BEACH: Yes.

16 CHAIRMAN ZIEMER: John?

17 MEMBER POSTON: Yes.

18 CHAIRMAN ZIEMER: Ziemer, yes.

19 We will recommend to the Board that seven
20 months be added to the SEC Class. Now
21 preparing for the January Board meeting.

22 I think Sam, we'd like you to

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1 present basically the information that you
2 presented today.

3 And then I would follow that with
4 the recommendation of the Work Group on, and
5 also I think I would summarize where we are
6 on the Findings and Matrix.

7 And Members, Work Group Members
8 do you have any further suggestions on the
9 presentation to the Board?

10 MEMBER MUNN: No, I think that's
11 appropriate, Paul.

12 MEMBER BEACH: I do too, Paul.
13 One request I would have is that SC&A if
14 possible, would update the Issues Matrix to
15 combine all the information.

16 CHAIRMAN ZIEMER: Yes, we need to
17 add the SEC, or the NIOSH comments to the
18 Matrix now, and then we can show the closure
19 actions. SC&A can you take care of that in
20 the near future?

21 MR. THURBER: As soon as we get
22 the White Paper, yes. And the information

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1 on the thorium that Sam described.

2 CHAIRMAN ZIEMER: Right. Okay,
3 thank you.

4 MR. KATZ: Right, this is Ted.
5 Just, and to be clear as sort of implied by
6 what Bill just said.

7 I mean, you might as well ask
8 SC&A when you're updating it, include
9 whatever, your follow on analyses that were
10 attached today too, if you can, if the
11 timing works, you might as well include
12 those too, like on the thorium.

13 MR. THURBER: Okay.

14 MR. KATZ: Yes. Paul, I just
15 want to get a little bit of clarity though,
16 your motion was to add the seven months, but
17 you didn't speak to the remaining part of
18 the SEC Class. I mean petition
19 specifically, so I think you need to address
20 that specifically.

21 CHAIRMAN ZIEMER: Well that,
22 right. We can have a separate motion on

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1 that probably right now.

2 And then the issue would be,
3 whether to recommend to the Board that the
4 remainder of the period be, I guess I'd use
5 the word, denied, because it was in the
6 original review by NIOSH for the rest of the
7 years.

8 And then they have indicated that
9 from August '48 on, that they can
10 reconstruct dose. Now one, we can make that
11 determination now, or we can wait until we
12 get the White Paper and hold it open as we
13 did last time.

14 MR. KATZ: I mean right, but
15 you've made the determination that what's
16 remaining is not, there are no SEC issues
17 remaining here, dependent on that White
18 Paper.

19 CHAIRMAN ZIEMER: Right. I think
20 that's what we established but everything in
21 the White Paper's going to deal with, it's
22 basically none SEC because, SC&A and NIOSH

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1 had both agreed that they can reconstruct
2 dose for that period.

3 MEMBER MUNN: Yes, now I'm
4 confused. I had thought our motion was to
5 accept the previously identified time period
6 and include the additional seven months?

7 MR. KATZ: Wanda, that is what
8 the motion was. But the petition --

9 (Simultaneous speaking.)

10 MR. KATZ: -- so you've been
11 silent about what happens after '48 to the
12 rest of the petition.

13 MEMBER MUNN: Oh, all right.
14 Yes, it should be --

15 CHAIRMAN ZIEMER: Yes, recall
16 that when we took the original action, and
17 the Board for the SEC, we in fact left the
18 rest of the time period open.

19 I think at the request of NIOSH
20 since they were still looking at the later
21 period. Now they, I don't know if you --

22 MR. KATZ: I don't think that --

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1 CHAIRMAN ZIEMER: -- completely
2 recommended this Sam, but the implication
3 was that you are recommending that, or you
4 are stating now that you can reconstruct
5 dose beyond July, from August '48 onward.

6 DR. NETON: Paul, this is Jim. I
7 think our original recommendation was that
8 we could do everything past 19, past the
9 middle of '47.

10 We were pretty definitive in that
11 regard. And then we decided after the fact,
12 to add the six month period, but we didn't
13 leave it open.

14 I think what happened was the
15 Working Group decided, or the Board decided
16 to turn it over to the Working Group for
17 SC&A to review the remaining time period
18 that was, we were recommending be denied.

19 MR. KATZ: Right, and Jim --

20 CHAIRMAN ZIEMER: I believe
21 that's correct. That's correct.

22 MR. KATZ: I'm sorry I was just

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1 going to say, that to remind Jim I guess, in
2 the Board discussion of this petition, you
3 know, there was some uncertainty on the
4 Board about the remainder of the period,
5 which is why they specifically set it aside
6 to draft a little bit later.

7 DR. NETON: But our original
8 recommendation was it be denied. We didn't
9 withhold a recommendation at that point.

10 MR. KATZ: That's correct.

11 MEMBER BEACH: So then, we need,
12 oh --

13 CHAIRMAN ZIEMER: Yes, for
14 clarification then we need to take action on
15 the rest of the period. Either to accept
16 what, basically NIOSH has just moved that,
17 the marker from January 1st to July 31st, is
18 how the recommendation is changed. Am I
19 interpreting that correctly, then Jim?

20 MR. KATZ: That's correct.

21 CHAIRMAN ZIEMER: Yes. So the
22 rest of action would be to accept the rest

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1 of the recommendation then, which would be
2 from August 1st, '48 for the rest of the
3 period, to extend through --

4 MEMBER MUNN: December.

5 CHAIRMAN ZIEMER: -- NIOSH's
6 recommendation that they can reconstruct
7 dose.

8 MEMBER MUNN: Well it's my
9 personal opinion that our discussion ought
10 to clarify that, but just for the record, if
11 it's felt that it's needed I'm glad to
12 specify that.

13 We move that the entire
14 recommendation by NIOSH be accepted,
15 including the fact that following July 30th,
16 I mean July 31st, 1948, it is assumed that
17 dose reconstructions are possible to be
18 completed.

19 CHAIRMAN ZIEMER: Thank you.

20 Second.

21 MEMBER BEACH: I guess, this is
22 Josie, I'll second that.

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1 CHAIRMAN ZIEMER: Okay, any
2 discussion?

3 MEMBER BEACH: I do have one
4 question for SC&A. Are they comfortable
5 that there's no outstanding SEC issues
6 during that August 1st, 1948 through
7 December 31st, 1952 time period? I guess
8 that's for John.

9 DR. MAURO: Yes, this is John
10 Mauro. I agree.

11 MEMBER BEACH: Okay.

12 DR. MAURO: I cannot see any
13 reason why they cannot reconstruct doses
14 using TBD-6000 and of course using it, you
15 know, in a claimant favorable way.

16 I cannot envision under any
17 circumstances, unless some new information
18 emerges that we're not aware of, that based
19 on everything we have in front of us,
20 certainly doses can be reconstructed, you
21 know, from the time periods we just
22 discussed.

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1 MEMBER BEACH: Thank you, John.

2 CHAIRMAN ZIEMER: Any more
3 discussion? Okay. Let's formally vote on
4 it so it's in the record. Wanda?

5 MEMBER MUNN: Yes.

6 CHAIRMAN ZIEMER: Josie?

7 MEMBER BEACH: Yes.

8 CHAIRMAN ZIEMER: John?

9 MEMBER POSTON: Yes.

10 CHAIRMAN ZIEMER: Ziemer, yes.

11 Okay, motion carries. I think, so at the
12 meeting we'll have Sam present the --

13 DR. NETON: Dr. Ziemer, just a
14 point of clarification, I'm going to be
15 presenting for Sam at the meeting.

16 CHAIRMAN ZIEMER: Oh, okay.

17 Thank you. Jim Neton will present. And
18 then I will summarize the recommendation of
19 the Work Group, and also review the status
20 of the Finding Matrix. Ted, will that cover
21 it for us?

22 MR. KATZ: Yes, that's perfect.

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1 CHAIRMAN ZIEMER: Okay, very
2 good. Let's move on in our agenda to the
3 next item, which is General Steel
4 Industries. And we have a number of
5 documents that have been distributed and are
6 on the website as well.

7 And we're going to begin with
8 SC&A review of the calculations for external
9 exposures. And I think we have read a memo
10 from SC&A, from Bob Anigstein and John
11 Mauro. And Bob are you going to go through
12 that for us?

13 DR. ANIGSTEIN: Will do. There
14 is a, okay, I just put up my briefing, can
15 everybody see it, is that visible on Live
16 Meeting?

17 DR. MAURO: Yes, Bob I don't see
18 it. I'm still looking at the slide.

19 MEMBER BEACH: I see it, Bob.

20 DR. MAURO: You have it, yes.

21 MEMBER BEACH: Yes.

22 MR. KATZ: Yes, I see it too.

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1 DR. ANIGSTEIN: Okay. Are you
2 using --

3 MEMBER BEACH: It's large, it's
4 large.

5 MR. KATZ: You just have to
6 shrink it, Bob.

7 DR. ANIGSTEIN: Oh, just a
8 second, hold on.

9 CHAIRMAN ZIEMER: Yes, it is very
10 large.

11 DR. MAURO: Oh, yes. There it
12 is, okay.

13 DR. ANIGSTEIN: How is this?
14 CHAIRMAN ZIEMER: Better.

15 MR. KATZ: But smaller. You need
16 to --

17 DR. ANIGSTEIN: I mean is it,
18 okay, let me just get the Title Page. Okay,
19 now is this visible, or should I shrink it?
20 (Simultaneous speaking.)

21 MEMBER BEACH: Some of it runs
22 off, you might want to --

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1 DR. ANIGSTEIN: Hold it, okay,
2 wait a second, I can go, how is this?

3 MR. KATZ: That's better.

4 DR. ANIGSTEIN: You see it
5 completely, or should I go --

6 MEMBER BEACH: Yes, no that's
7 fine.

8 MR. KATZ: Okay, thank you, Bob.

9 DR. ANIGSTEIN: Okay, so we, I
10 won't bother with the Title Page. This is,
11 we recalculated, as I explained last time.

12 We did some of the MCNP runs, and
13 this a complete review of the external
14 doses, excluding the triangular distribution
15 based on the radiography that was done
16 during the years, October, I believe it's on
17 October '52 through 1962.

18 So that's a settled issue that
19 has been adopted, and so I'm not mentioning
20 that here. So all of these doses are in
21 addition to, or alternative to that set of
22 doses.

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1 There were two things that were
2 settled on, actually three things I should
3 say. One was the external doses, the
4 limiting external exposure during the years
5 as I said, '52 to '62.

6 The exposure of the
7 administrative personnel during the entire
8 period of AEC operations that were proposed
9 by NIOSH, and was agreed to by SC&A. And
10 those are a limited number of people.

11 Only those administrative people
12 who are, clearly had administrative jobs and
13 who were not located in the plant area.
14 We're not excluding someone who might have a
15 desk job, but his office is in the plant
16 area. And who did not frequently visit the
17 plant area. So we're, you know, we're
18 agreeing on that.

19 And then we're also, reached
20 agreement on skin doses from beta, from beta
21 radiation from the steel and the radiated
22 uranium. So those are settled already.

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1 So now we're limited, so this
2 discussion is limited to what's technically
3 called, external exposure to penetrating
4 radiation. So in this case, that includes,
5 that comprises photons and neutrons.

6 So now the photon exposure, it's
7 already been agreed to, together with NIOSH,
8 is that there is an unconfirmed report, I
9 mean a single report with no further
10 evidence, just an indirect evidence about
11 possible radiation from the betatron
12 apparatus after it shutoff.

13 We did a very extensive, we hired
14 a special consultant, who was a physicist,
15 accelerator expert, and we could find no
16 physical scientific explanation for that.

17 But nevertheless we say, well it
18 could have happened, so, and yet it didn't
19 show up on the film badges. And that was
20 when film badges were almost all, M, meaning
21 below 10 mR per week.

22 So we hypothetically postulated

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1 that if the worker had his back to the
2 apparatus, this is not new by-the-way, I'm
3 just reviewing for completeness.

4 Had his back to the apparatus,
5 the betatron apparatus, and wore his film
6 badge on his chest, as normally would do a
7 chest or belt, front of the body, then how
8 much dose could his body receive and still
9 have the film badge receive no more than 10
10 mR?

11 And we calculated that it could
12 be as much as 26 mR per week, or millirem
13 per week. So we assigned that, I call that
14 hypothetical exposure, the only summary
15 table later.

16 Now then the neutron exposures
17 were calculated with new calculation. And
18 there were three sources of neutron
19 exposures. One is the betatron operator,
20 betatron operating crew, handled the uranium
21 slices after they had been irradiated.

22 And you'll have short lived

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1 radionuclides generated. They're sort of
2 process of photo activation of the uranium,
3 also photofission of the uranium, and other
4 and perhaps secondary neutron activation.

5 Then these are short lived, and
6 everything is gone within five or 10 minutes
7 after the exposure of the uranium.

8 But since we postulate that the
9 operator could be coming out of the control
10 room, walking quickly through the uranium,
11 he could be there in as little as five
12 seconds, which is just to be claimant
13 favorable, really, it probably would be more
14 like, would be a little longer.

15 Then there is also neutrons being
16 given off by the uranium while it was being
17 radiographed. Now the operator's in the
18 control room, but the control room walls
19 were really designed to stop photons and
20 they're not as effective against neutrons.

21 So some neutrons would get
22 through the, and expose the operator in the

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1 control room. And since the badges, the
2 film badges were sensitive to high energy
3 betas, and photons, but were not sensitive
4 to neutrons, we have to calculate the
5 neutrons.

6 We can't rely on the film badges,
7 to limit neutron exposure. And then also
8 there is some neutron radiation given off
9 during the radiography of steel.

10 Not as much as during uranium,
11 but the steel also gives off neutrons which
12 are very, very short lived. So handling the
13 steel after radiation, does not give any
14 neutron exposure, but during the actual
15 irradiation, it does.

16 And also we show, just to clarify
17 how we did that, we drew diagrams, here is
18 a, all of these by-the-way are in the
19 report. So here is just the geometry if
20 anyone is interested, of how we modeled the
21 uranium.

22 So here's the uranium disk, we

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1 just assumed it's sitting on a table. We
2 don't have any details, so didn't include a
3 table itself in the model. So the table's
4 assumed to be about 39 inches off the floor,
5 it's working height for a work bench.

6 And the uranium is, you're
7 looking at a cross section of the uranium,
8 so it's four inches thick and about 18
9 inches high. That's not quite the
10 proportion here, the reason being -- maybe
11 it's correct.

12 And this is a portion of the
13 betatron, we don't model the entire
14 betatron, but here is the chamber in which
15 you put the, the vacuum chamber in which you
16 have the electron beam coming out.

17 This is the, several aluminum
18 plates put together on the ion chamber, so
19 we can monitor, ionization chambers that
20 could monitor the beam intensity. And this
21 is the beam flattening cone, so that the,
22 otherwise the beam is very strong in the

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1 middle and weak along the sides.

2 So here you have aluminum to
3 absorb the sensor and not, and less
4 absorption as it goes inside. So it's
5 rather flattened, to be, make it more
6 uniform.

7 Then, and oh, these are merely
8 two locations. This is one foot from the
9 uranium, and this is one meter from the
10 uranium. Of course the operator is standing
11 here, after the beam is shut off. But the
12 apparatus is still there, so we left it in
13 place.

14 And then, this is the same
15 picture only now we are bringing the entire
16 shooting room of the old betatron building,
17 which is where a good portion of the uranium
18 radiography took place.

19 And in here is the operator
20 behind our one meter, away from the wall,
21 behind the wall in the most exposed
22 position. Directly, exactly in line with

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1 the uranium.

2 The uranium now is, the betatron
3 itself doesn't give off much in the way of
4 neutrons, but once the beam hits the
5 uranium, the neutrons come off in all
6 directions. And they are hitting the
7 operator here. Those are passed through the
8 wall.

9 Next we use the picture, and this
10 is not in the current report, it was taken
11 from an earlier report of the new betatron
12 building.

13 It was taken from those FOIA
14 documents when they were obtained from the
15 Atomic Energy Commission's application.

16 And the purpose of this is just
17 to show the location of the desk in the
18 control room. It's the new betatron
19 building, but its structure is basically
20 similar.

21 And here is the MCNP model of the
22 same building, showing the important part of

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1 it, we truncated it into, there's walls out
2 here.

3 And again, here's the betatron.
4 This time they're radiating this heavy steel
5 casting, that gives you about as much
6 scattering as possible, for this heaviest
7 item that GSI ever made. This is just a
8 portion of it.

9 And here is the operator sitting
10 at his desk. These would be longer
11 exposures, he presumably would be spending
12 time at his desk.

13 He may very well, with an hour
14 exposure, leave the control room, there will
15 be a door in this direction where he might
16 leave, and be getting even less exposure.
17 But this seemed to me like a reasonable
18 compromise.

19 And then the final one. Okay, so
20 here is the doses to the operator. If we
21 presume 26 millirem per week, as this
22 hypothetical upper limit from the betatron

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1 residual operation, this is the neutrons
2 from uranium handling, .5 millirem per
3 shift, for eight hour shift.

4 We assumed they are like an
5 average of 6., if exposed. Each uranium
6 shot is 75 minutes, now so 60 minutes of,
7 for the radiographic exposure, 15 minutes in
8 between handling.

9 So if you take the 75 minutes,
10 divided into 480 minutes for a full work
11 day, not even allowing time for lunch, you
12 get 6.4 shift, uranium exposures per shift
13 average.

14 So this is what he gets from the
15 handling, this is what he gets in the
16 current uranium radiography, this is in the
17 control room, and this is during the
18 radiography of steel per shift.

19 And then when we add them up,
20 here's where we come up with annual doses.
21 So we don't list any, betatron photons
22 during the first ten years because those

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1 would be superseded by the triangular
2 distribution, which is a much higher dose.

3 So any dose he gets from, the
4 betatron operator, would be subsumed by that
5 limiting distribution.

6 So we only list this, since
7 uranium, the use of radium stops in '62, we
8 only list these for '63 through '66, or the
9 middle of '66.

10 And then the number of shifts on
11 uranium, devoted to uranium, based on the
12 Mallinckrodt purchase orders, we only have
13 it from '58 on.

14 And these we assume to be the
15 maximum of any 12 month period, which is not
16 actually calendar year, because they
17 continued to issue purchase orders, some of
18 them were like, June 30, July 1st to June
19 30th of the next year.

20 So we took the highest 12 month
21 period, and assigned that to this period
22 where we don't have any purchase orders. So

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1 it's a limiting, and this is, I mean NIOSH
2 has already previously agreed to. And then
3 the balance is steel.

4 So the same worker can't be
5 doing, we're just assuming, again for
6 conservative, the same worker spends all the
7 time allotted to uranium, on uranium, and
8 then the rest of his shift on steel.

9 So we're presuming to work 30 to
10 50 hours a year, we get the steel by
11 subtraction of the uranium.

12 And then the neutron dose is just
13 going to the previous table and multiplying
14 by the number of shifts. Here we have the
15 uranium handling.

16 Uranium, the radiography of
17 uranium while the worker's in the control
18 room. The balance of the time, the
19 radiography of steel, in the control room.
20 The new betatron, and here we have the
21 total.

22 So you see by far, the highest

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1 neutron exposure is from the steel. Simply
2 because more time is spent on steel, even
3 though during a given shift, uranium gives
4 off more neutrons.

5 It penetrates, neutron dose is
6 higher per shift, but because there are many
7 more shifts of steel, the annual dose is
8 higher from the steel.

9 And then finally we get to the
10 exposure of the layout man. And this is
11 again from an older report because it's
12 already been reviewed.

13 But I, just for reference
14 purposes, this the new betatron building
15 based on that previous drawing that I
16 showed.

17 And we modeled two positions of
18 the layout man. On, here is the railroad
19 track, going straight down the center.

20 So he's, he can't be on the
21 railroad track because he'll be blocking
22 access to the control room. So we assume

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1 he's ten feet to the side of the railroad
2 track.

3 I put him on both sides, and it
4 turns out that the dose, the photon dose is
5 much higher on this side, than on this side.
6 Because actually, if you were to draw, take
7 a ruler and draw a line, he's actually
8 within, straight line visual of the actual
9 betatron.

10 In reality, there is a this thin
11 door, which is part of our model, but it is
12 so thin that on this scale, it doesn't show
13 up. But that's essentially, it's almost
14 transparent to high energy protons.

15 So what happens is the beam from
16 the, the x-ray beam from the betatron goes
17 forward primarily. But it has a little
18 scatter-off at the end. It just it doesn't
19 go to zero. It just trails off as you go
20 further and further from the center.

21 And it can actually get here.

22 And then the neutron dose, it turns out is

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1 actually higher when he's on this side of
2 the tracks, because the neutron dose, the
3 proton dose comes from the betatron itself,
4 the neutron dose comes from the steel. So
5 he sees more of the steel when he's over
6 here.

7 But the difference isn't that
8 great, about 12 percent more. And since the
9 photon dose is twice as high, almost twice
10 as high in this position, as in that
11 position, we assign all the, he can't be in
12 two places at once, we assign all the doses
13 from this position.

14 So and then here is a summary of
15 the exposure of the layout man. So he's
16 also getting dosed, no neutron exposure from
17 radiated steel, because the neutrons die
18 very quickly.

19 He does get some proton exposure
20 from handling the radiated steel, but it's
21 trivial compared to what he gets directly
22 from the betatron.

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1 So we did the calculation anyway,
2 but it's a very small amount. And he does
3 get some, some neutron exposure and we
4 assume he spends all his regular portion, 6,
5 shifts a year doing this work and this would
6 be his exposure in roentgens per year, nine
7 roentgens per year. And this is the neutron
8 dose in millirem per year.

9 And this exposure just as a point
10 of reference, this applies only to the years
11 '63 through mid '66, because it's based on
12 the location of the new betatron building.
13 Whereas the new betatron building is right
14 alongside the Number 10 Finishing Building.

15 This is the door that simply
16 separates the two. And the Number 10
17 Finishing Building starts right around here.
18 But it wasn't built until '63.

19 So with the old betatron
20 building, it was about a quarter mile away,
21 and I'm just going by memory, it could be
22 not quite accurate.

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1 From the, what do you call it,
2 machining and finishing buildings, which is
3 where most of the work was done, so there
4 would be no significant exposure from that
5 source.

6 So, but during that time you do
7 get the exposure to the radium. This will
8 happen as the two are adjacent. At least
9 since NIOSH decided to find an entire year
10 that the radium was in use, even though the
11 radium stopped in the middle of '62, NIOSH
12 said we'll just give it for the entire year.

13 And the new betatron opened up
14 late in '63, but NIOSH agreed to use it
15 again, for the entire year.

16 So you have this very convenient
17 adjacent period of '52 through '62, the
18 uranium dominates. And '63 through mid '66
19 the betatron dominates and the doses are
20 about the same.

21 Because the mid-point on that
22 triangular distribution is, I think it's at

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1 9.69 something like that. And depending
2 which end point you use, 12 rem for the
3 later years, 15 rem for the earlier years.

4 On average, it comes out roughly
5 9R, 9 rem per year. In those days they
6 assumed rem and roentgen were the same, but
7 they're not. That was what the initial AEC
8 regulation said.

9 So you had a fairly consistent
10 roentgen exposure for this entire period.
11 So that's basically it.

12 CHAIRMAN ZIEMER: Okay, thanks
13 Bob. Now one of the big issues we had at
14 the last meeting was differences between
15 your calculation and the NIOSH calculation.

16 And you and Dave Allen were
17 exchanging input files and trying to make
18 sure that you were all doing things the same
19 way for the same for the same model.

20 I want to get some feedback from
21 Dave now, to clarify where we are in terms
22 of the numbers coming out the same for both

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1 of you, for the same inputs.

2 MR. ALLEN: Yes, this Dave. Bob
3 sent me his files and we reconciled. I
4 think most of that was done on the beta. On
5 this last round, Bob sent me the files.

6 It was primarily neutron and some
7 photon. And I think all the assumptions
8 have been discussed in the past, and I was
9 able to reproduce his numbers. So I think
10 we're all on the same page.

11 CHAIRMAN ZIEMER: Okay, so the
12 numbers that Bob has shown us here today,
13 represent what NIOSH also is using?

14 MR. ALLEN: Yes. I mean there
15 may be a difference in round-off, you know,
16 with the third decimal point or something,
17 but they are essentially the same numbers.
18 Yes, for what we will be using.

19 (Pause.)

20 MR. ALLEN: Did I drop off?

21 MR. KATZ: No. You're still
22 there.

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1 MR. ALLEN: I'm okay?

2 MR. KATZ: Paul may have,
3 sometimes Paul has trouble with his phone.
4 Paul, are you still there?

5 I think he might, whatever, but
6 it's a problem that he has sometimes. I
7 think he's having it right now. But Paul,
8 we can't hear you, you may have gone to
9 mute, or you may have been dropped
10 completely. In which case, he can't hear
11 this.

12 MEMBER MUNN: Well at least he
13 was able to get back okay last time.

14 MR. KATZ: Yes, I'm sure he'll
15 get back again, as soon as he --

16 CHAIRMAN ZIEMER: Can you hear me
17 now?

18 MR. KATZ: Oh, there. Paul.

19 CHAIRMAN ZIEMER: Yes, I must
20 have gone to mute and not realized it.
21 Okay, I want to make sure that we're getting
22 the same numbers for the same input, for

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1 each of our components.

2 So, I think this was the last
3 memo, we had disagreements with, on this, on
4 the external calculation, is that correct?

5 MR. ALLEN: I think that was
6 correct, yes.

7 CHAIRMAN ZIEMER: We have
8 agreement in numbers on the internal. And
9 for external, agreement on the models in,
10 with the, we talked last time about the
11 Landauer information and the fact that NIOSH
12 was not going to use the film badge
13 information in the model any more. Is that
14 correct?

15 MR. ALLEN: That's correct.

16 CHAIRMAN ZIEMER: Okay. I want
17 to make sure that we're in agreement in
18 terms of --

19 MR. KATZ: I'm sorry Paul, did
20 you go to mute again, because we can't hear
21 you?

22 MEMBER MUNN: I thought he was

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1 just thinking a lot.

2 MR. KATZ: He might be thinking,
3 I don't know.

4 DR. ANIGSTEIN: Well he stopped
5 in mid-sentence.

6 MR. KATZ: Paul, you're on mute
7 again.

8 MEMBER MUNN: Or it's long
9 drafting, one or the two.

10 MR. KATZ: Yes.

11 CHAIRMAN ZIEMER: Can you hear me
12 now?

13 MR. KATZ: There you are, you're
14 back. Okay.

15 CHAIRMAN ZIEMER: I don't know
16 what happened, it went onto hold. Who knows
17 how these smart phones operate. They're
18 smarter than everybody I guess, or not so
19 smart.

20 Anyway I wanted to make sure that
21 we're on the same boat, not only with the
22 MCNP outcomes, but also with the functions

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1 used prior to the calculations in terms of
2 all the assumptions about locations and so
3 on.

4 So I, it appears to me that SC&A
5 now is in agreement with all the assumptions
6 that NIOSH is using. Is that correct?

7 MR. ALLEN: Yes, this is Dave.

8 CHAIRMAN ZIEMER: Bob or John?

9 DR. ANIGSTEIN: I believe, I
10 think that NIOSH has agreed to adopt the
11 SC&A model. Of course we had some discussion
12 back and forth, so it was some compromise.
13 But --

14 CHAIRMAN ZIEMER: Dave.

15 MR. ALLEN: Yes, this is Dave.

16 CHAIRMAN ZIEMER: Okay. Now let
17 me open this part to Board questions. What
18 do you question?

19 MEMBER MUNN: All of the
20 outstanding issues seem to have been
21 resolved to me. I was able to follow Bob's
22 presentation well. So if that's acceptable

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1 to NIOSH I have no questions.

2 CHAIRMAN ZIEMER: Josie or John.

3 MEMBER BEACH: Yes, Paul, this is
4 Josie. I have no questions either.

5 CHAIRMAN ZIEMER: And John.

6 (No response.)

7 CHAIRMAN ZIEMER: Okay, now I
8 want to go to Appendix BB and we have a very
9 recent update, where basically what was done
10 in the update was just to incorporate the
11 actions from our last meeting into the
12 Matrix. And we have an Appendix BB Matrix,
13 which is dated January 15th.

14 DR. ANIGSTEIN: Yes.

15 CHAIRMAN ZIEMER: Actually, it, I
16 guess you updated it again January 14th to
17 include the December actions and yesterday
18 as well to -- apparently you got the minutes
19 from the last meeting. Is that when you
20 went and updated it again?

21 DR. ANIGSTEIN: That's correct.
22 What the 14th update, I was very cautious

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1 because I didn't want to put words in
2 NIOSH's mouth. I wasn't sure what was
3 exactly, I didn't take, I was too busy
4 participating to take notes.

5 So then since Ted forwarded the
6 minutes to me yesterday morning, I was able
7 to review it, and I was able to add
8 material.

9 So nothing from the, so the 16th
10 supersedes the 14th, by just some additional
11 material and actually the email,
12 distributing that, summarized where the
13 changes are so the Board Members wouldn't
14 have to read the whole thing.

15 They could just focus on the, I
16 gave the page numbers and the location where
17 additional material was added.

18 So I did my best to summarize the
19 NIOSH input from the last meeting, to the
20 point where every issue now is, either
21 closed, either the old issues that SC&A
22 recommends closure, or they're in progress.

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1 We used that term for anything
2 where we have verbal agreement, or perhaps
3 written agreement, yes we will adopt that
4 model.

5 But we haven't actually seen a
6 White Paper or seen of course the revised
7 Appendix BB, to see what their actual
8 numbers are, so we consider that in
9 progress.

10 We don't anticipate any problems,
11 but that's how we labeled it, so, of course
12 the Work Group will make the final decision.

13 DR. MAURO: Paul, this is John.
14 I'm sorry to interrupt, Bob. Usually when
15 we agree in principle, with, you know, as we
16 are right now, we don't call it in progress.

17 We actually call it in abeyance.
18 And if course, I leave it to the judgment of
19 the Work Group, whether or not we do have
20 it.

21 See, usually in progress means
22 we're still debating the issue and we still

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1 have issues to resolve. That's my
2 understanding of the term.

3 DR. ANIGSTEIN: That's not the
4 way we've been doing in the past. That's
5 not the way Paul has ruled in the past on
6 other issues.

7 DR. MAURO: Okay, then I --

8 CHAIRMAN ZIEMER: This is Paul,
9 well let me just clarify. If something's in
10 abeyance, it means that it's been agreed to.
11 For example, in the case of the change in
12 the number of work hours, it hasn't shown up
13 because the revision didn't occur.

14 So it means that, now, we've all
15 come to an agreement on it, but it has to
16 show up in the revised document. But the
17 issue from the point of view of action is
18 basically closed. That it hasn't, it's
19 going to remain in abeyance until we
20 actually see the change in the final
21 document.

22 I think that's the same

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1 terminology now that the Procedures Work
2 Group that Wanda heads up is using. Wanda,
3 you can confirm that I think, right?

4 MEMBER MUNN: That is correct.
5 You've characterized the situation properly,
6 Paul.

7 CHAIRMAN ZIEMER: Okay, so let's
8 see if we can quickly go through the matrix
9 and see if we have any outstanding issues.
10 And there is a summary of the Issues Matrix
11 in the front end of the document.

12 On the new document, it is on
13 Pages 8 and 9. And then if you need that
14 for reference. But I'm looking now at the
15 final item, the final status of Issue 1 on
16 Page 12 of the updated matrix.

17 And it says, in progress, pending
18 NIOSH revision and limiting external
19 exposures and limiting neutron exposures and
20 skin doses during the entire operational
21 period.

22 And that revision, I believe is

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1 the one we just had this morning, is that
2 not correct?

3 DR. ANIGSTEIN: I'm sorry, Paul.
4 I didn't follow that.

5 CHAIRMAN ZIEMER: I'm looking at
6 your last statement on Issue 1.

7 DR. ANIGSTEIN: Okay. Yeah, I'm
8 just putting that on the screen now. So,
9 Issue 1 is, you're right, in progress
10 pending NIOSH revision of limiting
11 exposures. So, is that how you would
12 characterize it? Or should you --

13 CHAIRMAN ZIEMER: Well, if NIOSH
14 agrees to that, if NIOSH has agreed, then it
15 goes to -- it'll be in abeyance and we
16 basically that --

17 DR. ANIGSTEIN: Okay.

18 CHAIRMAN ZIEMER: I think we
19 heard Dave agree to that.

20 MR. ALLEN: Yes, this is Dave.
21 We have.

22 DR. ANIGSTEIN: Very good, I will

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1 update that.

2 CHAIRMAN ZIEMER: So, that issue
3 -- well, let me ask the Work Group. Do you
4 agree that that issue now is, for action
5 purposes, is closed and goes into abeyance
6 until the revision appears in the revised
7 Appendix BB?

8 MEMBER MUNN: Correct. Based on
9 what we've heard today, this is currently in
10 abeyance.

11 MEMBER BEACH: I agree with that,
12 Paul. This is Josie.

13 CHAIRMAN ZIEMER: John?

14 MEMBER POSTON: Fine with me.

15 CHAIRMAN ZIEMER: So, they
16 consider that to be in abeyance, which means
17 that we have closed the action and that the
18 revision has to appear in a revised
19 document. Issue 2, I'm looking at Page 13.

20 DR. ANIGSTEIN: Top of Page 13.

21 CHAIRMAN ZIEMER: Top of Page 13,
22 Issue 2. This is the addition of the added

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1 year of covered employment and SC&A
2 recommends now that this issue be closed.
3 Is there agreement that the issue be closed?

4 MEMBER MUNN: Yes.

5 MEMBER BEACH: Yes.

6 CHAIRMAN ZIEMER: John?

7 MEMBER POSTON: Yes.

8 CHAIRMAN ZIEMER: And I'll say
9 yes, and we'll close Issue 2.

10 Issue 3: Underestimate of
11 Betatron Beam Intensity. And this issue,
12 NIOSH recommends be closed.

13 I'm taking each one at a time so
14 we can show action in the minutes.
15 Everybody in agreement? I think I heard
16 Wanda. Josie?

17 MEMBER BEACH: Yes.

18 CHAIRMAN ZIEMER: And John?

19 MEMBER POSTON: Yes.

20 CHAIRMAN ZIEMER: And Ziemer,
21 yes. Okay. Underestimate of Stray Radiation
22 from Betatron. Fairly extensive.

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1 DR. ANIGSTEIN: It ends on Page
2 7.

3 CHAIRMAN ZIEMER: I'd like to
4 point out now, on this particular one -- but
5 I'm looking for a page number here. But SEC
6 Issue 2, SEC Issue 6 and SEC Issue 8 have
7 been included in this now. And these were
8 SC&A's items. And in their judgment, and
9 they were SC&A's findings, SC&A believes
10 that SEC Issue 2, SEC Issue 6 and SEC Issue
11 8 are part of this issue in the matrix. And
12 I'm all the way to the top of 17.

13 And the status says, "in
14 progress, pending revision by NIOSH of
15 neutron doses to GSI plant workers and
16 external exposures to the layout men."
17 Again, those are the issues that were agreed
18 upon between NIOSH and SC&A in our earlier
19 discussion here today.

20 And I guess, SC&A, are you
21 recommending then that this be put in
22 abeyance?

1 DR. ANIGSTEIN: Correct.

2 CHAIRMAN ZIEMER: And, NIOSH, do
3 you agree with that?

4 MR. ALLEN: Yes, this is Dave.
5 We agree.

6 CHAIRMAN ZIEMER: And Work Group
7 Members?

8 MEMBER MUNN: Yes, Wanda.

9 MEMBER BEACH: This is Josie. I
10 think we had a paper from John Ramspott on
11 this issue, if I'm correct?

12 CHAIRMAN ZIEMER: We have an
13 issue, and for those of you -- and we can
14 still close this from the findings point of
15 view and still deal with John Ramspott's
16 issue, which has to do with the lost neutron
17 source.

18 MEMBER BEACH: Okay. So then I'm
19 in agreement with putting this in abeyance.

20 DR. ANIGSTEIN: You mean lost
21 radium source.

22 CHAIRMAN ZIEMER: Right, I meant

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1 lost radium source. Because that was not
2 part of the finding, per se. We can close
3 the finding and still deal with that issue,
4 is all I'm saying. We're dealing with
5 SC&A's issues right now.

6 MEMBER BEACH: Okay, I'm in
7 agreement then, Paul, thank you.

8 CHAIRMAN ZIEMER: And John?

9 MEMBER POSTON: Yes.

10 CHAIRMAN ZIEMER: Okay.

11 DR. MCKEEL: Dr. Ziemer, this is
12 Dan McKeel. I'm having trouble following
13 what you just --

14 CHAIRMAN ZIEMER: Oh, I'm sorry.

15 DR. MCKEEL: I'm fine up to Issue
16 3. But I'm not sure what you did with 4, 5,
17 and which one we are on right now.

18 CHAIRMAN ZIEMER: Oh, we're on 4.

19 DR. MCKEEL: Ah, okay. Got you.

20 CHAIRMAN ZIEMER: And I just was
21 pointing out that Number 4 --

22 DR. MCKEEL: I understand that

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1 includes several SECs, former SEC.

2 CHAIRMAN ZIEMER: Right, right.

3 DR. MCKEEL: Okay, I understand
4 that.

5 CHAIRMAN ZIEMER: Yes, yes.

6 DR. MCKEEL: Thank you.

7 CHAIRMAN ZIEMER: Thank you.

8 Issue 5, and I'm looking for a page number
9 here now. Issue 5 also included SEC Issue
10 3.

11 And so I want to sort these out
12 as we go because there are going to be
13 questions about, when we transferred to SEC
14 issues, where the SC&A put them, because
15 they're an SC&A finding, so they can put
16 those findings, if they believe it's the
17 same issue, then they have combined them.
18 And --

19 (Simultaneous speaking.)

20 MEMBER MUNN: -- 20, Paul.

21 CHAIRMAN ZIEMER: Pardon me?

22 MEMBER MUNN: Status is on Page

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1 20.

2 CHAIRMAN ZIEMER: Yes. So in the
3 latest version, SC&A recommends that this
4 issue be closed.

5 MEMBER BEACH: Okay, Paul, this
6 is Josie. I thought that that Issue 3 was
7 actually transferred and covered by Issue
8 11.

9 CHAIRMAN ZIEMER: Well, you know,
10 it's SC&A's finding and their judgment. I'm
11 looking. I see that they have included it
12 here. Maybe they included it in both, I
13 don't recall. But if you look back on page,
14 let's see. It's the top of Page 20. It
15 says SEC Issue 3.

16 MEMBER BEACH: Okay.

17 CHAIRMAN ZIEMER: Is that
18 correct? That's what I'm assuming in the
19 matrix, that it includes SEC Issue 3.

20 DR. ANIGSTEIN: I guess that was
21 our judgment because the Work Group voted
22 that the issue should be closed and moved to

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1 the Appendix BB Matrix.

2 And since the Issue 3 was lack of
3 documentation, and since, yeah, let me just
4 go quickly to Issue 11. No, no, Issue 11 is
5 Underestimate of Doses to Other Workers, so
6 that's not the same.

7 MEMBER BEACH: Okay, this is
8 Josie. I probably just had it noted wrong
9 in my --

10 CHAIRMAN ZIEMER: We may have
11 originally thought -- I think originally
12 when we transferred these, we thought maybe
13 different ones would go in different places.
14 But it's basically SC&A's call, because it's
15 their findings.

16 MALE PARTICIPANT: Sure.

17 CHAIRMAN ZIEMER: Yeah. So
18 that's where they chose to put it. You
19 know, they had the choice of including it
20 with existing findings, they're saying it's
21 different from all them and keeping it
22 separate.

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1 So, anyway, that's where it ended
2 up, and the recommendation is to close this
3 Issue 5.

4 MEMBER BEACH: I agree.

5 MEMBER MUNN: I agree.

6 CHAIRMAN ZIEMER: John, you're
7 okay on that? I'm not hearing John.

8 MEMBER POSTON: Oh, could you
9 hear me?

10 CHAIRMAN ZIEMER: Yeah. You okay
11 on this one?

12 MEMBER POSTON: Yeah, I'm okay.

13 CHAIRMAN ZIEMER: Okay. And so
14 we will close Issue 5.

15 Issue 6 includes SEC Issue 9,
16 I'll just point that out. And SC&A is
17 recommending that Issue 6 be closed.

18 DR. ANIGSTEIN: No, we did not
19 recommend it be closed --

20 CHAIRMAN ZIEMER: Oh, oh.

21 (Simultaneous speaking.)

22 DR. ANIGSTEIN: SEC Issue 9 --

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1 CHAIRMAN ZIEMER: Oh, I'm on 7 --

2 DR. ANIGSTEIN: -- which is
3 virtually the same, the Work Group voted to
4 have it, agreed to have it transferred to
5 the BB Matrix.

6 CHAIRMAN ZIEMER: Right.

7 DR. ANIGSTEIN: And basically
8 they're the same. One is Underestimate of
9 Skin Dose, the other is Neglect of Skin
10 Dose. It's not that different.

11 CHAIRMAN ZIEMER: Right.

12 DR. ANIGSTEIN: And then we said
13 in progress. And I would suggest, based on
14 the other actions, perhaps it should be in
15 abeyance now?

16 CHAIRMAN ZIEMER: Oh, yeah,
17 actually, I was looking at your previous
18 version, where you recommend that it be
19 closed. Right, this would be -- this is
20 Skin Dose --

21 (Simultaneous speaking.)

22 CHAIRMAN ZIEMER: In your

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1 previous version, in the December one, you
2 said to recommend closing. But, no, the
3 current version you say in progress.

4 But based on the agreement now
5 today, we would be finished with the action
6 and it would go into abeyance, which means
7 that the change has to show up in the
8 document.

9 That action would be closed, but
10 it would go into abeyance, the way we're
11 acting on these. Josie.

12 MEMBER MUNN: This is Wanda, I
13 agree.

14 CHAIRMAN ZIEMER: Wanda, okay.

15 MEMBER BEACH: Josie, I agree.

16 CHAIRMAN ZIEMER: And John.

17 MEMBER POSTON: Agree.

18 CHAIRMAN ZIEMER: Okay. And I
19 agree.

20 And then Issue 7 is Betatron
21 Exposures. Issue 7, I'm looking to see if
22 that included any carry-overs. I don't

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1 think it did. And that one SC&A recommended
2 closure.

3 MEMBER MUNN: We did that quite
4 some time ago, closed.

5 CHAIRMAN ZIEMER: Right. And
6 it's still showing up here as recommending
7 closure. I thought we had closed it, too.

8 (Simultaneous speaking.)

9 CHAIRMAN ZIEMER: Right, in 12,
10 yeah. But just to make sure we had the
11 action recorded, let's reconfirm closure.
12 Wanda.

13 MEMBER MUNN: Yes, I agree.

14 CHAIRMAN ZIEMER: Josie. John.

15 MEMBER BEACH: Yes.

16 CHAIRMAN ZIEMER: Yes, okay.

17 MEMBER POSTON: Okay.

18 CHAIRMAN ZIEMER: The
19 Underestimate of Worker Dose is closed. It
20 was closed. In a sense, that's in abeyance
21 also because it has to show up in the final
22 document. We're closed as far as our action

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1 is concerned.

2 MEMBER MUNN: Yes.

3 CHAIRMAN ZIEMER: So we don't
4 have to do anything more. That's long since
5 been handled. Mischaracterization of Steel
6 Work Practices.

7 MEMBER MUNN: The same is true.

8 CHAIRMAN ZIEMER: SC&A recommends
9 that this action be closed. That was an old
10 one, too. Let's see, is there anything --
11 that would be truly closed. There's not an
12 abeyance here, is there? Yeah, it does
13 involve revising the model. Let's see, I
14 guess we'll show this in abeyance as the
15 others. Is that agreeable? Wanda?

16 MEMBER MUNN: Sure.

17 CHAIRMAN ZIEMER: Josie? John?

18 MEMBER BEACH: Which one?

19 CHAIRMAN ZIEMER: This was 9.

20 Again, the times of exposure duration is
21 still going to have to show up in the final
22 document. So --

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1 MEMBER BEACH: Okay, I
2 understand.

3 CHAIRMAN ZIEMER: Yeah. Even
4 though they recommended closure, I think
5 we'll show it in abeyance, if that's
6 agreeable.

7 MEMBER BEACH: Yes.

8 CHAIRMAN ZIEMER: And John, okay.
9 Okay, I'm not hearing John again. Are you
10 there, John?

11 (Simultaneous speaking.)

12 CHAIRMAN ZIEMER: John, we didn't
13 hear you on that one. But we have Wanda and
14 Josie amenable.

15 MEMBER POSTON: Paul.

16 CHAIRMAN ZIEMER: I'm hearing you
17 now, John.

18 MEMBER POSTON: Okay. I'm having
19 trouble remembering whether I'm on or off.

20 CHAIRMAN ZIEMER: Right. You're
21 agreeing that 9, we're done with that and
22 it'll go in abeyance.

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1 MEMBER POSTON: Yes, sir.

2 CHAIRMAN ZIEMER: Okay. Issue

3 10, let's see. Page 24.

4 MEMBER MUNN: Again, in abeyance.

5 CHAIRMAN ZIEMER: Yes, this is
6 the neutron doses. This we just completed,
7 would go in abeyance. Wanda, okay?

8 MEMBER MUNN: Yes.

9 CHAIRMAN ZIEMER: And Josie.

10 MEMBER BEACH: Yes.

11 CHAIRMAN ZIEMER: And John.

12 MEMBER POSTON: Yes.

13 CHAIRMAN ZIEMER: And Paul, yes.

14 Issue 11.

15 (Pause.)

16 MEMBER MUNN: I believe we
17 essentially closed it last time.

18 MEMBER BEACH: Yes, I agree. We
19 did, Wanda.

20 MEMBER MUNN: Yeah.

21 (Pause.)

22 MEMBER BEACH: I think we lost

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1 Paul again.

2 MEMBER MUNN: Sounds like it.

3 Are we out here all alone?

4 MR. KATZ: No, no, you're there.

5 Like you said, Paul's probably on mute
6 again.

7 MEMBER BEACH: We need to get
8 phones with large flashing lights on the
9 mute button.

10 MEMBER POSTON: Well, the guy
11 that talks on my phone, I can't tell the
12 difference between on and off.

13 MEMBER MUNN: And we need to get
14 a microphone for you.

15 MEMBER POSTON: When I do *6 and
16 it says mute on, mute off, I can't tell the
17 difference between on and off because it's
18 not clear.

19 MEMBER MUNN: That's why I said
20 we need a large flashing light on that mute
21 button.

22 MEMBER POSTON: That would be

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1 really great.

2 MEMBER MUNN: Yeah.

3 CHAIRMAN ZIEMER: Okay, I'm back.

4 MR. KATZ: Welcome back, Paul.

5 CHAIRMAN ZIEMER: I think my ears
6 were touching something turning this off.
7 Who knows what's happening on these things.
8 Sorry about that.

9 MR. KATZ: You were on Issue 11.
10 And while you were trying to get back on,
11 the Members were saying that they believe
12 this was closed at the last meeting.

13 MEMBER MUNN: Page 25.

14 CHAIRMAN ZIEMER: Right. Right.
15 And, right, 12/10/13 we recommended closure
16 --

17 DR. ANIGSTEIN: This is Bob. I
18 don't believe it was actually -- I went
19 through the minutes of the last meeting. I
20 don't believe there was an actual decision
21 made to close it.

22 CHAIRMAN ZIEMER: Okay. Let's

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1 just formalize it. This was the issue of
2 the residual period, was it not?

3 DR. ANIGSTEIN: No, this is the
4 Underestimate of the Other Workers. It was
5 other than betatron operators --

6 CHAIRMAN ZIEMER: Oh, oh. Oh
7 wait, I'm looking at 12. We're talking
8 about 11 here.

9 DR. ANIGSTEIN: Yes, okay.
10 Right.

11 CHAIRMAN ZIEMER: So I'm looking
12 at the wrong one. Right, okay.

13 MEMBER MUNN: Talks about admin
14 people.

15 CHAIRMAN ZIEMER: Right.

16 MEMBER BEACH: Well, it's the
17 admin and assigning the most favorable
18 exposures.

19 CHAIRMAN ZIEMER: Right. The
20 admin people, we had that -- the agreement
21 was that there not only could not have a
22 workstation there, but they couldn't

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1 frequent the active area regularly and they
2 would have to -- that would have to be
3 established. That was all agreed to.

4 I'm not sure whether this goes in
5 abeyance. Probably does in the same way
6 because it's going to have to show up in the
7 final document that we could close our
8 action on this. Is that agreed?

9 MEMBER BEACH: Yes. This is
10 Josie. I agree with the abeyance.

11 MEMBER MUNN: I had thought we
12 could close it.

13 CHAIRMAN ZIEMER: Well, all of
14 these have to show up in the final document
15 in any event.

16 MEMBER MUNN: All right, I just -
17 -

18 CHAIRMAN ZIEMER: Our action is -
19 - basically we're done with the action. But
20 it has to show up. And so abeyance will
21 work. You agree with that, John, as well?

22 MEMBER MUNN: Just add his

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1 instruction to the dose reconstructors?

2 CHAIRMAN ZIEMER: Right, right.

3 Okay, the next one, that's the residual
4 contamination, surface contamination,
5 resuspension. We agreed to that. And
6 closure was recommended. Again, it would
7 have to go in abeyance, I think, in the same
8 way. Is there agreement on that?

9 MEMBER MUNN: All right.

10 MEMBER BEACH: Yes, there is.

11 CHAIRMAN ZIEMER: And John, okay?
12 We're not hearing you, John.

13 MEMBER POSTON: Yes.

14 CHAIRMAN ZIEMER: Okay, we're all
15 okay on that one.

16 And then 13 was done long ago,
17 the incorrect units. That correction will
18 be made as well. So I think that updates us
19 on the matrix.

20 DR. ANIGSTEIN: Excuse me, what's
21 the final decision on 13?

22 CHAIRMAN ZIEMER: Well, that was

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1 done long ago.

2 DR. ANIGSTEIN: Is that in
3 abeyance or closed?

4 CHAIRMAN ZIEMER: Well, I --

5 MEMBER BEACH: In abeyance.

6 CHAIRMAN ZIEMER: Yes, it's in
7 abeyance in the sense that they have to put
8 the correct units in. They've agreed to
9 that long ago, yeah. Probably in abeyance.
10 All of these things have to show up in the
11 revised Appendix BB.

12 Now I want to move to the public
13 comments. And I think you've all gotten a
14 number of comments from Dan, and we also
15 have the request from John Ramspott to
16 address the lost radium source. And I think
17 Dan also endorsed that.

18 I would like to -- I think it's a
19 valid question to ask. And, I don't know, I
20 assume NIOSH and SC&A both got a copy.
21 John, did you copy SC&A and NIOSH on your
22 request?

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1 DR. ANIGSTEIN: I saw all the
2 correspondence.

3 CHAIRMAN ZIEMER: I'm wondering
4 if any of us have given any thought to how
5 this might be handled? Originally -- let me
6 make some comments here and then I would
7 like to get some other input.

8 Originally my thought was, well,
9 if someone, as part of their calling, says,
10 you know, I'm the one that took this source
11 or I found it or whatever it was, we could
12 deal with that in an individual way as an
13 incident.

14 However, John has raised a point
15 which I think is worth considering, that,
16 especially the lost source, and it was
17 characterized, I think even in the news
18 article, as being lost in the plant.

19 Although, I guess it showed up in
20 somebody's home later, I don't recall that.
21 John, you might be able to clarify. But if
22 it was lost in the plant, how might it be

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1 handled in terms of saying, okay, what do we
2 do during that week where there might have
3 been additional exposure?

4 DR. ANIGSTEIN: Can I -- this is
5 Bob. Can I comment on that?

6 CHAIRMAN ZIEMER: Yes.

7 DR. ANIGSTEIN: The information
8 that -- first, we heard about this and the
9 information that we got from the supervisor
10 who was -- I mean, he was later a
11 supervisor, I believe at that time he was
12 the assistant metallurgist.

13 But, anyway, he attended this
14 meeting in Collinsville in 2007. And he
15 described the incident, you know, quite
16 plausibly. I think he was -- he forgot it
17 was radium. He referred to it as cobalt.

18 But other than that, he simply
19 said that the source was missing, they
20 searched the entire plant, you know, using
21 Geiger counters, whatever, most likely.

22 They thought that maybe it had

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1 just gotten ground up and put into the
2 casting, which of course would be of major
3 concern to them.

4 And, finally, he clearly
5 described that his senior supervisor or
6 manager, who was also a metallurgist,
7 actually hired an airplane and they flew
8 around the town with a Geiger counter and
9 they found it. They found the location where
10 it was, and they recovered it.

11 So it was definitely, you know,
12 taken offsite. And then according to the --
13 that it could have been as long as, I think
14 according to the information from John
15 Ramspott, it could have been as long as a
16 week that it was kept out of the plant.

17 And then this same account was
18 confirmed by a radiographer, this part-time
19 radiographer who was not employed at the
20 time. He was in the military at the time.
21 But when he came back, he heard the story.
22 And his account was very similar to the

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1 account of the metallurgist/supervisor. So
2 we consider that plausible, believable.

3 I have to confess that I did have
4 a moment of doubt when we found out that a
5 similar thing happened at the GSI Eddystone
6 plant years earlier and got us thinking,
7 gee, maybe someone just heard about one and
8 the story somehow got transferred to another
9 location. But it turned out, well,
10 apparently it happened twice. Probably it
11 happened other places.

12 MEMBER MUNN: Yes, Bob, I can
13 attest to the fact that there are similar
14 instances of sources having been lost in
15 transit.

16 You know, so many of the sources
17 were bounced around in the back of pickups
18 and when they bounced out of their pick-ups,
19 well, from industrial sources.

20 And I know of at least one other
21 case where a similar kind of airborne
22 surveillance was used to locate a source

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1 that had been lost in the western states in
2 transport from one site to another. So it
3 wasn't uncommon, apparently.

4 DR. ANIGSTEIN: Yeah. Now, I
5 think what needs to be kept in mind though
6 is we did a little back of the envelope
7 calculation, that this vessel was a 500
8 milligram or 500 millicuries of radium --
9 the two units are about the same -- source.

10 And the rule of thumb, it's
11 actually a calculation that's been around in
12 all the handbooks, at one meter from such a
13 source, you would have an exposure rate of
14 approximately 400 mR per hour.

15 And so if someone had this source
16 for a week, which would be the upper limit,
17 is it plausible that he would be very near
18 the source the whole time? Could be
19 somewhere in his house, could be someplace.
20 But if you say, just for the sake of
21 argument, he was two meters from it, then
22 the exposure rate would be 100 mR per hour.

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1 And during 168 hour week, we're
2 talking about something like 17 rem, which
3 is almost within the boundary of our
4 triangular distribution which ends at 15
5 rem.

6 And this is a really, really,
7 really extreme scenario, 168 hours at two
8 meters, about six feet and two inches away
9 the whole time.

10 And so in SC&A's opinion, and I
11 think John would agree with that, the rate
12 of triangular distribution would more than
13 likely capture this instance.

14 CHAIRMAN ZIEMER: My question is,
15 I don't think if it was in somebody's house
16 it's going to count anyway. I think it has
17 to be in the facility, if I'm not mistaken,
18 legally.

19 But I was looking at this article
20 that John Ramspott distributed, that had
21 indicated that the officials thought it was
22 within the plant, but --

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1 DR. ANIGSTEIN: That was when
2 they first reported it lost. But then it
3 was found. The testimony of two people, the
4 one virtually firsthand, meaning I was
5 working there and my colleague -- I think
6 his name I shouldn't mention -- is the one
7 who went and hired the airplane. So it was
8 very, very clear that it was taken offsite.

9 CHAIRMAN ZIEMER: So let me ask
10 John Ramspott. John?

11 MR. RAMSPOTT: Yes, Doctor?

12 CHAIRMAN ZIEMER: Do you know
13 whether, when it was lost, do you have any
14 additional information beyond the news
15 article that you distributed, that in fact
16 it was outside the plant, then?

17 MR. RAMSPOTT: Yes, actually I
18 would like to comment on a couple of those
19 last remarks. The two -- my thought is in
20 having researched this, the date on this was
21 in '53.

22 First off, I thought, okay, where

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1 was this supervisor that Bob just mentioned?
2 And in 1953, that gentleman had nothing to
3 do with radiography. He was a supervisor of
4 a totally different area of the plant.

5 And he's definitely not a site
6 expert on radiography. And then the second
7 person who was stated -- and the one
8 gentleman's deceased, Jim Burgess, he's the
9 person we just talked about. Jim Burgess
10 had nothing to do with the radium, didn't
11 know about the radium. He was a
12 metallurgist. He had nothing to do with
13 NDT. So he's not an expert, in my opinion,
14 just because of the time frame.

15 The second person that was
16 mentioned, [identifying information
17 redacted], I've talked to [identifying
18 information redacted] as recently as two
19 weeks ago and he has confirmed multiple
20 times, he had nothing to do with radiography
21 until 1957.

22 This incident happened in '53.

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1 Now, with further research, and I'm going by
2 the people who ran that plant, which
3 everybody accepts as gospel as far as Dr.
4 McKeel's FOIA information.

5 These guys are all considered
6 experts, and we take their word for it. And
7 they say it was in the plant. I have to
8 take their word for it. It was in the
9 plant, because unless we talk to the guy who
10 may have eventually picked it up and taken
11 it, we don't know when he picked it up and
12 took it.

13 Was it lost in the plant for six
14 and a half days, and the last day maybe he
15 picked it up and he took it home? We don't
16 know that.

17 Now, with further research, New
18 York Times is one, they report as many as
19 350 of these sources having been lost or
20 stolen. And I just found that recently.

21 And that tells that you're right,
22 it definitely was not an infrequent thing to

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1 happen. And we definitely know it happened
2 at General Steel in Eddystone, Pennsylvania.
3 That's documented in The New York Times as
4 well, and in some law cases where the
5 employee actually sued the company.

6 But I guess the main thing is it
7 was out in that plant. We accept
8 management's word on everything else. I
9 think we have to accept or consider
10 accepting management's word on this.

11 We have no proof of when, if
12 anybody took it out of the plant. Now, Mr.
13 Burgess, if he doesn't know the difference
14 between radium and cobalt, and he's supposed
15 to be an expert, I would question that, too.

16 But I do know, the incident he's
17 talking about, was later. I think more than
18 one source and more than one radium source
19 was misplaced at GSI on multiple times.

20 So, we just have proof of one,
21 just by a little bit of luck and
22 persistence, I guess, about this radium,

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1 which, I agree, it does sound like it could
2 be hearsay, or it could be -- but I have too
3 many people telling me the story. I knew
4 there was something there and then just got
5 lucky and found it.

6 DR. ANIGSTEIN: Well, what I
7 might -- now that you've mentioned names,
8 both Burgess and [identifying information
9 redacted] said it was found by going up in
10 an airplane. That was always consistent.

11 (Simultaneous speaking.)

12 CHAIRMAN ZIEMER: Bob, was it in
13 '53 that they were talking about it?

14 DR. ANIGSTEIN: Yes, okay.
15 [Identifying information redacted] simply
16 said he heard about it when he came back to
17 GSI. He had been in the service. He got
18 out of the service in '56.

19 He had worked at GSI briefly, was
20 laid off, you know, got drafted, joined or
21 got drafted into the Army, it was the time
22 towards the end of the Korean War.

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1 And he came out in '56, went back
2 to GSI, took a job as a lab technician and
3 then moonlighted on weekends doing
4 radiography. But he simply said he heard
5 about this, and his account of it to me was
6 that it was taken out of an unlocked
7 cabinet. It was left -- it was where it
8 should have been, but it was not secured.

9 And he said when he came back,
10 there was a lock on the door -- by that time
11 they took the precaution and it was kept in
12 this radiographic facility in the Number Six
13 Building, and there was a lock on the door.

14 MR. RAMSPOTT: Dr. Ziemer?

15 CHAIRMAN ZIEMER: Yes.

16 MR. RAMSPOTT: If I could correct
17 that point. We now have eyewitness proof
18 from two workers that that Number Six
19 Building, NDT building, was built in 1957,
20 or '55, I forget which.

21 DR. ANIGSTEIN: I think it was
22 the earlier time because [identifying

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1 information redacted] said it was there when
2 he came back.

3 MR. RAMSPOTT: It was '55, okay.
4 This source was stolen or taken or misplaced
5 in '53, gentlemen. There was no building,
6 no lock on the door, no cabinet. Management
7 said it was lost in the plant.

8 CHAIRMAN ZIEMER: As I understand
9 it, the case, Bob, you're describing someone
10 who came back and found a lock later and
11 wondered why it was there and was told that
12 this incident perhaps initiated locking it
13 after that, is that --

14 DR. ANIGSTEIN: That was his
15 conclusion.

16 MR. RAMSPOTT: Well, that would
17 be a second incident, then. That building
18 didn't exist in '53.

19 DR. ANIGSTEIN: He didn't say it
20 was. All he said was, when I came back, it
21 was under lock and key. That's what he
22 said.

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1 MR. RAMSPOTT: What was?

2 DR. ANIGSTEIN: When he came back
3 from his time in the service.

4 MR. RAMSPOTT: You had just said
5 the Non Destructive Testing Building. And
6 it wasn't there, Bob, in '53 .

7 DR. ANIGSTEIN: But it was there
8 when he came back. That's all we're saying.
9 When he came back --

10 MR. RAMSPOTT: When he came back
11 in '57, maybe there was a lock on the door.
12 But that guy's saying --

13 (Simultaneous speaking.)

14 MR. KATZ: Don't interject,
15 please. One at a time.

16 DR. ANIGSTEIN: I don't think
17 that makes any difference. I think it was
18 missing while he was gone and he came back,
19 and now, you know, now they got their act
20 together and maybe locked that up.

21 CHAIRMAN ZIEMER: Well, let me
22 ask you this. So his information --

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1 DR. MCKEEL: Dr. Ziemer, this is
2 Dan McKeel.

3 CHAIRMAN ZIEMER: -- was hearsay.
4 Let me ask you now if there was any
5 firsthand knowledge of the plane search and
6 so on. Was that the same individual that
7 gave you this information, Bob?

8 DR. ANIGSTEIN: The plane was
9 first reported by Jim Burgess.

10 CHAIRMAN ZIEMER: Right.

11 DR. ANIGSTEIN: And then it was
12 echoed by a [identifying information
13 redacted] who had heard about it when he
14 came back a couple of years later.

15 CHAIRMAN ZIEMER: I got you. So
16 Burgess was there during the '53 time frame?

17 DR. ANIGSTEIN: Yes, he was
18 there. He was working there. And --

19 MR. RAMSPOTT: He was not a
20 radiographer in '53.

21 DR. ANIGSTEIN: Well, he was
22 never actually a radiographer. I don't --

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1 he never actually never went in and handled
2 the controls on the betatron.

3 CHAIRMAN ZIEMER: Well, I'm not
4 asking you whether -- I'm asking if there
5 was someone there who had firsthand
6 knowledge of this plane search?

7 DR. ANIGSTEIN: No one.

8 DR. MCKEEL: Dr. Ziemer?

9 CHAIRMAN ZIEMER: Yes?

10 DR. MCKEEL: This is Dan McKeel.

11 CHAIRMAN ZIEMER: Yes, Dan.

12 DR. MCKEEL: Since I provided
13 part of the input on this --

14 CHAIRMAN ZIEMER: Sure.

15 DR. MCKEEL: -- can I please
16 comment? I've been sitting here. I think
17 there's several things that need to be
18 highlighted that really are being passed
19 over.

20 Number one is that the answer to
21 your question is was there anybody who was
22 an eyewitness? The closest we have to that

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1 is that this story was reported in three
2 newspapers.

3 And two of them came out of the
4 same Intelligencer newspaper, and presumably
5 that reporter talked to GSI plant
6 administrators and got the story about the -
7 - the official story from GSI that there
8 were sources lost in the plant.

9 And I need to underscore that if
10 you accept that statement, you must also
11 accept the fact that there's nobody,
12 including Jim Burgess or [identifying
13 information redacted] or any other person
14 that we've yet found, that knows exactly
15 where it was in the plant, what it was taken
16 from, where it went in the plant, how many
17 people handled it in the plant, all of those
18 things.

19 So, that's one point. The second
20 point is that John Ramspott had found
21 another newspaper account that described the
22 recovery of the source. And so maybe he can

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1 tell us whether that source included an
2 airplane radiologic survey, flyby, and
3 recovery and so forth.

4 He also talked to people who had
5 gone over to the site where it was
6 presumably recovered. And I'm just blanking
7 on the name of the street, but that's very
8 well-known, as well.

9 But the other thing I wanted to
10 point out that I included in my codicil to
11 John, my comments to the Work Group and the
12 Board, was that there is a section of the
13 Act that's posted on the DCAS website,
14 Section 83.9, which I included in my
15 codicil.

16 And, to me, as I read through
17 that language, it definitely says without
18 any equivocation that a radiation
19 overexposure instance, which this was, this
20 was not just a single individual, could have
21 involved many people.

22 That NIOSH, regardless of whether the

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1 petitioners supply affidavits or other
2 information, NIOSH needs to investigate the
3 instance. And, the way I read it, they have
4 to calculate a dose, they have to bound the
5 dose for that.

6 And so it seems to me that here
7 again we're hearing this morning, I respect
8 Dr. Anigstein and SC&A, but it's not their
9 primary job to bound the dose delivered by
10 that radium source.

11 So I think that NIOSH, just to
12 cut to the chase, needs to recognize that
13 this is a plausible incident, as Dr.
14 Anigstein said. It's backed up not only by
15 the worker testimony, but by three newspaper
16 accounts in two separate newspapers,
17 contemporaneously, at the time the incident
18 occurred.

19 We know that it went missing from
20 GSI on October the 27th, 1953. That's
21 pretty specific. And so I think NIOSH needs
22 to proceed to calculate a dose and write a

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1 White Paper or memo, and tell the Work Group
2 and the Board what dose they're going to
3 assign for people who might have been
4 involved in that incident.

5 John Ramspott and I have
6 absolutely no way to know if anybody filed a
7 claim that might be one of those persons.
8 The only people I know that could try and
9 date that information are Department of
10 Labor and NIOSH. And we don't have any
11 access to that kind of information.

12 So the other thing is we had some
13 talk about lost radium sources, whether that
14 was common or not. And I think John
15 mentioned one source. But he also alerted
16 me to an article that I referenced in my
17 codicil from the IAEA, pretty respectable
18 organization, where a very nice summary was
19 provided of all experiences with lost,
20 stolen, and transport incidents of radium
21 sources that had been documented in the
22 United States.

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1 And, you know, I think the number
2 was, like, 367 of those from 1913 to
3 whenever that was written, in 2006 or
4 something like that. So there have been
5 lots of instances like that.

6 They give the number that were
7 involved with medical sources and some with
8 industrial sources and some with transport
9 and so forth. It's a very common
10 occurrence.

11 And then, finally, there's
12 another article that John sent me that I
13 thought was pretty interesting. A second
14 instance in 1914, and of interest, that
15 article, just like the two newspaper
16 accounts from the GSI instance, mention the
17 cost of the radium. In the 1914 instance it
18 was \$4,500, and in the GSI instance, it was
19 \$5,500 worth of radium.

20 And then this IAEA article gives
21 the cost of radium since 1929. It's
22 something like \$120,000 per gram. And so by

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1 interpolating all of those data, you might
2 figure that -- and the point of the 1914
3 article in the newspaper was that that
4 \$4,500 worth of radium was a potentially
5 lethal dose.

6 And so, you know, Dr. Anigstein
7 can use as an assumption and make statements
8 to their plausibility, like suppose the
9 person carried it at one meter and would get
10 400 millirems per hour.

11 Well, I would say suppose that
12 person, like I do sometimes around here down
13 on a farm, wear a pair of pants for a week
14 and put it in my pants pocket, you know, and
15 wore it all during the day and took it off
16 and put those same pants on the next day.
17 He could have gotten a much higher exposure.

18 So I think playing with that sort
19 of thing, if you want to do it correctly and
20 be indeed claimant-favorable, then you have
21 to find a much higher dose. Why don't you
22 put it at one inch from the person's body

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1 for, say, 12 hours a day for a week and see
2 how that dose turns out?

3 Anyway, I think the bottom line
4 here, that's a legitimate radiation
5 overexposure instance covered by Section
6 83.9. And NIOSH needs to bound it, and I
7 hope they will decide to do so and send us a
8 memorandum or a White Paper about how those
9 calculations turn out.

10 CHAIRMAN ZIEMER: Okay. Let me
11 add some comments here. And, you know, in
12 my mind, and you're quite right, there have
13 been many such incidences that have
14 occurred. Even if none had occurred
15 elsewhere, we still have this one and I want
16 to deal with it.

17 I notice in this article, I'm
18 reading the one from -- I think that's the
19 one, John, that you distributed to us. At
20 the time that this one was written, it says
21 that this Bob had been looking for a week,
22 and they still believed it was in the plant.

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1 So at least at the time that this
2 article was written, that plane search must
3 not have yet occurred. So it was missing
4 for a while. Now let me ask. John, did you
5 have some -- John Ramspott.

6 MR. RAMSPOTT: Yes.

7 CHAIRMAN ZIEMER: Did you have
8 some follow up information about was the
9 plane search directly connected with this
10 incident, and can you fill us in on any more
11 information on that?

12 It seems to me you may be very
13 correct that it may have been missing for a
14 week before they found it. But we don't
15 know if it left the plant right away, or at
16 the end of that time. I'd certainly want to
17 answer that, if it is true. What can you
18 tell us about the other articles, because I
19 only have this one.

20 MR. RAMSPOTT: Dr. Ziemer, the
21 only mention I've ever heard of an airplane
22 was from Jim Burgess, and he's also the

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1 gentleman that told us they were worried
2 about it possibly being ground up, because
3 they got a low radioactive reading. That
4 ended up being some of the silica sand they
5 used that was radioactive. So, the airplane
6 story, absolutely know nothing about it.

7 CHAIRMAN ZIEMER: Thank you.

8 DR. MCKEEL: John, this is Dan
9 McKeel. Don't you have a third, a newspaper
10 article that describes the recovery of --

11 MR. RAMSPOTT: Yes, I'm actually
12 scanning now in my old computer.

13 DR. MCKEEL: Well, just what does
14 it say?

15 MR. RAMSPOTT: If I can find it,
16 because I wanted to find out how all was
17 lost. So they say it's been lost a week in
18 this one, and as soon as I can find this as
19 we're discussing and going through, I've got
20 about, it says I've got 5,200 articles here.

21 DR. MCKEEL: This is Dan McKeel.
22 My recollection is that the follow up

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1 newspaper article about the recovery, please
2 pardon me if I'm incorrect, but the way I
3 remember it, it did not mention an airplane
4 recovery.

5 (Simultaneous speaking.)

6 MR. RAMSPOTT: The airplane is a
7 Jim Burgess reminiscences only, period.
8 Never mentioned by [identifying information
9 redacted] --

10 DR. MCKEEL: Correct.

11 MR. RAMSPOTT: -- never mentioned
12 by any of the other workers.

13 DR. MCKEEL: And I've got to say
14 this, if a worker has no idea --

15 DR. ANIGSTEIN: Hold on, wait a
16 minute. I completely --

17 DR. MCKEEL: -- of the difference
18 between cobalt and radium, then they're not
19 a very credible secondary source.

20 DR. ANIGSTEIN: I completely
21 disagree with John. It was [identifying
22 information redacted] told me --

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1 CHAIRMAN ZIEMER: I don't want to
2 debate those details --

3 DR. ANIGSTEIN: [Identifying
4 information redacted] told me about the
5 airplane.

6 CHAIRMAN ZIEMER: I just want to
7 get the framework because I would like to
8 figure out a way that this can be dealt
9 with. I'm sort of in agreement that I may
10 want to think about having us ask NIOSH to
11 consider this again.

12 I know we've looked at it in the
13 past. We've gotten some additional
14 information that I've always thought that it
15 was out of the plant and they didn't have to
16 deal with it.

17 Maybe it was there for a week.
18 If they knew it was missing for a week, it's
19 suggests to me that they might have been
20 searching for it.

21 MR. RAMSPOTT: They searched in
22 the plant, Paul. That's what the article

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1 says.

2 CHAIRMAN ZIEMER: Well, and if
3 you're searching for a radium source, you
4 search with Geiger counters. And this would
5 make me think that it was somewhere where it
6 wasn't giving high exposures.

7 I mean, I could make that
8 argument, but I guess I kind of agree with
9 the suggestion that Dr. McKeel made that
10 maybe we should ask NIOSH to just kind of --

11 DR. NETON: Jim, I mean, I can
12 give our opinion right now.

13 CHAIRMAN ZIEMER: Oh, okay. Well
14 that's good. If you can do that right now,
15 we're --

16 (Simultaneous speaking.)

17 DR. NETON: -- we actually did
18 discuss how we handled incidents in that
19 October 2010 meeting way back in October of
20 2010 where we got into a discussion about
21 incidents.

22 It started off with a discussion

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1 about cobalt 60, but then it kind of went
2 into a wide ranging discussion about how do
3 you handle, like, off-normal situations?

4 And that's covered on Page 209
5 through 224 of the transcripts of that
6 meeting. And if you read the whole thing,
7 you know, we portray the sense that the TBD-
8 6000 is designed to cover normal operations,
9 allowing for characterizations, or allowing
10 for the uncertainties that are associated
11 with our lack of knowledge.

12 And that's why we have, for
13 instance, the triangular distribution in the
14 '60s that, you know, goes all the way up to
15 15 rem per year.

16 The case of the lost source would
17 be handled like we would handle all
18 incidents on a case by case basis.

19 And in this particular case, I
20 think there's so much conflicting
21 information that, I don't know, there was no
22 evidence to us, at least me, that this

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1 source actually overexposed people.

2 As you suggest Dr. Ziemer, the
3 dose rate coming off of this source would
4 have been extremely easy to find if it was
5 in a place where it was just out in the
6 open. I mean, it would be a no-brainer.

7 So even if it was in the plant, I
8 can't believe that people were being exposed
9 to high levels of radiation unknown to the
10 plant personnel.

11 DR. MCKEEL: But pardon me, isn't
12 that basically supposition on your part?

13 DR. NETON: Well, we can't engage
14 in speculation also that the plant was
15 sitting out in the open and irradiating
16 people to doses that would cause lethality
17 almost.

18 DR. MCKEEL: Well, if you want to
19 comply with 83.9 and be claimant favorable,
20 that's exactly what you have to do.

21 DR. NETON: No we don't. NIOSH
22 is required to come up with reasonable

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1 estimates of dose allowing for the
2 uncertainties associated with those
3 estimates.

4 Right now, all we have is an
5 article that says they believe the plant,
6 the source was missing in the plant. They
7 believe it was missing in the plant.

8 They don't think it was stolen,
9 but then there's also worker testimony that
10 says it was recovered off site. So there's
11 all kinds of conflicting information.

12 And we're often in the position
13 in this program of people asking us to prove
14 a negative. You just can't do it.

15 DR. MCKEEL: No, this is a
16 positive. Three newspaper accounts, two
17 people, two workers that corroborated it --

18 DR. NETON: And there's no
19 suggestion that anyone in the plant was
20 exposed at all. None.

21 MEMBER MUNN: Wait a minute with
22 that, may I make a comment?

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1 DR. NETON: Yes.

2 MEMBER MUNN: Or insert a
3 question? Some of us have a real problem
4 accepting newspaper accounts as very
5 reliable.

6 Certainly those of us who were
7 in, anywhere near the Hanford Reservation in
8 the 1970's know what the East Coast
9 newspapers did when we had an incident where
10 a chemical separating column just in a
11 laboratory exploded and exposed one of the
12 workers rather seriously.

13 We had people calling from, I
14 believe it was the Boston Globe wanting to
15 know where the crater could be located.

16 And we had a wide variety of
17 newspaper reporters from some of the major
18 newspapers in the United States taking early
19 flights to our location to try to identify
20 what catastrophe had befallen us.

21 The question that I have with
22 respect to reports from the missing data

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1 from the site we're concerned with is this,
2 I've just heard for the first time today
3 that there is an IAEA document apparently in
4 some way reporting, or at least outlining,
5 information with respect to what is known of
6 missing sources in the U.S.

7 If that report exists, and I have
8 never heard of this before, but if it exists
9 then my first question is, and does the IAEA
10 material include documented evidence of this
11 particular event?

12 If it did, I think it would be of
13 real consequence for us to look at it. It
14 would be the only documented evidence that
15 I've heard about.

16 Contrarily, if the IAEA report
17 does not include this specific incident, to
18 me that would be evidence that whatever
19 occurred, it was not of major consequence.

20 DR. MCKEEL: All I can say, this
21 is Dan McKeel again. All I can say is I
22 included the complete reference to that IAEA

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1 report. It's online. You can download the
2 complete PDF.

3 What it does say is that the
4 number of recorded lost, stolen, transport
5 source reports that they list are clearly
6 the tip of the iceberg.

7 And that there must be thousands
8 more. And they give some idea of how many
9 thousands of radium users there were up
10 through 1975 and some through the '80s and
11 so forth.

12 But this particular instance,
13 there is no comprehensive index in that
14 article of all 367 incidents. It's a review
15 article. And it's very useful, but it
16 certainly won't pass Wanda's test of having
17 information of this instance.

18 But all I can say is the
19 following, the description of what happened
20 has clear cut what in my world we used to
21 call face validity.

22 Workers heard the story, three

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1 newspaper accounts documented the story.
2 There's no reason for the newspapers to have
3 made up those stories. And they had
4 specific details.

5 Now as I'm saying, no we don't
6 know who was involved and so forth. But I
7 will go so far as to say this, this Work
8 Group and this Board and NIOSH and SC&A are
9 in the business of assigning doses with no
10 other information other than a source term.

11 You do that all the time. You
12 claim that you're quite comfortable doing
13 that. And then on top of that, you have to
14 make some claimant favorable assumptions, I
15 would say.

16 Somebody is not muted.

17 Then you have to make some
18 claimant favorable assumptions.

19 But if Dr. Neton is saying that
20 NIOSH cannot comply with Section 83.9 and
21 Wanda's position is that she doesn't trust
22 newspaper accounts enough to even give this

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1 plausibility, then I'm going to be honest
2 with you, I don't know what to say except to
3 say that I'm going to take the matter to the
4 full Board, and perhaps beyond, and try to
5 enforce what I believe the Act says needs to
6 be done.

7 So you know, I wanted to get it
8 on the record. I think it is on the record
9 and I hope there will be some follow up.
10 And I will say this, I remember quite
11 clearly the 2010 numerous pages that we
12 spent talking about instance.

13 But I want to remind everybody,
14 in 2010, you know, that was when I got, for
15 this group, the NRC FOIA 2010-0012 that for
16 the first time ever proved that there was
17 two radium sources at GSI.

18 And so you know, all the time we
19 were talking about those instances and
20 everything, and I carefully looked back at
21 Dr. Anigstein's satellite meeting in October
22 of 2007 and all the affidavits and

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1 everything. Not a soul mentioned radium 226
2 sources at GSI, nobody.

3 It's not there. And I would be
4 most pleased if it would. They talk about a
5 plumb bob. And for a long time I thought
6 that well, plumb bobs were exclusively
7 radium 226, but now I know that's not true.

8 Some plum bobs, or what we call
9 plumb bobs contain cobalt 60 sources. But
10 anyway, that's kind of where things stand.
11 I think this is a valid overexposure
12 instance and I think it needs to be
13 accounted for.

14 CHAIRMAN ZIEMER: Okay, so we've
15 heard from Jim Neton, the approach that
16 NIOSH would take on this and similar kinds
17 of situations.

18 So I think the only other thing
19 then at this point would be to ask the Work
20 Group Members if they wish to pursue this
21 issue in any further detail?

22 MR. RAMSPOTT: Dr. Ziemer?

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1 CHAIRMAN ZIEMER: Yes.

2 MR. RAMSPOTT: This is John
3 Ramspott. Can I make one, just final
4 comment here.

5 CHAIRMAN ZIEMER: Yes, John.

6 MR. RAMSPOTT: You know, if this
7 is laying out in a plant, obviously, I mean,
8 there was no other place to do this non-
9 destructive testing with this. Management
10 said it was out in the plant.

11 And this is directed to Dr.
12 Neton. I respect you. But how would people
13 know if they were exposed to it, if there
14 were a chip, or a bowl, or a blank, or they
15 had nothing to do with NDT, they'd just been
16 in the area.

17 They wouldn't know. They're not
18 going to tell some dose reconstructor well
19 oh, by the way, I was over there when it was
20 lost.

21 DR. NETON: I'm not saying that,
22 John. I'm saying that fact that this

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1 source, if it was laying out in plain view
2 of a radiation detector would be easily have
3 been detected.

4 MR. RAMSPOTT: They had one
5 radiation detector in the betatron --

6 (Simultaneous speaking.)

7 DR. NETON: The thing could be
8 measured from dozens of yards, a hundred
9 yards away, if it was out in the open with a
10 sensitive Geiger counter. It would have
11 been --

12 MR. RAMSPOTT: This is a 127 acre
13 plant.

14 DR. NETON: Yes, and this thing
15 is close up and personal. This thing is in
16 the R per hour range. It is huge. And the
17 Geiger detectors can detect 10/5 millirem
18 exposures.

19 It would not be plausible in my
20 mind that, that source could be laying out
21 and significantly irradiating personnel the
22 entire time period, and no one would know

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1 it.

2 MR. RAMSPOTT: They probably
3 wouldn't go looking for it, until they knew
4 they lost it.

5 DR. NETON: That is true.

6 MR. RAMSPOTT: And maybe they
7 didn't use it every day. I mean they didn't
8 do --

9 DR. NETON: The other thing that
10 bothers me, John, about this is there is no
11 follow up that I have seen. Now you say you
12 have a recovery article.

13 MR. RAMSPOTT: Boy, I am scanning
14 right now, and I am looking --

15 DR. NETON: All right.

16 MR. RAMSPOTT: But I know where
17 it is. I can find it.

18 DR. NETON: I am looking at
19 newspaper coverage of this and I found the
20 original document that you did.

21 MR. RAMSPOTT: Yes.

22 DR. NETON: But no follow up that

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1 said it was found and here were the
2 consequences to the workers. And I thought
3 you would think that would be very --

4 MR. RAMSPOTT: Jim I actually,
5 yes I do have that.

6 DR. NETON: And --

7 MR. RAMSPOTT: I'll find it.

8 DR. NETON: I'd love to see what
9 that says.

10 MR. RAMSPOTT: Yes. Oh maybe, I
11 know management's position. Oh, nobody was
12 hurt. It was a piece of cake. It is.
13 That's how they talk about it

14 I'll find that document because
15 the original one came from Edwardsville and
16 the one where it was located and found.

17 DR. NETON: Yes.

18 MR. RAMSPOTT: I actually went to
19 the Granite City Public Library and went
20 through their microfiche footage about that
21 date and scanned a month or so forward,
22 backwards, and then I found it.

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1 DR. NETON: So your recollection
2 from scanning that, or reviewing that
3 article, is that it was found in the plant?

4 MR. RAMSPOTT: You know what,
5 until I see the article I can't tell you. I
6 got the feeling that --

7 DR. MCKEEL: This is Dan McKeel.
8 I sent the Work Group, months ago, a White
9 Paper about that radium --

10 MR. RAMSPOTT: Yes you did.

11 DR. MCKEEL: -- 226 instance,
12 with that and, John Ramspott, mailing to you
13 included that paper. And I also, so you
14 know, you all have gotten that radium 226
15 Edwardsville Intelligencer article and --

16 DR. NETON: But that's all we
17 have Dan. There's no follow up.

18 DR. MCKEEL: No. It was up to
19 you to do the follow up once you got the
20 information. It's not up to me.

21 DR. NETON: Well, and I spent
22 some time. I could not find anything in the

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1 news press that responded to a follow up.

2 Now apparently John has found that.

3 MR. RAMSPOTT: Yes, and I'll find
4 it again. In fact I'll go over to Granite
5 City and I'll get it cause I know it's
6 there.

7 DR. MCKEEL: Right. When I wrote
8 my paper and sent it to you guys, that was
9 the fourth time I found this recovery
10 article and --

11 MR. RAMSPOTT: Right.

12 DR. MCKEEL: But he definitely
13 did. I just --

14 MR. RAMSPOTT: At Granite City --

15 DR. MCKEEL: And if he would have
16 put it in my hand, I would have put it in my
17 paper.

18 CHAIRMAN ZIEMER: Okay, well
19 let's do the following. John if you will
20 get that information through NIOSH to Jim
21 Neton, I'd appreciate it.

22 I think what I'll propose that we

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1 do on this particular issue, because we know
2 how NIOSH proposes to handle it, and it's in
3 keeping with how they handle similar
4 situations.

5 But for the benefit of the
6 petitioners when we report the actions of
7 this meeting I will take this issue out.
8 Dan, you will have an opportunity to add to
9 it and make sure that the full Board
10 understands how, what this issue is, and how
11 NIOSH proposes to handle it.

12 And if something different is
13 proposed that will, unless the Work Group
14 has something at this point to propose, but
15 I think until NIOSH gets that follow up
16 information from John, perhaps we'll sort of
17 put this in the back burner until we can do
18 anything additional with it.

19 I think we know what the issue
20 is. We've heard the petitioner's views.
21 We've heard NIOSH's approach and we'll have
22 to perhaps leave it at that for the moment.

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1 I don't think there is anything further we
2 can do here on the phone to address this.

3 I myself would be interested, and
4 John if you will share that with the rest of
5 the Work Group --

6 MR. RAMSPOTT: Absolutely. I
7 thought I already had it, but it's, and I
8 will find it. I have a lot of data here and
9 --

10 CHAIRMAN ZIEMER: And I'll go
11 back through mine, maybe we got it before
12 and I didn't pay, put it in a different
13 place. But I don't seem to have it here
14 with my, radium source information.

15 But let me see if other Work
16 Group Members have additional comments or
17 questions on this issue.

18 MEMBER BEACH: Paul this is
19 Josie. I agree with, we will pass forward
20 on this issue.

21 CHAIRMAN ZIEMER: John do you
22 have any comments?

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1 MEMBER POSTON: I don't have any
2 standing comments. I'm with you. I just
3 did a computer search and I haven't been
4 able to find that document.

5 CHAIRMAN ZIEMER: Okay, Let --

6 DR. MCKEEL: When you all say
7 that document, what document are we talking
8 about that couldn't be found?

9 MEMBER POSTON: The newspaper
10 report that's missing.

11 DR. MCKEEL: Oh so, are you
12 doubting that it exists?

13 MEMBER POSTON: No, absolutely
14 not.

15 DR. MCKEEL: Okay.

16 MEMBER POSTON: I said I couldn't
17 find it.

18 (Simultaneous speaking.)

19 CHAIRMAN ZIEMER: John will
20 provide it to us, okay?

21 DR. NETON: Just to be clear,
22 this is Jim, we have the document from the

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1 Edwardsville Intelligencer about the lost
2 source. We know that.

3 DR. MCKEEL: Yes.

4 DR. NETON: I'm talking about the
5 one that John Ramspott recently found in
6 Granite City in the library.

7 MR. RAMSPOTT: That's correct.

8 DR. NETON: About the recovery
9 operation. That's the one that no one has.

10 DR. MCKEEL: I understand that.

11 DR. NETON: I never got that.

12 DR. MCKEEL: It's understood.

13 DR. NETON: John just found it
14 apparently.

15 DR. MCKEEL: Good.

16 DR. NETON: Okay.

17 CHAIRMAN ZIEMER: Okay. Let me
18 proceed now. I think we're still on public
19 comment. And I think Dan, I know you have
20 other comments, so let me give you the floor
21 again.

22 DR. MCKEEL: All right. I'll try

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1 to make it fairly brief. But I do have some
2 things to talk about.

3 The first thing that I want to
4 talk about is I was very interested in the
5 memo that Dr. Neton circulated about the
6 conversations, the calls, and the emails
7 that Stuart Hinnefeld had with Craig Yoder
8 about how the Landauer GSI film badges were
9 handled.

10 And I understand that that series
11 of communications clarifies how the control
12 badges were handled and so forth.

13 What I found interesting about
14 that was, and I wanted to make sure that my
15 interpretation was correct, that there was
16 some information exchanged in that memo,
17 which by the way, I didn't get until
18 actually more than a month after it had been
19 circulated to the Work Group.

20 But when I did see it, the thing
21 that struck me was that M, for a minimal
22 detectable level, might indicate a dose

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1 level as high as 50 millirems a week.

2 Not 10 millirems a week. Now, I
3 know that 10 millirems a week value has been
4 used for a very long time for, as being
5 equivalent to what M stands for.

6 But I have seen other articles
7 that talk about M, minimal detectable levels
8 being higher, particularly for anything but
9 low MeV protons.

10 So I just wanted to see if I
11 understood that Craig Yoder was saying that
12 Landauer M could be assigned for doses up to
13 and below 50 millirems a week, rather than
14 10 millirems.

15 So I guess I would pose that to
16 Dr. Neton. Is that part of the
17 conversation?

18 DR. NETON: I don't think that's
19 what he intended to convey. What he was
20 saying was that the M would be listed for
21 the control badges if when you subtracted --
22 the M for a worker badge does not mean that

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1 it could be as high as 50 millirems.

2 That's for certain. It still
3 stands at 10 millirems. But the M was for
4 the control badges only where he was
5 applying that.

6 DR. MCKEEL: I see.

7 DR. NETON: And if you subtracted
8 the transit from the badge rack background
9 and it was non-detectable, if it was listed
10 as M meaning it was not above the detection
11 limit of the badge system.

12 DR. MCKEEL: Well may I ask you
13 this question, I'm just, it's a point of
14 curiosity. If Stuart Hinnefeld had all
15 these discussions with Craig Yoder, why
16 wouldn't he have written up his, a write up
17 of what he discussed and convey that? I'm
18 just wondering how that task fell to you.

19 DR. NETON: Because I work for
20 Stu.

21 DR. MCKEEL: Okay.

22 DR. NETON: I took on my duties,

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1 because one of my responsibilities is to
2 consolidate what you learn.

3 DR. MCKEEL: Okay, that's fine.
4 All right, the next thing I want to mention
5 is, I did have some comments. And
6 specifically about the White Paper that was
7 discussed earlier by Dr. Anigstein.

8 And I had, I sent you all my
9 comments in an email, which I will refer you
10 to again. And I just want to mention that I
11 had some rather specific and serious
12 concerns.

13 And I understand that by now you
14 all seem to have been comfortable with
15 everything that paper had to say. But I
16 just want to run through, extremely quickly,
17 the things that bothered me.

18 The first thing was that the
19 method, the assumptions, that SC&A used in
20 its MCNPX modeling were not stated in
21 detail. And that's a criticism that applies
22 to all such modeling.

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1 I think they need to be layered
2 in much more detail. I also noticed in that
3 paper something that I found very ironic.
4 And that was that the sketches of the
5 betatron Building model and so forth, the
6 wall thicknesses, the materials, the
7 concrete formula, the betatron, neutron dose
8 assumptions, basically were of the same
9 caliber as in the NYO 4699 Pelican Safety
10 Laboratory papers I referred to this Work
11 Group for review. And which Dr. Neton said
12 were inadequate to characterize, that, those
13 papers as having useful data.

14 And along with that it seems to
15 me a serious mistake that, that paper just
16 totally ignored, NYO 4699.

17 So I guess it means that SC&A
18 also concurs that there's no utility in
19 neutron and proton measured data from three
20 betatrons similar to those used at GSI.

21 I believe that both betatron
22 facilities need to be modeled separately to

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1 assign external doses. I think that the old
2 betatron was after all, present from 1952
3 all the way through 1953.

4 And, you know, that was the only
5 betatron at GSI. So when you model only the
6 new betatrons, you are taking a great big
7 leap in saying that was, that gave identical
8 data, which you'd get if you modeled the old
9 betatron.

10 I think you have to, like all
11 things in science, you can't assume that.
12 You have to show that it's true, and then
13 you can say that.

14 Third is, I thought the paper was
15 very confusing because it, some of the data
16 in it are brand new, like the neutron
17 calculations, some of it is old from other
18 MCNPX models.

19 And once again, you cannot take
20 that paper and read through it and follow
21 the train of progression of how the betatron
22 doses changed between 2008 and 2012, and now

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1 2013-14.

2 I also thought that the idea that
3 you can bound the external doses between '63
4 and '66 based purely on the betatron,
5 ignores the fact of all the other sources
6 that were present during that time period.
7 And again I heard it done again this
8 morning.

9 The assumption is that, and just
10 like the assumption was, you don't need to
11 model the old betatron during 1952-62
12 because the radium 226 source would far
13 outweigh the doses from the betatron.

14 You know, by the same token, the
15 betatron was supposed to overwhelm all other
16 sources that you might have during the non-
17 radium era. So I just think that's
18 difficult to follow, reasoning.

19 I think that the paper that Jim
20 made into policy, actually, IG-003 is that
21 all sources must be accounted for.

22 And there are numerous other

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1 sources that really have not been accounted
2 for at GSI including the iridium 192 sources
3 from GSI, Saint Louis testing. But then
4 actually used the same source over at
5 American Steel, wearing their badges.

6 Its 250 kVp x-ray machine and the
7 two small cobalt 60 sources have never been
8 modeled adequately by NIOSH, I don't
9 believe.

10 The other point is that I have
11 made before, and it does it again is
12 external doses are assigned to three groups,
13 radiographer, layout worker, and
14 administrative.

15 There is no official job category
16 of layout man at GSI, but more important,
17 there were no workers at GSI who held that
18 job category exclusively.

19 So that puts NIOSH and Department
20 of Labor in the odd position of having to
21 take a single individual and divide their
22 time so that part of the time they will be

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1 assigned the dose of a betatron
2 radiographer, and the rest of the time they
3 will be assigned the dose of a layout
4 person.

5 And there will be no way the
6 Department of Labor will have to know how
7 much time a particular individual spent as a
8 layout worker or as a betatron worker. It's
9 just impossible to assign, to administrate
10 the Class based on that kind of thinking.

11 I want to point out that
12 repeatedly this morning, that extended
13 operational period, GSI from October the 1st
14 1952 through December 31st, 1952, that
15 earlier modeling doses have simply been back
16 extrapolated to cover that period and with
17 absolutely no new analysis of what happened
18 during that last quarter of 1952.

19 However, if you look at the
20 documents that NIOSH used and that I
21 produced under FOIA, it led to that
22 extension of the covered period.

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1 You will see that the betatron
2 work done was quite different than we
3 believe was done at other times at GSI. And
4 in particular, it was described as research
5 and development work done between GSI, with
6 its old betatron which has not been modeled,
7 and doing that work for the Atomic Energy
8 Commission.

9 It was a cooperation of
10 Mallinckrodt, and they were trying to
11 improve imaging quality of uranium. And for
12 that they used slices, center elongated
13 pieces of billets, uranium billets.

14 They also used a new uranium
15 field that had been built at Mallinckrodt
16 and somehow was used to manipulate the beam
17 of, they used a collimator or something for
18 the betatron.

19 All the same, it's quite
20 different from the normal operating betatron
21 work at GSI. And I think that 1952 period
22 needs to be addressed, and the old betatron,

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1 for that reason alone.

2 The other thing is there seems to
3 be a fixed idea that the description of how
4 uranium was handled at GSI began and ended
5 with the October the 9th, 2007 meeting.

6 But we've sent you new testimony
7 from other GSI workers, including
8 [identifying information redacted], that say
9 that it was really different in some of the
10 time frames and so forth for exposure and
11 handling of the uranium were different from
12 what was described. And I think that needs
13 to be factored in.

14 And a final footnote on that
15 paper was that John Ramspott alerted me to
16 an article from The Hitchhiker's Guide to
17 the Galaxy, which was actually a reprint of
18 the Wikipedia article on General Steel.

19 And what struck me was that we've
20 used, repeatedly during this research on
21 GSI, a maximal workforce number of 3,000
22 people. That Hitchhiker's Guide has a

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1 reference to a 75th Anniversary, Granite
2 City, Illinois publication which says that
3 there was a peak of 5,200 workers at GSI in
4 World War II.

5 And in 1964, which is highly
6 relevant, there were 4,400 workers. So we
7 have always claimed that this small subset
8 of film badges on 89 people in the covered
9 period from Landauer was a very small
10 sample.

11 This makes it an even smaller and
12 non-representative sample, 89 out of, say
13 4,400 people, in 1964. So anyway, let's
14 see. So that's the main comments I have
15 about that particular paper.

16 I wanted to mention to the group
17 that I am in the midst of doing a new paper
18 that reviews all of Landauer film badges
19 used. I hope this will be useful to the
20 group and to the full Board.

21 And I, in that paper I point out
22 that when you compare the Landauer data that

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1 I got, the Landauer data that SC&A and NIOSH
2 got, and the Landauer report from various
3 GSI workers that we obtained from them and
4 they got through the Privacy Act, that there
5 are some really significant, I would call
6 them, variances and discrepancies that need
7 to be explained and dealt with.

8 And I hope to get back to all of
9 you all within the next week. And the final
10 thing I wanted to mention was I have
11 definitely, obviously, followed the
12 discussion on Appendix BB, and really have
13 been working since the Board voted to deny
14 the SEC back in December of 2012.

15 I have been working to make sure
16 that the Rev 1 of Appendix BB is as claimant
17 favorable as possible.

18 And I listened carefully this
19 morning to how each and every Appendix BB
20 Matrix Issue was either closed or put in
21 abeyance with unanimous consent by all the
22 Work Group Members.

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1 And I listened quietly. I didn't
2 interrupt because I just wanted that process
3 to take place without being, without my
4 intervening. But I do want to say, just as
5 an overall reaction, I could not disagree
6 more with the closing of many of those
7 items.

8 And so I do want make just, speed
9 through and talk about that a little bit.
10 In the first place, I do not accept that
11 NIOSH simply saying we agree with SC&A's
12 model is satisfactory.

13 And when they say that we ran
14 their input file and it came out exactly the
15 same, I don't think that's sufficient.

16 I think that they have to write a
17 response, which puts them in the very odd
18 position I think once more, of NIOSH doing
19 the initial modeling work, and NIOSH saying
20 we agree with SC&A's model, which I think is
21 180 degrees from how the work should be
22 done.

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1 I think NIOSH should have modeled
2 their doses externally, independently. They
3 can use MCNPX. And then have NIOSH give
4 their, or subject their, analyses to a
5 review by SC&A. So that's one comment.

6 So I don't think just saying,
7 Dave Allen saying yes, we agree. But we
8 know for example back in 19, I mean 2008,
9 when both groups modeled the betatron, NIOSH
10 started using Attila then it switched over
11 to MCNPX.

12 SC&A used MCNPX, the earlier
13 version, and even their doses that they came
14 up with for external betatron photons,
15 turned out differently. And so did the
16 neutrons. And so did the superficial, the
17 beta doses.

18 So I just can't accept that they
19 are the same. What does the same mean?
20 Does that mean no disagreement, exactly the
21 same? Was it ten percent, twenty percent, et
22 cetera?

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1 So anyway, it pretty much goes
2 down through the whole thing. The period of
3 covered employment has been closed. I think
4 the 1952 period needs to be considered and
5 it really hasn't been.

6 The betatron beam intensity. I
7 have sent you all numerous papers that show
8 that a clear cut explanation for that to be,
9 that as those betatrons bombard the target,
10 and the column, and so forth for month after
11 month, year round, that all of the
12 components in that machine get activated.

13 And that residual radioactivity
14 of the column and the beam spreader and the
15 target, and the whole apparatus, the whole
16 camera head, to be expected. And so this
17 idea that it couldn't be accounted for
18 scientifically, there are just too many
19 papers saying that, that's the explanation
20 for it.

21 The Underestimate of Stray
22 Betatron Radiation, once again everybody

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1 votes to close that, because basically SC&A
2 has modeled it. I say that on Issue 4, I
3 say that NIOSH needs to do their independent
4 modeling.

5 If you have other radiation
6 sources, I've already covered that. I think
7 that NIOSH, for a very long time has ignored
8 multiple of the sources at GSI.

9 And I do not think it's
10 sufficient to simply say, oh well, the doses
11 are very low and they are bounded by the
12 betatron or the radium sources. You have to
13 show that. I made that point many times.

14 The skin dose, again, we have
15 Dave Allen's word that he took an SC&A input
16 file and got similar or the same doses. I'd
17 like to see that in a paper.

18 He talked on Issue 7, the
19 residual radiation from the betatron
20 apparatus. I think the work hours should be
21 closed, but I will note this. That the
22 consensus 65 hour average work week was

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1 used, was agreed on in October of 2007.

2 And here we are in January of
3 2014. That very helpful parameter has not
4 been used for any dose reconstruction. And
5 dose reconstructions at GSI are basically
6 completed. There haven't been any new ones
7 in quite a long time. So it can be in
8 abeyance.

9 But you know, that's too many
10 years to pass by without giving that highly
11 claimant favorable finding, voiced in a
12 revised Appendix BB. I don't have any
13 comment about the work practices, but that's
14 closed.

15 Dose rates from uranium. I think
16 it's interesting that we're just now
17 thinking about neutron exposure from
18 uranium. You know, why is that?

19 And I guess while we're talking
20 about neutron exposures, I have to comment
21 that maybe one of the things I really didn't
22 understand about Dr. Anigstein's comments

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1 this morning is he listed three sources for
2 neutrons. And the neutrons from the
3 betatron target were not listed. But he
4 later went ahead and said, well the reason
5 he didn't cover that in his paper, that is
6 betatron neutrons from the target, was
7 because the radium sources, the doses from
8 those, 1952 to '62 would far outweigh the
9 betatron neutron doses.

10 Well, see I am not sure about
11 that. Radium doesn't really give off any
12 appreciable neutrons, whereas the betatron
13 itself gives off lots of neutrons, again
14 referenced in NYO 4699 --

15 DR. ANIGSTEIN: Excuse me, this
16 is Bob. Let me correct that statement.

17 DR. MCKEEL: I don't actually
18 want to be interrupted Dr. Anigstein.

19 DR. ANIGSTEIN: Excuse me?

20 DR. MCKEEL: If this is all right
21 with you? You know, I listened to you all
22 carefully and quietly this morning. I'd

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1 like to finish my presentation and then you
2 can say whatever you want to.

3 Issue 12 being closed, all I can
4 say is, I know that SC&A and NIOSH has now
5 created ten to the minus 5th is a good
6 number for the resuspension factor during
7 the residual period.

8 I wrote a whole White Paper on
9 why TIB-70, it supports that idea, really
10 isn't adequate for GSI. And I point out in
11 there that Dr. Mauro in the past has said
12 that resuspension factors is high and 10 to
13 the minus 4th might be appropriate in a site
14 that had lots of work going on and stirring
15 up the dust and so forth. So at any rate,
16 that's about what I have to say about that.

17 Anyway I have enjoyed the
18 discussion today and I appreciate as always
19 the chance to address the Work Group and
20 hopefully, in a couple of weeks, the Board
21 as well.

22 CHAIRMAN ZIEMER: Okay, thanks

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1 Dan. I do want to ask you a follow up
2 question. You did mention in the early
3 period, that '52, the new front end as it
4 were of the period, could I just ask.

5 Maybe ask Jim Neton or Dave
6 Allen, has NIOSH looked at that separately
7 at all? Or are there sufficiently different
8 work practices there that actually weaken
9 it? Or are you comfortable that what you
10 have already done encompasses that in the
11 earlier period. I kind of assumed that you
12 found it encompassed it, but I just want to
13 clarify that is, does anything new come up
14 there that we've overlooked?

15 MR. ALLEN: This is Dave, and yes
16 we felt that it was encompassed because the
17 models essentially for the later time frames
18 aren't that variable by the size and shape
19 of the uranium.

20 I think we have said that a
21 number of times in the past and it just
22 comes down to the work practices, as far as

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1 how often they are doing that. And I don't
2 think there is any specific information for
3 that last quarter as far as how often they
4 were x-raying uranium versus later time
5 frames.

6 DR. MCKEEL: Well, I guess I
7 would comment, this is Dan McKeel again,
8 that's exactly my point. By including data
9 for that period, it is automatically assumed
10 that it's just one more cell in a
11 spreadsheet and let's fill it in with
12 whatever you had for 1953.

13 But I've tried to tell you that
14 the work practices were different. And
15 that's defined by documents that I have not
16 seen, that you all supplied to Department of
17 Labor for October '52. And that, I
18 certainly have seen that I supplied for
19 November and December of '52, and they were
20 doing different kind of work.

21 I know you say that it doesn't
22 make any difference what kind of uranium

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1 they were using, that is something that I
2 simply don't agree with that.

3 But because, for example, in the
4 mid-section, it looks to me like they took a
5 rod out of the middle. You know, a
6 cylindrical piece out of the center of a
7 billet and then used that as their research
8 and development radiation target with a
9 betatron using this new uranium field.

10 So the very fact that there was a
11 uranium field probably altered the beam
12 geometry. I guess I am just saying that I'm
13 not sure that actually, and I guess I've got
14 to make this comment.

15 Everybody is perfectly willing to
16 say that almost every issue is an appendix
17 issue, and not an SEC issue. But I would
18 say if you can't reliably, with sufficient
19 accuracy, bound the doses from the betatron
20 in that 1952 quarter, maybe you ought to
21 rethink about giving an SEC for that
22 quarter.

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1 So I just think that idea that
2 work practices are about the same, no they
3 weren't about the same. The work in 1953
4 forward was contract work for specific
5 purposes with that uranium, either to look
6 for structural flaws and/or determine the
7 cropping point, or both.

8 Whereas the work process for 1952
9 was to improve imaging using this new shield
10 and a type of target, uranium target that to
11 my knowledge was never used again at GSI.
12 So anyway that is my comment.

13 CHAIRMAN ZIEMER: Okay, it's a
14 little hard for me to really judge from
15 either of your comments. It is not obvious
16 to me whether it was different than last
17 June requiring different analysis, but I
18 guess Dave, are you saying you guys have
19 looked at that and you've satisfied yourself
20 that it's sufficiently similar, that it
21 would be encompassed? Is that what I am
22 hearing you say?

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1 MR. ALLEN: Yes, in our opinion
2 it was sufficiently similar.

3 CHAIRMAN ZIEMER: Okay, I just
4 want to make sure that it got looked at and
5 evaluated.

6 DR. MCKEEL: Well Dr. Ziemer,
7 that's my point. I don't think that a
8 comment made at a meeting like this. That
9 it was looked at, is anywhere near the same
10 as, even if you wrote a one page memo on, it
11 was looked at, can be defined the same way
12 any scientific paper does by giving a short
13 background, a short message, a short result,
14 and a short conclusion.

15 And then you can read that. We
16 all do that. That's what we do
17 professionally. We look at something and we
18 write it up. If it's a single experiment or
19 a series of experiments, or you know, a
20 whole career, or a grant that extends for
21 many years, you have to do it the same way.

22 And I just think those steps are

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1 being skipped. It's not a great big effort
2 to write up what is meant by, you know, we
3 looked at it.

4 I think that's fine if it was
5 looked at, and there are no differences.
6 But I think looked at, actually means
7 assigning a dose and showing that for that
8 kind of a billet, the only thing that
9 bothers me about it is, I mean, there's this
10 great document that we sent to Department of
11 Labor which convinced them that the covered
12 period ought to be extended.

13 So there are documents to be
14 examined. It's not just, there were
15 operational reports for three months, you
16 know October, November, December of 1952,
17 and each and every one of those had some new
18 little bit of information.

19 I don't know what the information
20 was in the October '52 NIOSH document. I
21 haven't filed a FOIA for that one yet, but
22 NIOSH should know what was in their own

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1 document. So, you know, I just think that
2 it ought to be written up, that's all.

3 CHAIRMAN ZIEMER: Well, let me
4 ask any of the other Work Group Members if
5 you have any additional comments on that
6 early period. I actually was frankly a
7 little uneasy about it and that's why I
8 raised the question.

9 MEMBER BEACH: Yeah Paul, this is
10 Josie. I always thought that the early
11 period should have been an SEC. But beyond
12 that, the items that we left in abeyance
13 today, it is my understanding that once that
14 document is rewritten, then we will have a
15 chance to look at that document and the
16 changes that were made. Is that correct?

17 CHAIRMAN ZIEMER: I believe that
18 is correct, procedurally. Let's see, Jim or
19 Ted help me out on that. What's the
20 process?

21 MR. ALLEN: Yeah, I think --

22 CHAIRMAN ZIEMER: I don't know

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1 that we see it in advance, do we?

2 MR. ALLEN: No, not in advance,
3 but it will certainly have a chance to
4 review it or to ask SC&A to review it to
5 make sure that it actually incorporates what
6 we agreed upon.

7 CHAIRMAN ZIEMER: Well, let me
8 just express it this way then. Could we ask
9 NIOSH to address that if they do the
10 revision? To be sure to include a
11 justification or a kind of a, if that only
12 period was somehow different than the way
13 described, justification for it. Why it
14 would be included in the overall modeling or
15 why it is sufficiently encompassed? And is
16 this something that can just be included in
17 the narrative?

18 MR. ALLEN: This is Dave Allen.
19 Yes, I think something like that can be
20 included in the, you are talking about in
21 the appendix revision?

22 CHAIRMAN ZIEMER: Well however

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1 you would do it. You know, I have to agree
2 with Dr. McKeel that it would make sense to
3 have a justification. In part it revolves
4 around why this period was even added.

5 There's something going on. If
6 it looks like it's different from what
7 happened afterwards, let's include it, and
8 make sure that what you just said when you
9 say looked at it, yes, okay.

10 Somehow you have evaluated it in
11 some way. And just share that evaluation
12 with us so it's clear that, if it's
13 encompassed by the overall modeling that
14 there's good reason for that. That would be
15 a more effective --

16 MR. ALLEN: All right.

17 CHAIRMAN ZIEMER: Go ahead.

18 DR. MCKEEL: Dr. Ziemer this is
19 Dan McKeel. At this I would comment.

20 CHAIRMAN ZIEMER: Yes.

21 DR. MCKEEL: It puts me, puts the
22 petitioners, and the workers in a very bad

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1 place because the fact of the matter is
2 there is no appeal to whatever NIOSH
3 includes in the next revision of Appendix
4 BB.

5 And given the fact that Rev 0,
6 was published in June of 2007, and here we
7 are in January of 2014, and that revision
8 has governed all of those responses to date.

9 I don't think I will be alive
10 when the next revision of Appendix BB comes
11 up and there will be absolutely no recourse
12 to that.

13 And I could see whichever person,
14 if there's another person who undertakes
15 this sort of thing I've been doing and John
16 has been doing, and the workers have been
17 trying to do with this Work Group for the
18 last many years.

19 If they ever want to undertake it
20 again, they are going to have a record of
21 what we ran into and how hard it will be to
22 get even the simplest thing like work hours

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1 put into operations.

2 There is no reason that I can see
3 that NIOSH could not show this Work Group
4 and the Board a draft of Appendix BB, Rev 1
5 and let them make comments.

6 And then, after all the comments
7 have been made, let the whole Board weigh in
8 on it. Then have it finalized. Now, I
9 understand that, that may not be the way
10 it's, quote, "done", but that would be a
11 better way for it to be done.

12 It would be more fair to the
13 workers and to the petitioners, because like
14 I say, you know, if you look at the matrix
15 update, it was just published by SC&A, and
16 you look through there, and you look through
17 the timeline, and you look at the
18 references, it is amazing to me.

19 It's astounding, that after all
20 these contributors, and I'm talking about
21 site experts, workers, myself, all those
22 fifty plus papers, not a single one of those

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1 things is mentioned in the SC&A narrative as
2 if they never happened, they never existed.

3 So I think that, you know, it is
4 unfortunate that I have to be arguing and
5 saying that, that extended coverage period
6 needs to be addressed.

7 And I understand what you are
8 saying. But you know, I want to say this.
9 One of the key points I make in my
10 administrative review of GSI, which has been
11 underway since last May, was that certain
12 promises made to everybody on December the
13 11th before the final vote on the SEC, I
14 think that the ensuing year has shown that
15 those things simply weren't true.

16 So for example, we now are told
17 that NIOSH is going to assign the
18 radiographer's dose to basically everybody
19 in the plant, except for the administrative
20 personnel.

21 I'm very uncomfortable about that
22 because when I actually got the figures on

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1 how many people under Rev 0 they're going to
2 assign the radiographer's dose and how many
3 the lower dose. It turns out that 162
4 people had gotten the radiographer's dose.

5 And it's true, that is more than
6 the number of radiographers that held that
7 job position. But 82 people got a lower
8 dose. And we have no idea how that was
9 assigned. Was that just a whim and whimsy
10 of particular dose reconstructors and so
11 forth?

12 So all these promises of things
13 that are going to wind up that are in
14 abeyance, you know, I'm just telling you, at
15 74 years of age, after all I have been
16 through, when somebody promises me something
17 and I don't see it in writing, I respect
18 them, I have utter confidence in their
19 honesty, and integrity, but all I can say
20 is, something happens along the way between
21 something that's uttered verbally and what
22 actually emerges in that final document.

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1 And it's beyond any individual's
2 control. And so, you know, I just, I'm
3 going to make this my final comment, maybe
4 to this Work Group, that you should
5 consider, you would be doing the workers a
6 big, big favor if you would consider taking
7 a, something like a Rev 1 of Appendix BB and
8 circulating a draft, and let people make
9 comments.

10 And yes, it would delay it
11 several more months. But that's the way
12 they do things in the CERCLA world. It
13 wouldn't be a bad way to do things in the
14 ABRWH, EEOICPA world at all.

15 And what would emerge would be a
16 better document, a more true document that
17 really represented people's feelings and
18 aspirations and would be as maximally
19 transparent and fair to the workers as you
20 could possibly be.

21 But I'm telling you what's
22 happened today, my view of all of this, and

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1 my view of all those closed Appendix BB
2 issues that as I say need more work, that
3 simply won't be represented.

4 And Rev 1, will ignore those
5 things. And it's going to probably turn out
6 that Rev 1 won't have a single reference to
7 anything that I have ever had to do with
8 this Work Group or with GSI.

9 And I saw it happen in the last
10 rev, Rev 0. Think about that. There was no
11 mention of film badges because NIOSH didn't
12 have any film badges until I alerted them
13 about it.

14 There was no information in Rev
15 0, about neutrons. How could that possibly
16 happen? Neutrons were known to be part of
17 the betatron beam combined press work in
18 1939.

19 You know, it shouldn't be up to
20 me to say that. That wasn't in Rev 0, at
21 all. So I'm really, really, really, really
22 worried about what's going to be in that

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1 final Rev 1.

2 And I have overstayed my welcome
3 and I'm going to say goodbye.

4 But I needed to say that.

5 CHAIRMAN ZIEMER: Yes, and of
6 course, this Work Group doesn't have any
7 control over the federal process on these
8 documents, that, I think it's considered
9 work product. You know, your view is on the
10 record.

11 I don't think the Work Group can
12 do much about that, because what really
13 happens of course is the NIOSH document
14 comes out, and then our contractor helps the
15 Board review that. And there would be
16 findings.

17 And Dan if you're not around, I
18 probably won't be either because I am older
19 than you.

20 DR. MCKEEL: I don't think any of
21 us will be around.

22 CHAIRMAN ZIEMER: But anyway, I'm

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1 going to agree.

2 DR. MCKEEL: I think this is like
3 the third out of the 9th inning.

4 CHAIRMAN ZIEMER: Yes, well
5 anyway your view is on the record.

6 DR. MCKEEL: I appreciate that.

7 CHAIRMAN ZIEMER: And I do ask
8 NIOSH to make note, to at least, and I think
9 Dave Allen's committee, to add some specific
10 language to address that early period.

11 Now I'll, we need to close by
12 talking about what will be presented at the
13 Board meeting. And Ted, I think what we owe
14 the Board at this point is a report on where
15 we stand on the Matrix Issues and the close
16 of those Matrix Issues which would go as a
17 recommendation to the Board.

18 MR. KATZ: That's correct Paul.
19 I don't know if you were waiting for me or,
20 it sounds like you might have just dropped
21 off.

22 CHAIRMAN ZIEMER: No I'm just

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1 asking, the Work Group report to the Board,
2 does it require Board action, or it is a
3 report?

4 MR. KATZ: Well, I mean --

5 CHAIRMAN ZIEMER: Report on the -

6 -

7 MR. KATZ: Yes, they are reports.

8 I know we tend not to do, I know unless
9 there is some action the Board believes is
10 necessary, we tend not to do individual
11 votes.

12 We have in the past in some
13 cases, the Boards all just sort of voted
14 that they agree with the Work Group, or
15 whatever. But, it hasn't been totally
16 consistent how that's been handled.

17 CHAIRMAN ZIEMER: Okay, well what
18 I propose to do is to report to the Board on
19 the closing of the Matrix Issues, which in
20 turn would allow NIOSH to proceed with the
21 revision of Appendix BB.

22 Also I will report on the issue

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1 of, I have committed to report on the
2 concern with the petitioner on the lost
3 radium source. And I will ask Jim or Dave,
4 I assume it will be Jim, to control how
5 NIOSH handles, will handle this just so
6 that, that's on the record.

7 And if we have any new
8 information on that source that, before the
9 Board meeting that would be helpful as well.
10 But --

11 MR. RAMSPOTT: Dr. Ziemer?

12 CHAIRMAN ZIEMER: Yes, and at
13 this point I am not going to ask the Board
14 to take any action necessarily. But I do, I
15 made the commitment to make them aware of
16 the concern of the petitioners on that
17 issue.

18 MR. RAMSPOTT: Yes Dr. Ziemer, I
19 found that article.

20 CHAIRMAN ZIEMER: Oh good. Okay.

21 MR. RAMSPOTT: And I'll read it
22 verbatim. This is from the Granite City

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1 Press, and it's hard to read the date. I
2 think it's October 21st or maybe 19. I will
3 have to find the original copy.

4 This is a scan. But it says,
5 "Missing plumb bob returned to plant. The
6 \$5,500 radium filled plumb bob missing from
7 the General Steel Castings Carburetion Plant
8 for over a week turned up yesterday."

9 "The details of the recovery were
10 not disclosed. All that was reported was
11 that the valuable instrument had been
12 recovered from outside the plant and that it
13 is certain no individual had suffered any
14 burns from the dangerous radium rays. The
15 plumb bob similar to the type used by
16 carpenters is needed for x-raying steel
17 castings for flaws."

18 Then in the previous document
19 that I found from the Granite City Press
20 about it being lost, it says, and so this
21 will give you an idea.

22 And Dr. Neton you were correct.

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1 They were looking for it with Geiger
2 counters. But then, here's what's happening,
3 they were looking in the wrong place.

4 Let's see, they find it. It
5 looks like they were looking for it out in
6 the dump. That is definitely, I am not
7 imagining this, and you guys know it now.
8 And I will be glad to get you copies of
9 whatever I have.

10 DR. NETON: Okay, but it does
11 sound like it was lost off site, not on the
12 property.

13 MR. RAMSPOTT: Oh no. No it says
14 it was --

15 DR. NETON: Turned in to the
16 plant.

17 MR. RAMSPOTT: Initially, it was
18 found off site. It doesn't say when it went
19 off site, and when it was returned. It
20 wouldn't be lost off site.

21 They wouldn't take it off site.
22 It was lost in the plant and somebody

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1 eventually did take it off site, or it could
2 have just been on the other side of the
3 fence. Who knows?

4 MR. KATZ: Paul, can I bring this
5 back to --

6 CHAIRMAN ZIEMER: Yes, we're just
7 --

8 MR. KATZ: -- reading what you
9 found and presenting it, so everybody can
10 read the whole article about --

11 MR. RAMSPOTT: Yes, you got it.
12 As long as you guys know I wasn't imagining
13 this.

14 MR. KATZ: No, I don't think
15 anyone thought you were imagining that you
16 had that article. It's just that others
17 don't believe they have received that
18 article.

19 MR. RAMSPOTT: Yes, sure, I
20 understand.

21 MR. KATZ: That's all. Thank
22 you.

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1 MR. RAMSPOTT: You got it.

2 MR. KATZ: And Paul, I just
3 wanted to check with you, so do you have a
4 PowerPoint presentation?

5 CHAIRMAN ZIEMER: Maybe a simple
6 one, yes.

7 MR. KATZ: Okay, and then so,
8 just you know, if you can get it in. Well,
9 whenever you can get it in. I know you have
10 pretty little time to work with. That'll be
11 great. We'll deal with the timing.

12 CHAIRMAN ZIEMER: Yes, okay, very
13 good.

14 DR. MCKEEL: Dr Ziemer, this Dan
15 McKeel, final request. Could somebody
16 please send me a copy of Dr. Anigstein's
17 presentation today because I don't have
18 access to Live Access and I would like to
19 see what he presented to the Work Group
20 today.

21 MR. KATZ: Yes. Bob, just let me
22 just check something, because I may be able

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1 to do it very expeditiously. Bob, are you
2 still on the line?

3 DR. ANIGSTEIN: Yes I am.

4 MR. KATZ: Your presentation, is
5 that all taken from the PA cleared version
6 of the article that --

7 DR. ANIGSTEIN: Yes, sure, if you
8 --

9 MR. KATZ: Okay, then I can just,
10 I can send that right out then.

11 DR. ANIGSTEIN: Yes, except you
12 don't have it.

13 MR. KATZ: Well, I don't have it.
14 That's right. I don't have the presentation
15 but, if you, thank you. Good point. If you
16 will send me that, I will send it out to Dan
17 and John and --

18 DR. MCKEEL: Very good, very
19 good.

20 DR. ANIGSTEIN: This will be, I
21 mean, this is sort of like a private
22 communication. It's not going to be posted

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1 on the web because we have this 508
2 compliance.

3 MR. KATZ: No, I understand, I
4 understand. And that's fine.

5 DR. ANIGSTEIN: You don't have to
6 bother with the 508 --

7 MR. KATZ: Dan would like to see
8 the thing exactly, so that will work.

9 DR. ANIGSTEIN: Excuse me?

10 MR. KATZ: So you just need to
11 send it to me, it's fine. I don't need 508,
12 I'm not posting it to the web. I am just
13 sending it to Dan and the other --

14 DR. ANIGSTEIN: Very good. I'll
15 get it to you as soon as we get off the
16 phone.

17 MR. KATZ: Yes, that would be
18 great.

19 DR. ANIGSTEIN: Very good.

20 MR. KATZ: Thank you Bob.

21 CHAIRMAN ZIEMER: Okay, Thank you
22 everybody and we now stand adjourned.

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MEMBER BEACH: Thank you.

MR. ALLEN: Thank you.

MR. KATZ: Thanks everybody.

DR. MCKEEL: Thanks everybody.

(Whereupon, the meeting in the
above-entitled matter was concluded at 1:56
p.m.)