

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

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**From:** Daniel McKeel  
**Sent:** Tuesday, February 10, 2015 7:19 AM  
**To:** Ziemer, Paul (CDC/NIOSH/DCAS); pl.ziemer@cdc.gov; Hinnefeld, Stuart L.  
(CDC/NIOSH/DCAS)  
**Cc:** Katz, Ted (CDC/NIOSH/OD); melius@cdc.gov; Bill\_Houlihan@durbin.senate.gov;  
ddowling@cdc.gov; NIOSH Docket Office (CDC); j.leiton@nihs.gov;  
leiton.rachel@dol.gov  
**Subject:** Re: My .... GSI PER "now" remark Feb 5th. Meeting (McKeel addendum).

Dear Dr. Ziemer and DCAS Director Hinnefeld,

I want to strongly support and add to John Ramspott's recent remarks about your comment about him "defining" the term PER at the latest TBD-6000 work group meeting.

But first, I would like to strongly object to your characterizing my good faith 87 page critique of GSI Appendix BB Rev 1 dated 7/16/14 as being "editorial comments" that NIOSH would accept and address later. Ted Katz informed me that he, with your assent, had specifically tasked SC&A to review my 7/16/14 Appendix BB Rev 1 critique five days after my paper was submitted.

SC&A's review of Appendix BB Rev 1 did not appear until 12/10/14. SC&A barely mentioned my detailed observations and failed to cite my name, or paper title and content, either in the text or Reference portion of their belatedly delivered report. In my opinion, SC&A did not comply with their tasking. Also, as I stated at the 2/5/15 TBD-6000 WG meeting, NIOSH generated detailed responses to both my and John Ramspott's critiques of Appendix BB Rev 0 (June 2007). These four papers are posted on the DCAS website as part of GSI Docket 140. I asked on 2/5/15 why DCAS/NIOSH did not respond in writing to my 7/16/14 critique of GSI Appendix BB Rev 1?

I believe NIOSH should formerly respond to my 7/16/14 white paper critiquing App BB Rev 1. My July 2014 critique paper is posted on the DCAS website and was sent to NIOSH last July as well. No one at NIOSH has been courteous enough to even acknowledge this submission prior to the 2/5/15 TBD-6000 WG meeting when I raised the issue to them. Even then, no satisfactory explanation was provided, other than to characterize my scientific constructive criticisms of Dave Allen's June 6, 2014 paper as "editorial comments." I consider this terminology to be extremely derogatory and unprofessional and inaccurate.

**MCKEEL COMMENTS ON THE JOHN RAMSPOTT 2/8/15 E-MAIL TO DR. ZIEMER**

Of course, everyone at that 2/5/15 TBD-6000 WG meeting that you chaired knows the NIOSH definition of a PER. What John reminded everyone in the work group about echoes what I have been saying about the work stoppage by the work group and NIOSH on PER-057. No member of the Board has ever to my knowledge acknowledged the existence of PER-057 for GSI. Such a PER is not listed on the DCAS website under the GSI Docket (#140). Nor is it listed on the numerical list of published PERs.

I found out about the GSI PER-057 by reading DOW Madison IL site PER-058. Appendix C Rev 1 for Dow was issued on 4/3/14 and has not been discussed by the SEC Issues work group chaired by Board chair Dr. James Melius. Nor has SC&A yet submitted a review of Dow Appendix C Rev 1, even though at my instigation Board chair Dr. Melius tasked SC&A to review that document together with PER-058 during the ABRWH meeting last Nov. 6, 2014. No specific timeline for issuing these SC&A work products was suggested by Dr. Melius. A on the record timeline was not agreed to by SC&A. Nevertheless, NIOSH proceeded to issue PER-058 absent these necessary SEC Issues WG and SC&A reviews. I am trying, thus far in vain, to get a satisfactory answer to why such different protocols were used in handling the GSI and Dow PERs?

Dow PER-058 mentions that 13 of 16 of the total of 96 denied claims in PER-058 are from workers who were also GSI employees. PER-058 states that 3 GSI-Dow claims will be processed under GSI Appendix BB Rev 1. Thirteen additional GSI-Dow claims that will be handled under GSI PER-057, a PER that by now I have sought 6 times to clarify concerning its existence, author, current status, and number of denied claims it will cover. My latest e-mail on the subject was to DCAS Director Hinnefeld who returns to work February 9th after an absence.

Those 13 dual Dow and GSI employees being deferred consideration until PER-057 is issued are being treated inequitably: 80 Dow denied claims were re-adjudicated under PER-058 that was released in November 2014. Denied claims from 13 other dual Dow and GSI claimants should have first been re-adjudicated with respect to radiation dose received at DOW Madison site under PER-058 (NIOSH error #1) in my opinion. What actually happened is these 13 Dow-GSI employees now have to wait for NIOSH to resume work on GSI PER-057 (NIOSH compounded error #2). NIOSH will not indicate when PER-057 might be released. Dave Allen at the 2/5 WG meeting said the PER process might take 4 months to be completed even though the actual reworks might be completed in 2 weeks. These 13 DOW-GSI dual site employment part B claimants have been treated unfairly and differently under PER-058 compared to denied Part B denied claimants who never worked at GSI that were employed at the Dow Madison IL site only.

I also believe that NIOSH and/or DOL owes these 16 dual GSI-DOW claimants mentioned in PER-058 an explanation of what has occurred with both PER-057 and PER-058. I have previously stated to Rachel Leiton, DEEOIC Director at DOL, my reasons why I believe DOL should write to all denied claimants to alert them about both Appendix BB Rev 1 and Appendix C Rev 1, and about the handling and current status of the two PERs (PER-057 GSI and GSI-Dow and PER-058 Dow and GSI-Dow).

Ms. Leiton explained to me she believes such a letter would be counterproductive, would unnecessarily worry the claimants whose POC did not exceed 50%, and that DOL would not therefore comply with my information letter request. I strongly disagree with DOL's position on this matter. I believe the affected denied part B claimants and potential SEC Class members have a compelling right to be informed about each and every governmental action that might potentially affect compensability for their Part B EEOICPA denied claims.

I agree 100% with John Ramspott's sentiments below that were expressed to Dr. Ziemer two days ago. PER-057 needs to be issued right away and all denied GSI only and GSI-DOW dual employment claims need to be reopened, reconsidered and reworked immediately under Appendix BB Rev 1. That key document was completed on June 6, 2014 more than eight months ago. We know for certain that Appendix BB Rev 1 should lead to dramatic increases in POCs for a significant fraction of denied GSI Part B claims.

Dave Allen agreed with this position of mine at the 2/5/15 WG meeting. He stated the reasons why this was so should be obvious. I had asked these reasons Rev 1 of the new 2014 Appendix BB would lead to increases that more than doubled POC from 34% to 69.4% in one recently completed GSI DR to be detailed.

So be it If some of these denied GSI claims need to be reconsidered and reworked when Appendix BB Rev 2 is issued down the road. My view that is a necessary consequence of the prolonged time between release of Appendix BB Rev after a 7 year delay and the 8+ months that have elapsed without being able to close out all ten of SC&A's Findings.

The result of the 2/5/15 TBD-6000 work group shows conclusively that six SC&A findings on App BB Rev 1 where agreement with NIOSH has been reached need to be incorporated into Appendix BB Rev 2. Until that step is taken, the agreed upon changes cannot be used to process new GSI Drs or rework previously denied GSI Drs that DOL might return to them. Four more SC&A Appendix BB Rev 1 Findings are not settled with NIOSH. These unresolved SC&A Findings need more work by NIOSH until agreement is reached. The date(s) when NIOSH will (a) reach true closure on SC&A Findings 2, 5, 6 and 10, (b) will address my "editorial comments" in my 87 page 7/16/14 critique of Appendix BB Rev 1, (c) when the TBD-6000 WG will next meet, and (d) when NIOSH complete GSI PER-057 and release a PA-cleared version, all remain undefined.

**Ted Katz:** Please circulate this message to all Board members, including NIOSH and SC&A members of the TBD-6000 work group, and the SEC Issues work group, and other appropriate federal officials. Thank you.

**NIOSH Docket 140 (GSI) office:** Please post this message as an Addendum to John Ramspott's Docket submission from 2 days ago (part of this message below) on the DCAS website under DOCKET 140. Please title my submission as follows: "Addendum: Daniel W. McKeel, Jr., MD Extended Comments on GSI PER-057 and the Related DOW PER-058." Thank you.

Sincerely,

-- **Dan McKeel**                      February 10, 2015

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

-----Original Message-----

From: john ramspott

To: Paul (CDC/NIOSH/OD) Ziemer <paz7@cdc.gov>

Cc: Daniel McKeel Ted (CDC/NIOSH/OD) Katz <tmk1@cdc.gov>; melius

<melius/ >; Houlihan, Bill (Durbin) (Durbin) <Bill\_Houlihan@durbin.senate.gov>; ;

NIOCINDOCKET <NIOCINDOCKET@cdc.gov>

Sent: Sun, Feb 8, 2015 9:15 pm

Subject: My .... GSI PER "now" remark Feb 5th. Meeting .

Dr. Ziemer :

Here is the Source and justification for my comments at the Feb. 5th. GSI, TBD-6000 Work Group Meeting.

I was sharing it not as a "definition of a PER", as you said, but as "a statement of fact, and justification" of why I firmly believe NIOSH should have already issued a GSI PER . This NIOSH document does not say release a PER "when every single conclusive Site fact is known". It says : "as relevant new information becomes available".

I believe everyone knows the definition of a PER. My primary point of reading NIOSH's document into the record, is because I do not believe the policy or guideline is being followed. **The new Appendix BB Rev 1 clearly is relevant new information.**

This is NIOSH's published definition and guideline, "Front Page, First Paragraph" , (Source below):

1. "NOSH is committed to applying the best available science in dose reconstructions. In keeping with this commitment, completed cases with probabilities of causation less than 50% **are reviewed as relevant new information becomes available.** The results of these reviews are described in a Program Evaluation Report (PER). The PER details the effect, if any, of the new information on the completed dose reconstruction. If it appears that the new information may result in an increase in dose for a completed dose reconstruction with a probability of causation of less than 50%, NIOSH is committed to working with the Department of Labor to reopen and rework the dose reconstruction, as appropriate. A Program Evaluation Plan (PEP) describes plans for evaluating specific program details or issues".

Source:

Program Evaluation Reports (PERs) - Centers for Disease ... "CLICK"

[www.cdc.gov/.../oc...](http://www.cdc.gov/.../oc...)

United States Centers for Disease Control and Preve...

**Program Evaluation Reports (PERs) and Program Evaluation Plans (PEPs) ...** The results of these reviews are described in a Program Evaluation Report (PER) .

It cannot be more evident that the "new" Appendix BB Rev 1 clearly contains **relevant new information**, and it is available now, and is currently being used for "new" GSI Dose Reconstructions. (Examples have been provided.)

**The results have been dramatic.**

I also heard Dave Allen tell Dr. Mckeel the drastic jump, in the claim in question, that Dr. McKeel asked him about, during the Feb 5th. WG Meeting , was a result in all of the new material now contained in Appendix BB Rev 1. (Transcript will confirm Dave Allen's remarks).

I took Dave Allen's comment as a very positive remark, considering all of the work that has gone into this "GSI fact finding" by all of us. I believe Dave stated the facts well, and confirmed my point as well.

**I personally believe NIOSH's confirmed use of this "new" GSI Appendix BB Rev 1 information, for new GSI claims, yet denying earlier GSI claimants the same right to this new material, is completely unfair and unjust, etc. , etc. .**  
**The "denied" GSI Claimants deserve to see some of this "commitment" now. They have waited long enough.**

As I stated, some of these GSI Claimants have died while waiting, that truly bothers me.

If you feel I have misunderstood any of this, please let me know. I am always open to listening to another opinion. No one corrected me at the Feb 5th. Work Group Meeting, so I took it as being a valid point.  
In retrospect, I should have made perfectly clear that this was my understanding of facts.

I totally appreciate the opportunity of being able to participate in the WG Meetings. This is meant as a clarification, not a criticism.

I also appreciate your attempt to schedule the next WG Meeting soon. Hopefully NIOSH will get back with you quickly so you can schedule the next meeting.

I appreciate you asking NIOSH to get back to you as soon as possible.

**Ted:**

Please share this with the court reporter, it may help him with my meeting statement.. I really appreciate his efforts at a tough task.

Please distribute this to the entire Board , NIOSH, and SC&A, and others listening in to the meeting.

**Dear NIOSH Docket Officer:**

Please accept my recent GSI/ TBD 6000 Work Group information and email plus the attached PDF file:

**Program Evaluation Reports (PERs) - Centers for Disease ... "CLICK"**

[www.cdc.gov/.../oc...](http://www.cdc.gov/.../oc...)

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•  
United States Centers for Disease Control and Preve...

**Program Evaluation Reports (PERs) and Program Evaluation Plans (PEPs) ...** The results of these reviews are described in a Program Evaluation Report (PER) . for consideration for posting on the DCAS website under Docket 140 (GSI).

I also did request that DFO circulate this email and comments to the full Board and the TBD-6000 WG including DCAS, and SC&A members. My email includes my personal comments for the Feb. 5th. , 2015 meeting that centered around Appendix BB Rev 1 and the PER-057 topic.

Thank you ,

John Ramspott

On behalf of General Steel industries claimants.