

1 proc-- you know, this activity that we're underway
2 now that we'd follow the same process. And if it
3 gets beyond that, then I think it almost behooves
4 us that it has to go to the full Board, under the
5 current circumstances. And I mean it's a very
6 awkward situation because we're reviewing NIOSH,
7 NIOSH doesn't want to be in the process of making
8 decisions about this review, and we've also got
9 the FACA and procurement thing to balance out.
10 And I think we just -- you know, err on the side
11 of being careful, but again, I think -- you know,
12 this -- most -- clarification, if it takes place,
13 should take place tomorrow when we talk to the
14 contractor. And if not, if it's something
15 significant, it's going to have to wait till the
16 next meeting and hopefully that won't take place.

17 **MR. ELLIOTT:** The distinction I'd like to
18 make here, though, is that what we were doing as I
19 just described it was under the closed session
20 type of process. Okay? It wasn't going to be
21 done in the public venue anyway. What we're
22 talking about now, though, where you're dealing
23 with a specific task and points of clarification,
24 questions about how to proceed from your
25 contractor, I don't want to be in that situation

1 where I'm crafting a response and getting
2 somebody's reaction to it. I think that response
3 needs to be crafted by somebody this Board
4 designates.

5 DR. MELIUS: And when that comes up, I think
6 -- and if we have to formalize this, we should --
7 is that we'd say you go -- you go to the Chair.
8 For this particular activity, you'd go to the
9 Chair. But I think in terms of the public
10 transparency of that process, that we would then
11 expect Paul to report back at the conference call,
12 look, during this process the -- you know, I was,
13 you know, asked these questions. This is what I
14 told them. And then the Board knows, the public
15 knows and -- and I think, you know, we're within,
16 you know, the spirit and -- and probably the
17 actual, you know, regulations regarding the --
18 this process.

19 DR. ZIEMER: It may be, for example, that
20 there are very simple clarifications needed that
21 have nothing to do with policy or actually how
22 things are going to proceed, but something needs
23 clarification -- something as simple as do I
24 provide this in Word or WordPerfect? That doesn't
25 -- very simple. So there's a sense in which

1 either the Chair or the NIOSH staff person, if
2 it's Jim or Larry, has to make a judgment as to
3 the significance of what's being asked and whether
4 or not the answer can be given without Board
5 input. And as you say, hopefully we'll make
6 whatever clarifications are needed at the session
7 tomorrow afternoon when the folks are here with
8 us.

9 Okay. Other comments before we move on?

10 Tony, yeah.

11 DR. ANDRADE: I think it'd be very helpful to
12 have, as Jim suggested, a list of those activities
13 -- general activities, items -- administrative
14 type actions that we should be able to delegate to
15 other offices within NIOSH without any further
16 Board action -- for example, the approval of
17 invoices -- and/or such that we can begin
18 discussion on when the Board should be looking at
19 -- and I'm not sure if these timetables exist;
20 I've forgotten, as well -- as to when products are
21 due. And based on those products, whether or not
22 the Board should approve the work. But not until
23 we have that list in front of us can we start to
24 intelligently make decisions about those sorts of
25 things. Now I'm sure there are simple things that

1 we can take care of by tomorrow if NIOSH staff
2 would be willing to put that list together.

3 DR. ZIEMER: Thank you. Other comments?

4 (No responses)

5 Now the other item I was suggesting we
6 proceed with is the issue of selection of sites
7 for the initial group of reviews. Now there are a
8 number of large sites, and if you looked at the --
9 our suggestion of -- or our -- our statement of
10 work was that we would do ten or 12 DOE sites and
11 several -- I think it was up to four of the AWEs.
12 The ten to 12 DOE sites -- I think intuitively
13 most of us said well, that's the ten big sites or
14 something like that, but it may not be all of the
15 sites on the list. I forget how many were on that
16 list that we had -- 15? So there needs to be some
17 kind of reason for not doing some of these, at
18 least during the first year. We may eventually do
19 more later, but I think it would be useful if we
20 could identify some objective criteria on which to
21 make the decision so that we're not doing it just
22 based on our warm fuzzy feeling about some
23 particular sites. And I wonder if any of you have
24 suggested criteria that might be used for that
25 purpose. I will suggest some if no one else does,

1 but -- open the floor for that. I had already
2 suggested one that might be a possibility and that
3 was the number of cases -- DR cases generated by a
4 site. Jim, Wanda? Wanda's first.

5 MS. MUNN: I was very interested in seeing
6 the figures that Jim gave to us earlier today with
7 respect to the percentage of claims received as
8 opposed to worker population. It seems to me that
9 those figures may be one of the criteria that we
10 may want to consider when we're thinking about
11 which sites we want to look at and which ones we
12 do not. It appears that it might be wise for us
13 to look at a couple of the sites with the larger
14 percentage of claims to worker personnel, and that
15 we would similarly want to look at a couple of the
16 very lowest and fill in in between. Those --
17 those percentages probably tell a story of their
18 own, and whether the site profiles are a key part
19 of that story I don't think we can tell unless we
20 decide that we want to look at both ends of that
21 spectrum.

22 MR. ELLIOTT: Wanda, I think the percentages
23 you're referring to were in Pete Turcic's
24 presentation, and those are not -- not clearly
25 related to the number of cases we have in dose

1 reconstruction, but I have a report here that, if
2 you want to know how many cases we have and how
3 many we've completed for a given site, I can share
4 that with you upon your request.

5 MS. MUNN: (Off microphone) (Inaudible)

6 DR. ZIEMER: Okay, thank you. Jim and then
7 Michael.

8 DR. MELIUS: It might be helpful if we had
9 that information, Larry and -- I mean not right
10 now or tomorrow morning or whenever we want to
11 talk about this. Also, with some input from Jim
12 Neton as to how complete these site profiles are.
13 I haven't gone through what's on --
14 comprehensively what's on the web site, but there
15 are reserved sections and so forth that -- that we
16 may want to think about in terms of scheduling
17 issues that -- that they're partially done now but
18 you know that within three months or whatever that
19 -- that major sections will be completed and may
20 be more appropriate at that point in time. And I
21 think if we also had that list arrayed we could
22 also think about the diversity of processes at
23 those sites that we -- and just as -- you know,
24 for example, do we need to do both Portsmouth and
25 Paducah or -- or, you know, uranium -- uranium

1 enrichment -- how alike are some of these sites
2 and -- and so forth in terms of some of the issues
3 that might be encountered there on a site profile.
4 So I think if we arrayed that -- again, it's going
5 to come down to -- I don't think we can have
6 completely objective criteria, but I think if we
7 had that type of information arrayed in front of
8 us, then we could make a selection. And we may
9 tier it. You know, these are the first three or
10 five or whatever and then, you know, defer
11 choosing some others or delay -- delay some at
12 some point in time. But I think if we had that it
13 would be a pretty straightforward process. And I
14 think we could probably do the same with the AWE
15 sites or AEC sites, also.

16 **MR. GIBSON:** I pretty much agree with Jim's
17 comments. I just wanted to add that I think it
18 would be important to look at some of the sites
19 that had a very diverse operation and had a very
20 diverse amount of isotopes on site to determine
21 the adequacy of the site profile.

22 **MR. OWENS:** I think it's important,
23 particularly in regard to the SEC sites, that we
24 consider those sites that are not SEC status
25 currently and the number of workers who have

1 worked at those particular sites versus the number
2 of claims that have been filed at those sites. I
3 think that if we review the procedures based on
4 that, that might aid the credibility of the
5 program overall from the standpoint of the under-
6 represented numbers of workers who have filed in
7 those areas.

8 DR. ANDRADE: Actually I had two suggestions.
9 This morning, after one of the presentations, I
10 was sort of surprised at the number of claims
11 denied from SEC sites, and some explanations were
12 given. Nevertheless, I think that it would be
13 interesting to look at one or more of those sites,
14 especially with the high turn-down rate.

15 And my other idea, which purely addresses my
16 health physics curiosity, would be to look at a
17 site which we're looking at heavy external dose,
18 and also another site with a fairly healthy amount
19 of work in which one could potentially have
20 received or there are records to show that there
21 were -- that there were significant intakes. I
22 think -- those would be my suggestions.

23 DR. DEHART: I don't know all the sites
24 specifically, but I'm sure there are some sites
25 that have rather unique energy levels or sources

1 that's not common among the other sites and I
2 would like to add that to the list so we'd be sure
3 to pick up the unusual.

4 DR. ZIEMER: Sites with unusual nuclides or
5 sources of radiation?

6 DR. DEHART: Sources of radiation. Specific
7 different kinds of isotopes that are unique to a
8 facility, for example.

9 MS. MUNN: I was writing down what other
10 people were saying and thinking about how I might
11 go about that myself, and I wound up with five
12 different bullets which I thought perhaps we might
13 be able to put into a matrix of some sort to get a
14 good cross-section. Those five bullets I had were
15 number of claims or workers; the type of activity,
16 which would include internal or external dose and
17 different types of sources; years of operation;
18 geographic distribution; and SEC sites. If we
19 were to place those specific -- consider those as
20 being basic items that we wanted to assure were
21 included, then we could make some decisions about
22 how many might fit one or more of those
23 categories.

24 DR. ZIEMER: Jim?

25 DR. MELIUS: I would modify that slightly and

1 say I think we should look at both the number of
2 workers potentially there -- I think is what Leon
3 was getting at a little bit -- as well as the
4 number of claims that have come in so far, 'cause
5 that would sort of give us a sense of both what
6 NIOSH's immediate priorities are, which are going
7 to -- you know, what's covering the most cases
8 with the site profiles, as well as down the road.

9 MS. MUNN: (Off microphone) (Inaudible)

10 DR. MELIUS: I thought you said (Off
11 microphone) (Inaudible).

12 MS. MUNN: (Off microphone) (Inaudible)

13 DR. MELIUS: I wanted both.

14 DR. ZIEMER: Tony, you have another comment?
15 Actually there have been -- about a dozen
16 different criteria have been suggested here, and
17 there are sites that -- any given site probably
18 meets a number of those criteria. We would need
19 to -- we would -- we would need to determine which
20 of these criteria are the important ones. You
21 could probably make a case for most any site,
22 based on one or more of these criteria. But the
23 whole point is I think that when we're ready to
24 select sites -- and I'm going to suggest that we
25 might want to wait till tomorrow to actually do

1 that 'cause you need to think about this -- but
2 one would then couch the selection in terms of
3 some of these criteria. I'm not sure that it's
4 worth trying to say one of these criteria is any
5 more important than the other. They're probably
6 all important in their own way. But at the point
7 at which we're ready to make that selection, it
8 seems to me that with the selection we have a
9 rationale that couches or expresses why that site
10 was selected, perhaps in terms of one or more of
11 these, as opposed to simply saying I like that
12 site better or I used to work there or whatever it
13 might be.

14 DR. ROESSLER: This might be a dangerous
15 suggestion, but another approach would be, since
16 we have -- since we could include most of the
17 sites that are on the list, maybe we should look
18 at it from the point of view of eliminating a site
19 because it overlaps with another site or because -
20 - for some reason. Would it be easier to approach
21 it that way?

22 DR. ZIEMER: I don't know.

23 DR. MELIUS: I think we might need a little
24 bit of both and, you know, not to avoid some of
25 the overlap but -- do that. Can we delegate --

1 and since Larry has the numbers, Larry have one of
2 his staff people do -- give us a listing that we
3 can -- both as a handout and as a power point
4 tomorrow that would list the sites with some of
5 these numbers involved and maybe some of these
6 other characteristics, but more importantly just
7 the numbers so that we have an array --

8 DR. ZIEMER: Or at least the ones that they
9 have readily available -- numbers of case --

10 DR. MELIUS: Right.

11 DR. ZIEMER: -- numbers of workers at the
12 site --

13 DR. MELIUS: Right.

14 DR. ZIEMER: -- percentages of cases
15 submitted. They'd certainly know which have
16 mainly external/internal --

17 DR. MELIUS: Yeah, I think we --

18 DR. ZIEMER: -- which are the broad sites as
19 far as diversity of operation.

20 DR. MELIUS: Yeah, and long -- and then maybe
21 status of the site profile. If we don't have a
22 site profile, it's hard to review it, so -- that -
23 - and if we could have that for -- for tomorrow
24 morning for discussion, I think we can then talk -
25 - go through some of these other criteria and make

1 an initial selection and --

2 DR. ZIEMER: Is it feasible to at least get
3 that for the 15 sites on the chart -- or the two
4 groups of... I think much of that you already
5 have.

6 MR. ELLIOTT: It's very feasible. I could
7 just read it to you right now and you could write
8 it down. The feasibility comes into play as to
9 what we have scheduled for this evening and rest
10 time for staff to get through the night, I guess.
11 But we certainly have, in Jim Neton's
12 presentation, this one slide that shows you the
13 top 15. I can present to you the number of claims
14 that we have in our hands for those 15 and how
15 many we have worked through.

16 DR. MELIUS: Well, whatever is feasible to
17 do, if you could get that organized, either into a
18 quick briefing and we'll write it down tomorrow
19 morning, or into an overhead and handout, that's -
20 - that's fine, also. But I think just so we're
21 all working from the same numbers and the same
22 list of sites, then I think we can go from there
23 and -- I'm not trying to keep you up too late.

24 DR. ZIEMER: We can do that in our work
25 session tomorrow and just all do it at the same

1 time. That's good.

2 Rich, you have another comment?

3 MR. ESPINOSA: Yeah, I do. Along with the
4 percentage on -- on all these sites, I'd also like
5 to see it done by district, you know, the Denver -
6 - one out of each one, not maybe three out of the
7 same district, like Jacksonville.

8 DR. ZIEMER: Get some national spread on
9 these is what you're saying.

10 MR. GRIFFON: Geographic, yeah.

11 MR. PRESLEY: Geographic spread.

12 DR. ZIEMER: Good point, yeah.

13 MR. PRESLEY: Paul, something else you might
14 want to ask to be put in there is whether a
15 national lab, production area or a gaseous
16 diffusion plant.

17 DR. ZIEMER: Thank you. National lab, a
18 production facility or a gaseous diffusion.

19 MR. PRESLEY: Gaseous diffusion.

20 DR. ZIEMER: Okay, very good. We still have
21 a little time. Maybe if we have the data, we
22 should go ahead and do some jotting-down now. Do
23 we have it or not?

24 DR. MELIUS: Can I make one more -- I hope
25 it's a practical suggestion -- possible. But

1 there's the one -- that one power point slide in
2 Jim Neton's that listed all the sites for the site
3 profiles and the documents and the stars and so
4 forth. If you could blow that up, you know, into
5 a -- so it's printed out in a single page, that
6 would be a pretty good list to work off of and
7 then we can write in the numbers tomorrow.

8 DR. ZIEMER: Is that do-able, Jim, or...

9 DR. MELIUS: And that also has some idea of
10 what the status is of the -- that presents the
11 status of the site profiles.

12 DR. NETON: (Off microphone) (Inaudible)

13 DR. ZIEMER: We have a little tiny thing we
14 can barely read. Yeah, that -- that's -- Jim, is
15 slide five of your presentation I think is the one
16 you're referring to. Right?

17 MR. GRIFFON: Can you -- can you read down
18 the number of claims now, by site, or is that --
19 why don't -- let's just do it now and get the
20 numbers down.

21 DR. ZIEMER: What is it you're going to read?

22 MR. ELLIOTT: I'm going to read for Fernald
23 and for all subsequent sites on the slide that Jim
24 had of site profiles for the top 15 DOEs -- sites,
25 the number of claims that we have current --