1 **DR. MELIUS:** (Off microphone) (Inaudible)
2 **MR. ELLIOTT:** Well, we have 443 claims for
3 Fernald; we've finished 51.
4 **UNIDENTIFIED:** (Off microphone) (Inaudible)
5 **MR. ELLIOTT:** (Off microphone) I'd have to go
6 through these. They're not in (Inaudible).
7 **DR. DEHART:** If we're going to do that, let
8 Jim put the slide up and then we can figure out
9 where it goes on this chart.
10 **DR. ZIEMER:** Yeah, Jim, can you (Inaudible)
11 that slide?
12 **MR. ESPINOSA:** Or could we have somebody type
13 it in or...
14 Paul, can we get somebody to type that in up
15 on the screen?
16 **UNIDENTIFIED:** (Off microphone) Can you put
17 your slide --
18 **DR. ZIEMER:** Yeah, can you pull that slide
19 up, Jim, slide number --
20 **DR. NETON:** (Off microphone) (Inaudible)
21 **DR. ZIEMER:** -- slide number five, or not?
22 **DR. NETON:** What I would propose is a slight
23 modification of the slide where I could -- if you
24 recall, I had green dots for just whether it was
25 finalized or in OCAS review. I would suggest that

1 I would make it a little more detailed and put in
2 the ones that have actually been approved that are
3 out on our web site.
4 **MR. PRESLEY:** Yes.
5 **DR. NETON:** That's not a problem.
6 **MR. PRESLEY:** Larry, are you going to take
7 these in the order they are?
8 **MR. ELLIOTT:** I was planning to.
9 **DR. MELIUS:** The thing I think we need to
10 talk about is for tasks one and three, which we'll
11 deal with in closed session. But someone needs to
12 take a look at the task order for those and the
13 schedule for that 'cause depending on our
14 decisions tomorrow there may be deliverables for
15 those that come due within that next two-month
16 time period and -- and, you know -- and for the
17 work that's contingent on that, and I think we
18 need to figure out how that's -- might -- how that
19 might fit into the schedule and if this -- may be
20 as simple as just defer -- deferring that to the
21 conference call, also, but that may be a little
22 bit -- again, the schedule --
23 **DR. ZIEMER:** I don't think we'll know till we
24 talk tomorrow, though, because recall that last
25 time we changed some deliverable dates.

1 **DR. MELIUS:** Yeah, I just get a little
2 concerned that -- this sort of mix of closed
3 session and open issues, and I agree with you,
4 it's -- till we -- made some decisions, we don't
5 know, but at least we ought to be thinking about
6 it so we can talk that if this is what needs to be
7 done and -- and what's the contingency schedule
8 'cause presumably if it's something -- a task is
9 awarded, then there'll be some time for NIOSH to
10 process it, so what will that time frame be.
11 Maybe it's something -- the second conference call
12 becomes something we have to do something at.
13 **DR. ZIEMER:** Okay, here's the chart. Fernald
14 is the first one, 443 claims.
15 **MR. ELLIOTT:** In-house and 51 completed. And
16 when I say completed, these are the -- over to DOL
17 for decisions.
18 **DR. NETON:** I'd just like to point out that
19 there is no site profile completed for Fernald at
20 this time. Those are in house -- many of those
21 chapters are in house for review, but those must
22 have been completed under the DOE complex-wide
23 technical bulletin I talked about this morning,
24 just so the Board's aware of that.
25 **MR. ELLIOTT:** Hanford -- Hanford would be

1,631 claims, 64 completed. INEEL, 566 claims, 26 completed. The IOP is Iowa Ordnance Plant, 554 claims, zero completed. Mound, 273 claims in house and --

DR. ZIEMER: Whoa, whoa, whoa, you skipped --

MR. ELLIOTT: On, LANL, I'm sorry --

DR. ZIEMER: K-25.

MR. ELLIOTT: Okay, well, let me give you Mound -- I'm on Ohio, so let me give you Mound, 273 in house and 18 completed.

Let me go back to Tennessee and get K-25. K-25, 972 and 30 completed.

Los Alamos, 551, nine completed. Mound, 273, 18 completed. Nevada Test Site, 868 claims, 21 completed. And you can make any comment about this while I'm searching. I mean there's several comments you might want to make about some of these -- like you did on the first one, you know --

DR. NETON: I need to -- I need to fill out these circles tonight with some little finer detail. I can do that.

DR. MELIUS: (Off microphone) Might you also put some of these numbers into a slide and give us (Inaudible)?

1 **DR. NETON:** (Off microphone) Well, I was
2 hoping one of our people were taking these down,
3 but (Inaudible) -- I'll get the numbers and I'll
4 (Inaudible). I'll put them on a slide.
5 **MR. ELLIOTT:** Paducah, 732, ten completed.
6 Pantex, 279 -- or excuse me, 297, eight completed.
7 Portsmouth Gaseous Diffusion Plant -- is that
8 next? Yeah. Okay, that's 314 and 12 completed.
9 Rocky Flats, 807 and 26 completed. Savannah River
10 Site, 1,965 claims, 515 completed. Oak Ridge
11 National Laboratory, X-10, 997 claims, 2-- I think
12 it's 25 completed. And Y-12, 1,989 claims, 120
13 completed.
14 You want to go into AWEs?
15 **DR. ZIEMER:** Can you give us the ones on that
16 next slide, Bethlehem, Blockson, so on?
17 **DR. NETON:** You want that next slide for
18 AWEs?
19 **DR. ZIEMER:** Yes.
20 **MR. ELLIOTT:** Bethlehem Steel, 494 claims,
21 448 completed. Blockson Chemical, 107 claims, 49
22 completed. Huntington Pilot Plant, 63 claims, 23
23 completed. Mallinckrodt Chemical Company -- and
24 this is on Destrehan Street -- 163 claims, 24
25 completed, so that does not include the other

1 Mallinckrodt sites. That's only Destrehan Street.
2 While we're there, though, Weldon Spring plant,
3 129 claims, seven completed. Aliquippa Forge, 21
4 claims, three completed.
5 I can't report on -- my report is not
6 generated so that I can easily provide you numbers
7 on complex-wide uranium facilities. That's a
8 large number of different sites. Nor can you -- I
9 don't think I've got anything here for Tennessee
10 Valley Authority. I don't believe we've done any.
11 **DR. ZIEMER:** Jim, when you provide your slide
12 tomorrow, will that then indicate the status of
13 the -- the reviews on the --
14 **DR. NETON:** I can break it down into whether
15 -- whether the green means that it's actually
16 approved and available for review now or --
17 **DR. ZIEMER:** Yeah, that's what I'm asking.
18 **DR. NETON:** (Off microphone) -- under --
19 under (Inaudible).
20 **DR. MELIUS:** Some idea whether it's
21 comprehensive or complete. There aren't large
22 sections that are reserved that would -- that
23 you're working on that --
24 **DR. NETON:** Right, I think --
25 **DR. MELIUS:** I don't think we want our

1 contractor to review something that's half done.
2 I mean and -- or where there's large, important
3 things that are going to affect a lot of claims
4 completed. Now if it's something that affects a
5 small number or whatever, it's not an important
6 issue, then I think that's different.
7 **DR. NETON:** (Off microphone) My gut feeling,
8 there are very few that have large, gaping holes.
9 An exception may be residual contamination in AWEs
10 we haven't figured out yet (Inaudible). I hope I
11 can fit it all in one slide. I mean this is
12 already kind of crowded and (Inaudible). I might
13 try to break it into two.
14 **DR. ZIEMER:** Okay. We will return to this
15 topic then tomorrow as part of our work session.
16 Now we're going to adjourn here momentarily. I do
17 want to ask Jim if you would provide a straw man
18 wording on your proposed motion for tomorrow
19 concerning a letter to the Secretary, and that'll
20 give us an opportunity then to do some
21 wordsmithing, if necessary. Okay?
22 Any other comments before we recess? We're
23 going to recess until 7:00 p.m., at which time
24 we'll reconvene for the public comment session of
25 our meeting.

1 **DR. MELIUS:** Just one more thing just to
2 reiterate for tomorrow morning if Martha or
3 somebody could provide for us what any other
4 scheduled tasks should -- scheduled products or
5 deliverables, should tasks one and three get
6 awarded in the near future so that we can figure
7 that --
8 **DR. ZIEMER:** Or at least if there's some
9 items that we need to take action on right away,
10 then --
11 **DR. MELIUS:** (Off microphone) (Inaudible).
12 **DR. ZIEMER:** Right, thank you. Then we'll
13 recess until 7:00 o'clock this evening. Thank
14 you.
15 (Inaudible) this room and you should be able
16 to leave things here if you need to.
17 (Whereupon, a recess was taken to 7:00 p.m.)
18 **INTRODUCTION**
19 (7:00 p.m.)
20 **DR. ZIEMER:** Good evening, everyone. This
21 session this evening is the public comment period
22 portion of the 21st meeting of the Advisory Board
23 on Radiation and Worker Health. I'd like to
24 remind you, if you haven't already done so, to
25 please register your attendance with us tonight.

1 There's a book at the back table. Most of you I
2 think have already registered. If you neglected
3 to do that or missed it, please do so so we have a
4 record of your attendance with us here tonight.
5 My name is Paul Ziemer and I serve as
6 Chairman of the Advisory Board on Radiation and
7 Worker Health. I would like to spend a few
8 minutes here at the beginning, particularly for
9 the benefit of a number of visitors who we have --
10 and we do welcome, particularly those from the
11 Savannah River Site that are with us here this
12 evening. I'd like to take just a few minutes and
13 familiarize you with the role of the Advisory
14 Board with respect to the larger program, the
15 Energy Employees Occupational Illness Compensation
16 Program. And then we will have an opportunity for
17 -- primarily for public comment, hearing from you.
18 We do actually ask that if you wish to make
19 public comment, you also sign up to do so. Some
20 of you have already done that. If you do want to
21 make public comment and have not already signed up
22 to do so, Cori in the back has the sign-up sheet
23 for public comment. The reason we ask you to sign
24 up is simply so we have an idea of how many wish
25 to comment and whether or not we need to restrict

1 or apportion the time accordingly.
2 But let me begin then and take just a few
3 minutes to talk a little bit about the role of
4 this Advisory Board. I already indicated this is
5 our 21st meeting. This Board has been meeting
6 regularly for the past two years, actually, which
7 means that we meet nearly every month. And one of
8 the questions is what do we do. And I want to
9 familiarize you with that so that when you make
10 your public comment, what you say might be helpful
11 to us in carrying out our role and our function.
12 Jim, if you'll advance the slide there.
13 First of all, to remind you that the program
14 of which we are a part involves a number of
15 groups. There are a number of Federal agencies
16 involved with this, and I'm not going to discuss
17 their roles -- Department of Labor, Health and
18 Human Services -- particularly NIOSH or National
19 Institutes for Occupational Safety and Health,
20 Secretary of Energy or Department of Energy, and
21 the Attorney General. Those individuals and their
22 agencies all have various roles that are defined
23 by the legislation that brought this program into
24 existence.
25 In addition to those Federal agencies then,

1 this Advisory Board exists. This Board was
2 appointed by the President under authority that is
3 spelled out in the legislation. Could we have the
4 next slide?
5 The Advisory Board is specified as consisting
6 of no more than 20 members appointed by the
7 President, who also designates the Chair of the
8 committee. Now in reality, the committee does not
9 have 20 members. The White House has appointed
10 just a dozen of us, plus there is a Federal
11 official, and I'm going to introduce those folks
12 in just a moment.
13 The Executive Memorandum that spells out the
14 operation of this Advisory Board also specifies
15 that the membership should include affected
16 workers and their representatives, and
17 representatives of the science and -- or
18 scientific and medical communities, as well.
19 So with that as a little bit of background,
20 let me introduce the members of the Board. I'm
21 going to put their names here on the screen --
22 Jim, if you'll give us the next slide -- and I
23 will identify to you the various members of the
24 Board. The slide also contains a phrase or two
25 giving you a little idea of what their background

1 -- indeed, we have quite a cross-section of
2 people.
3 I've introduced myself as Chair, Paul Ziemer.
4 Our Federal official, who serves as our --
5 essentially our Executive on this committee -- is
6 the Director of the Office of Compensation
7 Analysis and Support for NIOSH and that's Larry
8 Elliott. Larry, make a motion here -- no
9 applause, please.
10 **MR. ELLIOTT:** (Indicating)
11 **DR. ZIEMER:** Then absent this evening, and
12 he'll be joining us tomorrow, we believe, is Dr.
13 Henry Anderson, who's a medical officer from the
14 State of Wisconsin.
15 Antonio, or Tony, Andrade from Los Alamos
16 over here.
17 **DR. ANDRADE:** (Indicating)
18 **DR. ZIEMER:** Roy DeHart, Dr. DeHart is from
19 the State of Tennessee, so glad to have Roy on the
20 committee.
21 **DR. DEHART:** (Indicating)
22 **DR. ZIEMER:** And then Richard Espinosa.
23 **MR. ESPINOSA:** (Indicating)
24 **DR. ZIEMER:** Richard is from the Los Alamos
25 National Laboratory. And then continuing, Michael

1 Gibson, with Babcock and Wilcox* in Ohio.
2 **MR. GIBSON:** (Indicating)
3 **DR. ZIEMER:** Mark Griffon is an entrepreneur,
4 has his own consulting firm.
5 **MR. GRIFFON:** (Indicating)
6 **DR. ZIEMER:** Dr. James Melius, who is from
7 New York and involved with the New York State
8 Labor's Health and Safety Trust Fund.
9 **DR. MELIUS:** (Indicating)
10 **DR. ZIEMER:** Wanda Munn, a retired nuclear
11 engineer from the Richland, Washington area near
12 the Hanford site.
13 **MS. MUNN:** (Indicating)
14 **DR. ZIEMER:** Charles Owens, who's with U.S.
15 Enrichment Corporation in Paducah.
16 **MR. OWENS:** (Indicating)
17 **DR. ZIEMER:** Robert Presley, retired from the
18 Oak Ridge facilities, an engineer.
19 **MR. PRESLEY:** (Indicating)
20 **DR. ZIEMER:** And then Dr. Gen Roessler, a
21 retired professor, previously of Florida and now
22 living in the warm state of Minnesota.
23 **DR. ROESSLER:** (Indicating)
24 **DR. ZIEMER:** So that is the advisory
25 committee. Could we have the last slide?

1 The role of the Advisory Board is three-fold,
2 and this is also spelled out. One is that the
3 Board is specified as being responsible for
4 commenting and assessing what is being done,
5 specifically by the NIOSH group, in terms of the
6 rule-making that has occurred dealing with how one
7 goes about determining probability of causation.
8 The exact words from the legislation are specified
9 here on the slide, but basically that is a role
10 that the Board is required to carry out.
11 The Board is also required to advi-- and this
12 advice goes to the Secretary of Health and Human
13 Services -- to advise the Secretary on the
14 validity and quality of the dose reconstruction
15 efforts. And that's an ongoing process. In fact,
16 the Board is in the process of -- of using a
17 contractor to help it in -- help "it", the Board -
18 - in carrying out this responsibility in
19 evaluating the dose reconstructions that are being
20 done by NIOSH and its contractor.
21 And then finally, at the request of the
22 Secretary, the Board is to advise the Secretary on
23 whether or not there is a class of DOE employees
24 for whom it is not feasible to estimate dose and
25 whether or not there's a likelihood that such

1 individuals may have health endangerment due to
2 their exposures to radiation. That then is
3 related to what's called the Special Exposure
4 Cohort.
5 The Board does not -- does not -- carry out
6 the dose reconstructions individually. We do not
7 process the cases, the claims that are made. We
8 do not in fact deal with individual claims, but
9 rather the evaluation and the review and the
10 examination of the process by which these things
11 are going on.
12 So in terms of the public comment, I need to
13 tell you that we are not here at this meeting and
14 our other meetings specifically in the role of a
15 question/answer type of session. We do like to
16 get public comment so that we understand what
17 things look like out there. And even though we --
18 we do not deal and cannot in the public forum deal
19 with people's individual cases, we're glad to --
20 if you want to share something about a case you
21 may be involved in, we're glad to hear that
22 insofar as it helps us understand how things are
23 going, how people are -- how cases are being
24 handled; are there things in the system that need
25 to be looked at.