

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

convenes

MEETING 54

ADVISORY BOARD ON  
RADIATION AND WORKER HEALTH

DAY THREE

The verbatim transcript of the 54th  
Meeting of the Advisory Board on Radiation and  
Worker Health held at the Crowne Plaza Tampa East,  
Tampa, Florida on Apr. 9, 2008.

STEVEN RAY GREEN AND ASSOCIATES  
NATIONALLY CERTIFIED COURT REPORTERS  
404/733-6070

C O N T E N T S

Apr. 9, 2008

WELCOME AND OPENING COMMENTS	7
DR. PAUL ZIEMER, CHAIR	
DR. CHRISTINE BRANCHE, DESIGNATED FEDERAL OFFICIAL	
SEC PETITION STATUS UPDATES:	
BLOCKSON, MS. WANDA MUNN AND DR. JAMES MELIUS	9
BETHLEHEM STEEL, DR. JAMES MELIUS	52
SANTA SUSANA	67
SANDIA LIVERMORE	79
CHAPMAN VALVE	84
BOARD WORKING TIME:	97
SUBCOMMITTEE REPORT	103
ROCKY FLATS UPDATE	119
NEW WORKGROUPS	173
REVIEW OF SEC PETITION WRITE-UPS, DR. ZIEMER	169
TRACKING OF BOARD ACTIONS, DR. ZIEMER	225
FUTURE PLANS AND MEETINGS	224
COURT REPORTER'S CERTIFICATE	236

**TRANSCRIPT LEGEND**

The following transcript contains quoted material. Such material is reproduced as read or spoken.

In the following transcript: a dash (--) indicates an unintentional or purposeful interruption of a sentence. An ellipsis (. . .) indicates halting speech or an unfinished sentence in dialogue or omission(s) of word(s) when reading written material.

-- (sic) denotes an incorrect usage or pronunciation of a word which is transcribed in its original form as reported.

-- (phonetically) indicates a phonetic spelling of the word if no confirmation of the correct spelling is available.

-- "uh-huh" represents an affirmative response, and "uh-uh" represents a negative response.

-- "\*" denotes a spelling based on phonetics, without reference available.

-- (inaudible)/ (unintelligible) signifies speaker failure, usually failure to use a microphone.

P A R T I C I P A N T S

(By Group, in Alphabetical Order)

BOARD MEMBERS

CHAIR

ZIEMER, Paul L., Ph.D.  
 Professor Emeritus  
 School of Health Sciences  
 Purdue University  
 Lafayette, Indiana

DESIGNATED FEDERAL OFFICIAL

BRANCHE, Christine, Ph.D.  
 Principal Associate Director  
 National Institute for Occupational Safety and Health  
 Centers for Disease Control and Prevention  
 Washington, DC

EXECUTIVE SECRETARY

WADE, Lewis, Ph.D.  
 Senior Science Advisor  
 National Institute for Occupational Safety and Health  
 Centers for Disease Control and Prevention  
 Washington, DC

MEMBERSHIP

BEACH, Josie  
 Nuclear Chemical Operator  
 Hanford Reservation  
 Richland, Washington

1       CLAWSON, Bradley  
 2       Senior Operator, Nuclear Fuel Handling  
 3       Idaho National Engineering & Environmental Laboratory

GIBSON, Michael H.  
 President  
 Paper, Allied-Industrial, Chemical, and Energy Union  
 Local 5-4200  
 Miamisburg, Ohio

GRIFFON, Mark A.  
President  
Creative Pollution Solutions, Inc.  
Salem, New Hampshire

1           LOCKEY, James, M.D.  
2           Professor, Department of Environmental Health  
3           College of Medicine, University of Cincinnati

4           MELIUS, James Malcom, M.D., Ph.D.  
5           Director  
6           New York State Laborers' Health and Safety Trust Fund  
7           Albany, New York

MUNN, Wanda I.  
Senior Nuclear Engineer (Retired)  
Richland, Washington

POSTON, John W., Sr., B.S., M.S., Ph.D.  
Professor, Texas A&M University  
College Station, Texas

PRESLEY, Robert W.  
Special Projects Engineer  
BWXT Y12 National Security Complex  
Clinton, Tennessee

ROESSLER, Genevieve S., Ph.D.  
Professor Emeritus  
University of Florida  
Elysian, Minnesota

SCHOFIELD, Phillip  
Los Alamos Project on Worker Safety  
Los Alamos, New Mexico

SIGNED-IN PARTICIPANTS

ADAMS, NANCY, NIOSH  
BROCK, DENISE, NIOSH  
CHIZ, HILARY L., USW  
EVASKOVICH, ANDREW, LANL  
FITZGERALD, JOSEPH, SC&A  
GLEASON, ANN & AL, PINELLAS PLANT  
HAND, DONNA  
KOTSCH, JEFF, DOL  
MAURO, JOHN, SC&A  
MCFEE, MATT, ORAU TEAM  
MILLER, RELADA, NIOSH  
PALMIERI, DOROTHY, PINELLAS PLANT  
PHILLIPS, CHARLES, SC&A  
TOMES, TOM, NIOSH  
ZEITOUN, ABE, SC&A  
ZIEMER, MARILYN

**P R O C E E D I N G S**

(8:30 a.m.)

**WELCOME AND OPENING COMMENTS****DR. PAUL ZIEMER, CHAIR****DR. CHRISTINE BRANCHE, DFO**

1           **DR. BRANCHE:** Good morning. I'm checking to  
2           see if the line is open. This is Christine  
3           Branche and I have the pleasure of being the  
4           Designated Federal Official for the Advisory  
5           Board on Radiation and Worker Health.

6           **UNIDENTIFIED:** (Unintelligible)

7           **DR. BRANCHE:** Welcome --

8           **MR. PRESLEY:** (Unintelligible), Christine.

9           **DR. BRANCHE:** That's what I was -- thank you,  
10          Mr. Presley. You were the person I was going  
11          to ask to make certain the line was open.  
12          This is the third day of meeting 54, and I ask  
13          for those -- that those participants  
14          participating by phone mute your phones. If  
15          you do not have a mute button, then please use  
16          star-6 to mute the line. When you are ready to  
17          speak, then you can unmute your phones and you  
18          can use the same star-6 to unmute your phones.  
19          It's important that everyone mute their lines  
20          so that everyone participating by phone can

1 hear without any interruption. Thank you.

2 Dr. Ziemer?

3 **DR. ZIEMER:** Good morning, everyone. I'm going  
4 to take a moment here to go over the agenda for  
5 this morning since we've had some changes. We  
6 had moved some things up from yesterday -- or  
7 moved some things up yesterday that were  
8 scheduled for today.

9 So the agenda this morning will begin with  
10 those items that were previously listed this  
11 morning at the 10:00 o'clock time slot; namely,  
12 the SEC petition status for Blockson and  
13 Bethlehem Steel. Then following that, we will  
14 go back and pick up the items that we are  
15 basically --

16 **UNIDENTIFIED:** Welcome to hard drive computing.

17 **DR. MELIUS:** You need to mute your computer.

18 **DR. ZIEMER:** Yeah, mute your computer -- a  
19 little extraneous comment there that came in.  
20 Following Blockson and Bethlehem Steel, we will  
21 go back and pick up those items we carried  
22 forward from yesterday. That would include  
23 Chapman Valve, Sandia Livermore and Santa  
24 Susana. Well, the Santa Susana is an item we  
25 didn't really carry forward, but I'm -- have

1           some comments about it and I want to suggest  
2           something on that to the Board, and then we'll  
3           see where we proceed from there.

4           Those are the -- the main -- was there  
5           (unintelligible) -- those are the main items  
6           that we have to address this morning.

7           Then we will pick up with our Board working  
8           time items. We have a few sort of  
9           miscellaneous things to go through, and some  
10          workgroup issues to take care of.

11          So we will begin this morning then with --

12          **DR. MELIUS:** Excuse me, Paul.

13          **DR. ZIEMER:** Jim.

14          **DR. MELIUS:** I think we have one other issue,  
15          which is the assignments to SC&A and this issue  
16          with the funding --

17          **DR. ZIEMER:** Yes, that's in our workgroup -- or  
18          our Board working time.

19          **DR. MELIUS:** Okay.

20          **DR. ZIEMER:** Right, right. SC&A tasking  
21          assignments.

22          **DR. MELIUS:** Right.

23          **SEC PETITION STATUS UPDATE: BLOCKSON**

24          **DR. ZIEMER:** Thank you. So we'll begin with  
25          the SEC petition status updates. Our first one

1 will be Blockson. I --

2 **DR. BRANCHE:** It's going to be Ms. Munn and --

3 **DR. ZIEMER:** Ms. Munn has a --

4 **DR. BRANCHE:** -- Dr. Melius.

5 **DR. ZIEMER:** -- report. I believe we -- do we  
6 have a Congressional letter to read? Oh,  
7 that's on Chapman Valve that we have that. I'm  
8 losing track of what all we have and I --

9 **DR. BRANCHE:** Actually that's on Linde that we  
10 have that, but...

11 **DR. ZIEMER:** And I don't believe we have any --  
12 I don't believe we have any petitioners on line  
13 for this one, as far as I know.

14 **DR. BRANCHE:** If they are, they don't -- they  
15 have not expressed a wish to be acknowledged by  
16 name.

17 **DR. ZIEMER:** We do have Robert Stephan from --  
18 from Senator Obama's staff here, and he also  
19 will have some comments to make as well.  
20 So let's begin with Wanda Munn with your  
21 report.

22 **MS. MUNN:** As you may recall, the workgroup  
23 reported out at our last meeting and at that  
24 time we indicated that we wanted to provide the  
25 group with a full-scale report. We were, in

1           our discussions, aware of the fact that,  
2           although we had fulfilled our charter, the  
3           items which were showing as closed were not  
4           being accepted by all of the Board.

5           I'd like to review that a little bit for you,  
6           remind you that when this site profile was  
7           first released it was immediately found to have  
8           some deficiencies, was reworked and issued.  
9           The workgroup was established, our contractor  
10          was asked to do a review; they did so. There  
11          were seven, and only seven, items outstanding  
12          that they reported out as findings to us.

13          The workgroup met on more than a few occasions.  
14          On each occasion we were successful in reaching  
15          resolution on one or more of the outstanding  
16          items. If you're interested in having those  
17          seven findings repeated to you, I'll be glad to  
18          do so. However, at our last meeting we had  
19          indicated that several members of the Board  
20          wanted to review all of the workshops -- all of  
21          the workgroup's activities.

22          In the interim I have forwarded to you the  
23          major items which you might not have had easy  
24          access to on the web site. Is there anyone on  
25          this Board who did not receive the material

1           that I sent, or who still feel the need for  
2           further review? I want to make sure you all  
3           have had that and had an opportunity to look at  
4           it.

5           I want you to clearly understand that our  
6           process here in the past has been obtain the  
7           necessary materials from NIOSH, decide whether  
8           or not our contractor -- who was hired to be  
9           our technical assistant -- direct the  
10          contractor to look at those materials that we  
11          choose, resolve the issues and then move  
12          forward. That's what this workgroup has done.  
13          I remind you that in each case, each of the  
14          seven findings -- and there were only seven  
15          findings, some of them were significant  
16          findings -- but our technical contractor, with  
17          the assistance of some specialized chemical  
18          experts, have reached resolution on each of  
19          these findings and have reported to us that  
20          they agree with NIOSH's assessment that they  
21          are capable of providing adequate bounding to  
22          do dose reconstructions for all of the  
23          claimants at Blockson Chemical.

24          It would be very nice if the workgroup could  
25          provide a recommendation to accept both the

1 opinion of NIOSH and the opinion of this  
2 Board's technical contractor that that can be  
3 done. I have been unable to obtain a response  
4 from the members who had expressed concern over  
5 the findings and therefore cannot report them  
6 to you. I will have to provide time for James  
7 Melius to do that for you, since he had asked  
8 for time to do so and had expressed some  
9 concern.

10 You should have received, as one of the items I  
11 sent to you, the final report from the  
12 contractor specifically addressing the concerns  
13 that were expressed at our earlier meeting.  
14 James.

15 **DR. MELIUS:** Well, I did not ask for any time,  
16 so I don't -- didn't need to speak, so I don't  
17 know how I got on the agenda.

18 **DR. ZIEMER:** You have your flag up, though, do  
19 you --

20 **DR. MELIUS:** Oh, no --

21 **DR. ZIEMER:** -- do you have a comment?

22 **DR. MELIUS:** -- no, I have no comment.

23 **DR. ZIEMER:** I thought maybe --

24 **DR. MELIUS:** I apologize, yeah.

25 **DR. ZIEMER:** Okay.

1           **DR. BRANCHE:** But I recall, Dr. Melius, that at  
2           the last meeting you said you wanted an  
3           opportunity to -- to provide a review. Did you  
4           do that in writing?

5           **DR. MELIUS:** I didn't ask for an opportunity  
6           for anything. I have been still waiting for a  
7           report -- have a workgroup meeting, talk about  
8           it.

9           **MS. MUNN:** You did not receive the report?

10          **DR. MELIUS:** Received the report, and I have  
11          questions about the report.

12          **MS. MUNN:** Oh, all right, fine. This is --  
13          would seem to be an appropriate time to address  
14          them.

15          **DR. MELIUS:** Huh?

16          **MS. MUNN:** Your questions.

17          **DR. MELIUS:** Well, we -- if you would like to  
18          do that, but I -- they -- they involve the  
19          provency (sic) of the data and the robustness  
20          of the data that is being the basis for the  
21          conclusions by SC&A. I've waited several  
22          months for this report, number of questions  
23          about it, and those questions have to do with  
24          individual records, and I don't believe that  
25          it's appropriate to have these discussions in

1 front of an -- an open Board session.

2 **DR. ZIEMER:** You -- could we -- could you  
3 clarify, either Wanda or Jim, what -- I -- what  
4 report is being referred to? Are you talking  
5 about the SC&A report?

6 **DR. MELIUS:** The-- there's a recent report from  
7 SC&A, the last few weeks. It was a report they  
8 sent out one -- once. I don't know if the  
9 whole Board got it -- sent out to the  
10 workgroup. They withdrew the report and sent  
11 out a -- an updated copy. There was a problem  
12 with one of the tables, I believe. I can't re-  
13 - recall the sequence. And I've not had the  
14 opportunity to talk to SC&A about it.

15 **DR. ZIEMER:** So thi-- this is a report that  
16 went to all the members of the workgroup and  
17 then --

18 **DR. MELIUS:** I believe Wanda -- I didn't look  
19 at what Wanda sent out 'cause I already had all  
20 that information, but -- I don't know if Wanda  
21 -- I assume Wanda sent that out with the  
22 information she sent out.

23 **MS. MUNN:** It was my intent, if that recent  
24 report was not in the group of material I sent  
25 to you, then it was an oversight. We should

1 all have --

2 **DR. ZIEMER:** No, I think --

3 **MS. MUNN:** -- the report that was issued --

4 **DR. MELIUS:** I'm not necessarily saying that --

5 **DR. ZIEMER:** -- I think you're saying you got  
6 the report from SC&A.

7 **DR. MELIUS:** I -- I received the report and  
8 they sent it to -- I believe to the workgroup.  
9 I mean I don't -- can't get on the Internet so  
10 I can't look at where it was sent, but they --  
11 that. I mean I think the proper steps to go  
12 forward is, because of some of the -- since  
13 this involves individual records, so there's  
14 limits to what SC&A can even put in their  
15 report 'cause of Privacy Act concerns. It's to  
16 do with job titles and who was sampled and who  
17 wasn't and -- and so forth that the follow-up  
18 would be that either we can do it as a  
19 workgroup session or I can do it directly  
20 talking to SC&A and the investigators involved,  
21 and we -- after that we can schedule a  
22 workgroup meeting and report back.

23 **DR. ZIEMER:** Let -- let me ask a couple of  
24 questions here so we can find a path forward.  
25 There -- there appears to be some level of

1           misunderstanding, perhaps within the workgroup,  
2           as to what the steps forward were or should  
3           have been. But be that as it may, number one,  
4           do we need a -- a telephone session of the  
5           workgroup with SC&A to go over that? Is -- a  
6           number of wa-- you may not agree on that, but  
7           is that what you're thinking of --

8           **DR. MELIUS:** Wha-- no --

9           **DR. ZIEMER:** -- or a --

10          **DR. MELIUS:** No, I --

11          **DR. ZIEMER:** -- workgroup meeting with SC&A.

12          **DR. MELIUS:** I think we have to -- because I --  
13          my understanding and belief would be that the  
14          questions that I have would not be -- I don't  
15          think we can schedule an open workgroup session  
16          because of Privacy Act issues, so -- but I do  
17          think we need some way of talking about it. I  
18          don't think it's necessary to have the whole  
19          workgroup have a separate meeting for this,  
20          which would be the other option -- I mean an  
21          in-person meeting -- to go over this  
22          information, but I think it would be -- I think  
23          then we could follow up with a meeting of the  
24          workgroup by phone.

25          **DR. ZIEMER:** Well, workgroups of course can

1           have closed meetings. Legally they -- they are  
2           not required to be open --

3           **DR. MELIUS:** Uh-huh.

4           **DR. ZIEMER:** -- in any event.

5           **DR. MELIUS:** Uh-huh.

6           **DR. ZIEMER:** But it seems to me it would be  
7           useful for you for all of the members of the  
8           workgroup to be familiar with what the issues  
9           were of concern, whether or not they had the  
10          same concerns, at least that those were shared  
11          amongst the workgroup.

12          **MS. MUNN:** That concern -- James expressed that  
13          concern very clearly, in my view, at our last  
14          meeting. Following that meeting, SC&A issued  
15          for us a working draft on the adequacy of  
16          urinalysis data for estimating uranium exposure  
17          at the Blockson Chemical Company. That was  
18          issued on March 20, and it should have been in  
19          the documents that I sent to the entire Board,  
20          not just to the working group. Because even  
21          though it was a draft, it covered specifically  
22          the validity of the data that was being used.  
23          That was the question that was asked at our  
24          previous meeting. If we provide that data and  
25          that data is not accepted, then I don't know

1           what more we can do, other than sit down in a  
2           room and put the documents in front of us and  
3           talk about it. I -- I've sent it -- I've  
4           provided it. SC&A provided it to us. I  
5           provided it to everyone.

6           **DR. ZIEMER:** Well, Jim, you can speak for  
7           yourself. I think perhaps you're asking for  
8           such a discussion as what was just described.  
9           Is that correct?

10          **DR. MELIUS:** Yeah, but I think that it would --  
11          I can't say -- I don't -- I have -- number of  
12          serious questions about the SC&A report. We  
13          can either do it -- try to schedule a workgroup  
14          meeting at some point, or I can talk to them  
15          first, the people involved from SC&A, and see  
16          if they can be re-- those questions can be  
17          resolved and --

18          **DR. BRANCHE:** The workgroup -- the workgroup  
19          can have a closed session. We just simply have  
20          to -- we have to announce it in the *Federal*  
21          *Register* with the proper day notice.

22          **DR. MELIUS:** Right, I -- I'm aware of that.

23          **MS. MUNN:** The concern that I have here is,  
24          it's my understanding that there has been an  
25          effort to relay that information and that we no

1 longer -- we, being me personally and my  
2 communication with our contractor -- don't know  
3 how we can move forward. The material that we  
4 have is in hand. They provided their report.  
5 I've forwarded that report to all the people on  
6 this -- at this table. And if there are issues  
7 with it, the -- our -- our attempts to -- my  
8 attempt to communicate personally was rebuffed  
9 and I don't know how to proceed now that  
10 apparently this report does not fulfill the  
11 expectation that was expressed.

12 **DR. ZIEMER:** Well, again, let me -- sort of as  
13 a semi-neutral observer here from the outside,  
14 I don't know that we -- that it does or doesn't  
15 fulfill the expectation. I'm not sure Dr.  
16 Melius knows that yet either. You're saying  
17 that you perhaps need to discuss some of those  
18 --

19 **DR. MELIUS:** Yeah, the --

20 **DR. ZIEMER:** -- to come to closure on it, and  
21 I'm suggesting that perha-- and I don't know if  
22 there's others in the workgroup that are in  
23 that category or not, but we -- we do need to -  
24 - unless the workgroup has sort of had the  
25 opportunity to say yes, we accept those

1 findings -- and it appears that some have and  
2 perhaps some haven't --

3 **DR. MELIUS:** Uh-huh.

4 **DR. ZIEMER:** -- and for those that haven't,  
5 perhaps we need the opportunity for that to --  
6 to come to closure. It may be that at the end  
7 of the day you will not agree on --

8 **DR. MELIUS:** Yeah.

9 **DR. ZIEMER:** -- on the outcome, and that's  
10 fine. I don't think a workgroup where --  
11 nobody's going to force a workgroup to be  
12 unanimous, but we do need to make sure  
13 everybody has the opportunity to at least get  
14 the information they need to come to closure.  
15 I don't like to drag this out and I know the  
16 chair doesn't 'cause she's tried very hard to -  
17 - to bring this to closure. At the same time,  
18 I do want to make sure that all the -- the  
19 Board members have opportunity to get the  
20 information they feel that they need to  
21 evaluate that report.

22 So what I -- I'd like to suggest, and I -- I  
23 think it would be important for all the -- all  
24 the workgroup to be involved so that at least  
25 they become aware -- 'cause if you have

1 concerns that perhaps they haven't thought of,  
2 then they need to know what those are as well.  
3 So I -- I would be reluctant to suggest that  
4 Board members individually try to resolve  
5 issues. I think our -- our approach has always  
6 been to try to resolve issues in a -- sort of a  
7 group way, first at the workgroup level and  
8 then at the Board level. And doing it that way  
9 allows the opportunity for those who have  
10 concerns to share those with others who may not  
11 have thought of those issues, one way or the  
12 other, pro or con, whatever it may be.  
13 So I -- I think I would suggest, even though  
14 this may be frustrating to think of what we can  
15 do to -- and I don't know if it's going to take  
16 face-to-face, and I think -- I think the  
17 workgroup chair can work that out with the  
18 members and with SC&A. It appears we do not  
19 need NIOSH involved at this point, or do we?  
20 **MS. MUNN:** It would seem wise to me to have  
21 NIOSH involved --  
22 **DR. ZIEMER:** That -- that would be fine.  
23 **MS. MUNN:** -- simply because the discussion  
24 revolves around whether or not the NIOSH  
25 approach to doing this is adequate. SC&A has

1           said that it is, and we're -- we're talking  
2           about whether or not to accept the findings of  
3           both NIOSH and our technical contractor.  
4           That's basically what we're talking about.

5           **DR. ZIEMER:** Now the -- the other -- the other  
6           point I'll simply make, and emphasize again to  
7           the workgroup that this does delay decision,  
8           which is --

9           **MS. MUNN:** It does.

10          **DR. ZIEMER:** -- always frustrating to  
11          claimants, so we -- we don't want to drag this  
12          out indefinitely. But can I ask those on the  
13          workgroup to, in good faith, get together --  
14          find a date, let's get this resolved and -- and  
15          get together with SC&A and -- and try to come  
16          to closure.

17          Robert Stephan has an interest in this and --  
18          be pleased to hear your comments, Robert, as  
19          well. You understand that what's being  
20          proposed here does lead to some delay.

21          **MR. STEPHAN:** Thank you, Dr. Ziemer. Number  
22          one, I just want to thank the Board and SC&A,  
23          NIOSH, everybody who's been involved thus far.  
24          You recall that when Senator Obama first began  
25          speaking on this issue was in Naperville. That

1           was December of 2006, so quite some time ago,  
2           but we have actually come pretty far since  
3           then. We have had the review. We have had I  
4           believe two worker outreach meetings on -- on  
5           two different occasions, I believe, in Joliet -  
6           -

7           **MS. MUNN:** Yes.

8           **MR. STEPHAN:** -- that staff from -- from NIOSH  
9           was at, staff from SC&A was at, Board members  
10          were present at. We have had working group  
11          meetings. So the senator does acknowledge  
12          there has been a lot of progress between now  
13          and then. The senator is also very happy that  
14          we have been able to have the evaluation and we  
15          have potentially resolved at least a few of the  
16          issues that are in the report -- SC&A's report,  
17          versus the original approach that NIOSH had.  
18          So I would like to acknowledge the -- the --  
19          the progress that has been made in that period  
20          of time.

21          Secondarily, Wanda, I do have a question for  
22          you.

23          **MS. MUNN:** Yes.

24          **MR. STEPHAN:** You referred to a document from -  
25          - that I believe had to do with uranium

1 bioassay data. Is that a public document?

2 **MS. MUNN:** No, it is not.

3 **MR. STEPHAN:** Okay.

4 **MS. MUNN:** It was issued as a draft report in  
5 response to James's concern.

6 **MR. STEPHAN:** Okay. Okay. Is there --

7 **DR. ZIEMER:** And that in part is why we're  
8 talking, I guess, about the closed meeting. It  
9 -- there's some --

10 **DR. MELIUS:** Cor-- correct, there -- there's --  
11 has to do with the sampling data. There's a  
12 relatively small number of samples per year,  
13 and so we -- we get -- and when we start  
14 breaking down by types of work and so forth,  
15 and the limited data that's available, it gets  
16 into small numbers very quickly.

17 **DR. ZIEMER:** Right.

18 **DR. MELIUS:** That's --

19 **DR. ZIEMER:** Right.

20 **MR. STEPHAN:** Is this the type of document that  
21 would become public at some point in time?  
22 Just help me understand here.

23 **DR. ZIEMER:** I don't know the answer to that.  
24 Probably not?

25 **DR. MELIUS:** I actually believe it could. I

1 think it would -- parts of it would be  
2 significantly redacted, but the basic findings  
3 might be -- John, do you think -- Mauro, do you  
4 think that makes sense to you for --

5 **DR. ZIEMER:** John Mauro may be able to answer.

6 **DR. MELIUS:** Yeah.

7 **DR. MAURO:** Yes, I think it's a -- the current  
8 report is fairly specific because we do get  
9 into the individual measurements for individual  
10 workers.

11 **MR. STEPHAN:** Yeah.

12 **DR. MAURO:** However -- certainly I believe,  
13 working with the general counsel on redaction  
14 to their satisfaction, we can -- you know, be -  
15 - we are ready to work with them to redact the  
16 information that needs to be redacted to put --  
17 put a work product out that everyone could look  
18 at. So I do think that's certainly doable, but  
19 there may be some important information that  
20 will have to be redacted, unfortunately.

21 **DR. ZIEMER:** Okay. Thank you. You have  
22 further comments, Robert?

23 **MR. STEPHAN:** Please. Obviously the senator is  
24 -- is always concerned about timeliness, and  
25 this will delay things just a little bit

1 further. Nonetheless, given my previous  
2 comments about how far we have come, it -- it  
3 seems -- it seems fair and reasonable that, if  
4 we do have some questions, we will -- we will  
5 work to get them resolved.

6 Having said that, we -- we have 91 dose  
7 reconstructions for Blockson that have been  
8 denied thus far and -- and do need to be  
9 reworked. And I've spoken with Mr. Elliott  
10 about this on a couple of occasions and, you  
11 know, I -- I think that the sense was that we  
12 potentially were going to vote today, there was  
13 going to be a vote, so we -- you know, we would  
14 not be reworking all those claims if we were  
15 going to have a vote and potentially the  
16 petition would pass.

17 So the question is, if Larry could address this  
18 -- well, one, to -- to Jim and Wanda, what time  
19 line do you envision for your work? And two,  
20 given what that time line is, could we have  
21 NIOSH begin to triage those 91 claims that have  
22 been denied thus far. If there are some out  
23 there, once they are reworked, that will be  
24 approved, it seems fair and reasonable that we  
25 would move forward with those. So...

1           **DR. ZIEMER:** Well, let -- let me answer that.  
2           It would be my intent that we have -- if we  
3           postpone, that this be on our agenda for a vote  
4           at our next meeting. That would be the next  
5           face-to-face meeting, but we're talking about  
6           June, I believe.

7           **DR. BRANCHE:** June 24th and (sic) 26th in St.  
8           Louis.

9           **DR. ZIEMER:** So it's -- it's two months from  
10          now, but surely this -- these issues can be  
11          addressed by then, I would think.

12          Now what --

13          **MR. STEPHAN:** And -- and that document --

14          **DR. ZIEMER:** -- what NIOSH --

15          **MR. STEPHAN:** -- would be redacted --

16          **DR. ZIEMER:** -- does, and I -- we -- we cannot  
17          direct NIOSH to do anything like triaging.  
18          That'll be Larry's decision. But -- I'll have  
19          to leave it at that.

20          **MS. MUNN:** Robert, you need to understand, it  
21          was my personal expectation that we would --

22          **MR. STEPHAN:** Right.

23          **MS. MUNN:** -- have a vote at this meeting --

24          **MR. STEPHAN:** Right.

25          **MS. MUNN:** -- which is the reason that this

1 document was -- was produced and the reason it  
2 was sent out. It was an effort to make sure  
3 that all of the people in the Board who had  
4 expressed some concern about the work that had  
5 been done in the workgroup had an opportunity  
6 to review the pertinent documents that had been  
7 already produced and would -- the additional  
8 one that would be produced in response to the  
9 direct concern that had been expressed. But --

10 **MR. STEPHAN:** I appreciate that.

11 **MS. MUNN:** -- that has -- I -- I've made every  
12 effort --

13 **MR. STEPHAN:** I appreciate that.

14 **MS. MUNN:** -- that I can to move that forward,  
15 and clearly that's not going to happen.

16 **MR. STEPHAN:** I understand. I appreciate that.  
17 Can you address for me -- is it possible that  
18 this document we're discussing would be  
19 redacted prior to the meeting in June? I just  
20 don't want to come back to the meeting in June  
21 and hear we have -- we have these concerns, but  
22 yet the public is not able to address the  
23 concerns, you know.

24 **DR. BRANCHE:** The document -- the redaction for  
25 the documents from SC&A occur by the -- our

1 attorneys, so -- do you believe that it will be  
2 -- of course it all depends upon the timing in  
3 which we receive this document.

4 **MR. STEPHAN:** Well, I mean I think it's fair,  
5 what I -- what I'm trying to say here --

6 **DR. BRANCHE:** Yeah, I understand what you're  
7 saying.

8 **MR. STEPHAN:** -- making the request, you know,  
9 that --

10 **DR. BRANCHE:** It's just that the -- the  
11 redaction occurs by an office over -- over  
12 which I have little control, so --

13 **MR. STEPHAN:** This -- this is a CDC office --  
14 HHS?

15 **DR. BRANCHE:** Yes.

16 **MS. HOMOKI-TITUS:** (Unintelligible) --

17 **DR. BRANCHE:** Oh, there she is.

18 **MS. HOMOKI-TITUS:** -- how long the document is  
19 and when SC&A gets it to us. We certainly try  
20 to turn (unintelligible) documents around  
21 within a week, you know, if an (unintelligible)  
22 -- if they get us a document in time, we  
23 certainly can get it back in time.

24 **DR. ROESSLER:** The document's only six pages  
25 long.

1           **MS. MUNN:** Yes, Liz, it's a very brief  
2 document. There are no worker names, no  
3 identifying numbers. There are some year of  
4 employment data in it.

5           **MS. HOMOKI-TITUS:** I don't see any reason why  
6 if SC&A (unintelligible) that they can't be  
7 turned around quickly.

8           **DR. ZIEMER:** I think -- I believe that Liz is  
9 saying it can be made available.

10          **MR. STEPHAN:** Thank you, Liz. We just, you  
11 know, would like to, you know, if we can, make  
12 sure that we get that done in -- in advance of  
13 the June meeting. And -- and Dr. Ziemer, if we  
14 could ask your indulgence, could we have Larry  
15 Elliott address this issue of -- of the dose  
16 reconstructions, potentially moving forward  
17 with some of them?

18          **DR. ZIEMER:** Certainly.

19          **MR. STEPHAN:** Thank you.

20          **MR. ELLIOTT:** We have, as -- as Robert Stephan  
21 has indicated, we have 91 claims, I believe,  
22 maybe -- maybe -- that's in the ball park.  
23 There may be a few more since, I don't know.  
24 But we can look at those and, since lung cancer  
25 and perhaps lymphoma are the most affected

1           cancers by the changes that we've made to our  
2           dose reconstruction approach, we can examine,  
3           through a triage methodology, whether or not we  
4           can advance some of those claims. I think it's  
5           important that -- that we do that right now,  
6           rather than continue to await the Board's  
7           deliberations here, so that we can get those  
8           folks an answer.

9           **DR. ZIEMER:** Thank you very much.

10          **MS. MUNN:** Before we leave this, I want a very  
11          clear understanding of (inaudible) mistakenly I  
12          believed that to be the case last time. I  
13          thought that we had fulfilled the request. The  
14          request now is for a meeting of this workgroup  
15          to address this specific issue. There is no  
16          other outstanding issue. Am I correct?

17          **MR. GRIFFON:** I -- I still -- my issue -- I  
18          mean I -- I'm not on the workgroup, so -- but I  
19          still have concerns about the radon question.  
20          I did have correspondence from SC&A and they  
21          agree with NIOSH's position, but I still have  
22          some concerns about the -- the application of  
23          the radon model and the use of surrogate data  
24          for the radon model, and I think that should be  
25          reconsidered maybe on the workgroup level.

1           **MS. MUNN:** Okay --

2           **MR. GRIFFON:** I'd be willing to join the  
3 discussion, if I'm allowed. I don't know, you  
4 know, what the process would be.

5           **MS. MUNN:** Then -- then I need to understand  
6 this. James does not accept the recommendation  
7 of both NIOSH and our SC&A folks. Mark does  
8 not accept the recommendation of NIOSH and our  
9 SC&A experts. Is there any likely  
10 conversation, exchange of data or information  
11 that can be provided over and above what we  
12 already have that is likely to change either  
13 position?

14          **DR. ZIEMER:** I didn't -- I didn't hear you say  
15 that you didn't accept it, did --

16          **MR. GRIFFON:** Well, I -- I'm not -- I have  
17 questions about it and -- and -- I mean I'm not  
18 -- you know, it's hard to predict if there's  
19 anything out there that -- that they can change  
20 my position on, but -- I mean part of my  
21 concern on the radon is that the value being  
22 assigned is -- is, in my opinion, very  
23 consistent with -- with outdoor background  
24 levels and -- and that makes me wonder, you  
25 know, exactly how -- how good these numbers

1           are. I mean they -- but they've been reviewed  
2           by SC&A and they're -- and they seem to support  
3           NIOSH's position, but I have some questions on  
4           -- on that and -- and whether we're using  
5           appro-- you know, we're using data from a  
6           different site and whether this approach is  
7           appropriate is my -- you know, the discussion I  
8           want to have. So I can probably -- I might be  
9           able to be convinced. I'm not sure, but, you  
10          know...

11         **DR. ZIEMER:** Let me suggest something, at least  
12         in this particular case, because that might not  
13         have been a question for the workgroup, but  
14         when the report comes to the full Board, if it  
15         is a question to be raised and has not been  
16         dealt with, then we ha-- then we're back to  
17         ground zero again. So Mark, if you would  
18         delineate clearly for the workgroup the nature  
19         of your question and what sort of information -  
20         - and there's no reason why you can't sit in,  
21         as it were, on the workgroup deliberations.  
22         We're -- we don't -- as long as we don't have a  
23         quorum of the Board at a workgroup, they can  
24         proceed and you can --

25         **MR. GRIFFON:** Yeah.

1           **DR. ZIEMER:** -- assist them in delineating your  
2 question and -- and --

3           **MS. MUNN:** Perhaps --

4           **DR. ZIEMER:** -- help you understand what the  
5 assumptions were made by SC&A and -- and -- and  
6 by NIOSH and -- and try to address that. I  
7 think it would be appropriate.

8           **MS. MUNN:** And perhaps I'm addressing my  
9 question to the wrong individuals because --  
10 because these were the same criteria -- these  
11 were the same concerns that were raised last  
12 time. It was my understanding that  
13 communication had taken place between our  
14 contractor and both Mark and James in the  
15 interim. And I guess my real question, both to  
16 NIOSH and to SC&A, is -- with regard to these  
17 two specific issues that are -- are contentious  
18 here, do either of you have additional  
19 information that you can bring to the  
20 discussion of these Board members that we have  
21 not already seen? That may be the basic  
22 question.

23           **DR. MAURO:** No, I think our report is -- we've  
24 carried the analysis and the data that were  
25 available to us to -- to the degree that I

1 think we're -- our work is done. Now it  
2 becomes I think -- for example, there -- there  
3 are really two issues. One has to do with the  
4 radon issue, which is really not a Privacy Act  
5 type of question. You're simply saying we used  
6 some data from another site and is it  
7 appropriate within the guidelines that we're  
8 sort of working with to apply to this site.  
9 It's certainly a reasonable judgment call.  
10 The other has to do with the data  
11 characterizing uranium in urine of the workers  
12 that worked there. That's where we're talking  
13 about individual workers and the number of  
14 measurements made, the kinds of measurements  
15 made, who made the measurements, and are those  
16 measurements sufficient -- sufficient to do  
17 dose reconstruction. There's where we have the  
18 Privacy Act concerns where material will likely  
19 need to be redacted. So -- but we've -- we've  
20 only recently finished the work. I don't know  
21 the exact date when we delivered the report --  
22 a few weeks ago, a couple-- two, three weeks ago?

23 **MS. MUNN:** March 20.

24 **DR. MAURO:** March 20th, okay, so it's fairly  
25 recent. I think we -- I have to say, I think

1 we've done everything we could to squeeze  
2 everything out of the records and the data that  
3 were out there. There might -- I mean there  
4 might be more that could be done, but right now  
5 my sense is that we -- we've gone as far as we  
6 could in terms of wringing out the information  
7 that's out there.

8 **MS. MUNN:** Thank you, John.

9 **DR. MAURO:** The principal author of the work is  
10 here. Chick Phillips is -- sort of did the  
11 heavy lifting. He may have a perspective on  
12 this -- I'm not sure if he's in the room right  
13 now -- but we -- we worked very closely on  
14 this, so -- so right now I guess I would say I  
15 don't see right now there's anything -- unless  
16 there's something in particular that either  
17 NIOSH or the Board members could point out  
18 areas of further inquiry that might be  
19 productive, but right now we don't see what --  
20 how -- much more we can do.

21 **MS. MUNN:** John, thank you --

22 **DR. MAURO:** Do you want to add anything?

23 **MR. PHILLIPS:** (Off microphone)

24 (Unintelligible)

25 **DR. ZIEMER:** Use the mike -- use the mike,

1 please.

2 **MR. PHILLIPS:** That's an open question. It  
3 would be helpful if we knew, you know,  
4 specifically what you were concerned about, the  
5 questions with the report. If we had that  
6 going into it, it would be very helpful 'cause  
7 maybe we can address those specific things  
8 where there are questions.

9 **DR. ZIEMER:** Well, I -- I presume that's what  
10 is being asked. Is that correct, Dr. Melius?

11 **DR. MELIUS:** That -- that's -- that's actually  
12 what I originally proposed, that I first have a  
13 conversation with SC&A and then we have a  
14 workgroup meeting.

15 **MR. GRIFFON:** And I did -- I -- I'll spell out  
16 my, you know, concerns in e-mail form and get  
17 it, you know, for the workgroup format. I -- I  
18 -- I did receive correspondence from Chick and  
19 -- and part of what I have is I have a couple-  
20 page document on the radon analysis and it has  
21 some references to some EPA reports. I didn't  
22 get a chance to -- I don't know if you have  
23 those reports in PDF format might make my  
24 review of that issue a little quicker 'cause I  
25 was trying to track down those EPA reports but

1 I didn't have the time to look at those and --  
2 but again, part of my concern there is that --  
3 how -- how much the 95th percentile looks like  
4 outdoor background radon levels, and it seems  
5 to me that that -- it -- it just doesn't seem  
6 logical to me that that would be the case in an  
7 operational setting, so -- especially at the  
8 95th percentile, so it --

9 **MS. MUNN:** So essentially what you're asking --

10 **MR. GRIFFON:** If I'm reading that wrong, I'm  
11 willing to discuss that, but I'd like to  
12 discuss that.

13 **MS. MUNN:** So you want to see the EPA reports  
14 that were referenced --

15 **MR. GRIFFON:** Well, that was part of -- in his  
16 document that the-- in his response to me, that  
17 was part of the justification that these num--  
18 I think that was part of the rationale that  
19 these numbers were okay, and I didn't ha-- I'm  
20 sure it's on the O drive somewhere. I just  
21 didn't have time to track it down.

22 **MS. MUNN:** Well, you can understand the  
23 frustration I'm feeling here when I -- it --  
24 it's -- that's why I'm trying to ask --

25 **MR. GRIFFON:** Yeah.

1           **MS. MUNN:** -- the right questions of the right  
2 people. Thank you, Chick, unless you have  
3 something else to add.

4           **MR. PHILLIPS:** I'll be glad to provide those to  
5 you.

6           **MR. GRIFFON:** Okay.

7           **MR. PHILLIPS:** I'll -- I'll e-mail them to you.

8           **DR. ZIEMER:** Dr. Roessler and then Dr. Melius.

9           **DR. ROESSLER:** As a member of the workgroup, it  
10 seems to me that what we have to do is get the  
11 two issues of concern in writing. All the  
12 workgroup should have this. I think Mark has  
13 said he has it or would put it in writing. I  
14 think, Dr. Melius, rather than have an  
15 individual meeting with SC&A, I would like to  
16 see this in writing so that the whole workgroup  
17 could follow the discussion. And then I think  
18 we need to follow this up -- and this should  
19 get to SC&A so the individuals there know ahead  
20 of time what -- what's coming up. Then I'd  
21 like to see a workgroup in person rather than  
22 by teleconference. This is a very important  
23 issue and I think we need to put in the time to  
24 really resolve it.

25           **DR. ZIEMER:** Thank you. Dr. Melius and then

1 Brad Clawson.

2 **DR. MELIUS:** Yeah, I -- I would just point out  
3 that I think one of the problems here is that  
4 Ms. Munn seems to assume that we have to accept  
5 all SC&A conclusions in their reports, and  
6 without consulting with the workgroup to  
7 discuss those conclusions and findings. And I  
8 think that even though a member of a workgroup  
9 or a member of the Board can make a  
10 determination that they don't believe that any  
11 further work needs to be done by SC&A does not  
12 mean that we feel that we agree with their  
13 conclusions.

14 **DR. ZIEMER:** Understood.

15 **DR. MELIUS:** And I think that's -- and as I've  
16 pointed out before that one of the problems we  
17 have the workgroup -- and I think this is -- I  
18 think it's all of our problems, not picking on  
19 anybody -- is that we don't have a good method  
20 for closing out workgroup activities, partly  
21 because they stretch out for such a long period  
22 of time on so many different issues, and how do  
23 we sort of come to some sort of summation of  
24 all the issues and where -- where people stand  
25 in order to make sort of a meaningful

1 presentation to the other Board members, as  
2 well as to try to capture some of the -- the  
3 issues that need to be settled at the -- the  
4 Board level. And I -- it's -- it's one of --  
5 another one of those issues that's very  
6 difficult to do given limited time and so  
7 forth, but I think it's something we still need  
8 to wrestle with.

9 **DR. ZIEMER:** Right, understood. And I'm trying  
10 to help you guys get to that point on this.  
11 So let's hear from Brad and --

12 **MR. CLAWSON:** Thi-- this brings up an issue  
13 that I've been getting into and Dr. Melius kind  
14 of hit at it at the end, is that I've been  
15 trying to figure out -- being a chair on a  
16 workgroup -- of when I get done with this  
17 workgroup and I feel that we've come to a  
18 conclusion that we've gone every which way we  
19 can, and I present it to the Board, for myself,  
20 it ought to be a very detailed report. And  
21 thi-- and this is just a personal thing to me  
22 because it's hard for me for all of a sudden a  
23 workgroup that I haven't been involved at all  
24 comes in and says that all this stuff is all  
25 right and away we go and let's vote on it, when

1 I haven't even really been a part -- now I'm  
2 not talking about Blockson. I'm talking  
3 overall in all of our workgroups, because what  
4 I'm trying to do in Fernald is I'm trying to  
5 keep a database of what we started out with,  
6 how we corrected it and so forth. That -- and  
7 you know, what that -- that's probably going to  
8 be like a hour presentation, but it's the only  
9 way that I can feel that all the other members  
10 of the Board that haven't been a part of this  
11 workgroup know what the issues are, what we've  
12 done to try to rectify them -- and it doesn't  
13 mean that SC&A and NIOSH and even the workgroup  
14 are going to come to a conclusion, but it  
15 enables them to be able to know what we've got  
16 on the table, know what the Board is, and be  
17 able to raise questions about it because it's -  
18 - it's very difficult for me to vote on  
19 something that I don't have a good handle on.  
20 And I -- and I think this is -- and I -- I  
21 think this is an issue with the workgroup of  
22 how do we bring it back and portray it to the  
23 people so that -- because it's going to be all  
24 of us on the Board that vote on this.

25 **DR. ZIEMER:** Good point, Brad, and -- and

1           actually we -- we may never reach the point  
2           where each member has the depth of  
3           understanding that the members of the workgroup  
4           had. It's one reason we've gone to workgroups  
5           because for the full Board --

6           **MR. CLAWSON:** Right.

7           **DR. ZIEMER:** -- to do this on every -- on every  
8           site becomes almost impossible, so to some  
9           extent we -- we have to depend on our  
10          colleagues to help us through some of these  
11          thorny ones. Fortunately some of the major  
12          issues, such as this concern here, do rise to  
13          the level where -- where they can get aired.

14          **MR. CLAWSON:** And -- and I -- and I understand  
15          that and I -- I agree wholeheartedly. It's --  
16          it's when I put my name on something, I want to  
17          make sure that I know what I'm voting on -- you  
18          know, to the best of our ability --

19          **DR. ZIEMER:** Sure.

20          **MR. CLAWSON:** -- because -- because it's like  
21          at the end of mine -- and I know Fernald is  
22          going to be a doozy. It's very, very long to  
23          ask any questions because I know that there's  
24          going to be some questions on how we addressed  
25          it and so forth.

1           **DR. ZIEMER:** Right.

2           **MR. CLAWSON:** And that they -- they have the  
3 opportunity to see what we did.

4           **DR. ZIEMER:** Okay. Wanda, you have additional  
5 question or comment?

6           **MS. MUNN:** Yeah, I -- I have one -- I have not  
7 yet heard from NIOSH with respect to the  
8 question that I asked. Is there any additional  
9 information that we can bring forward that will  
10 address the issue at hand?

11          **MR. ELLIOTT:** I don't believe there's any  
12 additional information, but we stand ready to  
13 always provide additional explanation as to  
14 what we've done and how we've done it. I'd  
15 also like to point out that the EPA references  
16 that are mentioned in the SC&A report are  
17 references that we used in our evaluation and  
18 they are on the O drive. All of the Board  
19 members can look at those.

20          **DR. ZIEMER:** Okay. Thank you, Larry.

21          **DR. MELIUS:** One -- it's a minor comment for  
22 Larry. You can sit down 'cause it's just a  
23 comment. Is -- I mean it actually would be  
24 helpful for NIOSH to review the most recent  
25 SC&A report and clarify if there are any

1 factual errors or something in there before we  
2 deliber-- I don't think that would take long,  
3 but would be helpful, so we'd appreciate that.

4 **DR. ZIEMER:** Okay --

5 **MS. MUNN:** Please --

6 **DR. ZIEMER:** -- Wan--

7 **MS. MUNN:** -- help me understand my marching  
8 orders now.

9 **DR. ZIEMER:** I think the marching orders are  
10 for the workgroup to -- to -- to gather or to  
11 meet and to address Mark's concerns and Jim's  
12 concerns. Now --

13 **MS. MUNN:** Now it's my understanding that Jim  
14 wants interaction with SC&A prior to that time,  
15 that this report --

16 **DR. ZIEMER:** Well, I think I heard you say  
17 that, Jim, but it seems to me it would make  
18 sense if -- if the others heard the -- the  
19 questions. Is there any reason why -- even if  
20 it's done by phone or whatever --

21 **DR. MELIUS:** I mean I -- I will try to do it by  
22 e-mail. It's just -- it's always with  
23 questions it's an iterative process --

24 **DR. ZIEMER:** Yeah, I understand.

25 **DR. MELIUS:** -- and so it may be a series of e-

1 mails and I --

2 **DR. ZIEMER:** Well, it seems to me it's helpful  
3 to the other workgroup members --

4 **DR. MELIUS:** That's -- that's fine. I have no  
5 problems with that --

6 **DR. ZIEMER:** -- to know what the concerns are.

7 **DR. MELIUS:** -- yeah.

8 **DR. ZIEMER:** And -- and -- okay. Larry?

9 **MR. ELLIOTT:** Just to jump back to Dr. Melius's  
10 request a moment ago, we've already looked at  
11 the report.

12 **DR. MELIUS:** Okay.

13 **MR. ELLIOTT:** We in fact made comments, and  
14 that's why SC&A reissued another report, and  
15 we've looked at that. We have no further  
16 comments.

17 **DR. MELIUS:** Okay, thank you. I wondered why  
18 there was a second report. Thank you.

19 **MS. HOMOKI-TITUS:** Dr. Ziemer, this is Liz  
20 Homoki-Titus.

21 **DR. ZIEMER:** Yes, Liz.

22 **MS. HOMOKI-TITUS:** I just wanted to let you  
23 know Larry Elliott forwarded me the report that  
24 was sent out, and it has already been Privacy  
25 Act reviewed, so unless there's some other

1 report that we haven't seen yet, it should be  
2 done (unintelligible).

3 **DR. ZIEMER:** I think that we're not referring  
4 to the report -- you were referring to some  
5 data --

6 **DR. MELIUS:** Yeah, there's some additional --

7 **DR. ZIEMER:** -- some bioassay -- it's a --

8 **DR. MELIUS:** -- information that's --

9 **DR. ZIEMER:** -- database that's --

10 **DR. MELIUS:** -- not in the report.

11 **DR. ZIEMER:** -- not in the report, Liz.

12 **DR. MELIUS:** So it's -- it's quite -- but there  
13 -- that's nothing that I think -- I mean I --  
14 clearance of the report is separate --

15 **DR. ZIEMER:** Yeah.

16 **DR. MELIUS:** -- on that, so...

17 **DR. ZIEMER:** Yeah, they weren't referring to  
18 clearance of the report itself, but of the  
19 bioassay data, I think is what Mr. Stephan was  
20 asking about.

21 **MS. HOMOKI-TITUS:** Okay. Well, like I said, if  
22 they'll get that data to us then we can --

23 **DR. ZIEMER:** Yeah.

24 **MS. HOMOKI-TITUS:** -- (unintelligible). I just  
25 -- I thought they were referring to the report.

1           **DR. ZIEMER:** No.

2           **MS. HOMOKI-TITUS:** I just wanted to clarify it  
3 had already been...

4           **DR. ZIEMER:** Okay.

5           **MS. MUNN:** So -- oh, go ahead, Chick.

6           **DR. ZIEMER:** Additional comment?

7           **MR. PHILLIPS:** I was just going to comment it  
8 would be helpful if we -- if we had some  
9 information by e-mail or whatever the nature of  
10 your concerns. You know, particularly if  
11 they're statistical, et cetera, so we can make  
12 sure that we have the --

13           **DR. MELIUS:** Yeah, that's fine.

14           **MR. PHILLIPS:** -- (unintelligible) the  
15 appropriate persons ready for that.

16           **MS. MUNN:** Because, as James points out, this  
17 is an iterative process with respect to  
18 questions and answers --

19           **DR. ZIEMER:** Right.

20           **MS. MUNN:** -- probably the same will be true of  
21 Mark. I would suggest that if this is the  
22 route we're going to go, then it's -- it's  
23 going to be almost impossible, given the  
24 schedule that I'm working with currently, to  
25 establish an early face-to-face meeting. If we

1           -- if there's any possibility that the  
2           workgroup can establish teleconference sometime  
3           next week so that we could -- could address  
4           this, it's been outstanding far, far too long.  
5           And I thought we had it clarified last meeting  
6           and clearly we haven't, so if we can -- if  
7           there's any possibility at all of setting an  
8           early date for this, it would be helpful. I'm  
9           going to be having some surgery in a week and a  
10          half and that's going to keep me probably from  
11          being cogent even on the telephone for a little  
12          while, so --

13         **DR. ZIEMER:** Well, if you would work with the  
14          workgroup members and --

15         **MS. MUNN:** -- if -- if the workgroup --

16         **DR. ZIEMER:** -- find things out --

17         **MS. MUNN:** If the workgroup members are going  
18          to be available at the end of this session when  
19          we break, if we could get together and talk  
20          about what date might be available for us --

21         **DR. MELIUS:** Yeah, I mean I'll say for the rec-  
22          - record now, I am not available next week. I  
23          have other commitments all week.

24         **DR. ROESSLER:** I'm not, either.

25         **DR. MELIUS:** Yeah, in New York and Washington,

1 so...

2 **MS. MUNN:** That's fine, we'll -- we'll work --

3 **DR. MELIUS:** Yeah, I'm sorry --

4 **DR. ZIEMER:** Well, y'all can work it out --

5 **MS. MUNN:** We'll work it out at --

6 **DR. MELIUS:** Yeah, we'll work it out, but I'm  
7 just --

8 **MS. MUNN:** -- at break time.

9 **DR. MELIUS:** -- again, the expectation  
10 (unintelligible).

11 **DR. ZIEMER:** Okay, are there any further  
12 comments now on -- on this particular one, on  
13 Blockson?

14 **MS. MUNN:** I would like also, if there are  
15 questions from other Board members -- as there  
16 were at our last meeting -- if you still feel  
17 you do not have the kind of documentation you  
18 want to see to be content with what this  
19 workgroup has done, it would be very helpful if  
20 you would provide us with that specific  
21 information. Tell us what you want if the  
22 documents that we've given to you are not  
23 adequate. Thank you.

24 **DR. ZIEMER:** Okay, thank you very much, Wanda.  
25 We do appreciate all the work you've done on

1 this. We all recognize the frustrations that  
2 occur when we have difficulty coming to  
3 closure. But as was indicated, that's often  
4 part of this process. It's iterative. There's  
5 no -- you are not required to come to consensus  
6 necessarily and all the -- all the facets of it  
7 will become helpful to the other Board members  
8 as well.

9 **SEC PETITION STATUS UPDATE: BETHLEHEM STEEL**

10 Now, Bethlehem Steel is next --

11 **DR. BRANCHE:** We have just received a letter  
12 from Senator Schumer that needs to be --

13 **DR. ZIEMER:** We're going to read into the  
14 record a letter from Senator Schumer, and Chia-  
15 Chia will read that. It's actually just  
16 testimony, not a letter per se.

17 **MS. CHANG:** Testimony of Senator Charles E.  
18 Schumer, Advisory Board on Radiation and Worker  
19 Health, Bethlehem Steel SEC petition, April 7  
20 through 9, 2008.

21 Thank you for the opportunity to address you  
22 today regarding the pending application to add  
23 a class to the Special Exposure Cohort, SEC,  
24 for the Bethlehem Steel plant in Lackwana, New  
25 York. As I have done in the past, I would like

1 to take this moment to urge you to grant this  
2 petition as expeditiously as possible. The men  
3 and the women who worked at the facility have  
4 already sacrificed enough for their country,  
5 and should not be made to wait any longer.  
6 Before I continue with my discussion of the  
7 petition I would like to take a moment to pause  
8 and comment on a noticeable absence today. Ed  
9 Walker was long an advocate for the veterans of  
10 the Bethlehem Steel plant. He passed away this  
11 January after years of helping his fellow  
12 workers. Through all the suffering that he and  
13 his friends experienced, Ed was always a ray of  
14 sunshine in everyone's day. His cheerful  
15 disposition and enduring belief in the  
16 rightness of humanity continues to be an  
17 inspiration to everyone who knew him. I have  
18 introduced in the Senate the legislation that  
19 he inspired, a bill that would add Bethlehem  
20 Steel to the SEC, naming it the Ed Walker  
21 Memorial Act in his memory. I know that Ed  
22 would approve of the hard work that everyone  
23 involved in this project has done, and I hope  
24 that I and my colleagues live up to the high  
25 standard that he set.

1 I appreciate the Board's careful consideration  
2 of this application, especially the time and  
3 attention which you have given to the larger  
4 question of the use of surrogate data in  
5 constructing site profiles. As you know, the  
6 site profile for the Bethlehem facility relies  
7 on surrogate data far more than other sites do.  
8 While I am sympathetic to the Board's concern  
9 over creating different standards for surrogate  
10 data in the separate processes of establishing  
11 a site profile and of determining the merits of  
12 an SEC petition, I truly believe that not to  
13 grant the petition in this case creates an  
14 unfair disparity in standards between profiles  
15 which were created early in the EEOICPA process  
16 and profiles which were created later. I feel  
17 that fairness dictates that this application be  
18 granted as quickly as is practicable.

19 The men and women who worked at the Bethlehem  
20 facility are the heroes of the Cold War. They  
21 gave their health to our country's victory in  
22 that long and dangerous conflict. Please, I  
23 urge you to grant this application before any  
24 more Cold War veterans, like Eddie, die without  
25 receiving the just thanks and compensation that

1 they are owed by their government.

2 Thank you so much for the chance to speak to  
3 you today about this important topic.

4 **DR. ZIEMER:** Okay, thank you very much. I  
5 understand we may have some petitioners on the  
6 line, and I am allowed to -- to indicate their  
7 names, I'm told. [name redacted], are you on  
8 the line this morning?

9 (No responses)

10 [name redacted], are you on the line?

11 (No responses)

12 Okay, apparently not. Bethlehem Steel action  
13 was actually tabled pending surrogate -- the  
14 working group on -- handling -- or addressing  
15 the surrogate data issue report. I don't think  
16 we're -- where are we on that?

17 **DR. MELIUS:** Let -- let me -- let me give an  
18 update --

19 **DR. ZIEMER:** Yeah.

20 **DR. MELIUS:** -- and I want to make a proposal  
21 and see -- I've circulated a draft set of  
22 criteria for the use of surrogate data in dose  
23 reconstruction, and I will say for the record  
24 before Wanda corrects me, this is surrogate  
25 data in a very broad sense. So I mean it's any

1 use of data from another site for dose  
2 reconstruction on the site. It may not be the  
3 usual reference in the group. And the -- I've  
4 received comments from other members of the --  
5 the workgroup, including extensive comments  
6 from Wanda on this. I think we're in general  
7 agreement on what the sort of general criteria  
8 should be. I think the specifics of the  
9 criteria and how we word that -- there may be  
10 some issues that we-- that we still need to  
11 address. What I would like to propose as a way  
12 of going forward -- and I think probably is a  
13 way of trying to reach some consensus, both  
14 within the workgroup and within the -- the  
15 Board for -- on this issue is one -- one of the  
16 SEC petitions and evaluations we have  
17 outstanding is the Texas City facility, and  
18 that is essentially a surrogate data issue. I  
19 mean use of it. And that -- that might be a  
20 good example to let our workgroup use as an  
21 example and as a way of -- well, to -- refining  
22 our criteria as well as getting some discussion  
23 by the Board 'cause I think we can discuss  
24 these better if we have examples, and examples  
25 that are sort of fresh examples that we've not,

1           you know, sort of already reached  
2           determinations on and -- and may have differing  
3           views on or whatever, and so I think that's  
4           something that could be accomplished by the  
5           next meeting. And then I would like to work  
6           with John Mauro and the other Board members,  
7           maybe come up with one or two other example  
8           areas that we could use as a way of presenting  
9           these to the Board, as well as maybe making  
10          some progress on -- on Texas City -- do that.  
11          I -- I will say I think one of the -- the  
12          issues that -- that we have and I think is more  
13          -- I won't say theoretical, but conceptual, is  
14          that -- I think we all recognize that surrogate  
15          data is widely used in controlling exposures.  
16          I mean it's a recogni-- I mean we do it -- I --  
17          I think the issue is that when it's used to --  
18          for example, to decide how to -- what are  
19          appropriate levels of control and so forth for  
20          a particular radiation exposure in a particular  
21          setting, there are sort of one set of criteria  
22          and ap-- approach that's used for that, that  
23          the -- that the criteria for when it's applied  
24          for dose reconstruction may be different or may  
25          weigh some of those factors differently, and I

1 think that's what we have to come to grips on  
2 so that we -- we may end up with slight  
3 differences in terms of -- of how we would  
4 consider the application of surrogate data in  
5 dose reconstruction as oppo-- as opposed --  
6 that would not really call into question how  
7 it's used in -- in radiation control. And I --  
8 I think that -- we'll see. I mean I'm just --  
9 I don't probably know enough about the  
10 radiation control side to -- to say that with  
11 confidence, but -- but I think that's one of  
12 the -- the -- the areas that I think we have to  
13 sort of wrestle with theoretically or  
14 conceptually in doing this. I think we can do  
15 it better with examples than trying to think  
16 like here 'cause I think one of the problems --  
17 and I think Wanda's comments were very good,  
18 but she -- she was thinking of it I think more  
19 from, you know, how -- experience in radiation  
20 control. I'm thinking more of it as an  
21 epidemiologist, as a data issue, and sometime  
22 those two -- you know, they're just -- require  
23 sort of a di-- different approach at times, so  
24 -- may be the same science and it may be exact  
25 same set of facts and understanding of the

1 facts, it's just the application would be used  
2 with different criteria. So anyway, that's my  
3 proposal. I've not talked to anybody else  
4 about this, so --

5 **DR. ZIEMER:** Well --

6 **DR. MELIUS:** -- feel free to comment, disagree,  
7 whatever, but I -- I thought it would be a way  
8 of moving forward.

9 **DR. ZIEMER:** Well, let me --

10 **DR. MELIUS:** Ac-- actually I -- I will credit -  
11 - or blame, whatever -- John Mauro 'cause he  
12 did -- he and I did talk very briefly about  
13 Texas City and he mentioned it was a surrogate  
14 data issue and was ha-- be hard to do one  
15 without the other. I don't want to get us  
16 caught up like we are with Bethlehem, so --

17 **DR. ZIEMER:** Well --

18 **DR. MELIUS:** -- but that -- and I think that  
19 would also -- if we can come to conclusion with  
20 that and with some examples, I think dealing  
21 with issues like Bethlehem, wherever else,  
22 maybe to some extent this radon issue would --  
23 would be -- I think we'd be able to move ahead  
24 as a Board on that.

25 **DR. ZIEMER:** Well, let -- let the Chair make

1           some general comments. In my mind, in order  
2           for us to act on Bethlehem, and Texas City was  
3           the next example in line, we have to come to  
4           grips with our own policy for use of surrogate  
5           data. I'll call it policy now but it would be  
6           basically that -- or what we think the proper  
7           use of surrogate data is. That will help us  
8           very much in reaching a decision because the  
9           crux of it at Bethlehem, and it will be at  
10          Texas, is is that appropriate use of data from  
11          another site to characterize the worker  
12          exposures at this particular site. And if we  
13          can develop -- and it's -- it's good to have  
14          examples as you think through that, but you, at  
15          the same time, want to have criteria that are  
16          somewhat universal in the sense that they are  
17          not biased toward a particular site. That is,  
18          you develop it so it fits Texas City and then  
19          it doesn't work anywhere else, so it -- it has  
20          to --

21          **DR. MELIUS:** Yeah.

22          **DR. ZIEMER:** I think the examples help us to  
23          think of the issues that we must come to grips  
24          with and so that's -- that will be very  
25          helpful.

1           **DR. MELIUS:** Yeah.

2           **DR. ZIEMER:** So in essence, what you're  
3 suggesting, and I certainly concur on asking if  
4 the Board concurs, is that Bethlehem Steel  
5 remains on the table until we come to  
6 resolution on the issue of how surrogate data  
7 should be used. And if you don't agree with  
8 that, you can make a motion to remove Bethlehem  
9 Steel from the table, but otherwise it will  
10 remain there I think for the time being.  
11 But let's have some other comments, pro or con,  
12 both on the idea of completing the surrogate  
13 data concepts before we deal with Bethlehem,  
14 and even Texas City. And Wanda.

15           **MS. MUNN:** We're probably behind the curve in  
16 terms of bringing this to the Board. It should  
17 have been an item that we addressed probably a  
18 year ago. So the sooner we have an opportunity  
19 to --

20           **DR. ZIEMER:** Right.

21           **MS. MUNN:** -- to come to closure with surrogate  
22 data and the policy that's going to be used,  
23 the sooner we can move on with not only just  
24 the two that were mentioned, but innumerable  
25 other cases.

1           **DR. ZIEMER:** Now I might point out -- and it  
2           feels like we've been discussing Bethlehem  
3           Steel for many years, and we have, but actually  
4           the petition is not that old. I think the  
5           Bethlehem Steel petition was much more recent  
6           than Bethlehem Steel issues in general 'cause  
7           we've dealt with that site profile and  
8           discussed the use of surrogate data, but we  
9           actually have not had a petition that -- that  
10          long.

11          Larry, you have some additional comments?

12          **MR. ELLIOTT:** I just wanted to say for the  
13          record and for those Bethlehem Steel claimants  
14          that might be listening in that, unlike  
15          Blockson, we have not pended or held up any  
16          claims --

17          **DR. ZIEMER:** Right.

18          **MR. ELLIOTT:** -- through dose reconstruction  
19          for the Board's deliberation.

20          **DR. ZIEMER:** Right. Bethlehem Steel I think  
21          were largely completed as far as dose  
22          reconstructions, yeah. Thank you, Larry.  
23          Other comments, Board members? Are you  
24          agreeable to this strategy for proceeding?

25          **MR. CLAWSON:** Yes.

1           **DR. ZIEMER:** I'm not asking for a vote, but  
2           kind of a consensus. Is there -- are there  
3           objections, let me put it that way.  
4           Okay.

5           **MS. MUNN:** This raises the question then, when  
6           are we going to address the surrogate data  
7           policy?

8           **DR. ZIEMER:** Well, I think the chair is  
9           suggesting that they are going to try to  
10          develop this recommendation --

11          **DR. MELIUS:** At the next meeting. I don't  
12          think -- am I right -- is that going to pose a  
13          problem to SC&A in terms of the Texas City...

14          **DR. MAURO:** Let -- I'm trying to get things  
15          sorted out. Texas City, if the Board does  
16          request us to take a look at that SEC petition,  
17          that certainly is -- from what I've heard --  
18          based heavily on surrogate data, so -- now --  
19          now as far as the surrogate data policy goes,  
20          there is a draft policy Dr. Melius put out that  
21          the way I see it is if we were to be asked to  
22          look at, whether it's Texas City -- perhaps  
23          revisit surrogate data use on Bethlehem Steel,  
24          perhaps revisit the use of radon for Blockson -  
25          - what we would do immediately is proceed with

1           the current draft guidance and put tho-- that  
2           use to that test. I would -- there is --  
3           there's four criteria, draft criteria, that Dr.  
4           Melius laid out. And I guess what I'm saying  
5           is we are right now in a position where we  
6           could make a run at -- and present to the  
7           working group or the Board our perspective on  
8           the degree to which the actual use of surrogate  
9           data in each of these venues -- the degree to  
10          which they appear to meet, perhaps or not meet,  
11          the general criteria laid out.  
12          Now, that doesn't mean there's not more that  
13          can be done in terms of refining and developing  
14          the surrogate data policy and guidelines. But  
15          we do have -- at least draft some guidelines,  
16          which I think helps advance the flag, so to  
17          speak, so I -- I think that -- what I'm saying  
18          is yes, we are in a position right now to start  
19          to move that process forward and perhaps it's  
20          not unreasonable to start that process as the  
21          surrogate data matures and the thinking  
22          matures. In fact, it might even help, because  
23          it may turn out that as we move through, as  
24          SC&A moves through the process, perhaps in some  
25          collaboration with NIOSH in looking at some of

1           these issues, it will reveal the places where  
2           additional guidance is needed, the -- you know,  
3           it's almost like it's an iterative process  
4           that, you know, the policy can be enriched by  
5           the experience as we try to apply it. The -- I  
6           --

7           **DR. ZIEMER:** Okay, thank you. And what I'm  
8           going to suggest is -- and that's food for  
9           thought. I don't want to task that right now,  
10          but when we come back in our Board work time  
11          and do tasking, maybe we'll have had a chance  
12          to think about that as -- and how it fits into  
13          the workgroup's work.

14          A further comment.

15          **DR. MELIUS:** Right, and it -- and just one  
16          other thing I'll do is I will circulate the  
17          draft comments -- the draft criteria, along  
18          with Wanda's comments 'cause I think those are  
19          -- be helpful and everyo-- then everyone knows  
20          those are the -- I had some more -- well, I had  
21          some input from Mark earlier, and then Jim  
22          Lockey had some relatively minor comments that  
23          I've incorporated, but -- but I think that  
24          would at least give everyone a sense of -- of  
25          what's going -- and if people have suggestions

1 or thoughts on what we've missed or what we're  
2 doing wrong, let us know. I mean it's not...

3 **DR. ZIEMER:** Okay. So we'll return to that --

4 **DR. MELIUS:** Yeah.

5 **DR. ZIEMER:** -- as far as tasking later.

6 **DR. BRANCHE:** But did I hear Dr. Melius say  
7 that he was going to --

8 **DR. ZIEMER:** But I think we -- let's --

9 **DR. MELIUS:** I --

10 **DR. ZIEMER:** -- we're -- we want to be on the  
11 agenda. We'll see where we are.

12 **DR. MELIUS:** Yeah, we -- we -- we'll try to --  
13 I think -- yeah, I see no reason why not --  
14 whether we reach closure, but we can  
15 certainly...

16 **DR. BRANCHE:** So the title -- so the heading  
17 will be surrogate data, under which Bethlehem  
18 Steel and potential Chapman -- Texas City  
19 Chemical would fit.

20 **DR. MELIUS:** I believe so, yes.

21 **DR. BRANCHE:** Okay, thank you.

22 **DR. POSTON:** Which you're going to circulate to  
23 everyone?

24 **DR. MELIUS:** I'll circulate the criteria to  
25 have time I -- sort of welcome input, I think.

1           The -- the issue (unintelligible) is always  
2           what you've missed, not -- you know, not --  
3           what you haven't thought about, not -- you tend  
4           to focus on...

5           **DR. ZIEMER:** Okay, that completes this item on  
6           the agenda. Yeah, it's time for a break.

7           Let's do our break right now.

8           (Whereupon, a recess was taken from 9:50 a.m.  
9           to 10:10 a.m.)

10          **DR. ZIEMER:** Okay, if you will take your seats  
11          we will resume our activities.  
12          Some of what we're going to do now is carry-  
13          over from earlier parts of the meeting. First  
14          of all, Board members, I want to call attention  
15          to one action that we made that perhaps was  
16          done in a somewhat different manner than we  
17          have in other cases. Let -- let me tell you  
18          what it is and then you can decide what -- what  
19          you would like to do.

20          **SANTA SUSANA**

21          In the case of Santa Susana we had a petition  
22          that we agreed to delay action on till next  
23          time, I believe it was. But it also did have  
24          in it -- carved out, as it were -- a class for  
25          which NIOSH could not reconstruct dose. Now in

1 other cases like that -- such as Hanford and  
2 some others -- we have gone ahead and approved  
3 or recommended approval of those classes, even  
4 though there were other parts of the time frame  
5 or the facilities that needed further  
6 attention. What I'm wondering is if the Board  
7 would in fact want to do that in the Santa  
8 Susana case, to act on that portion that was  
9 identified and sort of carved out and -- and  
10 still allow for things to move forward.

11 I believe the mover of the motion to delay was  
12 Dr. Poston, and Dr. Poston, I understand that  
13 you were not necessarily -- although you may  
14 have, you weren't necessarily intending that we  
15 not act on the earlier -- on that earlier  
16 portion, but that's what we ended up doing. Is  
17 that correct or...

18 **DR. POSTON:** In this par-- in this particular  
19 case, I made a motion so that we could discuss  
20 the issue.

21 **DR. ZIEMER:** You made the motion to delay in  
22 order to discuss the issue at the next meeting.

23 **DR. BRANCHE:** Oh, I thought it was in this time  
24 frame.

25 **DR. POSTON:** No, no, you can't discuss it

1 without a motion, so I made a motion --  
2 *Roberts' Rules of Order.*

3 **DR. BRANCHE:** You made a motion, the motion  
4 carried. But then --

5 **DR. MELIUS:** Can I speak to --

6 **DR. ZIEMER:** Yes.

7 **DR. MELIUS:** Yeah, yeah -- I mean I actually  
8 specifically addressed that issue in the  
9 discussion of -- of his mo-- motion and first  
10 of all, historically we have not always  
11 immediately accepted a NIOSH recommendation for  
12 an SEC or partial area and so I think there's  
13 an issue of sort of due diligence for the Board  
14 to review the -- the information and so forth,  
15 and particularly since we hadn't had a review  
16 of -- of this document.

17 Secondly, and probably more importantly,  
18 relevant to what your concern was, Dr. Ziemer,  
19 was -- I had some concerns and I actually asked  
20 some questions of Stu about it was that how --  
21 recall the SEC -- granting of the SEC class was  
22 based on the lack of data pre-1959,  
23 particularly internal monitoring data. And the  
24 way the SEC evaluation report is, they -- they  
25 group everything sort of pre-'59 and post-'59.

1           And my concern was -- and my questions were  
2           about the initiation of the monitoring program  
3           '59 -- how adequate was it in '59 or in '60 in  
4           the early years and cover all areas and -- and  
5           so forth. And I thought that the -- that it'd  
6           be better if we evaluated that particular issue  
7           and then decide whether, you know, 1958 -- the  
8           end of 1958 was the appropriate cutoff. I'm  
9           reluctant to sort of incrementally keep  
10          changing them and -- and so that -- that was  
11          the rationale. It may very well be that '58 --  
12          **DR. ZIEMER:** I understand, and actually the --  
13          the point there is maybe it should be a longer  
14          period. I don't think it would contract the  
15          other way. I mean they already know they don't  
16          have data for the -- for the early years, but  
17          you were concerned about the adequacy of the  
18          data going the other -- other direction as to  
19          whether the boundary should be increased. And  
20          of course we could approve the smaller group  
21          and still add to it, but that was your concern  
22          about incrementally --

23          **DR. MELIUS:** Yeah, yeah --

24          **DR. ZIEMER:** -- adding, and I understand that.

25          **DR. MELIUS:** -- it -- it --

1           **DR. ZIEMER:** And --

2           **DR. MELIUS:** And given that SC&A is just  
3 starting their review of the site pro-- you  
4 know, the -- I didn't think we really knew  
5 enough about the site yet and the way NIOSH  
6 presented the data. I mean it was difficult.  
7 I don't think pending -- expect -- it's unfair  
8 to expect Stu to know everything that was done  
9 in every year and it (unintelligible) so forth,  
10 so --

11          **DR. ZIEMER:** And was that in alignment with  
12 what you were thinking when you made the motion  
13 to postpone?

14          **DR. POSTON:** Well, my recollection is pretty  
15 vague right now, but my recollection was that  
16 we asked John Mauro how far he'd gotten and he  
17 said it'd take about four months and he was  
18 only into it a month. So --

19          **DR. ZIEMER:** Right.

20          **DR. POSTON:** -- it didn't make a whole lot more  
21 sense --

22          **DR. ZIEMER:** Right.

23          **DR. POSTON:** -- it didn't make a whole lot of  
24 sense --

25          **DR. ZIEMER:** That was on the site profile,

1           which might affect additional time periods.

2           **DR. MELIUS:** Right, it -- it -- it --

3           **DR. POSTON:** It just didn't make any sense to  
4           me to make a -- make a decision on something  
5           when we didn't have all the information.

6           **DR. ZIEMER:** Right. Now let me ask Larry, in  
7           terms of sort of the incremental idea, what  
8           does that -- how does that impact on you? I'm  
9           not really pushing necessarily that we do that,  
10          but I just wanted to call attention to the fact  
11          that we often have approved smaller groups,  
12          awaiting information on other time periods and  
13          other frame -- other --

14          **MR. ELLIOTT:** Yes, you have. You have done  
15          that at Mound where we recommended a class at  
16          Mound but there were questions that were on the  
17          table about the remainder of the period that  
18          was not included in that class definition.  
19          You've done that at Hanford. We could -- we  
20          could provide more examples, but I would speak  
21          up on this and -- and request that this class  
22          be added as we had recommended because there  
23          are -- there are claimants standing in this  
24          class that could benefit from this decision.  
25          So if the Board would recommend to the

1 Secretary that this class be added, as NIOSH  
2 has recommended, then we can attend to that  
3 number of claimants that are involved in this  
4 class, and still go forward and do the, you  
5 know, further discussion and resolution of any  
6 issues, you know, beyond the current time  
7 period of the class.

8 **DR. POSTON:** Well, I don't object to  
9 reconsidering the mo...

10 **DR. ZIEMER:** Well, I just wanted to lay this  
11 out in case -- if -- if the Board wishes to act  
12 on the small -- on that shorter time period --  
13 so you -- you've heard the -- the pros and  
14 cons, the incremental issue. I think the  
15 request from NIOSH that it appears that  
16 wouldn't be a problem from your point of view,  
17 but oth-- others want to weigh in?

18 **MS. MUNN:** Yeah, I --

19 **DR. ZIEMER:** At the moment we would not take  
20 any action, at least till the next meeting, but  
21 I just want to make you aware of what appeared  
22 to me to be a -- a bit of an inconsistency  
23 here.

24 **MS. MUNN:** I -- I believe I seconded that  
25 motion --

1           **DR. ZIEMER:** Oh, for John?

2           **MS. MUNN:** -- and -- and -- yes.

3           **DR. ZIEMER:** Okay.

4           **MS. MUNN:** And for pretty much the same reason,  
5 but it -- it's -- if it's clear that there is  
6 not going to be any additional information  
7 forthcoming with respect to the recommended  
8 class now, then certainly with -- with the  
9 understanding that what is ongoing has to do  
10 with other years and not this particular class  
11 that's been proposed, I see no reason why we  
12 shouldn't go ahead and approve the class, if --  
13 if we are aware that there's not going to be  
14 further information from any source.

15           **DR. ZIEMER:** What is the likelihood that the  
16 SC&A review would somehow tell us that -- that  
17 that early period could be reconstructed when  
18 NIOSH says we don't have any -- any data? That  
19 may not be a fair question for you, John.

20           **DR. MAURO:** That's not a fair question.

21           **DR. ZIEMER:** No.

22           **MR. GRIFFON:** I mean yeah, I -- I guess I would  
23 just come at this from a slightly different  
24 angle, and my only hesitation to vote in that  
25 early period, and I certainly hear a lar-- I

1 mean we have done this in the past, and we  
2 don't want to hold up claims -- I'm not sure  
3 how many claims this would affect, but my  
4 hesitation would be just to make sure we're --  
5 you spoke of consistency, but I would speak  
6 inconsistency on how we're -- we're looking at  
7 various sites, too, and I know we have in -- at  
8 least in some instances, used back-  
9 extrapolation models to extrapolate exposures  
10 back in-- into earlier years. I know that  
11 wasn't offered here, but if we see a wealth of  
12 data in -- in the next time period, you know,  
13 it begs the question of -- of could that have  
14 been done if you know enough about the  
15 operations, if they were similar operations.  
16 You know, we do have a charge to look at  
17 fairness and consistency across our -- our  
18 recommendations, too, so that -- that's sort of  
19 how I was considering it, and it's a kind of a  
20 complicated site so I didn't want to make a on-  
21 the-spot -- you know, it's not just a -- a  
22 uranium faci-- you know, it's got a lot of  
23 things going on, so that was my hesitation on  
24 that.

25 **DR. ZIEMER:** And Jim.

1           **DR. MELIUS:** Yeah, and I don't mean -- I mean  
2 we've said this before, but I think we have an  
3 obligation sort -- you know, to review, you  
4 know, recommendations for the class and, you  
5 know, sort of the same level of at least  
6 initial review that we would do for I think,  
7 you know, turning down a class. I mean I -- I  
8 think it's -- it's something that we have to  
9 look at and raise questions and there are  
10 possibilities, and especially given that we  
11 hadn't done a site profile review, really not  
12 spent any time on -- on -- on the site -- do  
13 that. And I just felt more comfortable  
14 postponing. I mean I certainly would like to  
15 try to facilitate SE-- SC&A's review of the SEC  
16 evaluation report and -- mention that and we  
17 said we would discuss that later as part of our  
18 assignments to SC&A so that, you know, ho--  
19 hopefully maybe this issue doesn't have to wait  
20 the -- the four months that it will take them  
21 to complete this complete, you know, site  
22 profile review. We can expedite it over that.  
23 But at the same time I -- I would certainly  
24 feel more comfortable (unintelligible) adequate  
25 information and I think we should, you know,

1           treat all these reports at least in a similar  
2           fashion initially to make sure we're  
3           comfortable with the recommendation.

4           **DR. ZIEMER:** Any other comments?

5                                 (No responses)

6           No ac-- if we -- if we take no action here, it  
7           will remain as it was with the postponement. I  
8           just wanted to ma-- make everyone aware of --  
9           of what I -- I thought was a some-- somewhat  
10          inconsistent with what we have done. But  
11          again, there's certain reasons for that as well  
12          that have been articulated. But is -- is there  
13          -- are there any Board members who wish to  
14          speak in favor of reconsidering?

15                                (No responses)

16          Apparently not. Okay, then -- then the  
17          previous action stands and we will have this on  
18          our agenda for the next meeting. And we'll  
19          make appro-- well, either way we would still  
20          have tasking for SC&A because the other time  
21          period would still have to be addressed.

22          Okay.

23          **DR. POSTON:** Well, let me understand before we  
24          leave this. So if we leave it as it is, then  
25          we will take it up in June. Is that right?

1 DR. ZIEMER: Yes, uh-huh.

2 MR. CLAWSON: And -- and if possible, SC&A --

3 DR. ZIEMER: Well, it depends on where --

4 MR. CLAWSON: On where they're at?

5 DR. ZIEMER: -- I mean the intent will be it  
6 will be on the agenda in June. We'll have to  
7 see where we are in terms of the review and  
8 whether we're ready to take action.

9 DR. POSTON: So -- so at that time we may split  
10 this into time frames? Is that where we're...

11 DR. ZIEMER: Well, it's already -- we -- we  
12 have a recommendation already. We -- we -- we  
13 have a recommendation from NIOSH.

14 MS. MUNN: Uh-huh.

15 DR. ZIEMER: So in a sense, it's already split  
16 into time frames.

17 DR. POSTON: Okay.

18 DR. ZIEMER: The question --

19 DR. POSTON: I mean --

20 DR. ZIEMER: -- would be whether -- whether as  
21 -- as the site profile is reviewed with an eye  
22 on the SEC issues, whether or not that time  
23 frame should change. That's --

24 DR. MELIUS: Yeah --

25 DR. ZIEMER: -- a possibility.

1           **DR. MELIUS:** -- I -- I think that's the -- the  
2           real -- the real issue is what is -- is that  
3           the right time frame. I think that --

4           **DR. ZIEMER:** If something comes out -- if at  
5           that time we've had sufficient information to  
6           be comfortable with the time frame as it was  
7           proposed, we're free to go ahead and take  
8           action. We might decide at that point we're  
9           not ready to take action, either way. So I --  
10          I don't think we know in advance what -- what  
11          the outcome will be, so -- but it will be on  
12          the agenda. Okay?

13          **DR. BRANCHE:** If the person -- people  
14          participating by phone could please mute their  
15          phones, that will help us all. If you don't  
16          have a mute button, then please use star-6, but  
17          we do have some background noise on the line.  
18          Thank you.

19          **SANDIA LIVERMORE**

20          Then we have Sandia.

21          **DR. ZIEMER:** We said yesterday we would revisit  
22          Sandia -- that's Sandia Livermore. We have a  
23          recommendation from NIOSH that they can do dose  
24          reconstruction. This is a -- a potential class  
25          of three individuals. I -- I indicated that we

1 would return to that issue now. It's -- let me  
2 ask if any Board members have further questions  
3 on the recommendation on Sandia -- and Sam is  
4 also ready here to ask questions -- or answer  
5 questions. The -- NIOSH has indicated an  
6 ability to -- to do dose reconstruction. They  
7 have already done that for the one claimant  
8 that they've had from that site. There's been  
9 one so far. I think it was indicated to us  
10 that in fact that claimant was --

11 **MS. MUNN:** Yeah, I think he did.

12 **DR. ZIEMER:** -- was compensable. It would be  
13 in order to have a motion, one way or the  
14 other, on -- on the Sandia Livermore petition.  
15 Wanda Munn.

16 **MS. MUNN:** In view of the fact that I see  
17 nothing in the literature that we have to the  
18 contrary, and given the NIOSH assertion that  
19 they do have adequate information to complete  
20 dose reconstruction for these claimants that we  
21 have in hand, I move that the SEC not be  
22 accepted.

23 **DR. ZIEMER:** Okay, you've heard the motion. Is  
24 there a second?

25 **MR. CLAWSON:** Second.

1           **DR. ZIEMER:** Seconded. Any discussion? If --  
2           if the motion carries, we do not have a  
3           recommendation to the Secretary. I don't  
4           recall whether we report this to the Secretary  
5           or not. I don't think we even need to if  
6           there's -- I'm trying to recall what we've done  
7           in the past. But in any event --

8           **DR. BRANCHE:** You have to say something to the  
9           Secretary.

10          **DR. WADE:** Well, Emily needs to speak  
11          (unintelligible).

12          **MR. GRIFFON:** Yeah.

13          **DR. ZIEMER:** I'm trying to recall, do we report  
14          to the Secretary if -- if we --

15          **MR. GRIFFON:** (Off microphone) (Unintelligible)  
16          supporting NIOSH (unintelligible).

17          **DR. ZIEMER:** -- are supporting a denial of a  
18          motion to --

19          **MS. HOWELL:** We have in the past sent something  
20          to the Secretary. It's -- it's written  
21          differently --

22          **DR. ZIEMER:** Yes.

23          **MS. HOWELL:** -- and the desig-- there's no  
24          longer a designation packet so the supporting  
25          documentation --

1           **DR. ZIEMER:** Right, we just --

2           **MS. HOWELL:** -- that goes forth is differently  
3           (sic), but a letter is --

4           **DR. ZIEMER:** Yes.

5           **MS. HOWELL:** -- sent up.

6           **DR. ZIEMER:** Okay. Let -- let me -- and I  
7           think I have in the -- in my files some -- a  
8           few letters of that type. We don't have the  
9           standard wording ready --

10          **DR. MELIUS:** There -- the -- the -- Paul, there  
11          actually is a stan-- standard wording. This  
12          has come up before and I've had to hunt on the  
13          Internet to find it and I -- I -- I'll try to  
14          remember wh-- where it is.

15          **DR. ZIEMER:** Well, I think I have it here on my  
16          --

17          **DR. MELIUS:** Oh, do you? Okay, good. Okay.

18          **DR. ZIEMER:** We'll dig it out. But --

19          **DR. BRANCHE:** We can get a template to you if  
20          we need to.

21          **DR. ZIEMER:** -- we'll -- we'll get a template  
22          here if this motion carries. Is there any  
23          further discussion, pro or co-- does anyone  
24          wish to speak against the motion, or for the  
25          motion?

1 (No responses)

2 Hmm, it'll be interesting to see how it comes  
3 out. No one's supporting it opposing it --  
4 keeping our cards close to the vest.

5 **DR. MELIUS:** Put your -- put you head on the  
6 table and (unintelligible) -- close your eyes  
7 and then we'll raise our hands.

8 **DR. ZIEMER:** Okay, we will vote by roll call.  
9 Yes means you are voting to deny the petition  
10 for Special Exposure Cohort.

11 **DR. MELIUS:** Can we delay our votes? I mean...

12 **DR. BRANCHE:** He meant that humorously. Okay.  
13 Ms. Beach?

14 **MS. BEACH:** Yes.

15 **DR. BRANCHE:** Mr. Clawson?

16 **MR. CLAWSON:** Yes.

17 **DR. BRANCHE:** Mr. Gibson?

18 **MR. GIBSON:** Yes.

19 **DR. BRANCHE:** Mr. Griffon?

20 **MR. GRIFFON:** Yes.

21 **DR. BRANCHE:** Dr. Melius?

22 **DR. MELIUS:** Yes.

23 **DR. BRANCHE:** Ms. Munn?

24 **MS. MUNN:** Yes.

25 **DR. BRANCHE:** Mr. Presley?

1           **MR. PRESLEY:** Yes.

2           **DR. BRANCHE:** Dr. Poston?

3           **DR. POSTON:** Yes.

4           **DR. BRANCHE:** Dr. Roessler?

5           **DR. ROESSLER:** Yes.

6           **DR. BRANCHE:** Mr. Schofield?

7           **MR. SCHOFIELD:** Yes.

8           **DR. BRANCHE:** Dr. Ziemer?

9           **DR. ZIEMER:** Yes.

10          **DR. BRANCHE:** And I'll get Dr. Lockey's vote.

11          **DR. ZIEMER:** Thank you. I declare that the --  
12          and there are no abstentions. I'll declare  
13          that the motion carries, and we will report to  
14          the Secretary that we are in agreement with the  
15          NIOSH analysis that dose can be reconstructed  
16          and that the Special Exposure Cohort is not  
17          recommended in this case.

18          **CHAPMAN VALVE**

19                 Next I think we have Chapman Valve. Do we have  
20                 people on the line for Chapman?

21          **DR. BRANCHE:** There some be some -- not so much  
22          the petitioners, but we just have Congressional  
23          staffers who are on the line and wanted to hear  
24          this.

25          **DR. ZIEMER:** Okay. Let me ask if -- if there

1 are Congressional staffers on the line that  
2 were interested in the Chapman Valve petition?

3 **MS. BLOCK:** Yes, this is Sharon Block from  
4 (unintelligible) --

5 **DR. ZIEMER:** Sharon, thank you. We wanted to  
6 make sure that you were here for this part of  
7 the discussion.

8 **MS. BLOCK:** I appreciate that.

9 **DR. ZIEMER:** Anyone else?

10 **MR. LANDRY:** My name is Roger Landry. I'm not  
11 a Congressional staffer, but I did work at  
12 Chapman Valve and I probably have the most  
13 experience and knowledge as to what's going on  
14 and what did go on at Chapman Valve.

15 **DR. ZIEMER:** Very good. Thank you.

16 **DR. BRANCHE:** Oh, Dr. Makhijani would like to  
17 make a statement about yesterday's discussion.

18 **DR. ZIEMER:** Dr. Makhijani, the Chair  
19 recognizes you.

20 **DR. MAKHIJANI:** Thank you very much, Dr.  
21 Branche, Dr. Ziemer and Dr. Poston for giving  
22 me the opportunity to clear up the record  
23 regarding a statement I made yesterday about  
24 the SC&A report. I said that there was an  
25 error in that report that would require a page

1 change. However, I was in error about the  
2 error and no page change is actually required.  
3 Now the specific issue around -- was around  
4 what an interviewee had said regarding the  
5 manifolds that she said were sent back to Oak  
6 Ridge -- from Oak Ridge to Chapman Valve. Her  
7 statement was that the manifolds were sent back  
8 for -- were sent for repair and welding and  
9 cleaning, and hence the statement in the SC&A  
10 report regarding the manifolds and the  
11 interviewee's interview was correct. I just  
12 wanted to read that into the record so there's  
13 no question, since there was a question about  
14 how I'd interpreted it and so on. I just want  
15 to read that piece into the record so that  
16 SC&A's analysis that was presented for you is -  
17 - correctly stands in the record. Thank you.  
18 This is from a piece of the fifth conclusion in  
19 our report. (Reading) The only piece of  
20 evidence as to the possible source of enriched  
21 uranium is a site expert interview which  
22 described the return of contaminated manifolds  
23 from the electromagnetic separations plant at  
24 Oak Ridge that was operated during the  
25 Manhattan Project, and for a short period

1           thereafter. While this does not prove that  
2           that was the source or that there was not  
3           another source, it is consistent with the  
4           available evidence, including the fact that the  
5           sample was very close to the entrance ramp and  
6           that it is the only sample that was enriched  
7           uranium. If manifold returns were the source  
8           of the enriched uranium, it would have been  
9           deposited prior to the period covered by the  
10          evaluation report and the SEC petition.  
11          However, the fact that it was on the inside of  
12          the building creates some uncertainty since the  
13          site expert stated that the main Chapman Valve  
14          site was the location for transfers of the  
15          manifolds from the train to truck, Attachment A  
16          -- and that interview piece is in Attachment A  
17          -- all of which would have taken place outside.  
18          So I -- I -- I just want to reiterate that the  
19          inference was ours that it could be enriched  
20          uranium, that the interviewee herself did not  
21          say it was enriched uranium, but said that it  
22          was sent for cleaning, implying that it was  
23          contaminated and therefore -- with something,  
24          but she did not say that it was enriched  
25          uranium. That inference as to the possibility

1 was ours, and that we also raised the other  
2 possibility that that enriched uranium might  
3 have come from someplace else and not from the  
4 Y-12 during the Manhattan Project. I just  
5 wanted to clear up the record about that.

6 Thank you.

7 **DR. ZIEMER:** Thank you very much. Dr. Poston?

8 **DR. POSTON:** Arjun, you used the word "prior,"  
9 which implies earlier than 1948, and what's the  
10 evidence for that "prior"?

11 **DR. MAKHIJANI:** Well, the interviewee stated  
12 that the returns of the manifolds were during  
13 the Manhattan Project and that the Dean Street  
14 facility work had been closed shortly after the  
15 end of World War II in the Pacific, and she  
16 wasn't exactly sure as to the time, but was  
17 reasonably sure that that facility was closed  
18 as -- to the work that was being done there, so  
19 far as she was aware, by January '46.

20 **DR. POSTON:** Shouldn't the -- shouldn't the  
21 record indicate when it was closed? I mean  
22 rather than take her guess as to when it was  
23 closed?

24 **DR. MAKHIJANI:** Well, we -- we don't know -- we  
25 have not done any independent investigation.

1           The -- the building still stands. We  
2           understand that it was transferred later on  
3           back to private hands, but we were not asked to  
4           investigate when that facility was actually  
5           closed. We -- we -- we just reported what the  
6           interviewee has said, as we did in the other  
7           regard.

8           **DR. POSTON:** But -- but if the Dean Street  
9           facility's been added, shouldn't we consider  
10          that and look at that in more detail?

11          **DR. MAKHIJANI:** Are you asking me?

12          **DR. POSTON:** Yes, I am.

13          **DR. MAKHIJANI:** I -- I believe that, if you ask  
14          my technical opinion, that that would be --  
15          that would be warranted since everything the  
16          interviewee has said, so far as I can see, has  
17          -- has checked out, and so if -- if -- if we  
18          take that site expert's interview as a whole,  
19          it seemed that she had extremely remarkable  
20          memory of what -- what was going on, including  
21          what materials were ordered to clean these  
22          manifolds and who she wrote letters to and so  
23          on. And -- and so it would appear that  
24          additional investigation might be warranted.

25          **DR. POSTON:** That wasn't my recollection of her

1 memory, and her memory's, you know, 50 years  
2 old.

3 **DR. MAKHIJANI:** Sixty.

4 **DR. POSTON:** Sixty years old.

5 **DR. ZIEMER:** Did you have additional comments,  
6 John?

7 **DR. POSTON:** No, I've made my last one.

8 **DR. ZIEMER:** Okay. the action the Board took  
9 was -- yesterday was to reconsider the previous  
10 motion, the previous motion being a motion to  
11 deny the SEC. I've been informed by counsel  
12 that since the site description in the meantime  
13 has changed, we cannot actually act on the  
14 previous motion since it did not include the  
15 Dean Street facility. Am I -- and I'm asking --  
16 -- looking for counsel -- nod and make sure that  
17 the Chair is on the right track as far as this  
18 legal description. Therefore, in  
19 reconsidering, although we have the --

20 **MS. HOMOKI-TITUS:** Dr. Ziemer?

21 **DR. ZIEMER:** Yes?

22 **MS. HOMOKI-TITUS:** I'm sorry, this is Liz  
23 Homoki-Titus.

24 **DR. ZIEMER:** Yes, please.

25 **MS. HOMOKI-TITUS:** You can consider the motion

1           -- I mean the Board can do pretty much, you  
2 know, motions as it sees fit. It just would be  
3 absent the new definition.

4           **DR. ZIEMER:** Well, technically, if we're  
5 reconsidering a motion, we're reconsidering the  
6 previous motion -- now -- then in terms of  
7 parliamentary procedure, there's two  
8 possibilities. One is that we then amend the  
9 previous motion so that it has the correct  
10 current description, or the intent of  
11 reconsidering -- following the intent would  
12 just to be to have a fresh motion. The effect  
13 would be the same, I believe.

14          Larry, you have some additional --

15          **MR. ELLIOTT:** Perhaps a --

16          **DR. ZIEMER:** -- wisdom to add?

17          **MR. ELLIOTT:** -- starting point is our revised  
18 evaluation report that we have submitted to the  
19 Board for its consideration, which includes the  
20 Dean Street facility --

21          **DR. ZIEMER:** Right.

22          **MR. ELLIOTT:** -- as part of the designation and  
23 provides an explanation or position, if you  
24 will, on where we are with regard to  
25 reconstructing dose for that facility.

1           **DR. ZIEMER:** Right. In any event, the -- the  
2           appropriate motion would have to include the  
3           new description, is what I'm saying, so that we  
4           would not in any event want to reconsider the  
5           previous motion without an amendment. Dr.  
6           Poston?

7           **DR. POSTON:** In your opinion, would it be  
8           appropriate to recons-- reconvene the working  
9           group, which has not happened, to look at the  
10          inclusion of the Dean Street facility. We --  
11          the working group has not had an opportunity to  
12          -- or taken an opportunity, let me put it that  
13          way, because we haven't met since the previous  
14          motion. And so we really haven't done what  
15          Larry is suggesting in a face-to-face or  
16          telephone situation, and maybe it's appropriate  
17          that -- that we table this motion and -- to  
18          allow the workgroup to meet.

19          **DR. ZIEMER:** This -- you -- you can make a ta--  
20          a tabling motion at any time is appropriate.  
21          If you wish to table the motion to reconsider,  
22          that is --

23          **DR. POSTON:** I move to table the motion to  
24          reconsider, to allow the workgroup time to  
25          meet.

1           **MR. CLAWSON:** I second that.

2           **DR. ZIEMER:** Is there a second? Motion to  
3 table is not debatable. We vote immediately.  
4 All those who favor tabling -- I will insert --  
5 this is -- it's not debatable, but I can give  
6 you information -- that the effect of tabling  
7 will be to delay action on this particular  
8 site. We've had a lot of concern from the  
9 constituents about delaying action on this  
10 site. Let me also ask or make -- ask for  
11 reaction -- we're not debating the motion, but  
12 I want to make sure that our Congressional  
13 office heard that motion, and Sharon, you  
14 understand what has occurred here?

15           **MS. BLOCK:** Yes, I do. I mean I -- I  
16 appreciate your -- you know, (unintelligible)  
17 and our other Congressional staff  
18 (unintelligible) right in our concern about --  
19 about the delay and (unintelligible) concerned  
20 but, you know --

21           **DR. ZIEMER:** And Sharon, I'm not going to put  
22 you on the spot and ask you if you're  
23 comfortable with that delay or not. I just  
24 want to make sure that you understand that in -  
25 - in the effort to clarify the nature of -- of

1 the issue that's been discussed here, in light  
2 of the new evaluation report and the  
3 designation of the Dean Street facility, that  
4 the chair of the working group has suggested  
5 that -- that this be done in order that the  
6 workgroup can examine any issues related to  
7 that. I might --

8 **MS. BLOCK:** (Unintelligible) I -- I understand  
9 (unintelligible) not -- you know, I  
10 (unintelligible) --

11 **DR. ZIEMER:** And -- and I might add, and you're  
12 aware that the previous vote on this facility  
13 was split 6 to 6 --

14 **MS. BLOCK:** Right.

15 **DR. ZIEMER:** -- so that information that might  
16 assist in coming to closure, one way or the  
17 other, would be probably helpful because  
18 another 6 to 6 vote will not be helpful --

19 **MS. BLOCK:** (Unintelligible) --

20 **DR. ZIEMER:** -- to you.

21 **MS. BLOCK:** -- (unintelligible) yeah, I mean  
22 obviously (unintelligible) would like to get an  
23 answer, but he would like the -- the Board to  
24 come to the right answer. I mean --

25 **DR. ZIEMER:** Thank you.

1           **MS. BLOCK:** -- (unintelligible) said in his  
2 letter, there's a concern that delay eventually  
3 just undermines the purpose of the --

4           **DR. ZIEMER:** Right.

5           **MS. BLOCK:** -- of the program, but I appreciate  
6 your --

7           **DR. ZIEMER:** Thank you.

8           **MS. BLOCK:** -- your (unintelligible).

9           **DR. ZIEMER:** We will now vote on --

10          **MR. LANDRY:** Excuse me --

11          **DR. ZIEMER:** Yes?

12          **MR. LANDRY:** This is Roger Landry. May I make  
13 a comment?

14          **DR. ZIEMER:** Yes.

15          **MR. LANDRY:** I totally agree with perhaps  
16 investigating this even further. The problem  
17 is, as we speak and as this meeting is going  
18 on, more and more of the Chapman Valve  
19 facilities -- I'm talking about buildings,  
20 those that were recognized as highly  
21 radioactive areas and so on, are being  
22 dismantled and carted away right now in making  
23 room for housing projects. And this could also  
24 happen with the Dean Street, so I -- I can only  
25 suggest that the -- you know, hasten this whole

1 project as quickly as possible because it may  
2 not be there six months from now.

3 **DR. ZIEMER:** Yeah. Okay, thank you very much.

4 **MR. LANDRY:** Okay.

5 **DR. ZIEMER:** We're now going to vote on the  
6 motion to table. All in favor of tabling, say  
7 aye?

8 (Affirmative responses)

9 Any opposed?

10 (No responses)

11 Mr. Presley?

12 **MR. PRESLEY:** Aye.

13 **DR. ZIEMER:** Any abstentions?

14 (No responses)

15 The motion carries and the Chapman Valve vote  
16 to reconsider has been tabled. The -- the  
17 workgroup then has basically agreed to pursue  
18 this further and will report back -- perhaps at  
19 our next meeting you will have a report to --

20 **DR. POSTON:** Yes, we'll try to meet week after  
21 next.

22 **DR. ZIEMER:** -- to try to bring this to  
23 closure.

24 **DR. POSTON:** (Off microphone) (Unintelligible)  
25 possible next (unintelligible).

1           **DR. BRANCHE:** We'll talk about dates.

2           **DR. ZIEMER:** Additional comment, Dr. Melius?

3           **DR. MELIUS:** Yeah, can I -- can I ask or  
4 suggest, I guess is -- be -- fair -- that the  
5 workgroup particularly try to pay attention --  
6 there's some unresolved issues regarding the  
7 en-- enriched uranium sample, and I -- I don't  
8 know if NIOSH has written a -- produced a  
9 written report on the most recent SC&A report,  
10 but either a written report or at least a -- a  
11 good, you know, discussion of that -- the  
12 workgroup I -- I think would be very helpful,  
13 as well as some discussion -- I think Dr. Neton  
14 presented some speculation yesterday on trying  
15 to interpret the various information about  
16 operations at the site and I -- I think if the  
17 workgroup could also focus on issues of  
18 operations at the site and potential sources of  
19 exposure and so forth as part -- deliberations,  
20 that might help us all move along at the next  
21 meeting, so...

22           **DR. ZIEMER:** Thank you.

23           **BOARD WORKING TIME**

24           **DR. BRANCHE:** We're on to workgroup updates,  
25 find that list. We have Rocky Flats, Special -

1           - Dr. Melius, did you want to do the Special  
2 Exposure Cohort or did you -- or do you think  
3 you've finished, based on your previous  
4 statements?

5           **DR. MELIUS:** Which now?

6           **DR. BRANCHE:** We're about to do -- you were  
7 talking about how you'd like to proceed on  
8 using examples from Bethlehem Steel --

9           **DR. MELIUS:** Oh, that's the surrogate data.  
10 There's actually -- I'm also --

11           **DR. BRANCHE:** I'm sorry, Special -- forgive me  
12 --

13           **DR. MELIUS:** -- yeah, there's two different  
14 workgroups --

15           **DR. BRANCHE:** -- actually my -- that -- you had  
16 to do use of surrogate data, also, so forgive  
17 me for raising the wrong issue with the wrong  
18 is-- the wrong time, so -- are you finished  
19 with the use of surrogate data?

20           **DR. MELIUS:** Surrogate data, there's nothing  
21 more to say. Special Exposure Cohort, I can  
22 say something at the approp-- okay.

23           **DR. ZIEMER:** Just -- before you do that, we --  
24 we are into the Board working time now --

25           **DR. MELIUS:** Okay.

1           **DR. ZIEMER:** -- so we are completing the  
2 reports from the various workgroups, and then  
3 we will get into tasking of SC&A and any  
4 related matters, so your other workgroup --

5           **DR. MELIUS:** Yeah --

6           **DR. ZIEMER:** -- SEC workgroup.

7           **DR. MELIUS:** Yeah, the -- the main outstanding  
8 issue for the Special Exposure Cohort workgroup  
9 is the 250-day issue, and we've, you know,  
10 questioned short-term exposures and -- and ho--  
11 what would be the criteria for those  
12 qualifying, and particularly looking at two  
13 sites, one being Nevada Test Site for the  
14 aboveground testing, and the second would --  
15 was the Ames Laboratory site. And we have been  
16 -- we're I think waiting reports, both from  
17 SC&A on the NTS site and on -- from NIOSH,  
18 which was going to look into an issue related  
19 to -- to the Ames site. I talked to Jim Neton  
20 a few weeks ago about the Ames site and they  
21 have somebody working on them. I -- I don't  
22 know if you have a schedule or estimated time  
23 'cause I think once we get sort of those  
24 together, then I think we need to have a  
25 workgroup meeting, but I don't -- I do mean to

1 put you on the spot, I'll be honest.

2 **DR. NETON:** Thank you, I appreciate that. I  
3 was sort of having a sidebar conversation, but  
4 I think the issue was related to our review of  
5 the SC&A Ames data --

6 **DR. MELIUS:** Ames -- you -- you had --

7 **DR. NETON:** -- related to blowouts, right.

8 **DR. MELIUS:** Yeah, the -- the -- I mean just --  
9 maybe to refresh your memory, but also the --  
10 the Board's is that the issue we were looking  
11 into there is it -- for the short-term exp--  
12 the blowouts and so forth, would it be possible  
13 to address those through an actual dose --  
14 individual dose reconstruction as opposed to a  
15 -- trying -- you know, less than 250-day  
16 criteria and -- and...

17 **DR. NETON:** And we have looked into that.  
18 We've pulled some data. We looked at several  
19 approaches. I would say that we could wrap  
20 that up fairly shortly.

21 **DR. MELIUS:** Okay.

22 **DR. NETON:** We haven't come up with a lot, to  
23 be honest, and I (unintelligible) --

24 **DR. MELIUS:** Yeah, I -- I -- I think --

25 **DR. NETON:** -- (unintelligible) the point, but

1           what we do, we can -- can report on what we've  
2           found.

3           I think another -- and I'm going from  
4           recollection, though -- I think, in looking at  
5           the claimant population -- and this probably  
6           isn't relevant to making a decision on how --  
7           how the 250-day requirement goes, but I don't  
8           think there was anyone at Ames that was  
9           affected by this 250-day issue.

10          **DR. MELIUS:** There actually is I believe at  
11          least one person --

12          **DR. NETON:** I think, though -- well --

13          **DR. MELIUS:** Okay, you've --

14          **DR. NETON:** -- I've gone through it very  
15          carefully and -- and that's another issue.

16          **DR. MELIUS:** Okay, okay, I don't want to get  
17          into...

18          **DR. NETON:** Yeah, but in a short period of time  
19          we could summarize what we've found.

20          **DR. MELIUS:** Yeah, yeah. The -- the original  
21          petitioner has raised the -- keeps raising the  
22          issue. I mean appropriately, I -- Lars, and I  
23          don't -- the -- maybe we would schedule a  
24          meeting then, does that -- try to get something  
25          -- does that make sense to you, John?

1           **DR. MAURO:** (Unintelligible)

2           **DR. MELIUS:** Okay. So yeah, we need to  
3 schedule a meeting.

4           **DR. BRANCHE:** There are two remaining, Dr.  
5 Ziemer, Rocky Flats site profile and Special  
6 Exposure Cohort petition. And at your leisure,  
7 you can take that one or the subcommittee on  
8 dose reconstruction.

9           **DR. ZIEMER:** Well, Mark has both, and we want  
10 to -- there may be some Rocky Flats folks on  
11 line. If we can find out if they're here, we  
12 can proceed with that.

13           Are there -- are any of the Rocky Flats folks  
14 on the -- on the phone line now? Mark had told  
15 them around 10:00 o'clock -- around 11:00 o'clock.

16           **MS. BARRIE:** This is Terrie Barrie, Dr. Ziemer.

17           **DR. ZIEMER:** Oh, good, Terrie's on the line.  
18 Mark, was there anyone else beside Terrie  
19 Barrie that was going to be on the line -- or  
20 Terrie, do you know if there was?

21           **MS. BARRIE:** No, I'm not sure.

22           **DR. MELIUS:** Congressional?

23           **MR. GRIFFON:** Yeah, Congressional --

24           **DR. ZIEMER:** Were there any Congressional folks  
25 related to the Rocky Flats SEC that -- you

1 think there were some --

2 **MR. GRIFFON:** I think so, yeah.

3 **DR. ZIEMER:** Okay. Perhaps we'll wait a few  
4 minutes on Rocky Flats and maybe --

5 **MR. GRIFFON:** (Off microphone) (Unintelligible)

6 **DR. ZIEMER:** Yeah.

7 **DR. BRANCHE:** He's going to do the do-- the  
8 subcommittee.

9 **DR. ZIEMER:** You're -- so we'll proceed with  
10 the dose reconstruction subcommittee  
11 information and Terrie, we'll wait a few  
12 minutes, perhaps give Congressional people a  
13 chance to get aboard as well.

14 **MS. BARRIE:** That'd be fine. Thank you.

15 **SUBCOMMITTEE REPORT**

16 **MR. GRIFFON:** Okay. The -- the primary item  
17 for the subcommittee discussion today, we -- we  
18 -- I -- I was mistaken, I thought we were going  
19 to take up the tenth set of selections today,  
20 but I think that's going to be postponed for  
21 our phone call meeting. We did a preliminary  
22 review of a tenth set and Stu's going to come  
23 back, as he said yesterday, with more detail so  
24 we can make those selections.

25

1 Really the on-- the major item before us today  
2 from the subcommittee is -- and I hope -- I e-  
3 mailed this last night, the final drafts of  
4 this. There is a letter -- did ev-- I don't  
5 know if everyone got this information last  
6 night, but -- okay, there is a letter -- the  
7 Word document is cases 61 through 100 report,  
8 et cetera -- and that's the cover letter we --  
9 we used the same sort of format that we did in  
10 previous reports to the Secretary where we have  
11 a cover letter and we have attachments, and the  
12 attachments were all also in the e-mail that I  
13 sent to you. The attachments include a table  
14 with the cases and the -- and the descriptive  
15 information of the cases that we reviewed --  
16 without giving identifiers, obviously -- and  
17 then a table of exec-- executive summary of  
18 SC&A's review of the cases, and then the fourth  
19 and fifth matrix, which gives all the findings  
20 with the -- with the comments and the  
21 resolution process and the Board action all  
22 included. And we had discussed those  
23 previously at our Board meeting, so really the  
24 -- the new item here is the letter itself.  
25 At our last subcommittee meeting, we had a

1           subcommittee meeting in March and -- in  
2           Cincinnati and I brought the let-- a draft  
3           letter forward and we -- we edited that. I  
4           included all the changes made in that meeting  
5           into the letter. We got comments from -- from  
6           NIOSH, as well as from other subcommittee  
7           members, and they were all included in this  
8           letter. So this is a subcommittee  
9           recommendation, I guess, back to the Board is  
10          that we move forward with this letter to the  
11          Secretary regarding the fourth and fifth set of  
12          cases, including all the attachments and -- and  
13          backup material.

14          **DR. ZIEMER:** So Mark, you're making a motion  
15          that this letter, together with the supporting  
16          documents, be transmitted to the Secretary as  
17          the report on the fourth and fifth set of  
18          cases. Is that correct?

19          **MR. GRIFFON:** Yeah, I -- I guess -- I think  
20          it's coming forward as a subcommittee  
21          recommendation, actually, if I'm understa-- I  
22          mean this was a subcommittee recommendation, so  
23          yeah.

24          **DR. ZIEMER:** Now Board members, on those cases  
25          -- of course you've all been involved in

1 individual ones of those in terms of your  
2 review teams. The subcommittee has taken the  
3 findings and the -- developed the matrix with  
4 SC&A and -- and working with NIOSH, they've  
5 resolved the issues as was indicated in the  
6 matri-- well, there's two matrices, one for  
7 each -- each of those sets. Mark's letter  
8 follows the format of the letters previously  
9 sent for the first, second and third cases.

10 **DR. BRANCHE:** Sets, you mean.

11 **DR. ZIEMER:** First, second and third sets of  
12 cases. Now I guess the only remaining question  
13 is have the Board members have -- had the final  
14 matrix long enough that they're comfortable  
15 making basically --

16 **MR. GRIFFON:** Yeah.

17 **DR. ZIEMER:** -- the decision to approve.

18 **MR. GRIFFON:** Right. I mean I -- my feeling is  
19 you've had the matrices for a while, but the  
20 cover -- the letter was just sent last night  
21 and that was my oversight, sort of. I meant to  
22 send it right after the subcommittee meeting  
23 and --

24 **DR. ZIEMER:** Yeah, but the let-- the letter is  
25 basically a summary which follows the format.

1 May need to do a little bit of editing.

2 **DR. ROESSLER:** Which one of these attachments  
3 is the letter? I don't want to have to go  
4 through all of them 'cause this just came  
5 through --

6 **MR. GRIFFON:** Yeah, it's called -- it's called  
7 cases -- it starts off cases -- it's a Word  
8 document, cases 61 through 100 --

9 **DR. ROESSLER:** Because the attachments come  
10 through in different order than your --

11 **MR. GRIFFON:** I know, yeah, yeah, yeah.

12 **MR. ELLIOTT:** -- e-mail. Okay.

13 **MR. GRIFFON:** How I listed them, but they came  
14 through in different order, it figures, yeah.

15 **DR. BRANCHE:** Cases 61 through 100 report --

16 **MR. GRIFFON:** Rev. 3, right.

17 **DR. BRANCHE:** -- link?

18 **MR. GRIFFON:** Right.

19 **DR. ROESSLER:** Okay.

20 **MR. GRIFFON:** And I should also say that I --  
21 it's not -- I guess it's not a requirement, but  
22 Stu Hinnefeld was quite involved in our review  
23 of the letter, and I think maybe Stu can speak  
24 to this, but he was comfortable with the final  
25 form that the letter was presented and felt

1           that it was -- it was accurately presented,  
2           what our review resulted in.

3           **MR. HINNEFELD:** Yeah, well, comfortable might  
4           be a strong word. I mean you're never really  
5           very --

6           **MR. GRIFFON:** Comfortable's a stretch.

7           **MR. HINNEFELD:** -- comfortable when there are,  
8           you know --

9           **MR. GRIFFON:** Yeah.

10          **MR. HINNEFELD:** -- criticisms out there. I  
11          don't know that I have any specific objections  
12          to the information in the letter. I haven't --  
13          haven't seen this, though --

14          **MR. GRIFFON:** Right, well --

15          **MR. HINNEFELD:** -- so -- but I would assume,  
16          from the markup we did at the Board meeting, I  
17          think it -- it -- I don't think -- I don't have  
18          any objections, I think, to the information  
19          presented.

20          **MR. GRIFFON:** Okay.

21          **MR. HINNEFELD:** But I haven't seen -- I mean I  
22          had some comments about tone, and I think we  
23          kind of worked on that --

24          **MR. GRIFFON:** And we di-- and we -- and I did -

25          -

1           **MR. HINNEFELD:** -- (unintelligible)

2           subcommittee meeting.

3           **MR. GRIFFON:** I'll send that to you, but we did  
4           take all those edits in that last meeting and -  
5           - so I -- I don't know if people have had time  
6           to -- to absorb the letter, that's the  
7           question. I think you might want more time,  
8           yeah.

9           **DR. ZIEMER:** Ms. Munn?

10          **MS. MUNN:** It's a nit and an editorial thing,  
11          but when we had that discussion earlier, Mark,  
12          about the bottom of page 1, about how to word  
13          that business of six cases, one of which was  
14          exactly 5-0, I couldn't tell from reading this  
15          edited text exactly how that last sentence was  
16          -- how that sentence now was going to read.

17          **MR. GRIFFON:** Yeah, I -- where -- where is that  
18          sentence, Wanda? I'm sorry.

19          **MS. MUNN:** The next to the last paragraph on  
20          page 1.

21          **MR. GRIFFON:** Page 1, next -- yeah, and I -- I  
22          put five cases and I left out the  
23          parenthetical. I think -- I could reword this  
24          to say -- I mean I think our intent here was  
25          that we -- we had focused a lot of our -- our

1 attention on selection was to focus on those  
2 that are close to compensation but not  
3 compensable. So yes, there was one that was  
4 exactly 50, but it was compensable, so you  
5 know, my intent was to say that we ha-- we --  
6 we actually reviewed, out of the 40, five fell  
7 into that -- that area that we were most  
8 interested in -- in -- in looking at. And I  
9 could say, to be precise, 49.9, I guess, or  
10 something, you know, but --

11 **MS. MUNN:** No, no, I was --

12 **MR. GRIFFON:** -- I left out the parenth-- so  
13 it's five instead of six and -- yeah.

14 **MS. MUNN:** As I said, it's an editorial nit,  
15 but it seems to me that it should say group of  
16 cases -- it should be noted that this group of  
17 cases -- that of this group of cases, five had  
18 POCs between 45 and 50 percent, and one case  
19 was exactly 5-0. It's -- it's --

20 **MR. GRIFFON:** Okay, all right.

21 **MS. MUNN:** -- you know, it's (unintelligible) -  
22 -

23 **MR. GRIFFON:** I mean I think my point was to --

24 **MS. MUNN:** -- (unintelligible) point.

25 **MR. GRIFFON:** Yeah, okay.

1           **DR. ZIEMER:** Yeah, we can -- we can -- that  
2 doesn't change the --

3           **MR. GRIFFON:** Right.

4           **MS. MUNN:** No change of intent, just --

5           **DR. ZIEMER:** -- significance or the intent.  
6 Board members, are -- are you comfortable with  
7 -- 'cause I'm going to look for a motion if you  
8 are. Or if you want to delay this, we can.  
9 It's -- it's not that the Secretary's pushing  
10 us to get this in, but you know, we want to  
11 move these forward. Dr. Melius.

12          **DR. MELIUS:** Yeah, I -- I'd like to move to  
13 approve that.

14          **DR. ZIEMER:** Okay. Motion to --

15          **MR. CLAWSON:** I second it.

16          **DR. ZIEMER:** -- approve and a second. Any  
17 discussion?

18 With the motion, I -- I'd like to make sure  
19 that the Board understands that as I put this  
20 into letter form there may be some superficial  
21 editorial changes, not on the technical content  
22 but the -- how it's framed out and I'll  
23 certainly provide copies to everybody of what  
24 is transmitted forward.

25 Are you ready to vote then? Okay, you're

1 voting to approve transmittal of this report to  
2 the Secretary on cases 61 through 100. This  
3 will be accompanied by supporting documents. I  
4 think, as we did before, we actually included a  
5 summary of the -- or maybe the matrix itself,  
6 I'll have to check --

7 **MR. GRIFFON:** I think all those items were in  
8 the e-mail --

9 **DR. ZIEMER:** Yeah.

10 **MR. GRIFFON:** -- but I may have missed one.

11 **DR. ZIEMER:** No.

12 **MR. GRIFFON:** I think we have -- we also  
13 included a stan--

14 **DR. ZIEMER:** But there will be a letter report  
15 with supporting documents.

16 **MR. GRIFFON:** Right.

17 **DR. ZIEMER:** Thank you. A roll call vote? Go  
18 ahead.

19 **DR. BRANCHE:** Ms. Beach?

20 **MS. BEACH:** Yes.

21 **DR. BRANCHE:** Mr. Clawson?

22 **MR. CLAWSON:** Yes.

23 **DR. BRANCHE:** Mr. Gibson?

24 **MR. GIBSON:** Yes.

25 **DR. BRANCHE:** Mr. Griffon?

1           **MR. GRIFFON:** Yes.

2           **DR. BRANCHE:** Dr. Melius?

3           **DR. MELIUS:** Yes.

4           **DR. BRANCHE:** Ms. Munn?

5           **MS. MUNN:** Yes.

6           **DR. BRANCHE:** Mr. Presley?

7           **MR. PRESLEY:** Yes.

8           **DR. BRANCHE:** Dr. Poston?

9           **DR. POSTON:** Yes.

10          **DR. BRANCHE:** Dr. Roessler?

11          **DR. ROESSLER:** Yes.

12          **DR. BRANCHE:** Mr. Schofield?

13          **MR. SCHOFIELD:** Yes.

14          **DR. BRANCHE:** Dr. Ziemer?

15          **DR. ZIEMER:** Yes.

16          **DR. BRANCHE:** And I'll get Dr. Lockey's vote.

17          **DR. ZIEMER:** Thank you very much. Thank you,  
18          Mark and subcommittee, for the work on this. I  
19          know you're also working on a -- a wrap-up  
20          report on the first 100 cases. Now that you  
21          basically have the five sets, we're working on  
22          a summary report that will look at the  
23          commonalities of findings in these sets. And  
24          where are we on that?

25          **MR. GRIFFON:** Well, that -- that -- we got some

1           input -- we asked SC&A for some input on -- you  
2           know, sort of summary statistics from them, and  
3           didn't start drafting anything. I sort of  
4           thought that we'd first get through the first  
5           100 and then look -- look back, so that's --  
6           that's where we're at. But I think we can  
7           probably have a draft report ready for the next  
8           face-to-face meeting on the first 100, yeah.

9           **DR. ZIEMER:** That will be somewhat briefer,  
10          like an editorial summary of the first --

11          **MR. GRIFFON:** Yeah.

12          **DR. ZIEMER:** -- 100 cases, giving the nature of  
13          the cases, the types of cases that have been  
14          reviewed, and overall summary of findings.  
15          Mark, are there anything else -- any other  
16          items from the subcommittee?

17          **UNIDENTIFIED:** I'm just listening to the Board.

18          **MR. GRIFFON:** Just -- just an update. We're --  
19          we're in the middle of comment resolution on  
20          the sixth set and we're continuing to work on  
21          that in the subcommittee level, but I -- I  
22          guess that's it, just the update on that.

23          **DR. ZIEMER:** Right. And again, Board members,  
24          the assignments on the ninth set have been made  
25          and you will be hearing from -- well, you will

1 be getting your cases from Stu Hinnefeld, and  
2 then you will hear from John Mauro's staff on  
3 setting up those times. That's a little bit  
4 down the road yet.

5 **DR. MELIUS:** Paul, can I --

6 **DR. ZIEMER:** Yes, Jim.

7 **DR. MELIUS:** A -- a comment and a  
8 recommendation. Fir-- first comment is,  
9 reading this letter early this morning, it -- I  
10 think it's -- I -- I -- like to, you know,  
11 commend the -- the -- I guess it's the  
12 subcommittee now, used to be workgroup, on  
13 their -- their work. I mean I actually think  
14 it's -- at least in the context of the program,  
15 I think a very useful way of sort of organizing  
16 and making the recommendations and focusing  
17 them on ways that I think NIOSH can -- can be  
18 responsive to, so I -- I mean I really -- as  
19 someone who's not attended all the subcommittee  
20 meetings and not a member of the subcommittee,  
21 I -- I just really think everyone's done a very  
22 good job.

23 Secondly, I -- I think it would be helpful, in  
24 the context of the hun-- 100-case summary re--  
25 report that maybe we have a fuller broa-- Board

1 discussion of sort of what -- what have we  
2 found and where are we going with it, and maybe  
3 with some response from -- from NIOSH also.  
4 Again, I -- I don't want to get into have NIOSH  
5 have to do sort of a detailed, you know -- you  
6 know, response, well, this -- you know, we're  
7 doing this, this and this, but -- but in sort  
8 of the broader issues that -- that I think we  
9 need to sort of re-evaluate and at least think  
10 about -- examine how we've been approaching  
11 these and -- you know, different focus or  
12 different approach, you know. We're always,  
13 you know, in the midst of doing other case  
14 reviews but, you know, we -- been doing these  
15 for a while and I -- I think, you know,  
16 stepping back and having a full Board  
17 discussion of the broader aspects of this would  
18 be helpful, so...

19 **DR. ZIEMER:** Thank you very much for making  
20 that point. In fact, it would be useful if we  
21 were able to report to the Secretary impact  
22 information. We're trying to do something  
23 similar with the -- with the review of -- of  
24 the procedures. Having reviewed the  
25 procedures, what impact does that have on the

1 program. And I think a similar sort of thing,  
2 and that's really what you're suggesting --

3 **DR. MELIUS:** Yeah.

4 **DR. ZIEMER:** -- evaluation of impact -- if this  
5 is not having any impact, one would say well,  
6 why are we doing it, but obviously it does have  
7 some impact and I think it's important to  
8 report that to the Secretary. And in that  
9 connection, it'll be helpful to get NIOSH's  
10 view of the impact that it's had as well. And  
11 as we prepare that final report, we may ask for  
12 some help to make sure that we're not  
13 attributing impact that's not there. Of course  
14 we like to think that everything we does -- we  
15 do has impact, but sometimes the impact's not  
16 what you would like.

17 **DR. MELIUS:** Or they fail to recognize the --  
18 or --

19 **DR. ZIEMER:** Yes, impacts can be positive and  
20 they can be negative, too. Or they may not  
21 exist.

22 Okay, thank you very much.

23 I'm going to push us along here if everybody's  
24 agreeable. Do we need another break or are we  
25 okay? We --

1           **DR. ROESSLER:** A tiny one.

2           **DR. ZIEMER:** Okay, let's take a brief comfort  
3 break and then we're going to return to the  
4 Rocky Flats report.

5           **DR. BRANCHE:** That will give us time to re-  
6 establish the phone connection.

7           **DR. MELIUS:** Yeah, and I've indicated I've  
8 passed out the -- four of the five letters that  
9 we will need to sort of review --

10          **DR. ZIEMER:** And that -- the fifth one's also  
11 there, the Kellex is there.

12          **DR. BRANCHE:** But we need NUMEC Park, which is  
13 not there.

14          **DR. MELIUS:** NUMEC is not --

15          **DR. BRANCHE:** He couldn't have done NUMEC  
16 because --

17          **MR. GRIFFON:** I drafted that.

18          **DR. MELIUS:** Kel-- Kellex got double --  
19 complicated.

20          **DR. BRANCHE:** Zaida can put that out now.  
21 (Whereupon, a recess was taken from 11:05 a.m.  
22 to 11:20 a.m.)

23          **DR. BRANCHE:** Is the line open?

24          **DR. ZIEMER:** We're ready to reconvene. Let me  
25 just do a quick line check. Mr. Presley, are

1           you on the line?

2           **MR. PRESLEY:** I'm here.

3           **DR. ZIEMER:** Terrie Barrie, are you on the  
4           line?

5           **MS. BARRIE:** Yes, Doctor.

6           **DR. ZIEMER:** Okay. Are any of the  
7           Congressional folks from Colorado on the line?

8                               (No responses)

9           **DR. BRANCHE:** I wouldn't worry about it.

10           **ROCKY FLATS UPDATE**

11           **DR. ZIEMER:** Okay. Well, we're going to  
12           proceed with the report from the Rocky Flats  
13           working group, and the chairman is Mark  
14           Griffon. Mark, you may proceed.

15           **MR. GRIFFON:** Okay, we -- we -- I have an  
16           update on the Rocky Flats workgroup, and we --  
17           we've been fairly active, even though, as  
18           everyone remembers, we voted on the SEC quite a  
19           while back. This -- this last bit of activity  
20           I think surrounds the question of the  
21           implementation of the class as it was defined  
22           and -- and so -- so there's -- you know, we've  
23           had -- I'll just go through some of our  
24           workgroup activities, just to refresh people's  
25           memory where we're coming from. And this

1 starts back in October 2007.  
2 One of the initial things that triggered this,  
3 the *Rocky Mountain News* ran a story that was  
4 published in November of 2007 which -- which  
5 raised the question about workers assigned to  
6 non-neutron buildings that had neutron  
7 exposures, and so basically their -- their --  
8 their work history indicated a building that  
9 wasn't one of the listed buildings in the -- in  
10 the NDRP, or recognized as a -- as a neutron  
11 building right now, and yet their -- they  
12 showed up with some neutron exposure in their  
13 records. And so we -- we -- as a result of  
14 that -- that -- that news story and some  
15 concerns surrounding that, we -- we set up a  
16 workgroup call on November 26th, '07 and we  
17 discussed this issue that was raised. We also  
18 identified that -- that a lot of the results in  
19 the news story were results from a database  
20 query from the University of Colorado data,  
21 which was -- we've discussed this. I believe I  
22 can say the -- the author of the data -- it's  
23 been discussed on the record before, yeah --  
24 Margaret Ruttenber and Jim Ruttenber's data  
25 from the University of Colorado, and basically

1           we -- we decided at that workgroup call that we  
2           -- one question was does the University of  
3           Colorado -- does this data -- is it something  
4           that NIOSH hasn't seen before or is it  
5           different than what the workgroup and the  
6           Advisory Board has seen. And so we set up a  
7           follow-up technical call. And by that I mean  
8           just -- it was just NIOSH -- Larry Elliott and  
9           Brant Ulsh represented NIOSH, Margaret  
10          Ruttenber, and myself representing the  
11          workgroup, to discuss this database and what it  
12          was. And in that call I -- I think it was  
13          fairly well the consensus of the group that the  
14          underlying dose records that the University of  
15          Colorado had were -- were very likely the same  
16          ones that we were using in our review for our  
17          decisions. The difference, as I understood it,  
18          was that maybe for purpose of their research  
19          they -- they formatted things differently, they  
20          streamlined the databases, they linked things  
21          differently, but the underlying data I think we  
22          all agreed was probably the same. It came from  
23          the same root source.  
24          The only other thing that -- that might have  
25          been different was the other follow-up data

1           that they collected during their medical  
2           surveillance program, and that may have been  
3           through interviews they conducted or -- or --  
4           or job -- or worker questionnaires, that sort  
5           of thing. But the underlying dose records look  
6           like the same.

7           The -- yeah, so -- so then we -- we also  
8           clarified on that phone call that it wasn't so  
9           much that we were -- that there was a question  
10          that -- that all these buildings listed in the  
11          newspaper article had neutron exposures, it was  
12          actually that people that had been assigned to  
13          those buildings could have been assigned there  
14          and their work history would have shown that  
15          building, and yet they were sent to neutron  
16          areas where they did short-term jobs. And the  
17          -- the example I always used on the workgroup  
18          calls was that one of the buildings -- I think  
19          it's 334 -- was the maintenance building, and  
20          they -- it does seem as though -- and there's  
21          people that are in the NDRP database, they've  
22          had neutron measurements -- there -- there were  
23          people assigned to 334 that were sent over for  
24          short-term projects where they were -- where  
25          they were badged. So then -- you know, if --

1           if that -- and the issue before us, I think,  
2           was well, if that's 100 percent effective,  
3           we've got no problem. But the question was,  
4           wa-- was that happening all the time. In other  
5           words, were there some people that were sent  
6           from these other buildings into the neutron  
7           buildings and -- and they didn't receive  
8           monitoring, so that would be the -- the one  
9           question as far as implementing the class.  
10          This is like determining who is -- who was  
11          monitored or should have been monitored, and  
12          it's that "should have been monitored" that  
13          we're kind of focused on.

14          So then after the technical call, we had  
15          another work-- workgroup call on March -- March  
16          17th, '08. We had an additional news story  
17          that came out on that same day which -- which  
18          raised that very concern I just -- just  
19          expressed, and I think they gave an example  
20          which they felt met that -- that criteria that  
21          I just described. From that meeting we asked  
22          NIOSH to look into the case, and I think there  
23          might -- might be a few cases now 'cause  
24          there's been subsequent news stories, but that  
25          individual cases, and any others that they

1           could find, to see if that was in fact  
2           accurate, that -- that the facts matched what  
3           was being reported and that the -- you know --  
4           basically the report was suggesting that there  
5           was an individual who -- who had worked in the  
6           -- I think -- I'm not sure if it was the  
7           maintenance building, but in another non-  
8           neutron building and had spent quite a bit of  
9           time in the -- the neutron areas and never been  
10          monitored. And I think -- and this may have  
11          not been in the NIOSH record 'cause it may have  
12          been directed to the Department of Labor, but I  
13          think he had affidavits from supervisors and  
14          coworkers, or something to that effect,  
15          expressing that he actually di-- the individual  
16          did work in those areas. This is a survivor  
17          claim, so...  
18          Anyway, so we asked NIOSH to follow up on those  
19          -- those claims and -- and if the could,  
20          identify any other cases from SC&A's reviews,  
21          from our internal workgroup process, that --  
22          that would fi-- fit that criteria. Of course  
23          the problem in looking for those cases is --  
24          is, you know, how do you tra-- find a -- a  
25          negative, basically, so...

1           The other task out of that workgroup was that -  
2           - that Mark Griffon -- I was supposed to review  
3           and compile excerpts from our past meetings  
4           regarding the -- the basis for our SEC class  
5           decision and how we -- how we had come to our  
6           definition sort of, and this was the question  
7           of the "should have been monitored" question, I  
8           think. And so then right before this meeting  
9           we had another workgroup call on -- on April  
10          3rd and in the meantime there were additional  
11          news stories on -- and this was all in the  
12          *Rocky Mountain News* -- on March 18th, March  
13          21st and April 2nd, and they -- in this -- in  
14          this period -- or in -- these news articles I  
15          guess were more focused on a question of the  
16          250-day criteria and how it was being applied  
17          to the SEC class. And -- and I guess this --  
18          you know, there -- there was some -- and this  
19          is really on the implementation side, I guess,  
20          and what -- what has happened, and Jeff can --  
21          Department of Labor can probably help me clear  
22          some of this up, but there -- there were some -  
23          - there were -- it was an initial approach to  
24          identifying "monitored or should have been  
25          monitored for neutrons" -- identifying this --

1           this group of people that fit the class, and  
2           that was modified, I believe, in a -- at a  
3           later date. So there was some confusion in the  
4           public over a few -- I'm not sure it was many  
5           cases, but it was a few that -- that this new  
6           approach affected. That was partially of --  
7           the question of "should have been monitored,"  
8           but then -- so we got two things here, the  
9           "should have been monitored" question and now  
10          the news stories were raising this question of  
11          the 250 days and as it's being applied -- the  
12          250-day criteria is being applied that -- that  
13          people have to have worked 250 days in the  
14          neutron buildings. And so -- and I know if --  
15          if you look back at our original language, I  
16          think the way we worded it, and it's pretty  
17          much our standard language, but we said -- I'm  
18          -- I'm jumping to the middle portion of it, but  
19          we said "who were monitored or should have been  
20          monitored for neutron exposures while working  
21          at Rocky Flats facility in Denver, Colorado for  
22          a number of work days aggregating at least 250  
23          work days during the period from" you know, so  
24          forth.

25          So the question -- and -- and this may be --

1           you know, in my mind, I'm not sure the intent  
2           was to say you have to have an aggregate of 250  
3           days in those buildings, but I understand that  
4           that -- the legal interpretation of this was --  
5           was -- was probably accurate, but I'm not sure  
6           it was the intent of the workgroup to limit  
7           that, and I go ba-- I guess I go back to my --  
8           my maintenance example where -- you know, I --  
9           I think when we initially talked about the 250-  
10          day criteria -- this is going way back -- I  
11          think one of the big concerns for having some  
12          cutoff point there was that you had -- you  
13          know, we certainly didn't want to have people  
14          filing claims that were -- you know, the -- the  
15          local Coke vendor coming in and delivering Coke  
16          once a month, and yeah, they entered the site  
17          so, you know, were they eligible for  
18          compensation under the program. Well, you  
19          know, I think reasonable people would conclude  
20          that, you know, it's probably not reasonable.  
21          But you know, I'm not sure this scenario and  
22          the -- I'll use my same maintenance worker,  
23          Building 334, they worked 24 days -- they  
24          worked for ten years at Rocky Flats, just  
25          happens that 24 days they're in the neutron

1 buildings each year, they got 240 days  
2 aggregate. In those 24 days -- when I always  
3 talked about this in our meetings, we always  
4 said "should have been monitored" and I kept  
5 emphasizing, you know, based on the current  
6 standard. We wanted to be inclusive, not  
7 exclusive. I think when we were saying based  
8 on the current standard, we were saying the 100  
9 millirem cutoff and so these individuals could  
10 certainly meet that "should have been  
11 monitored" criteria, but they would fall short  
12 of the 250 days, I think, and that's -- maybe I  
13 need clarification on this, but -- and -- and,  
14 you know, this is -- I guess -- I'm bringing  
15 this back before the Board for -- for advice  
16 on, you know, how we grapple with this one.  
17 But anyway, that's -- so I'll -- I'll -- I  
18 guess I can finish -- the two -- the questions  
19 I had and what I said in the last workgroup  
20 meeting was I wanted to bring this back before  
21 the full Board for direction on what we can do  
22 or what -- you know, if the workgroup needs to  
23 follow up any further or what we, as the Board,  
24 should do as far as an action. I think -- my  
25 feeling is that it may be necessary for the

1 Board to clarify their intent in the  
2 recommendation with regard to the 250-day  
3 question. And you know, if we -- you know,  
4 there's -- there may be a legal question in  
5 there as well, but that's my feeling.  
6 And then the other side of this is we still  
7 have to look at this question of "should have  
8 been monitored" and, you know, should the  
9 workgroup further investigate the question of  
10 workers in non-neutron buildings who  
11 potentially worked in neutron buildings and  
12 were not monitored. And -- and the final thing  
13 I guess I wanted to throw out there for  
14 discussion, and I -- I had some informal input  
15 from DOL on this, but another question I would  
16 ask -- especially with -- with -- with  
17 relationship to that second part of that  
18 question, is how many claims would be affected  
19 by this. You know, how many -- I mean are we --  
20 - one more -- when you're looking at these  
21 claims, are most of them in the NDRP database  
22 so it's no issue, or are -- are we talking  
23 about, you know, hundreds or are we talking  
24 about five or ten, and I think that might be --  
25 well, at least it's a piece of information to

1 consider, so I guess I'll leave it at that and  
2 ask for other -- maybe other workgroup members  
3 have comments first and then we can open it up.

4 **DR. ZIEMER:** Sure. Comments? I see Wanda,  
5 Phil, Jim.

6 **MS. MUNN:** During that telephone call we had a  
7 Congressman commenting and expressing great  
8 concern over the letter that had been received  
9 from the Department of Labor with respect to  
10 the 250-day issue with one of the claimants  
11 where that letter was the source of the -- in  
12 the neutron area description. I made the  
13 statement, following the reading of that  
14 letter, that this Board had always taken the  
15 250-day issue as being an on-site issue, not  
16 necessarily in a specific facility. And so far  
17 as I know, that was the wording of the statute,  
18 and I believe we've done that routinely. The  
19 "should have been monitored" language is -- and  
20 I pointed out at that time -- language that we  
21 struggled over pretty heartily when we first  
22 identified it. Whether that can be improved  
23 upon is another question entirely, but it  
24 seemed that it was expressive of what our  
25 intent was at the time, and probably what our

1           intent remains now.  If other agencies take a  
2           different view of the 250-day issue, then that  
3           may be an issue that others would like us to be  
4           involved in, but I'm not at all sure that it's  
5           up to us to define how other agencies approach  
6           that.

7           **DR. ZIEMER:**  Okay, Phil?

8           **MR. SCHOFIELD:**  I think the whole crux of the  
9           matter is we -- at least myself, when I voted  
10          for the SEC, I'm looking at the person being  
11          on-site working radiological area for 250 days.  
12          Given the way Rocky Flats is set up and having  
13          actually been there when they were still in  
14          production, people went from one building to  
15          another quite often, and the -- if they weren't  
16          monitored for neutrons, there's no way the  
17          record's going to show up with this magic  
18          number DOL pulled out of the air because some  
19          of the buildings had a higher level of neutrons  
20          than other places.  Some of them were  
21          considered workers who don't normally work in a  
22          neutron area, but they may be over there on a  
23          short-term basis, they may be maintenance type  
24          people, they might be guards.  That doesn't  
25          mean they were monitored for neutrons, and

1           that's part of the reason they were being put  
2           in this SEC is the fact they weren't monitored  
3           for neutrons. But if they meet that 250-day  
4           rule, I cannot in all good conscience exclude  
5           them from that because that's part -- that was  
6           one of the big basis, fact that these people  
7           were not monitored. And their rec-- And  
8           really -- I mean I think Department of Labor  
9           has really stretched the credibility on the  
10          issue of the 250 days.

11         **MR. GRIFFON:** Let me -- let me just add one  
12         thing. I mean I think -- you know, my -- the -  
13         - the interpretation of the 250 days, I think -  
14         - and -- and I'm listening to Wanda, too. I  
15         mean I think our workgroup's intent was not the  
16         way it's being implemented. That's my -- my  
17         concern. It's not so much the strict  
18         implementation, because I think our wording in  
19         the recommendation -- we said monitored or  
20         should have been monitored, and when -- I think  
21         when I added "for neutrons," then that -- that  
22         sort of limited that -- that -- you know, that  
23         -- that's why it's limited to those areas and  
24         that's why the 250 days applies  
25         (unintelligible) there. I can see how that,

1           you know, is being interpreted, but I think our  
2           in-- my intent, anyway, and I'm listening to  
3           Wanda, I think, you know, our intent was not to  
4           have that happen, not to be more exclusive but  
5           more inclusive by -- by the "should have been  
6           monitored" criteria so, you know...

7           **DR. ZIEMER:** Let me insert something here  
8           because I want to point out the -- the other  
9           side of that. We do in fact carve out parts of  
10          facilities. Oak Ridge thermal diffusion plant  
11          would be a good example. You don't give -- we  
12          don't give credit for the people who worked  
13          there and also worked at Y-- parts of Y-12 that  
14          were not in that same category. So it's not --

15          **MR. GRIFFON:** Right.

16          **DR. ZIEMER:** -- unusual to have a part -- and  
17          it -- it depends on what boundaries are of what  
18          you're talking about. It's a little -- I know  
19          it's a little messier at Rocky Flats. But in  
20          fact -- and I'm going to give you the  
21          philosophical argument. We know the 250 days  
22          is arbitrary, in a sense. If they're working  
23          in other areas other than the -- the defined  
24          area -- in the defined area for an SEC, health  
25          endangerment is assumed. Health endangerment

1 is not assumed in the other areas. Do you  
2 understand what I'm saying? In areas where you  
3 can reconstruct dose, health endangerment is  
4 not assumed. It's determined by a POC  
5 calculation. So if you take the whole thing  
6 and -- and you have a part where health  
7 endangerment's assumed, and say well, I'm going  
8 to -- I want to throw in the rest where there's  
9 -- there's no health endangerment assumed, how  
10 do you mix those? I think that's part of the  
11 problem. I understand what you're saying, but  
12 I'm -- I want to make sure we're looking at  
13 both side of the --

14 **MR. GRIFFON:** But I -- I -- yeah.

15 **DR. ZIEMER:** -- (unintelligible).

16 **MR. GRIFFON:** I mean I -- I think --

17 **DR. ZIEMER:** Mark and I have had this  
18 discussion, too.

19 **MR. GRIFFON:** Yeah, and -- and I -- I -- I mean  
20 I -- I agree -- you know, I -- I -- you know, I  
21 -- trying to look back at my language and think  
22 of how I would have worded it differently, I'm  
23 not sure we could have, but -- but my question  
24 would be this -- this overlap area, and then  
25 you get into the well, you know, you can

1 partially reconstruct, so we -- we go down that  
2 -- we've been down that path before, too. But  
3 you know, for these people like that  
4 maintenance worker hypothetical example I gave  
5 where they're in there 24 days a year, they're  
6 in other areas the other 300 and whatev-- you  
7 know, 210 days a year, they were mon-- they  
8 probably were monitored in some of their work  
9 out there, so they can probably get a partial  
10 reconstruction of their dose in those other  
11 areas, but they -- they're not getting a full -  
12 - you know, the -- the -- so it -- certainly if  
13 they're -- you know, if they never went into a  
14 -- if they never should have been monitored for  
15 neutrons, I would say they fall outside of this  
16 --

17 **DR. ZIEMER:** Well, but -- yeah, but --

18 **MR. GRIFFON:** -- but, you know, that's the  
19 (unintelligible).

20 **DR. ZIEMER:** -- take someone who worked in a  
21 facility that's fully monitored and then they  
22 go somewhere completely different that's a --  
23 an SEC facility. They have to get their 250  
24 days there. I'm -- that's -- I'm -- I --

25 **MR. GRIFFON:** Yeah.

1           **DR. ZIEMER:**    -- that's --

2           **MR. GRIFFON:**  No, I know.

3           **DR. ZIEMER:**  -- a philosophical argument.  Jim.

4           **DR. MELIUS:**  Yeah, several comments -- follow  
5           up.  One is I don't think this is DOL's fault.  
6           I think this is our fault 'cause they-- they're  
7           trying to interpret our definition or NIOSH's  
8           class def-- definition in some way -- usually  
9           NIOSH's, but something we've worked out to --  
10          but it's also ours.  We'll take partial  
11          responsibility for this problem, and it doesn't  
12          go back to what's in the Act.  This is the  
13          implementation of the SEC portion of the Act.  
14          We -- we -- we advised NIOSH to basically  
15          utilize the 250-day criteria for health  
16          endangerment that was taken from the Act, but -  
17          - but we discussed that and, I think as Paul  
18          has just said, part of the problem is we -- we  
19          do struggle with what is -- how to interpret  
20          health endangerment.  It's the problem we're  
21          having when we try to go below 250 days.  
22          Well, what do we mean by, you know,  
23          endangerment from a shorter time period than  
24          that.  And I think we've also struggled with  
25          how -- how to best define individual classes,

1 given the circumstances that we find at a -- at  
2 a particular site. I think what we've learned  
3 is that the more precisely we try to define or  
4 restrict the class, the more difficult -- I  
5 mean difficulty we have -- they -- we run into  
6 with these kinds of situations with people sort  
7 of moving from job to job or area to area. And  
8 if you look through the letters that we've, you  
9 know, approved at thi-- this meeting, we're  
10 always saying it's, you know, 250 days in  
11 either the -- the whole facility or certain  
12 buildings of the facility and so forth. And I  
13 -- I think Rocky Flats was unusual in that we  
14 specified monitored -- monitored for a specific  
15 exposure, though I think we did that also in  
16 some of the earlier S-- SECs. I'm trying to  
17 remember back. We -- we've gotten away from  
18 that, but there's just difficulty. And I think  
19 what we need to do is -- you know, if we're  
20 going to solve this Rocky Flats problem, to the  
21 extent there's a problem there, is -- is figure  
22 out is there a better way of defining that  
23 class. I don't think -- I can't particularly  
24 blame DOL for their interpretation or it may  
25 have been done differently, I may not

1 understand this enough, but -- but I think it  
2 does come back to how we personally, as part of  
3 this Board, are defining classes in conjunction  
4 with -- with NIOSH, and I think that's what we  
5 need to -- to -- to focus on. But it is going  
6 to be 250 days and, as Paul has said, I think  
7 it's hard to get away from 250 days working in  
8 someplace.

9 **MR. GRIFFON:** But then -- then in the -- on the  
10 practical side of things, too, the -- the  
11 things we're seeing in the news stories is that  
12 now, you know, people are trying to -- survivor  
13 claimants are trying to produce evidence that  
14 their -- their spouse worked -- not only worked  
15 in these buildings, 'cause they get -- they  
16 have, you know, coworkers testifying to that,  
17 but now they have to say worked in there for  
18 250 day-- you know, and it -- you know, it's a  
19 -- anyway...

20 **DR. ZIEMER:** Unfortunately in many cases, not  
21 in this one but in many cases, the building  
22 location coincides with a type of exposure. We  
23 had that at -- for example, at the thermal  
24 diffusion plant in Oak Ridge, as I mentioned.  
25 So defining the type of exposure is the same as

1 defining a building. But here you have  
2 something more complex and that's become a  
3 little --

4 **MR. GRIFFON:** We -- we did talk about defining  
5 buildings here. I mean we remem-- if you  
6 remember back, we --

7 **DR. ZIEMER:** Right.

8 **MR. GRIFFON:** We had long discussions about  
9 listing the buildings. Then we were concerned  
10 that we weren't at a point we -- we thought we  
11 might have overlooked a few so we wanted to  
12 leave it as -- and --

13 **DR. ZIEMER:** Yeah.

14 **MR. GRIFFON:** -- you know, and I don't know --  
15 I mean hindsight is 20-20, I guess. But at the  
16 time I think the language -- we were trying to  
17 be inclusive and -- yeah, yeah.

18 **DR. ZIEMER:** But once -- once you say that's  
19 the area covered by the 250 days --

20 **MR. GRIFFON:** Right.

21 **DR. ZIEMER:** -- then there still is this burden  
22 of showing that they've been in there, you see,  
23 250 --

24 **DR. MELIUS:** Right, Department of Labor has to  
25 operationalize that, and they operationalize it

1 not from the -- necessarily the records that  
2 we've even looked at. They're taking, you  
3 know, employment information, basically what  
4 they can get to -- to verify, plus, you know,  
5 affidavits and information provided by the  
6 claimants, which are often survivors and -- and  
7 so forth. But we never, you know, really  
8 consider what they have to do. We try to make  
9 sure that NIOSH has talked to them ahead of  
10 time, I think, with some of these class  
11 definitions, but I mean they -- they have a  
12 difficult --

13 **MR. GRIFFON:** But I mean --

14 **DR. MELIUS:** -- job to do when it's not  
15 something we considered. Now I think --

16 **MR. GRIFFON:** I mean I would -- I would refocus  
17 people on the language, though, 'cause I -- I  
18 mean I -- as -- as -- stepping back from this  
19 and looking -- I mean even -- you know, even  
20 interpreting it myself at first, but -- but  
21 certainly in the public, you know, monitored or  
22 should have been monitored for neutrons while -  
23 - while working at the Rocky Flats site in  
24 Denver for a number of work days aggregating at  
25 least 250 work days, you know, so yeah, I was

1 at the site for 250 days and I should have been  
2 monitored. I mean I can see that  
3 interpretation, for sure, and I'm not -- and I  
4 think that was my intent, actually.

5 **DR. BRANCHE:** In -- this has been an  
6 interesting discussion. In reviewing your --  
7 your charter, however, there are a couple --  
8 only a few options open to you. When in 2007  
9 the Board took the recommendation from the  
10 workgroup and crafted its recommendation to the  
11 Secretary, and the Secretary always has at his  
12 disposal, using several documents, several  
13 pieces of information in making any recom-- any  
14 final recommen-- rather conclusion that he  
15 will. But in this case for Rocky Flats, the  
16 Secretary actually used the very -- verbatim  
17 language that the Board supplied. So for the  
18 Secretary's purposes, when he crafted his  
19 decision and sent it on to Congress and  
20 Congress on to the Department of Labor, it's a  
21 settled subject for the Secretary, and he took  
22 your language.

23 This exercise that I think you all have -- that  
24 the workgroup has done I think has helped, I --  
25 I suspect and hope will help you all become

1           crisper as you deliberate and look at the  
2           language you put forward for future  
3           recommendations to the Secretary. But in my  
4           discussions with Mr. Griffon and listening to  
5           the workgroup discussions over the last couple  
6           of months, where I think you're going to be  
7           most effective is in directing your concern  
8           about the way your recommended class is being  
9           implemented, and that's with the Department of  
10          Labor. And so I would suggest that you  
11          consider inviting the Department of Labor to be  
12          able to hear specifically your concerns about  
13          how your class recommenda-- recommendation is  
14          being implemented, and any further concerns  
15          that you have. I think that's where you're  
16          going to be most effective at this juncture.

17          **MR. GRIFFON:** Yeah, and I -- and I -- I guess I  
18          agree with that. I mean we had the Department  
19          of Labor quite involved in this one and in Y-  
20          12, and I think we came up short on both,  
21          actually. But you know, I think we're learning  
22          more now and, you know, I think we want to  
23          avoid these repercussions, that's the main -- I  
24          think everybody wants to avoid that, so...

25          **DR. ZIEMER:** Okay. Dr. Melius?

1           **DR. MELIUS:** Yeah, my question on what you just  
2           said, Christine, is that my understanding from  
3           a newspaper article I read was that the  
4           Department of Labor has at least implied that  
5           they will -- they are expecting any change to  
6           come or any responses to come in the form of a  
7           recommendation from the Secretary. That was, I  
8           believe, a quote from Shelby Hallmark saying  
9           that if the Secretary of Health and Human  
10          Services sent him some clarifying information  
11          or over to DOL, it would -- then they would --

12          **MR. GRIFFON:** Consider it.

13          **DR. MELIUS:** -- would consider it. Now I don't  
14          have any problem with trying to include DOL  
15          representative in meetings and so forth, but I  
16          -- I think before we -- we decide that that's  
17          an adequate path forward, I think it would be  
18          good to have some clarification from the  
19          Department of Labor, and maybe it can come at  
20          this workgroup meeting or however you want to  
21          do it, about what would be the appropriate way  
22          to impact their -- the decision and  
23          implementation, you know, if that's  
24          appropriate. I think...

25          **DR. BRANCHE:** Just according to your charter --

1 the Secretary of HHS has not requested that  
2 from the Board at this juncture, and according  
3 to your charter, the pro-- the provision that  
4 I've just described is the one that I think is  
5 the best one for you. When I look back over  
6 the charter language for the Advisory Board,  
7 you have executed and followed along the lines  
8 that are prescribed for you. At this juncture  
9 the HHS Secretary has not been approached by  
10 the Department of Labor to provide said  
11 clarification, and that -- and the Secretary  
12 has not of course in turn as-- your -- that --  
13 come back to this Advisory Board asking for  
14 your advice.

15 **DR. MELIUS:** Well, I don't think sort of a  
16 bureaucratic --

17 **DR. BRANCHE:** Well, and I don't -- I don't mean  
18 to be that, either, but --

19 **DR. MELIUS:** -- 'cause what -- what you're, you  
20 know, who -- who approaches whom, what--  
21 whatever, I -- I think --

22 **DR. BRANCHE:** I'm just trying to help you all -  
23 -

24 **DR. MELIUS:** -- I'm just reporting what Shelby  
25 Hallmark has said in a newspaper. Maybe he

1           didn't say that, either. I don't -- I don't  
2           know, but --

3           **DR. BRANCHE:** I'm just trying to help you be as  
4           effective as possible.

5           **DR. ZIEMER:** Right.

6           **DR. MELIUS:** Yeah.

7           **DR. ZIEMER:** I -- I might ask Larry, has -- has  
8           Labor talked to NIOSH at all about any  
9           struggles on interpreting this, or do they --  
10          do they feel like it's not been a problem from  
11          their perspective in terms of enacting the --  
12          the requirements as it's now defined?

13          **MR. ELLIOTT:** The short answer to that question  
14          is they've asked us on several points to -- to  
15          consult with them from the very start of the --  
16          when the -- when the Board took its action.  
17          They've asked us -- you know, they've shared  
18          with us their screening criteria, those three  
19          steps that they take. They talked to us -- we  
20          talked to them about inclusion or non-inclusion  
21          of Building 881, I think it was, and why -- you  
22          know, why they were doing that. We wanted to  
23          understand that. We provided them comment on  
24          that action. So yes, there's been an exchange  
25          between us and them on how this class should be

1 administered.

2 **DR. ZIEMER:** And let me ask you or the  
3 workgroup, if you know the answer, is it being  
4 administered in terms of, number one, defining  
5 the buildings where neutrons are present and  
6 then looking at who worked in those buildings,  
7 and then imposing the 250-day requirement on  
8 those individuals? I think --

9 **MR. ELLIOTT:** Well, I think Jeff Kotsch is here  
10 and Jeff could speak to this particular --  
11 there -- there's been two bulletins issued by  
12 DOL on how to -- how their claims examiner's to  
13 administer this class. I think if Jeff wants  
14 to speak about it, he's better served than I am  
15 to speak about exactly what guidance they've  
16 given to the claims examiner.

17 **DR. ZIEMER:** Yeah. Mark, I gathered from what  
18 you were saying that what I described is how  
19 it's being implemented, as far as you know.

20 **MR. GRIFFON:** Yeah. I mean he -- Jeff can  
21 speak --

22 **DR. ZIEMER:** They're having to show 250 days in  
23 buildings where neutrons are present.

24 **MR. GRIFFON:** Right, but I think there's --  
25 there's -- there's a tri-- a sort of triage

1 steps, right? And Jeff -- Jeff should go  
2 through them. I didn't want to step through  
3 the whole bulletin, but Jeff can go through  
4 them --

5 **MR. KOTSCH:** Yeah, I mean there's three  
6 criteria -- criteria that are used, and they  
7 were -- they were stated in the first bulletin  
8 and just -- there was some clarifying  
9 information in the second bulletin. First  
10 criterion is inclusion on the NDRP, the Neutron  
11 Dose Reconstruction Project, which is over  
12 5,000 individuals. If you meet that -- if  
13 you're on that list, you're automatically into  
14 the class.

15 The next criterion -- these don't have to be in  
16 order, but the next criterion is employment in  
17 -- 250 days of work in one of the buildings  
18 that, in consultation with NIOSH, we determined  
19 to be neutron buildings, and I think there's  
20 ten of those.

21 **DR. ZIEMER:** And Jeff, is that determined by --  
22 by their building -- some sort of official  
23 assignment? How do you --

24 **MR. KOTSCH:** It's -- it howev-- whatever  
25 evidence can put us -- can allow the claims

1           examiner to put people into those buildings for  
2           250 days. It may be employment information, it  
3           may be stuff on -- it could be affidavits, it  
4           could be things on medical reports that showed  
5           that, you know, they were -- happened to be  
6           working in the building at that time, but --

7           **MR. ELLIOTT:** (Off microphone) (Unintelligible)  
8           work histories.

9           **MR. KOTSCH:** Yeah, work histories, things like  
10          that.

11          **MR. ELLIOTT:** But you -- you also said -- I  
12          need to correct this because this is a -- this  
13          is a misunderstanding that the claimants have,  
14          and it's been propagated by this news reporter.  
15          It's not 250 days in a building. It's 250 days  
16          in any one of those building, accum--  
17          aggregate.

18          **MR. GRIFFON:** Collective, yeah.

19          **MR. KOTSCH:** Yeah, I'm sorry, it's in -- time  
20          spent in any of those -- what we consider to be  
21          the neutron buildings, and then the -- so if  
22          you've made it through those two and it -- most  
23          people that are being put into the class are --  
24          are being caught by those two screens,  
25          basically.

1           And then the final -- what I call the final  
2           screen or the criterion is the 100 -- 100  
3           millirem crit--

4           **MR. ELLIOTT:** (Off microphone) (Unintelligible)  
5           NIOSH does the dose (unintelligible).

6           **MR. KOTSCH:** Well, I'm sorry, it's the NIOSH  
7           dose reconstruction and determination of  
8           whether there -- or the identification of  
9           whether there was neutron dose. And then what  
10          the second bulletin basically did was provide  
11          additional guidance in the form of the 100  
12          millirem dose for an annual -- annual dose.

13          **MR. ELLIOTT:** I think this -- this third  
14          criterion where NIOSH has produced a dose  
15          reconstruction that mentions neutron exposure  
16          being included placed us all in a trap, too,  
17          because in our efficiency process we might have  
18          given an overestimate and said we don't know if  
19          he was, but we're going to give him some  
20          neutron dose anyway. And so without -- that's  
21          not associated with any building, just trying  
22          to prove that the claim is non-compensable.  
23          And so when DOL saw some of those kinds of  
24          claims coming through and their claims examiner  
25          saw that mentioned and they thought well, that

1 means that person was truly in an exposed  
2 situation so we should -- we should include  
3 them. And then when they developed it more,  
4 they excluded them. So...

5 **MR. GRIFFON:** Yeah. And -- and the pro-- the  
6 interim problem there was that some of those  
7 people were notified that they were included,  
8 and then they were excluded, I believe --

9 **MR. KOTSCH:** Well, as a follow-up to that, the  
10 working group call that I was on, I guess a  
11 couple of weeks ago, I spoke to Congressman  
12 Udall's staffer and Denver had identif-- or  
13 Denver office had identified six recommended  
14 decisions that were caught in this change of --  
15 or reinterpretation by our Final Adjudication  
16 Branch with the new bulletin. They were caught  
17 by, you know, looking at the 100 millirem  
18 thing. Actually it was -- it was other things,  
19 too, but -- so there were six recommended  
20 decisions that Denver FAB basically has  
21 identified as requiring -- you know, they were  
22 then remanded back to the District Office to be  
23 looked at again under the new bulletin, so I  
24 don't -- that review is ongoing. I know one of  
25 those cases has -- is actually -- the employee

1 is actually on the NDRP list so that case will  
2 continue to be an acceptance. I don't know how  
3 the other ones will shake out. But actually I  
4 do know that none of those actually involve 100  
5 millirem question, as far as neutrons go.

6 **DR. ZIEMER:** Okay, thank you.

7 **DR. MELIUS:** While you're up there, Jeff, just  
8 a question, and maybe Larry can answer also. I  
9 don't recall another case where we've ended up  
10 with this sort of threshold issue regarding,  
11 you know, monitoring for -- for something in  
12 quite this way, where we've ended up relying on  
13 NIOSH's dose reconstruction. Is this unique or  
14 is this --

15 **MR. KOTSCH:** I think this is actually the first  
16 one where it's actually been -- or where --  
17 first of all, any kind of external dose has  
18 actually been mentioned specifically. All the  
19 -- all the other classes --

20 **DR. MELIUS:** Yeah, yeah, yeah, no, no, they're  
21 not --

22 **MR. KOTSCH:** -- (unintelligible).

23 **DR. MELIUS:** Right, there's not a lot of them  
24 and -- that's right, so probably would be.

25 Okay, I'm just --

1           **MR. KOTSCH:** It -- we're not -- we're not happy  
2           to have to -- have to go on through the  
3           gyrations that --

4           **DR. MELIUS:** Yeah, it's --

5           **MR. KOTSCH:** -- you know, to try to fit the  
6           definition, or interpret the definition.

7           **DR. MELIUS:** Uh-huh.

8           **DR. ZIEMER:** But at the same time, Department  
9           of Labor has not in any official way asked for  
10          any change or any clarification of the original  
11          definition. Is that correct?

12          **MR. KOTSCH:** I'm not aware that --

13          **DR. ZIEMER:** Yeah.

14          **MR. KOTSCH:** -- you know, my management has  
15          asked for any.

16          **DR. ZIEMER:** Yeah, and if it's -- if we're sort  
17          of waiting for, for example, the Secretary of  
18          Health and Human Services saying well, I'm not  
19          going to do anything unless the Secretary of  
20          Labor asks for something --

21          **DR. BRANCHE:** He hasn't said that.

22          **DR. ZIEMER:** -- and -- and he hasn't said that,  
23          then nothing happens here anyway. I think what  
24          Mark perhaps was suggesting was is there a way  
25          to feed some concerns into the system, either

1 about definition or about the implementation of  
2 that, although it's not clear to me that all of  
3 us on the Board view that as the same -- in the  
4 same way. I -- I mean I -- I had always  
5 thought, at least for other facilities, that we  
6 only counted time in the defined facilities,  
7 not in other areas, either at other sites or  
8 coexisting with those, but -- anyway.

9 **DR. MELIUS:** Can -- can I just suggest -- I  
10 mean go back to our recommendation where we  
11 just discussed earlier as -- is can the  
12 workgroup get together with someone from DOL or  
13 Jeff again or whoever and -- I mean first of  
14 all I think we have to establish is it -- does  
15 the workgroup have a concern with the way it's  
16 being imp-- implemented in terms of what the  
17 original intent was of -- of -- of the  
18 recommendation and -- and so forth. And then  
19 is there -- is there a better way of -- some  
20 way of resolving that and so forth. And  
21 whether it's a -- you know, a change at DOL if  
22 DOL thinks that's appropriate, a change that --  
23 in terms of some action that the Board should  
24 take, then the Board -- then, you know, the  
25 workgroup comes back to the Board and we all

1 talk about it, but I -- is that...

2 **MR. GRIFFON:** I mean I don't know that the  
3 work-- workgroup can meet with DOL, per se, you  
4 know. I don't know that we're --

5 **DR. MELIUS:** Well, I mean --

6 **MR. GRIFFON:** -- it's under our charter to --

7 **DR. MELIUS:** -- Jeff met with you.

8 **MR. GRIFFON:** Yeah.

9 **DR. MELIUS:** I just -- I'm not -- I'm not -- I  
10 don't -- I can't speak for DOL, but I -- they  
11 participate --

12 **MR. GRIFFON:** I mean --

13 **DR. MELIUS:** -- in a lot of the workgroup  
14 meetings so I --

15 **DR. BRANCHE:** You can -- you can do it as a --  
16 you can do it as a workgroup, you can do it as  
17 the full Board, it -- I -- I think that -- I'm  
18 just suggesting I think that's one of the best  
19 ways to be as effective about this particular  
20 issue as possible, at least as a -- as a good -  
21 - good first step in having your issues  
22 addressed by the very body with whom you're  
23 most concerned.

24 **DR. ZIEMER:** Well, we've heard how it's being  
25 implemented.

1           **MR. GRIFFON:** Yeah.

2           **DR. ZIEMER:** So what additional --

3           **MR. GRIFFON:** And -- and -- and you, you  
4 know...

5           **DR. ZIEMER:** -- information is needed from DOL  
6 at -- at that point.

7           **MR. GRIFFON:** Well, I -- I think, you know, the  
8 -- the question -- I -- I think I'd want to sit  
9 down with the -- the question on the cases, the  
10 -- the six cases, but I think that's from the  
11 first bulletin to the second bulletin. I'm  
12 still not clear how many people are -- are not  
13 included in the -- in the class based on the  
14 analysis of the criteria, of all -- all three,  
15 you know, triage criteria. I don't know if you  
16 can answer that now, but...

17           **MR. KOTSCH:** I -- I don't know the answer to  
18 that. I know that a large bulk of the people  
19 that have gone through have been caught by what  
20 I call the first two screens. You know, the  
21 building screen and the -- the NDRP list.

22           **MR. GRIFFON:** Right. Right, so then my -- my  
23 question would be, on the building screen, you  
24 know, that -- that would be a question that we  
25 would have and we've raised on our workgroup

1 level, but that's more of a -- that's more of a  
2 background question on -- on looking maybe at  
3 the University of Colorado data and, you know,  
4 are there other people that were unmonitored  
5 that went into these areas. I mean -- and --  
6 and should have been -- this "should have been  
7 monitored" question, is it being -- you know,  
8 from a -- from the ground level standpoint, if  
9 you have -- and I'll go to the -- the sort of  
10 worst case, when you have a survivor, that's --  
11 that's obviously the least information from the  
12 CATI and other things, so you rely more on the  
13 work history. And if you just have the job  
14 cards, you may say Building 334, the  
15 maintenance building, so then without those  
16 coworkers coming forward for those claimants,  
17 you would deny them on that basis, I believe.  
18 So then you're putting the -- I feel you're  
19 putting more of a burden on those individuals,  
20 if we find in a review of this that a lot of  
21 those people were not -- were not monit-- if --  
22 if there was any kind of prevalence of this  
23 activity that we can -- we find a situation --  
24 and I'm not saying we found this yet 'cause we  
25 haven't -- you know, but if we found a

1 situation where there were a lot of maintenance  
2 folks that were going into neutron areas that  
3 were not badged at all, or -- or -- or -- I --  
4 I guess the-- there's some nuance in here, too,  
5 'cause people -- some of those maintenance  
6 workers could have certainly been badged for  
7 gamma, but in the NDRP program they never --  
8 they never saw them as neutron workers so they  
9 never put them in the NDRP project, they never  
10 corrected their gamma dose and -- and made it a  
11 notional neutron dose so they wouldn't be  
12 captured in there at all. So you know, is --  
13 is the -- I guess that's the question for --  
14 for the NIOSH side or for the workgroup side.  
15 It's not so much a DOL question, though, I  
16 don't think.

17 **DR. MELIUS:** Well, I -- I -- I think it's a DOL  
18 question only in the sense of we've got to  
19 figure out how do you connect what's that  
20 definition with what information DOL's going to  
21 be able to have available to them for their  
22 claims processors to make this decision. And I  
23 -- I can't tell -- you know, I'm not familiar  
24 enough with the site and the information to  
25 know, but -- but it seems to me there'd be some

1 benefit now -- and we -- we make the  
2 recommendation, DOL looks at it, say yeah, we  
3 think we can, you know, implement this based on  
4 what we know, but that's before they actually  
5 try to implement it. Now they -- once they've  
6 tried to implement it, then they run into, you  
7 know, what's exactly on these cards, what's  
8 information -- this is a particularly  
9 complicated one -- kind of definition to  
10 implement, more complicated than maybe even we  
11 thought, and -- and I think some discussion of  
12 what they have available and is, you know, is  
13 that, you know, appropriate and is the problem  
14 our definition, is the problem the  
15 implementation, is there no problem at all. I  
16 just don't think we know and some discussion  
17 might be useful.

18 **DR. ZIEMER:** It seems to me, though, this last  
19 question is simply one of identifying neutron  
20 workers, aside from --

21 **MR. GRIFFON:** Aside from the 250-day thing,  
22 yeah.

23 **DR. ZIEMER:** -- aside from the 250-day issue,  
24 and --

25 **MR. GRIFFON:** Right, right.

1           **DR. ZIEMER:** -- even aside from the building,  
2           they -- they still have the burden of  
3           identifying the neutron workers, regardless of  
4           this definition, do they not?

5           **DR. MELIUS:** Yeah, and -- and -- and --

6           **DR. ZIEMER:** Yeah, that's in the class, so --

7           **MR. GRIFFON:** Yeah, yeah.

8           **DR. ZIEMER:** -- all I'm saying is I think for  
9           that issue, that issue is outside of this  
10          definition in terms of how --

11          **MR. GRIFFON:** Yeah.

12          **DR. ZIEMER:** -- if we're capturing them  
13          correctly -- I mean the neutron's a starting  
14          point for their capture.

15          **MR. GRIFFON:** Right.

16          **DR. MELIUS:** But --

17          **DR. ZIEMER:** So regardless of how we view the  
18          250-day issue and where else you can be in the  
19          site or what counts towards things, they still  
20          have to do that, so --

21          **MR. GRIFFON:** But I -- but I think we know -- I  
22          mean I think I understand, if -- if --  
23          certainly every time we meet we clarify a  
24          little more, but I think I understand how DOL  
25          is interpreting that. It's basically, you

1 know, if they -- it's the NDRP buildings plus  
2 881. I think you've added on that one -- 881  
3 building, so -- but -- and that's all on the  
4 work history information, I believe. Jeff, is  
5 that correct, or... I mean or -- or other --  
6 if they've provided other documents to you,  
7 yeah.

8 **MR. KOTSCH:** Yeah, certainly it wou-- could be  
9 there. I'm not going to guarantee you --

10 **MR. GRIFFON:** Right.

11 **MR. KOTSCH:** -- it's always there.

12 **MR. GRIFFON:** Right.

13 **DR. ZIEMER:** Okay. Mark has sort of been  
14 asking if -- if we wish the workgroup --

15 **MR. GRIFFON:** Right.

16 **DR. ZIEMER:** -- to do -- to do more in  
17 following this up.

18 **MR. GRIFFON:** I mean the only thing I -- I -- I  
19 guess I can add is that Margaret Ruttenber said  
20 the data -- and we talked about this in our  
21 technical call with her, that the University of  
22 Colorado data was going to be turned over to  
23 NIOSH, and most of that dose data I don't think  
24 is any different than what we've seen, but she  
25 apparently does have some, you know, more job

1 detail data which she in-- at least I got the  
2 impression that that may shed some light on  
3 some of this, is what she suggested to me,  
4 anyway. So that may be something to follow up  
5 on, but I don't know how -- if that's been made  
6 available yet, Larry, or if that's still in the  
7 works -- yeah, yeah.

8 **DR. ZIEMER:** Let me get some clarity, though,  
9 from the workgroup. Is the -- is the main  
10 concern right now how the 250-day part is  
11 implemented vis-a-vis various buildings versus  
12 non-neutron areas on the site? Is that the  
13 prem-- I mean I heard --

14 **MR. GRIFFON:** No, I -- I have both -- I have  
15 both -- or I don't know that one's worse than -  
16 - one's more than the other for me, but those  
17 "should have been monitored" que-- identifying  
18 the neutron workers is the first thing that  
19 we're really targeted on, and then the 250-day  
20 thing came up kind of later --

21 **DR. ZIEMER:** And you have to do that,  
22 regardless.

23 **MR. GRIFFON:** Yeah.

24 **DR. ZIEMER:** And -- and Jeff described two  
25 methods which apparently catch at least a large

1 number of those.

2 **MR. GRIFFON:** I mean I -- I think it is  
3 interesting, though, to note that if they're in  
4 the NDRP database, my understanding is that  
5 they're automatically in the class, and they  
6 could have been in there for one cycle. They  
7 could have been this maintenance worker that  
8 happened to get monitored, got one -- you know,  
9 been in there for a month's job in their 30-  
10 year career, and they're in the class. And yet  
11 these others that -- that have affidavits  
12 saying they worked in all these buildings over  
13 their ten years, they have to go back and --  
14 and document the days that they were there --  
15 or at least they aggregate how many days, so  
16 that -- I guess I'm having trouble with that,  
17 too, you know.

18 **DR. ZIEMER:** That -- that might be looked on as  
19 kind of a fairness --

20 **MR. GRIFFON:** Right.

21 **DR. ZIEMER:** -- issue, I suppose. Okay.

22 **MR. GRIFFON:** Or at -- or at least, you know,  
23 the -- the question of if -- if -- when we're  
24 not sure, we're going to err on the si-- we're  
25 not going to put the burden on the -- I think

1           that's what we -- at least I've taken away from  
2           DOL most of the time is that if we're not sure,  
3           we're going to not put the burden on the  
4           claimant but we're going to assume they -- you  
5           know, give them the bur-- give them the benefit  
6           of the doubt.

7           **MR. KOTSCH:** I mean the intent is to be  
8           claimant favorable --

9           **MR. GRIFFON:** Yeah, yeah.

10          **MR. KOTSCH:** -- and to give the benefit of the  
11          doubt, but there has to be --

12          **MR. GRIFFON:** Right.

13          **MR. KOTSCH:** -- some evidence (unintelligible)  
14          --

15          **MR. GRIFFON:** Of course, of course.

16          **MR. KOTSCH:** -- and it's all looked at on a  
17          case by case basis, so even between cases, you  
18          know, it can vary, depending on the -- the  
19          depth of the actual evidence that's -- you  
20          know, for the -- present for each case.

21          **MR. GRIFFON:** So I mean I -- I'm certainly  
22          willing to reconvene the workgroup and meet and  
23          --

24          **DR. ZIEMER:** Well, Mark --

25          **MR. GRIFFON:** -- have Jeff meet with us --

1           **DR. ZIEMER:** -- let me -- let me just ask you,  
2           what do you think the workgroup should do next,  
3           if -- if anything? What is your opinion?

4           **MR. GRIFFON:** Well, we could -- we could at  
5           least go through all -- go through -- maybe get  
6           a detailed report from DOL on the -- that step-  
7           wise implementation so we're all clear on it.  
8           We could report that back to the full Board.  
9           But I would also like to follow up on this --  
10          there -- there's one outstanding action for  
11          these other workers that claim that they were  
12          working in those areas that were not monitored,  
13          and a few of them were mentioned in news  
14          stories and I think Brant had asked me to -- to  
15          relay the names, make sure we had the right  
16          people that we were tracking down, so -- so  
17          that would -- that's only a few individuals. I  
18          -- I wouldn't mind inviting Margaret Ruttenber  
19          to be on our next workgroup call, too, to see  
20          if she thinks looking at her data would --  
21          would shed any light on -- on this -- this  
22          dilemma we have with -- with identifying  
23          neutron workers. And she may say, you know, it  
24          -- it's not going to be relevant or whatever,  
25          but I think it might be useful to bring her in

1 as sort of her expert testimony to the  
2 workgroup. That -- that would be all -- all I  
3 would suggest.

4 **DR. ZIEMER:** Wanda?

5 **MS. MUNN:** It's always interesting to get  
6 additional information, but I think it would be  
7 wise to bear in mind that, although this is a  
8 very complex site and involves a great many  
9 claimants, it also has a very robust database  
10 and we have a great deal of information with  
11 respect to the workers, who was monitored,  
12 where they worked. No one can define ever  
13 where everyone is at any -- at -- during every  
14 day of their -- of their working life. But  
15 this -- this group of data that we have are  
16 very full, and looking at it again never hurts,  
17 I guess, when you're looking from a different  
18 perspective, certainly talking with -- with  
19 Labor so that we have a better feel for exactly  
20 how their process works would perhaps be  
21 helpful for us. I would not anticipate,  
22 personally, that a great deal of additional  
23 information is going to come from the database  
24 that we don't already -- that we haven't  
25 already seen, that we don't already understand.

1 But any time we can get some extra information  
2 from the Colorado folks, it's helpful.

3 **DR. ZIEMER:** Okay. Further comments? Well,  
4 I'm certainly agreeable, Mark, if -- if you  
5 believe that'll be of some benefit and report  
6 back on the implementation by -- by Labor and  
7 perhaps give us a feel for what additional  
8 concerns there might be and whether we should  
9 take any proactive steps to make changes in  
10 some way. I mean although our recommendation  
11 went to the Secretary, I think the Secretary's  
12 always open to concerns of the Board. If we  
13 have concerns about a previous recommendation,  
14 I'm sure that we could set those forth. It may  
15 not be comfortable for our attorneys, but  
16 certainly -- well, you know, if we -- if we're  
17 concerned about a previous recommendation,  
18 wouldn't the Secretary be open to hearing those  
19 concerns?

20 **MS. HOWELL:** You're welcome to send the  
21 Secretary a letter at any time stating your  
22 concerns.

23 **DR. ZIEMER:** Sure.

24 **MS. HOWELL:** But as Christine has mentioned,  
25 you're in kind of an area that is --

1           **DR. ZIEMER:** Right.

2           **MS. HOWELL:** -- bordering on outside of your  
3 charter and I will remind you all that -- and  
4 of course you're welcome to request that DOL be  
5 a part of your meetings. You have no control  
6 over them, so we'll --

7           **DR. ZIEMER:** No, that's --

8           **MS. HOWELL:** -- see what happens with that.  
9 And I would remind everyone that, you know,  
10 this class -- the -- the determination has been  
11 made by the Secretary, so you are working  
12 within a -- some confines there and --

13          **DR. ZIEMER:** Sure.

14          **MS. HOWELL:** -- if the working group wants to  
15 continue to look at these specific questions --

16          **DR. ZIEMER:** Yeah, well, the --

17          **MS. HOWELL:** -- that's fine (unintelligible).

18          **DR. ZIEMER:** -- the other part of it, I think,  
19 it -- it does -- it may not change what we've  
20 done here, but it may also help us in the  
21 future as we define SECs at other facilities,  
22 to be cognizant of parameters that we might  
23 have otherwise overlooked. Thank you, Emily.  
24 Mark, I'll simply suggest that you proceed as  
25 you defined and report back to us.

1           **MR. GRIFFON:** That's -- that's fine. You might  
2 ask on the phone if anyone has --

3           **DR. ZIEMER:** Yes --

4           **MR. GRIFFON:** -- comments they  
5 (unintelligible).

6           **DR. ZIEMER:** -- Terrie Barrie, do you have any  
7 comments for us? Is she...

8           **MS. BARRIE:** Hello?

9           **MR. GRIFFON:** Yeah, we hear her.

10          **DR. ZIEMER:** Yes, Terrie, go ahead.

11          **MS. BARRIE:** Yes, I (unintelligible) hear  
12 (unintelligible) call my name (unintelligible).

13          **DR. ZIEMER:** Well, I just wondered if you had  
14 heard the discussion and the fact that the  
15 workgroup's going to look further into the  
16 implementation of the -- the current Special  
17 Exposure Cohort definition. Di-- did you have  
18 any additional comments for us?

19          **MS. BARRIE:** Not really. (Unintelligible)  
20 program has always been (unintelligible) and  
21 that's what we (unintelligible) was added  
22 because one -- or Department of Labor  
23 identified neutron dose (unintelligible) and we  
24 (unintelligible) absolutely (unintelligible)  
25 implementation of the (unintelligible).



1 from -- from New York regarding the Linde  
2 Ceramics site profile.

3 **DR. BRANCHE:** And then we can go on with the  
4 review of the petitions.

5 **MS. CHANG:** Testimony of Senator Charles E.  
6 Schumer, Advisory Board on Radiation and Worker  
7 Health, Linde Ceramics Site Profile and Dose  
8 Reconstructions, April 7 through 9, 2008.  
9 Thank you for the opportunity to address you  
10 today regarding the petition to add a class of  
11 the Special Exposure Cohort, SEC, for the Linde  
12 Ceramics Plant in Tonawanda, New York. I am  
13 very supportive of this petition and I  
14 respectfully urge you to approve it promptly.  
15 NIOSH has already acknowledged the  
16 impossibility of accurately reconstructing a  
17 site profile at Linde for the time period from  
18 October 1st, 1942 through October 31st, 1947.  
19 Many of the same difficulties exist in the  
20 later period, which there-- which therefore  
21 also merits inclusion in the SEC.  
22 As with other sites in the New York area, the  
23 site profile for the Linde Ceramics facility  
24 during this time period is not definitively  
25 reflective of the conditions to which the

1 workers were exposed. The workgroup has  
2 pointed to gaps in the data regarding the  
3 outdoor sources of radiation, especially the  
4 time line regarding burlap bags which were used  
5 for transporta-- transporting the uranium ore.  
6 Several employees have stated that the bags  
7 were stored behind a building where employees  
8 ate their lunches. I am not yet convinced that  
9 NIOSH has adequately accounted for the effect  
10 of this uranium ore on workers, especially if  
11 it is possible that workers were exposed to the  
12 toxic effects of uranium consumption in  
13 addition to external radiation.

14 However, my largest concern with NIOSH's  
15 treatment of the question of these burlap bags  
16 is the Board's hesitancy to address the reports  
17 by the former employees themselves. When the  
18 former employees' testimonies conflict, as they  
19 do in this case, I believe that NIOSH should  
20 acknowledge the impossibility of developing an  
21 accurate site profile and instead establish a  
22 class to the SEC.

23 I would also like to make sure that the Board  
24 is aware of a very recent development in the  
25 Linde workers' case. At the urging of myself

1 and several of my colleagues in Congress, the  
2 Department of Labor has reversed its decision  
3 to redesignate four of the five buildings at  
4 the site from an Atomic Weapons Employer, AWE,  
5 facility to a Department of Energy, DOE,  
6 facility. Because EEOICPA Part B only provides  
7 residual radiation coverage for AWE facilities,  
8 not DOE. The redesignation of these buildings  
9 would have left the vast majority of former  
10 Linde workers without the compensation they  
11 deserve. I commend DOL for making the right  
12 decision in this situation.

13 The former employees of the Linde Ceramics  
14 facility are the veterans and heroes of the  
15 Cold War. Their sacrifices and those of their  
16 families secured our nation's continued  
17 security and prosperity, and they deserve their  
18 nation's care. I urge you to grant, with all  
19 due speed, their application for inclusion in  
20 the SEC.

21 Thank you for the opportunity to address you  
22 today.

23 **DR. ZIEMER:** Thank you very much. That's --

24 **DR. BRANCHE:** That's it, now you're --

25 **DR. ZIEMER:** -- all on that one. Okay.

1           **DR. BRANCHE:** -- to Board working time, that's  
2           right. Everything's done up to then.

3           **NEW WORKGROUPS**

4           **DR. ZIEMER:** Next I want to address the items  
5           relating to new workgroups. We have a backlog  
6           of site profiles that were discussed earlier.  
7           We also need to be thinking about how to  
8           address those. One of those that we have  
9           focused on here this week is Pinellas. We're  
10          here in the site of Pinellas. We've heard from  
11          some of the constituents, as well as  
12          Congressional folks. Also we have the  
13          opportunity now to appoint a workgroup to  
14          address Pinellas site profile and related  
15          issues. I -- I want to get concurrence from  
16          the Board to do so and then we'll ask for a  
17          motion, and if -- if that carries, we will  
18          appoint a chair and other members.  
19          Now Board members, do you -- do you wish to  
20          first look at the other issues before us, such  
21          as the streamlining issue and the -- the  
22          efforts -- or the discussion we had for SC&A on  
23          that, and also think about other site profiles  
24          that we may want to address or -- or SEC  
25          reviews? Do you want to sort of get the total

1 picture first and then --

2 **DR. MELIUS:** I think the total picture first  
3 would be --

4 **DR. ZIEMER:** Okay.

5 **DR. MELIUS:** -- helpful. We can decide whether  
6 we want to avoid -- or volunteer, which one we  
7 want to volunteer for.

8 **MS. MUNN:** (Off microphone) (Unintelligible)  
9 can leave now.

10 **DR. ZIEMER:** Right now for site profile, the  
11 immediate one, at least in my mind, is  
12 Pinellas.

13 For SEC reviews -- I have to go back and look  
14 at --

15 **DR. BRANCHE:** The ones we've seen so far?

16 **DR. ZIEMER:** Well, the ones where we ha-- we  
17 have identified where we need some focused  
18 assistance.

19 **DR. BRANCHE:** We need --

20 **DR. ZIEMER:** I need -- need help here to --

21 **MR. GRIFFON:** Texas City Chemical.

22 **DR. BRANCHE:** -- Texas City Chemical.

23 **DR. ZIEMER:** Texas City was -- that reminds me,  
24 we -- we did -- did we commit to Dan McKeel to  
25 notify him when --

1           **DR. BRANCHE:** I've notified him by e-mail.

2           **DR. ZIEMER:** Okay.

3           **DR. BRANCHE:** He asked me and I notified him.

4           **DR. ZIEMER:** And Dan McKeel, are you on the  
5 line?

6           **DR. MCKEEL:** Yes, sir.

7           **DR. ZIEMER:** Oh, good, okay. Texas City, which  
8 would be an SEC focused review, probably. The  
9 other -- the other part of the overall picture  
10 would be to task SC&A to come back to us with a  
11 proposed -- well, basically a streamlining  
12 description -- I think, John, you've given us a  
13 description, but maybe the first step of what  
14 that would look like, so streamlining -- I'll  
15 call it that. And what else do we have?

16           **DR. BRANCHE:** Do you need Santa Susana? Do you  
17 already -- Santa Susana?

18           **MR. GRIFFON:** I thought (unintelligible).

19           **MS. MUNN:** (Off microphone) (Unintelligible)  
20 taken care of (unintelligible) --

21           **DR. MELIUS:** Yeah, Santa Susana was a question  
22 whether we do the SEC. They're already doing  
23 the site profile on it.

24           **DR. BRANCHE:** So it's just a matter of getting  
25 their -- okay.

1           **DR. MELIUS:** Well, I --

2           **DR. ZIEMER:** I think on Santa Susana it was a  
3 matter of identifying site profile issues that  
4 were -- or SEC issues that were in the site  
5 profile review.

6           **MR. GRIFFON:** But that means they have to look  
7 at the SEC --

8           **DR. MELIUS:** They have to look at the SEC.

9           **DR. ZIEMER:** They have to do the site profile,  
10 what -- and -- and as you do that, perhaps to  
11 help identify --

12          **DR. MELIUS:** Well --

13          **DR. ZIEMER:** -- those issues. Right?

14          **DR. MELIUS:** Yeah, but -- but there are issues  
15 that are -- we may want to take care of earlier  
16 relevant to the current class that's been  
17 recommended by NIOSH, so...

18          **DR. ZIEMER:** Right, but that means as they go  
19 through it, they will have to identify the SEC  
20 issues.

21          **DR. MAURO:** Yeah, may I suggest -- we have our  
22 process for doing the site profile. What we  
23 will do is we'll layer in on top of that -- and  
24 I don't see this being very much of a  
25 perturbation -- reviewing the petition, the

1 evaluation report, and identifying let's say  
2 those -- those issues that are inherent in the  
3 SEC-related aspect that -- that -- and maybe  
4 point out to you folks or a working group -- I  
5 don't believe we -- we have a working group yet  
6 -- those issues that are -- we're going to  
7 incorporate let's say early in the process.  
8 What -- what I'm getting at is that I -- I want  
9 to try -- I think I can integrate -- have the  
10 site profile move forward, but simultaneously  
11 make sure that we're hitting on the issues that  
12 are raised in the SEC petition and the  
13 evaluation report and report back to the wor--  
14 a working group or the Board on how we would  
15 plan to do that. So in -- in effect, it would  
16 be a -- almost like a combined SEC -- but I  
17 don't -- I guess I'm saying that I don't see it  
18 as a formal complete SEC review. We will look  
19 into the issues and see if we -- the degrees to  
20 which we can work them into our site profile  
21 process.

22 **DR. ZIEMER:** So it looks like we're looking at  
23 three workgroups, Pinellas, Texas City and  
24 Santa Susana.

25 **DR. BRANCHE:** And Texas City and Santa Susana

1 are SEC -- SEC review. Right?

2 **DR. ZIEMER:** And tasking --

3 **DR. BRANCHE:** Right.

4 **DR. ZIEMER:** -- of our contractor on those  
5 reviews. The -- the Santa Susana is already  
6 underway as a site profile, so it's -- the  
7 tasking there would be to identify the SEC  
8 issues as part of that.

9 **DR. BRANCHE:** Uh-huh.

10 **DR. ZIEMER:** The streamlining would be tasking  
11 them to take the first steps in identifying the  
12 common issues in the existing site profiles.  
13 The Texas City would be a -- would be an SEC  
14 tasking, but we need a workgroup to -- to help  
15 resolve those issues.

16 **DR. MAURO:** If I -- if I may, I -- Texas City  
17 is -- I'd like to bring to the attention of the  
18 Board that, as I understand it, it's largely --  
19 draws from surrogate data from other sites, so  
20 -- and I know there's been quite a discussion  
21 regarding that, so perhaps some integration of  
22 the surrogate data --

23 **DR. ZIEMER:** Well, the surrogate data --

24 **DR. MELIUS:** Yeah.

25 **DR. ZIEMER:** -- workgroup is going to be

1 looking at that, so maybe that can be done as -  
2 -

3 **DR. MELIUS:** Why -- why don't we try to do it  
4 in combination. If it turns out to be other  
5 issues or, you know, too much for us, we'll...

6 **DR. BRANCHE:** One -- one thing about -- one  
7 thing that came to mind about the surrogate  
8 data issue -- Dr. Melius, just as -- do you  
9 intend to have an opportunity for your  
10 workgroup to convene to descr-- to discuss the  
11 criteria before you begin to implement the  
12 criteria on the examples that you described  
13 earlier?

14 **DR. MELIUS:** No.

15 **DR. ZIEMER:** Well, let -- let me clarify. I  
16 think what Christine is saying, we need to make  
17 sure that every-- that everyone on the  
18 workgroup agrees that those are the criteria  
19 before we ask them to use those criteria. It's  
20 --

21 **DR. MELIUS:** Yeah, the -- it --

22 **DR. ZIEMER:** You've already got comments back.  
23 I think --

24 **DR. MELIUS:** I've already gotten comments back.

25 **DR. ZIEMER:** -- what we're saying, we need to

1           make sure that we have the final version and --  
2           and this can be done very -- by e-mail  
3           probably.

4           **DR. MELIUS:** Well, actually I was --

5           **DR. ZIEMER:** Or by phone, whatever.

6           **DR. MELIUS:** No, no -- well, actually --

7           **DR. ZIEMER:** Well --

8           **DR. MELIUS:** -- what I proposed was different  
9           from that. Was rather than trying to get  
10          closure on the -- just the cri-- a cri--  
11          criteria report -- a report on the criteria,  
12          'cause there are some differences among --  
13          within the workgroup, that we do that in the  
14          context of also having reviewed -- being in the  
15          process of reviewing some particular applica--  
16          applications. And in the course of doing --  
17          applying this to the applications, I think  
18          it'll become clearer how to best word the  
19          criteria. The -- the issues among the Boar--  
20          among the members of the workgroup are not  
21          about the general categories of the criteria.  
22          It's sort of more of the details of the  
23          criteria. And there's actually only one I  
24          think significant difference, and I -- and I  
25          think that's best resolved as we do the -- the

1 applications.

2 **DR. ZIEMER:** Yeah, you're suggesting that  
3 perhaps the final criteria would -- would come  
4 after we go through the exercise.

5 **DR. MELIUS:** Yeah, but --

6 **DR. ZIEMER:** But there has -- there has to be a  
7 starting point. Maybe I'll call it draft  
8 criteria.

9 **DR. MELIUS:** That there -- there is --

10 **DR. ZIEMER:** And so make sure that the  
11 workgroup agrees what -- what the draft  
12 criteria that we use for them to use in that  
13 process, or whatever.

14 **DR. BRANCHE:** My on-- my only concern is the --  
15 the tracking and the vetting, and I understand  
16 the -- Dr. Melius, your wish to expedite this,  
17 but we're trying so hard for all aspects of the  
18 Board to be able to have as much information be  
19 open and -- open and -- and everything be  
20 available for everyone's understanding, and I -  
21 - I'm concerned that in your wish for  
22 efficiency, perhaps some of the salient  
23 concerns that your workgroup colleagues may  
24 have are not ever com-- I don't have any e-  
25 mails that share or line out how people on your

1 workgroup --

2 **DR. MELIUS:** Well, if you go back to the  
3 earlier conversation, I point out that I was  
4 going to share with the -- all of the Board  
5 members the -- the original -- the cri-- the  
6 draft criteria --

7 **DR. BRANCHE:** Uh-huh.

8 **DR. MELIUS:** -- and -- along with Wanda's  
9 comments. And those are the only substantial  
10 comments that -- there. I mean I don't know  
11 what else you can -- want me to do.

12 **DR. BRANCHE:** Well --

13 **DR. MELIUS:** If you'd like us to have another  
14 meeting first, fine. But then I think -- don't  
15 expect to have a report by June.

16 **DR. ZIEMER:** Well, I -- I think the issue here  
17 was perhaps not one of efficiency per se; it  
18 was a matter of seeing whether these -- and the  
19 original draft criteria that you have actually  
20 work in a real life situation, because they may  
21 have to be modified based on -- on how they're  
22 applied, I -- I believe is --

23 **DR. MELIUS:** Correct.

24 **DR. ZIEMER:** So -- so this -- I don't think was  
25 an idea of getting it done without a review

1 first -- that is, codifying it and then using  
2 it, so much as figuring out whether or not  
3 we've codified the right thing --

4 **DR. BRANCHE:** My point exactly.

5 **DR. ZIEMER:** Yeah, so --

6 **DR. MELIUS:** Well, if you want to do it in two  
7 steps, then I'd suggest that we schedule the  
8 June Board meeting, come back and we can review  
9 the criteria, have another workgroup meeting,  
10 that's -- I don't have any problem with that,  
11 but others were the ones that wanted to  
12 expedite so I'm trying to do both as  
13 efficiently as possible. I think -- lay out a  
14 plan and if you want to change it, fine.

15 **DR. ZIEMER:** John?

16 **DR. MAURO:** Am I correct to assume that we have  
17 been authorized to proceed with the review or  
18 the -- we're discussing review-- reviewing  
19 Texas City using -- as a starting point using  
20 the current set of four criteria, as best we  
21 can, and as we move through the process using  
22 those criteria for surrogate data, feed that  
23 back --

24 **DR. ZIEMER:** Well, this is the debate, whether  
25 -- whether these are the criteria, the accepted

1 criteria, which in a sense has to be accepted  
2 by the full Board as our surrogate data  
3 criteria and applying them to Texas, or whether  
4 we consider them to be -- I don't know if I  
5 want to use the word draft or interim criteria  
6 that we are going to see how well it works with  
7 a test case -- namely Texas City -- and then,  
8 based on that, go back and develop what you  
9 might call the final set of criteria.

10 **DR. MAURO:** It was my understanding it was the  
11 latter. That is, we'll sta-- we'll --

12 **DR. ZIEMER:** Well, I think that's -- was being  
13 proposed, but the concern was whether it should  
14 be codified first and -- which --

15 **DR. BRANCHE:** I just want an open airing of --  
16 so that everyone understands what steps are  
17 being taken. That's -- that's my initial  
18 caution. And if we're going to call them  
19 interim, call them interim and make certain  
20 that we have an opportunity -- you know, SC&A,  
21 NIOSH, the Board members, all have an  
22 opportunity to at least be able to wa-- follow  
23 the steps that have been taken.

24 **DR. MELIUS:** And -- and I -- that was already  
25 proposed as part of the steps. SC&A is -- has

1           been involved in the development of these, as  
2           has -- and I said I would circulate to other  
3           members of the Board.

4           **DR. ZIEMER:** Okay, Wanda?

5           **MS. MUNN:** We have a little over one month  
6           before our next full Board call. Are we not  
7           scheduled in May?

8           **DR. ZIEMER:** Oh Board call, the Board call,  
9           yes.

10          **MS. MUNN:** We are -- the Board call in May.  
11          That should be adequate time for --

12          **DR. BRANCHE:** May 14th.

13          **MS. MUNN:** -- these criteria -- proposed  
14          criteria --

15          **DR. ZIEMER:** Proposed, interim.

16          **MS. MUNN:** -- to be submitted to the entire  
17          Board for everyone's full attention and  
18          concerns to be identified. If there are  
19          changes that need to be made, that should still  
20          provide us adequate time to suggest those --  
21          those changes. And at our Board call we could  
22          at that time, it seems to me, get the agreement  
23          of the Board to serve -- for -- for this set of  
24          criteria to serve as an interim, if you would  
25          like to use that, and as a test case with Texas

1 City. That seems -- step by step, logical  
2 approach and would make it possible for us to  
3 have it ready to make a decision on at our  
4 Board call.

5 **DR. ZIEMER:** Okay, thank you. Other comments?

6 **DR. MELIUS:** Yeah, I -- I just would question,  
7 after the May -- when -- what date's the May --

8 **DR. BRANCHE:** May 14th.

9 **DR. MELIUS:** -- May 14th, there's about five  
10 weeks, six weeks -- I don't count -- and  
11 whether there'll be time then to apply them and  
12 get a report back and have a workgroup meeting  
13 to discuss that report. Now if that's the wish  
14 of the Board to do it in that step-wise  
15 fashion, fine. But I'd just -- would point out  
16 that we would then not be able to discuss these  
17 issues I don't think in a meaningful fashion  
18 until sometime in the following Board meeting.  
19 I don't know what it is after June.

20 **DR. ZIEMER:** Actually I'm not sure legally,  
21 Jim, whether we can develop the final version  
22 by e-mail outside the public arena, anyway. It  
23 may be that we need to have that -- and maybe  
24 Emily can help me here --

25 **DR. MELIUS:** But still -- but it's a workgroup

1           --

2           **MR. GRIFFON:** It's a workgroup --

3           **DR. ZIEMER:** I understand that, but we're --  
4           we're also trying to keep all of our workgroup  
5           stuff open.

6           **MS. HOWELL:** I'm not sure I understand the  
7           question.

8           **DR. ZIEMER:** Well, I -- one -- one proposal  
9           would be for all the Board -- Jim -- Jim would  
10          circulate the materials and collect the  
11          comments -- right?

12          **DR. MELIUS:** Uh-huh.

13          **DR. ZIEMER:** -- and then we would have the  
14          interim draft and feed that on to SC&A so the -  
15          - the process could get underway I guess within  
16          a week or so.

17          A second alternative would be, which is --  
18          slows it down a bit -- would be to have final  
19          approval of these -- of this interim set of  
20          guidelines at the -- Wanda was pointing out we  
21          have a meeting coming up in a month. Should  
22          that be the point where there's a sort of  
23          formal approval of those. I'm really asking do  
24          we in fact need to have such an -- a public  
25          approval. I understand this is a working

1 document. The workgroups are not required by  
2 law to have open activities. But nonetheless,  
3 we have been doing that, but is there any legal  
4 problem with doing what Dr. Melius described --  
5 I think what you described, Jim, was a little  
6 more accelerated. I don't want to  
7 misinterpret. You would collect the data -- or  
8 the information and distribute it, you know,  
9 what, within a week or whatever your timetable  
10 is.

11 **DR. MELIUS:** Yeah.

12 **MS. HOWELL:** There's no problem with a working  
13 group doing working group activities on e-mail.  
14 I think, you know, you all have done that in  
15 the past. I mean if it became -- I mean if it  
16 was to a degree where nothing was happening in  
17 meetings and people, you know, in the agency  
18 and what-not weren't privy to what's going on,  
19 then that might be an issue. But they can  
20 exchange e-mails on this. Obviously what you  
21 were suggesting doing is just the Board's  
22 suggestion about looking at these criteria, and  
23 anything further than that I don't think is on  
24 the table at this point.

25 **DR. ZIEMER:** If we ask for input for the full

1 Board -- from the full Board, is that still --

2 **MS. HOWELL:** If you're --

3 **DR. ZIEMER:** -- for -- on behalf of the  
4 workgroup, can the workgroup ask for that and  
5 do that by e-mail? I think we're talking about  
6 --

7 **MS. HOWELL:** Then you're getting into a little  
8 bit more of a problematic area. I think if  
9 you're -- are you talking about the equivalent  
10 of Board discussion, but doing it --

11 **DR. MELIUS:** No.

12 **MS. HOWELL:** -- over e-mail?

13 **DR. MELIUS:** No, individual comments, which is  
14 what we do on letters and so forth.

15 **MS. HOWELL:** Right, and you can take individual  
16 comments, and then I would presume that those  
17 would be shared in a new draft document? I'm  
18 trying to follow --

19 **DR. ZIEMER:** Well, I think so, that's what  
20 we're talking about.

21 **DR. MELIUS:** Yeah, something like that. I mean  
22 -- I mean the conundrum we have is that you --  
23 you know, you also have a policy that we worry  
24 about sort of public access to this information  
25 or -- or reports. We also have a policy where

1           you can't put draft documents on the web site,  
2           so it's --

3           **DR. BRANCHE:** NIOSH doesn't put draft documents  
4           on the web site. The Board is free to do that.

5           **MS. HOWELL:** This is a Board document --

6           **DR. ZIEMER:** Well --

7           **MS. HOWELL:** -- working group document.

8           **DR. BRANCHE:** The -- the tension here is  
9           transparency and, and as Dr. Melius has  
10          described, its speed, and I'm just trying to  
11          make certain that the issue of transparency --  
12          I don't want to belabor the point. I'm just  
13          raising the issue of trying to make certain  
14          that we maintain transparency.

15          **DR. ZIEMER:** Well, let's do the --

16          **DR. MELIUS:** In which case you sacrifice being  
17          able to do it in June. I mean that's not --

18          **DR. ZIEMER:** Right --

19          **DR. BRANCHE:** Exactly.

20          **DR. ZIEMER:** -- right, right.

21          **DR. BRANCHE:** That -- there's always that  
22          tension.

23          **DR. ZIEMER:** Here -- here's --

24          **DR. MELIUS:** Thi-- this came up because of  
25          Bethlehem, and -- and--

1           **DR. ZIEMER:** Let me propose something, if the  
2 attorneys are comfortable with this, that Dr.  
3 Melius collect individual comments, develop the  
4 -- the draft. We can official-- and transmit  
5 that to SC&A so they can get underway. We can  
6 officially also put that at our -- at our Board  
7 meeting, our phone meeting, also as a report  
8 from the workgroup, can report the -- the  
9 wording of the draft so that it's in the  
10 record. And -- but at the same time SC&A can -  
11 - can be moving ahead with that. Is there any  
12 -- any problem with that, legally? What I'm  
13 trying to do is -- is get us underway. We'll  
14 still have the material out there in a pretty  
15 timely fashion for members of the public.

16           **MS. HOWELL:** I -- I think that's fine.

17           **DR. ZIEMER:** Okay. Thank you. Then I will  
18 expect you to do that. And Jim, you're willing  
19 to then in a sense be the keeper of the Texas  
20 City work-- call it the Texas City -- you're  
21 serving temporarily as a Texas City workgroup  
22 person.

23           **DR. MELIUS:** Correct.

24           **DR. ZIEMER:** And -- and I want to relay that to  
25 -- to Dr. McKeel because he had -- particularly

1 was interested in us having -- addressing some  
2 issues that he had, and those hopefully will be  
3 addressed in the context of what we're doing,  
4 but the main focus of this of course is on the  
5 use of surrogate data, and I believe that was  
6 one of the petitioners' concerns, in any event.  
7 Dan, I'd certainly be glad to have you comment,  
8 if you wish to.

9 **DR. MCKEEL:** Dr. Ziemer, this is Dan McKeel. I  
10 really appreciate this approach. I like the  
11 approach and I think Texas City is a wonderful  
12 example where (unintelligible) totally relying  
13 on surrogate data and my question relates to I  
14 guess the question or the comment that Mark  
15 Griffon made yesterday, and that is that the  
16 doses assigned are high at Texas City in the  
17 NIOSH evaluation report, but are they  
18 appropriate, and it's the appropriateness that  
19 I think needs to be looked at, and I would be  
20 very happy if Dr. Melius's workgroup would take  
21 this on, together with SC&A. I think that  
22 would be terrific. I think (unintelligible)  
23 all learn a lot and I -- I would be very happy  
24 with that sort of approach.  
25 The only thing I'd ask is -- I know there's

1           been a problem about sharing any e-mails with  
2           petitioners, so to the extent possible I would  
3           simply ask -- I certainly would like to be in  
4           on the process of applying the criteria for  
5           surrogate data to Texas City SEC, to the extent  
6           possible.

7           **DR. ZIEMER:** Certainly to the extent we're able  
8           to do that, we will.

9           **DR. MCKEEL:** Thank you very much.

10          **DR. ZIEMER:** Yeah.

11          **DR. MELIUS:** Can I then be -- ask one question,  
12          to be clear. Do -- should SC&A start work  
13          applying the -- the draft criteria of the  
14          surrogate workgroup to Texas City and Bethlehem  
15          prior to the May 17th (sic) call?

16          **DR. ZIEMER:** What I suggested is that we --  
17          what I asked Emily is -- is exactly that, that  
18          --

19          **MS. HOWELL:** (Off microphone) (Unintelligible)

20          **DR. ZIEMER:** -- that they be allowed to do  
21          that, but we would make it pub-- make the  
22          document public if it --

23          **MS. HOWELL:** Well, then I misunderstood your  
24          question --

25          **DR. ZIEMER:** Oh, I'm sorry.

1           **MS. HOWELL:** -- I think. My understanding from  
2           the discussion is that the criteria that you  
3           have been before you now has not been fully  
4           vetted, or at least no one has seen how the  
5           comments that have been made have been  
6           integrated --

7           **DR. ZIEMER:** Right.

8           **MS. HOWELL:** -- into the criteria.

9           **DR. ZIEMER:** Right.

10          **MS. HOWELL:** And my understanding was that I  
11          guess those changes or whatever would be made,  
12          there would be a consensus among the working  
13          group, at which time SC&A could be tasked. But  
14          right now, from what I've heard from you all,  
15          it does not appear that SC&A has something from  
16          the working group to be tasked with, that the  
17          working group has agreed upon.

18          **DR. ZIEMER:** That's correct. What I think is  
19          being proposed is that Dr. Melius would seek  
20          input -- individual input from all the Board  
21          members. A -- a draft would be prepared from  
22          that. That draft would be distributed back to  
23          the Board. We could certainly seek workgroup  
24          approval of that draft by phone, Dr. Melius, if  
25          that's a needed step in there.

1           **MS. HOWELL:** I think once the working group has  
2 approved the --

3           **DR. ZIEMER:** And -- and once --

4           **MS. HOWELL:** -- new draft, then they can --

5           **DR. ZIEMER:** -- once that's done --

6           **MS. HOWELL:** -- be tasked.

7           **DR. ZIEMER:** -- then it -- I hadn't had --  
8 included that, but certainly we could include  
9 that in there, and then move it to SC&A for  
10 work. And then at the -- at the Board meeting,  
11 as a report from the workgroup, they could  
12 report on what those draft criteria were and  
13 what has transpired.

14           **MS. HOWELL:** I think that that would be  
15 appropriate.

16           **DR. ZIEMER:** That would work. And Jim, are you  
17 okay with that, too?

18           **DR. MELIUS:** I'm fine, but --

19           **DR. ZIEMER:** I'll make sure (unintelligible).

20           **DR. MELIUS:** -- again --

21           **DR. ZIEMER:** It's just one extra step and  
22 that's getting the workgroup to --

23           **DR. MELIUS:** Have a consensus, and I don't  
24 think that'll be possible --

25           **DR. ZIEMER:** Well, a consensus that -- that

1           that's the --

2           **DR. MELIUS:** Right.

3           **DR. ZIEMER:** -- the draft that -- that SC&A  
4           will work with, so I -- I don't think that  
5           requires the workgroup to agree that those are  
6           the final documents.

7           **DR. MELIUS:** Again --

8           **DR. ZIEMER:** Let's try that, anyway.

9           **DR. MELIUS:** Fine, but then, again --

10          **DR. ZIEMER:** Yeah.

11          **DR. MELIUS:** -- just for the record --

12          **DR. ZIEMER:** Right.

13          **DR. MELIUS:** -- it's unclear that we'll be  
14          finished by June.

15          **DR. ZIEMER:** Well, the only extra step is that  
16          phone call, so --

17          **DR. MELIUS:** I'll stand by what I just said,  
18          Dr. Ziemer.

19          **DR. ZIEMER:** Okay. Well, I -- I think it's a  
20          fair way to do it, and if it takes longer,  
21          it'll have to take a little longer. That's all  
22          right.

23          Okay. Now, let's --

24          **DR. BRANCHE:** You were -- Pinellas,  
25          streamlining Santa Susana.

1           **DR. ZIEMER:** Let's -- I would ask for a -- if  
2           the group agrees, that we establish a workgroup  
3           for Pinellas. Is there a motion?

4           **MR. SCHOFIELD:** I'd like to chair that.

5           **DR. ZIEMER:** We don't have one yet. Are you  
6           making a motion --

7           **MR. SCHOFIELD:** I'm making a motion that we  
8           have a workgroup, since we're here for these  
9           people.

10          **DR. ZIEMER:** Okay, is there a second?

11          **DR. POSTON:** I second.

12          **MR. CLAWSON:** Second.

13          **MR. PRESLEY:** I'll second the motion.

14          **DR. ZIEMER:** Any --

15          **DR. BRANCHE:** He was just seconding.

16          **DR. ZIEMER:** Yeah. Any discussion?

17                                (No responses)

18          All in favor, aye?

19                                (Affirmative responses)

20          Opposed?

21                                (No responses)

22          Abstentions?

23                                (No responses)

24          Motion carries.

25          **DR. BRANCHE:** Was there an abstention?

1           **DR. ZIEMER:** No.

2           **MS. MUNN:** No.

3           **DR. ZIEMER:** We therefore will have a workgroup  
4 for Pinellas. The Chair is authorized to  
5 appoint the members. I heard a -- I heard a  
6 volunteer for chair. Mr. Schofield, we'll be  
7 pleased to have you chair that. I think I  
8 heard Mr. Presley volunteer --

9           **MR. PRESLEY:** Yes, I very much want --

10          **DR. ZIEMER:** -- to be on that workgroup.

11 That's two, I'd like to get at least two others  
12 -- John Poston has volunteered and Brad Clawson  
13 -- and okay, Mike Gibson, would you be an  
14 alternative on that, so --

15          **MR. GIBSON:** Yeah.

16          **DR. ZIEMER:** -- so we have four members and  
17 alternate.

18          **DR. BRANCHE:** Gibson is the alternate?

19          **DR. ZIEMER:** Yes. I saw him last, so --

20          **DR. BRANCHE:** So --

21          **DR. ZIEMER:** -- if you want to work out a trade  
22 with one of the others, you can let me know,  
23 but --

24          **DR. BRANCHE:** -- I just want to -- if I can  
25 just reread that, I've got Mr. Schofield as the

1 chair, then Mr. Presley, Dr. Poston, Mr.  
2 Clawson on the workgroup, with Mr. Gibson as  
3 the alternate unless I heard you all fighting  
4 over that.

5 **DR. ZIEMER:** No, that's it. That's it.  
6 Then we also need a group to address the Santa  
7 Susana issues.

8 **UNIDENTIFIED:** I'd be interested in that.

9 **DR. ZIEMER:** Would someone like to make a  
10 motion that we have a workgroup for Santa  
11 Susana.

12 **MR. CLAWSON:** I so make a motion.

13 **DR. ZIEMER:** And seconded?

14 **DR. POSTON:** Second.

15 **DR. ZIEMER:** Okay. Any discussion?

16 (No responses)

17 All in favor, aye?

18 (Affirmative responses)

19 Opposed?

20 (No responses)

21 Abstentions?

22 (No responses)

23 Motion carries.

24 **UNIDENTIFIED:** I'd be interested in that.

25 **UNIDENTIFIED:** (Off microphone) I'm interested

1 in (unintelligible).

2 **DR. ZIEMER:** Okay, let's see, anyone want to  
3 chair that?

4 **MR. GRIFFON:** Yeah, I'll --

5 **DR. ZIEMER:** Mike? You've got too many --

6 **MR. GRIFFON:** Too many chairs? All right, I'll  
7 -- I'll pass the chair.

8 **DR. ZIEMER:** We'll -- let's get the names  
9 again. Let's see who we've got, we've got --

10 **DR. BRANCHE:** Griffon, Beach, Gibson.

11 **DR. ZIEMER:** -- Griffon, Beach, Gibson --

12 **DR. BRANCHE:** Munn.

13 **DR. ZIEMER:** -- Munn, that's four.

14 **DR. BRANCHE:** Who's going to chair?

15 **DR. ZIEMER:** Was there anyone else?

16 **DR. BRANCHE:** I'm sorry, Schofield, Schofield.

17 **DR. ZIEMER:** And Schofield, okay. Who would --  
18 besides Mark, who would like to chair that?

19 (No responses)

20 I'll need to twist some arms on the side.

21 **DR. BRANCHE:** Gibson?

22 **MR. GRIFFON:** Or let Josie, I think I heard  
23 Josie say yes.

24 **DR. BRANCHE:** I saw -- I saw Josie pointing her  
25 --

1           **MR. GRIFFON:** She was pointing --

2           **DR. BRANCHE:** -- hands toward Mr. Gibson.

3           **DR. ZIEMER:** I think -- I think Phil is trying  
4 to get -- we --

5           **DR. BRANCHE:** Two chairs in a row, Mr. --

6           **MR. SCHOFIELD:** No, not two chairs. I was  
7 thinking, you know, on the workgroup. Unlike  
8 some people, I don't have a real working life.

9           **DR. ZIEMER:** How many names do you have there?

10          **DR. BRANCHE:** You've got five, so one of these  
11 people can be an alternate. You've got  
12 Griffon, Beach, Gibson, Munn and Schofield, and  
13 one can be an alternate, if you wish.

14          **DR. ZIEMER:** Okay.

15          **DR. BRANCHE:** But we need a chair.

16          **MR. GIBSON:** I'll volunteer.

17          **DR. BRANCHE:** We just got a volun--

18          **DR. ZIEMER:** Okay, Mike Gibson -- Mike Gibson  
19 will serve as chair. I'll tell you what, Mark,  
20 if you wouldn't mind, I'm going to make you the  
21 alternate 'cause I know you're -- you have a  
22 big workload --

23          **MR. GRIFFON:** That's fine.

24          **DR. ZIEMER:** -- but you can still attend all  
25 the meetings, give them input.

1           **DR. BRANCHE:** Okay, so Mr. Gibson is the chair?

2           **DR. ZIEMER:** Right. Mark --

3           **DR. BRANCHE:** And Mr. Griffon is the alternate.  
4           Okay.

5           **DR. ZIEMER:** Are we clear on the tasking now?  
6           The tasking -- Pinellas already exists and the  
7           tasking there now is going to be that we will  
8           need to -- the workgroup will need to work with  
9           SC&A to need -- to develop the matrix as the  
10          first step and transmit that to NIOSH. And  
11          then (unintelligible) kind of puts this on  
12          their target for developing whatever responses  
13          are needed, so the workgroup probably won't  
14          actually meet until that -- those steps have  
15          occurred. So I think the only tasking for --  
16          for SC&A would be the matrix, John, and you  
17          already have the site profile done.

18          Texas City, that tasking has been identified  
19          and I --

20          **DR. BRANCHE:** That's with the surrogate data.

21          **DR. ZIEMER:** -- you'll get it touch with David  
22          Staudt to make sure all these are covered.

23          Streamlining, we've talked with David Staudt  
24          about this and I think that can be handled.

25          I'm not sure how they will task it, but --

1 John, do you have a comment on that?

2 **DR. MAURO:** More of a question. The  
3 streamlining, as I understand it, would be a  
4 work product that we would produce that would  
5 identi-- would list the now nine site profiles  
6 that are currently on the shelf. We -- as part  
7 of it, we will del-- we will have all of the  
8 findings and we'll create a summary of which of  
9 those findings, in our opinion and -- seem to  
10 be well in hand --

11 **DR. ZIEMER:** Right.

12 **DR. MAURO:** -- because of other venues and  
13 which are not, and this would be -- now the  
14 question is should we share this and work in a  
15 collaborative way in terms of preparing this  
16 work product, which would -- is -- with NIOSH,  
17 or should we just put it up initially, say we  
18 believe that this issue, this issue and this  
19 issue have been closed on this other venue?

20 **DR. ZIEMER:** I believe the first step is that -  
21 - that needs to come back to the Board so we  
22 can see what that looks like and see -- we're  
23 making a lot of assumptions about whether  
24 streamlining will do what we want it to do. I  
25 think that's got to be a -- that's got to come

1 back to the Board for us to look at, are there  
2 a significant number of common issues and how  
3 have they been addressed in other venues. So  
4 it's an overall picture. I don't think we're  
5 at the point where we're going to be addressing  
6 the issues so much as identifying them, the  
7 common --

8 **DR. MAURO:** Okay, so I --

9 **DR. ZIEMER:** -- issues --

10 **DR. MAURO:** -- want to make sure I give you  
11 what you want at this stage, and is that a work  
12 plan? Would that work plan include the tri--  
13 the process of saying here's issue number one  
14 for this facility --

15 **DR. ZIEMER:** In my mind --

16 **DR. MAURO:** -- and make a statement --

17 **DR. ZIEMER:** -- and we can get some other Board  
18 input, this is not just the work plan. You've  
19 sort of described that and you can -- you can  
20 codify that, but I think it's the first -- the  
21 first cut on identifying --

22 **DR. MAURO:** Okay.

23 **DR. ZIEMER:** -- the extent to which what you  
24 described can actually be done.

25 **DR. MAURO:** That's what I needed to know. I

1 want to know how far we should go.

2 **DR. ZIEMER:** But I'd like to get input from  
3 other Board members. If you understand what  
4 we're saying here, is that what -- what the  
5 Board believes should be done. This is a  
6 tasking for -- for SC&A. The tasking isn't the  
7 Chair's tasking necessarily, it's got to be the  
8 Board. So if you think we should do something  
9 else, please say so.

10 Incidentally, as an aside, the Chair has  
11 assumed that no one is hungry for lunch, that  
12 you're more interested in finishing the agenda.

13 **MR. GRIFFON:** No -- no, but we do want to check  
14 out. I didn't ask for late checkout. I've got  
15 to do that at some point.

16 **DR. ZIEMER:** Do --

17 **MR. GRIFFON:** I guess I would ask, Paul -- I  
18 mean my -- my feeling was I'd like to see what  
19 -- I -- I think, if I heard John right on the  
20 mike yesterday, they're like \$1.2 million short  
21 in their projected needs for their budget, and  
22 -- and you know, I -- I guess I'd want to see  
23 the areas where that -- you know, task by task,  
24 how that breaks out and I -- I mean I don't  
25 necessarily -- I -- I mean my opinion is I don't

1 necessarily thing we should be in a position to  
2 ask our contractor to use funds designated --  
3 'cause we know these comment resolutions for  
4 some of these site profiles are going to be  
5 time consuming and if he starts to spend down  
6 some of his set-aside, I'm -- I'm really leery  
7 of that, so I'd -- I'd like -- I think I'd like  
8 to do the first step and see where those -- you  
9 know, why do we need \$1.2 million, where -- how  
10 does it break down and -- and I know we have  
11 this previous -- in quarterly reports, I'm sure  
12 I've got it somewhere on my computer, but --

13 **DR. MAURO:** You --

14 **MR. GRIFFON:** -- and --

15 **DR. MAURO:** Yes, you currently do receive every  
16 month a report. There's one -- the last one is  
17 dat-- dated March 17. You will be seeing one  
18 very soon, and there is a single table in there  
19 that, by task, identifies how much money has  
20 been spent to date, how much -- and whe-- and  
21 what the shortfall is. At -- bottom -- I mean  
22 I'm looking at the table right now, we have \$3  
23 million left and -- left in the budget and, to  
24 finish all the work as best we can project, if  
25 we don't do any of this streamlining, we're

1           going to need \$4.2 million. I mean that's what  
2           it co-- that's what it comes down to. If we do  
3           do some of the streamlining, we could get that  
4           shortfall down a little bit, at the risk of  
5           course of perhaps pushing things a little too  
6           quickly. I understand the concern, and we --  
7           if we do go through this triage process it will  
8           be a way in which to expedite the processing of  
9           -- of -- of findings and issues in a number of  
10          site profiles. And in theory, if done  
11          appropriately, we can get through that process  
12          without losing any of the diligence that we'd  
13          like to achieve, so there is this bit of a  
14          trade-off. And I think that may be the process  
15          we're about to enter in is -- is we'll get a  
16          little bit better insight into, you know,  
17          whether or not this is a -- a functional plan.  
18          You know, I could actually present to you,  
19          here's my list of findings, here's the ones  
20          that seem to be well in hand because of other  
21          venues, but of course that will be a judgment  
22          you folks would make.

23          **DR. ZIEMER:** Right. Well, and another way of  
24          looking at this is that John sets aside a  
25          certain amount -- I think it's \$61,000 -- for

1 comment resolution. But if -- if these other  
2 ten have a lot of issues which we've really  
3 already resolved, what it means is he doesn't  
4 really need \$60,000 to resolve future -- but we  
5 don't know that --

6 **MR. GRIFFON:** Right.

7 **DR. ZIEMER:** -- a priori.

8 **MR. GRIFFON:** Right.

9 **DR. ZIEMER:** And so that's what we're saying is  
10 can you go and take a look and identify the  
11 extent to which that may be the case? If it  
12 turns out not to be the case, then -- then the  
13 streamlining won't work, but --

14 **DR. MELIUS:** So -- so then the plan -- that --  
15 when would he report on that?

16 **DR. ZIEMER:** I would hope that we could report  
17 at tha-- at the next full meeting, John, or --  
18 or at the phone meeting, if you can pull it  
19 together by then.

20 **DR. MAURO:** Absolutely, I think this can go  
21 quickly. The only thought I did have, though,  
22 is given -- is that the degree to which --  
23 let's say after I make the list of issues, I  
24 guess to -- to hear back a little bit, perhaps  
25 from NIOSH, you know -- I mean in effect,

1           they've been looking at these for quite some  
2           time also. They've been sitting -- I mean  
3           these reports have been sitting on the shelf,  
4           some of them, for close to two years. I don't  
5           know the degree to which they -- they've looked  
6           at them, and perhaps have already resolved some  
7           of them in some of their -- 'cause many of  
8           these -- you know, these site profiles --

9           **MR. GRIFFON:** Well, I -- I -- yeah.

10          **DR. MAURO:** You see, I -- I'm not quite sure --

11          **MR. GRIFFON:** I guess my caution comes from the  
12          other side, that the workgroup hasn't looked at  
13          them yet either, and what if we start -- I mean  
14          I've been in situations where we've added  
15          things to our matrix, you know, and --

16          **DR. MAURO:** Yeah.

17          **MR. GRIFFON:** -- or one finding turns into --  
18          and it branches out, so I -- I don't know, I  
19          just -- you know, I -- I wonder why we're not  
20          asking the first question, is the -- is the  
21          budget shortfall justified -- you know, the --  
22          the additional funds, are they justifiable; and  
23          if they are, can we find resources without  
24          spending what he's put aside? I mean tha-- I  
25          guess that's the bottom line question.

1           **DR. MELIUS:** Well, yeah, but as the contract  
2 runs out, I think we need to sort of -- we  
3 don't want sort of money sitting there that --  
4 not going to be used and might be more  
5 appropriately used now to -- and to get other  
6 tasks done either quicker or -- or more  
7 comprehensively and do that -- so I guess -- I  
8 -- I would think that this streamlining report,  
9 to have it our May 17th call, is it, or  
10 whenever the May --

11           **DR. BRANCHE:** May 14th.

12           **DR. MELIUS:** -- May 14th call would be helpful.  
13 But also with a more complete report on what  
14 are the other options beyond that 'cause there  
15 may not be enough money, or there may be --  
16 maybe it's the combination of that with some  
17 other things 'cause I don't -- given where we  
18 are in the year and given the amount of work  
19 and -- and all these outstanding site profiles,  
20 I think we need to have a plan to how to  
21 resolve them and so I think both for John and I  
22 think for the Board to decide how are we then  
23 going to handle these and -- you know, we --  
24 'cause I don't think putting them -- all of  
25 them off is -- is, you know, appropriate.

1           **DR. ZIEMER:** Well, and I think we -- we already  
2 agreed yesterday that, aside from the budgetary  
3 issues, this Board is not in a position to  
4 resolve ten site profiles in six months. So  
5 it's going to carry forward in one way or the  
6 other, and so thi-- this is a really just a  
7 pla-- a first look at whether this alternate  
8 way of handling it might be economical and also  
9 streamline things a little time-wise. We may  
10 decide it -- it won't. I -- but we have to --  
11 seems to me it's worth looking at. It won't  
12 take a big amount of expenditure to take the  
13 look.

14           **DR. MELIUS:** Yeah, no, I -- I -- I agree, but  
15 then -- okay, just saying, I think -- we do  
16 have to decide how we're going to resolve those  
17 in that. Is it, you know, two-person  
18 workgroups? I mean --

19           **DR. ZIEMER:** Oh, yes --

20           **DR. MELIUS:** -- there's lots of --

21           **DR. ZIEMER:** -- oh, yes, but --

22           **DR. MELIUS:** -- the -- the -- make a workgroup  
23 that John proposed that I'm not sure anybody  
24 wants to be on, but --

25           **DR. ZIEMER:** But I want to make sure that we --

1 we task this correctly at the start, which  
2 would be -- and the budgetary thing, he can  
3 include that, but your monthly report has five  
4 individual reports for the five tasks, plus a  
5 roll-up report, and the roll-up report gives  
6 you the big picture. So -- and you should be  
7 getting that every month from SC&A. And then  
8 what's being proposed here is a -- an overall  
9 picture of what -- what you called a work plan,  
10 and then the first step is to try to identify,  
11 I think, are there indeed common issues in  
12 these other nine reports of -- of the type that  
13 we've already looked at in great detail and  
14 that perhaps in a sense have been addressed.  
15 And -- and we won't know till you look at that,  
16 and then NIOSH may have some reaction as well.  
17 Is that agreeable for tasking? Any objection  
18 to that?

19 **DR. MELIUS:** Yeah, and just one other  
20 stipulation on that, if possible. Can we get  
21 John's report at least a week before the  
22 workgroup call?

23 **DR. ZIEMER:** John --

24 **DR. MELIUS:** Or the -- excuse me, the Board  
25 call.

1 DR. MAURO: Board call, am I correct, is --

2 DR. ZIEMER: 14th of --

3 DR. MELIUS: 14th, so we could have it by the  
4 7th?

5 DR. MAURO: By the 7th -- yes.

6 DR. MELIUS: Thank you.

7 DR. ZIEMER: Okay, thank you. That's a yes. I  
8 like those good, short, brisk yeses.

9 DR. BRANCHE: Then I think all you have left is  
10 the --

11 DR. ZIEMER: The wording?

12 DR. BRANCHE: -- going over the language, yes.

13 DR. ZIEMER: Language of the motions. You  
14 should have a copy of the --

15 MR. GRIFFON: (Off microphone) Can I

16 (unintelligible) one other thing

17 (unintelligible) do that.

18 DR. ZIEMER: One other thing first, sorry.

19 MR. GRIFFON: The -- the -- I mentioned this  
20 yesterday and I think we -- it wasn't part of

21 the motion -- or -- or was it this morning or  
22 yesterday, I'm not -- NUMEC Parks facility, I

23 think I asked that that be considered to be

24 added to the 250-day workgroup review. The

25 petitioners have made that request and I think

1 NUMEC Apollo we're already considering in that  
2 -- in that review of the 250-day criteria, and  
3 I -- I just asked if we could add that on to be  
4 included in the 250-day workgroup discussions.  
5 It wasn't part of the motion for the SEC, but I  
6 -- I just wanted to not forget that. That -- I  
7 don't know if that needs a motion or if it can  
8 just be --

9 **DR. ZIEMER:** I don't think it needs a motion --

10 **MR. GRIFFON:** No?

11 **DR. ZIEMER:** -- we'd just as that -- Jim, can  
12 you just --

13 **DR. MELIUS:** I can't do that, Mark has to do  
14 that.

15 **DR. ZIEMER:** -- make a note of that?

16 **DR. MELIUS:** I'm serious, I can't. Parks I --  
17 I may or may not be conflicted on --

18 **DR. ZIEMER:** Oh, okay.

19 **MR. GRIFFON:** You already have NUMEC Apollo on  
20 that.

21 **DR. ZIEMER:** No, he's -- he may be personally -  
22 -

23 **DR. MELIUS:** I'm conflicted, so --

24 **DR. BRANCHE:** He can't make the motion because  
25 he's conflicted.

1           **DR. MELIUS:** -- I can't make the motion, and if  
2           you refer it to the workgroup, I've got to get  
3           off the workgroup for that part, so it's  
4           complicated, but --

5           **MR. GRIFFON:** But I'm saying you're -- the  
6           workgroup's already considering NUMEC Apollo  
7           and -- I mean --

8           **DR. MELIUS:** You've voted for that but --

9           **MR. GRIFFON:** Oh.

10          **DR. MELIUS:** -- we haven't considered it and --

11          **MR. GRIFFON:** We voted to -- to have --

12          **DR. MELIUS:** We -- we'll figure --

13          **MR. GRIFFON:** -- the workgroup consider it.

14          **DR. MELIUS:** We'll figure it out.

15          **MR. GRIFFON:** You might just have to step down  
16          as chair -- right? -- for -- for the -- for  
17          those --

18          **DR. MELIUS:** For that session.

19          **MR. GRIFFON:** -- for that -- that part --

20          **DR. MELIUS:** We'll figure that out.

21          **MR. GRIFFON:** -- of it, yeah. Yeah.

22          **DR. ZIEMER:** Well, and are we certain that that  
23          conflict does exist? Has that been --

24          **DR. MELIUS:** No, it's still --

25          **DR. BRANCHE:** No, but we should -- we should

1 know before month's end, I suspect.

2 **DR. ZIEMER:** Well, let the record show that  
3 it's been requested that, if possible, NUMEC  
4 Parks be included in -- in the 250-day issues  
5 as they consider those.

6 Let's get the wording here on these. We might  
7 start with NUMEC Parks. Again, I'm not going  
8 to ask that these be reread; they've been read  
9 into the record already. Is everybody -- it  
10 says Parks at the top.

11 **DR. BRANCHE:** Yeah, I don't have a copy of  
12 Parks. Is there --

13 **MR. CLAWSON:** I've got one over here if you  
14 need one.

15 **DR. BRANCHE:** Okay, thank you. Let me come get  
16 that.

17 **DR. ZIEMER:** What I do want to ask is that --  
18 has -- has Labor and has NIOSH both looked at  
19 the description of the class to make sure that  
20 the wording is correct? NIOSH (unintelligible)  
21 on Parks?

22 **MR. KOTSCH:** I haven't seen that one.

23 **DR. ZIEMER:** Jeff hasn't seen Parks? Could we  
24 get a copy to Jeff?

25 **MR. GRIFFON:** I mean I think the only --



1 DR. BRANCHE: I can do that separately?

2 DR. ZIEMER: -- we'll do that separately

3 because --

4 DR. BRANCHE: Okay, I'll just do that

5 separately. All right.

6 DR. ZIEMER: -- we ha-- what we will do with

7 Dr. Poston, and we have to do it with Dr.

8 Lockey --

9 DR. BRANCHE: I can just send them this draft,

10 okay.

11 DR. ZIEMER: -- is review --

12 DR. BRANCHE: Got it, no problem.

13 DR. ZIEMER: -- the motion and the discussion

14 them.

15 DR. BRANCHE: It was my effort to be efficient,

16 so...

17 DR. MELIUS: And the waterboarding, but that's

18 (unintelligible).

19 DR. ZIEMER: Yeah, okay.

20 DR. BRANCHE: So we're agreeing that the

21 language for Horizons is okay?

22 DR. ZIEMER: Any objections on Horizons?

23 (No responses)

24 Thank you.

25 Kellex?



1 a few times just to be clearer.

2 **MS. MUNN:** (Unintelligible) second paragraph.

3 **DR. ZIEMER:** Thank you. Any other  
4 modifications on that one?

5 (No responses)

6 Okay, without objection, that is ready. Why do  
7 I have a Hanford in here?

8 **DR. MELIUS:** There is a Hanford.

9 **MS. MUNN:** Yeah, there's a (unintelligible).

10 **DR. ZIEMER:** (Off microphone) (Unintelligible)  
11 to mind.

12 **MS. MUNN:** It's in the middle of the stapled  
13 three.

14 **DR. ZIEMER:** It must have gotten copied  
15 inadvertently.

16 **DR. BRANCHE:** You didn't mean for it to be  
17 there?

18 **DR. ZIEMER:** We didn't have Hanford on --

19 **DR. MELIUS:** Yes, we did.

20 **DR. BRANCHE:** It's Hanford 2, actually.

21 **DR. MELIUS:** I made the motion.

22 **DR. ZIEMER:** How soon we forget.

23 **DR. MELIUS:** Yeah.

24 **MR. CLAWSON:** Well, we know that --

25 **DR. MELIUS:** It's one of those small sites

1 that's easy to overlook.

2 **DR. ZIEMER:** No, I -- I was thinking of the  
3 earlier Hanford --

4 **DR. MELIUS:** (Unintelligible)

5 **DR. ZIEMER:** -- that's why we had --

6 **DR. MELIUS:** And there's one change here that -  
7 - this is a -- I won't say -- it's more than  
8 grammatical -- the request of NIOSH in the  
9 class definition, this is actually in response  
10 to Josie's comment, number two is -- now reads  
11 "January 1st, 1949 through December 31st, 1968  
12 in the 200 areas," pl-- plural --

13 **DR. ZIEMER:** There are more -- there is more  
14 than one then.

15 **DR. MELIUS:** -- right -- "parentheses, east and  
16 west, close parentheses."

17 **MS. MUNN:** What about north and south?

18 **DR. MELIUS:** I...

19 **MS. MUNN:** (Unintelligible)

20 **DR. ZIEMER:** And in the final -- the final  
21 bulletin point -- bulletin, bullet point, we're  
22 -- I think we're all right by just saying 200  
23 and 300 areas.

24 **DR. MELIUS:** Areas, and then in the -- above  
25 that I corrected the americium in the 200

1 areas.

2 DR. ZIEMER: Right, okay.

3 DR. MELIUS: So I think that --

4 DR. ZIEMER: Any other changes on Hanford?

5 (No responses)

6 Thank you, that --

7 DR. BRANCHE: So Dr. Melius, you'll send all of

8 yours -- and who has the one --

9 DR. MELIUS: Mar-- Mar-- Mark --

10 DR. BRANCHE: -- you didn't do them all. Who

11 had NUMEC, Mark?

12 DR. MELIUS: Mark has NUMEC.

13 DR. ZIEMER: Did NUMEC get run off?

14 DR. BRANCHE: It -- yeah, we just did it --

15 DR. MELIUS: Yeah.

16 DR. BRANCHE: -- but it's Par-- it says "Parks

17 Draft" but it's -- Mr. Griffon --

18 DR. ZIEMER: Oh, the Parks one, yeah.

19 DR. BRANCHE: Yeah, that's NUMEC.

20 DR. ZIEMER: Oh, yeah.

21 DR. BRANCHE: Mr. Griffon has that language;

22 Dr. Melius has the remainder.

23 DR. ZIEMER: That's right, okay. Now I'm

24 looking -- that's everything except for the one

25 -- the -- the Sandia -- Sandia Livermore, which

1 we didn't have the --

2 **MR. CLAWSON:** Language for?

3 **DR. ZIEMER:** -- language for, and if it's  
4 agreeable, I will provide that. Will have to  
5 go back and get the template. I will provide  
6 the Board members with the actual wording. You  
7 will have an opportunity to see that. Since  
8 we've had so few like that that's not -- I've --  
9 -- I've tried to pull it up and I couldn't pull  
10 it up, so if there's no objection, we'll get  
11 you that wording before it's sent out. That  
12 will be a report to the Secretary that we are  
13 recommending -- or we agree with NIOSH's  
14 analysis that there should not be a Special  
15 Exposure Cohort for that petition.  
16 Now I think that completes the drafts.

17 **DR. BRANCHE:** It does.

18 **DR. ZIEMER:** Do we have anything more on our --  
19 our --

20 **DR. MELIUS:** Can -- can I just --

21 **DR. ZIEMER:** -- schedules?

22 **DR. MELIUS:** -- help you out a little bit,  
23 Paul?

24 **DR. ZIEMER:** Yep, you sure -- I'm always  
25 willing to be helped out.

1           **DR. MELIUS:** Yeah. I think under the SEC  
2 section of the OCAS web site, way at the bottom  
3 is -- there's petitions not added to the SEC.  
4 It's the Iowa Ordnance Plant, NBS, Y-12  
5 statisticians --

6           **DR. ZIEMER:** Those are the letters that --

7           **DR. MELIUS:** -- those are the letters  
8 themselves.

9           **DR. ZIEMER:** Yeah, I was looking for that and I  
10 just --

11          **DR. MELIUS:** Yeah, it's way at the bottom.

12          **DR. ZIEMER:** Okay.

13          **DR. MELIUS:** I had to find it once before,  
14 so...

15          **FUTURE PLANS AND MEETINGS**

16          **DR. ZIEMER:** Thank you. Future plans and  
17 meetings, do we have any changes to announce?

18          **DR. BRANCHE:** No changes. May 14th is the  
19 conference call, June 24th to 26th in St. Louis  
20 is the face-to-face Board meeting, August 5th  
21 is the conference call following that. No  
22 other changes. If we want to talk about  
23 changes --

24          **MR. PRESLEY:** Christine?

25          **DR. BRANCHE:** Yes, Mr. Presley?

1           **MR. PRESLEY:** I would like to have the working  
2 group on NTS site profile set for the 21st of  
3 May if that's all right with Phillip and --

4           **MR. CLAWSON:** Brad.

5           **MR. PRESLEY:** -- Brad.

6           **MR. CLAWSON:** That'd be fine.

7           **DR. ZIEMER:** Brad says it's okay with him.  
8 Phil is checking --

9           **MR. SCHOFIELD:** Yeah.

10          **DR. ZIEMER:** -- and that's okay with you?

11          **MR. SCHOFIELD:** I don't have a life.

12          **DR. BRANCHE:** So the Nevada -- if I may, the  
13 Nevada Te-- the next Nevada Test Site meeting,  
14 and I'll work with Zaida to get these  
15 announced, will be on May 21st in a face-to-  
16 face meeting in Cincinnati beginning at 9:00  
17 a.m. or 9:30, Mr. Presley?

18          **MR. PRESLEY:** 9:00 a.m.

19          **DR. BRANCHE:** And the next Blockson workgroup  
20 meeting is June 5th at 9:30 a.m. in Cincinnati,  
21 and I'll be talking to Dr. Poston about the  
22 next meeting for Chapman Valve. And we'll --  
23 we'll send announcements out for these like we  
24 do for all of the others, I would imagine in  
25 the next week or so.

**TRACKING OF BOARD ACTIONS**

1  
2           **DR. ZIEMER:** There is one other item on the  
3 agenda that I overlooked. That's called  
4 tracking of Board actions. I have the lead on  
5 that. The -- the tracking of Board actions --  
6 you recall we had a -- a tracking database that  
7 was being developed. Now the tracking of the  
8 transcripts have been reported on. I think the  
9 -- what our intent on tracking of Board items  
10 was to provide, prior to each meeting, an  
11 update on where we were on each of the site  
12 profiles and SEC reviews, and that -- that was  
13 a -- an item I think that -- did we turn that  
14 over to Nancy? Nancy, has that fallen in your  
15 lap yet, or are you awaiting for that shoe to  
16 fall?

17           **MS. ADAMS:** (Off microphone) I -- I anticipate,  
18 but (unintelligible).

19           **DR. ZIEMER:** Okay. Nancy and I are going to be  
20 having a meeting on that and related areas in  
21 terms of crystallizing some of that. The draft  
22 tracking matrix was developed and Lew was  
23 helping us with that, and we hope to have that  
24 prior to each future meeting so you kind of  
25 have an update and feel for where we are on

1 each of the -- of the site profiles and so on.  
2 So I'm not going to promise anything yet, but  
3 we are working on that.

4 Wanda Munn, you have a comment?

5 **MS. MUNN:** Not with respect to that. I was  
6 just going to request that we consider location  
7 for our September meeting if -- since we have  
8 only St. Louis in mind.

9 **DR. BRANCHE:** Actually the draft location --  
10 and you certainly can discuss this now -- for  
11 the September 2nd through 4th full Board  
12 meeting, we discussed the Los Angeles  
13 metropolitan area, considering that the -- that  
14 metropolitan area is many, many hundreds of  
15 miles. I shouldn't say many hundreds, but it's  
16 not a 50-mile radius.

17 **DR. POSTON:** What's the date?

18 **DR. BRANCHE:** September 2nd through 4th. I'll  
19 ask Ms. Burgos to resend the list of the dates.  
20 Those dates have not changed.

21 **MR. PRESLEY:** Christine?

22 **DR. BRANCHE:** Yes, Mr. Presley?

23 **MR. PRESLEY:** I have down that we were going to  
24 be in Livermore. Is that not correct?

25 **DR. BRANCHE:** Wait a minute, you had down that

1 we were going to be where?

2 **MR. PRESLEY:** Livermore.

3 **DR. BRANCHE:** Lawrence Livermore, that's --

4 **MR. PRESLEY:** Livermore area.

5 **DR. BRANCHE:** That's -- that's southern  
6 California. Right?

7 **DR. POSTON:** San Francisco area.

8 **MS. MUNN:** It's safely out of Los Angeles, just  
9 -- just outside the --

10 **DR. POSTON:** A much nicer area.

11 **DR. BRANCHE:** We -- we haven't -- actually this  
12 is the time to discuss that because we have not  
13 yet -- Zaida was going to this month begin  
14 looking -- looking for locations, so if we  
15 really do mean closer to Livermore, then --

16 **MR. PRESLEY:** Livermore is the San Francisco  
17 area. It might be -- we've got a tremendous  
18 amount of claimants out that way.

19 **DR. BRANCHE:** Okay. But now is the time for us  
20 to make the decision so we can get the best  
21 rates -- and frankly, hotel, so...

22 **MR. SCHOFIELD:** I have to agree with Bob that  
23 the San Francisco/Livermore area makes a lot of  
24 sense.

25 **DR. BRANCHE:** Is there any disagreement?

1           **DR. ZIEMER:** Livermore is not that easy to get  
2 to, either, but --

3           **DR. MELIUS:** Yeah, no, but --

4           **DR. POSTON:** (Unintelligible) BART, costs \$7  
5 bucks.

6           **DR. MELIUS:** -- I have one other consideration  
7 and maybe Larry or someone can -- we'd also  
8 talked about going to Pantex, and I believe  
9 that we have that -- that may be timely in  
10 terms of that petition. We've never been there  
11 and --

12          **DR. BRANCHE:** Where is that located?

13          **DR. ZIEMER:** That's in Texas, Amarillo. There  
14 was some -- some difficulty relating to that  
15 site that was the reason it was --

16          **DR. MELIUS:** Del-- delayed, I realize that, and  
17 -- and at least the impression I got from  
18 LaVon's report was that that difficulty was  
19 overcome, but maybe I'm wrong.

20          **DR. ZIEMER:** I -- I -- and I don't know. I  
21 haven't heard otherwise yet.

22          **DR. BRANCHE:** I haven't heard otherwise,  
23 either.

24          **DR. MELIUS:** He said he was completing the  
25 report and had it on the schedule.

1           **DR. ZIEMER:** Larry, do you have some comments,  
2           either on that or anything else?

3           **MR. ELLIOTT:** My goodness, let me get my list -  
4           - no. We're -- I don't think all that's been  
5           taken care of. Bomber -- LaVon's doing what he  
6           can to finish up the report, but I think behind  
7           the scenes there's still some issues that DOE  
8           is resolving, so we may need to have those done  
9           before a visit to Pantex.

10          The other thing --

11          **DR. MELIUS:** Well, do we --

12          **MR. ELLIOTT:** -- I was going to say -- I'm  
13          sorry.

14          **DR. MELIUS:** To the extent that you can tell  
15          us, Larry, would those interfere with having a  
16          public meeting?

17          **DR. BRANCHE:** Yes.

18          **MR. ELLIOTT:** Yes.

19          **DR. MELIUS:** Okay, that's what I wanted to --

20          **MR. ELLIOTT:** Yes. That's all we can say. LA  
21          has been mentioned and, you know, I think that  
22          was in the context of Santa Susana, so I just  
23          draw the -- draw the Board's attention back to  
24          that for consideration.

25          The other thing I stepped to the mike for,

1           actually, was that -- this is a  
2           housekeeping/administrative issue. When you  
3           establish new working groups, we want on the  
4           web site to be very clear in what their charge  
5           is, so I'll be asking Chris Ellison to make  
6           sure that she touched base with -- with Dr.  
7           Ziemer to make sure that we capture the charge  
8           correctly for these three -- two new working  
9           groups and then assigning Texas City Chemicals  
10          to the -- to Dr. Melius's working group is  
11          going to take a little special notation, I  
12          think, for the members of the public to  
13          understand what has happened. So we will be  
14          doing that, but if you look at our web site and  
15          you see anything that -- with regard to the  
16          charge given to workgroups or the subcommittee  
17          that seems to be not correct, please let us  
18          know 'cause we do need to have that correct.  
19          We have a lot of questions about these  
20          workgroup assignments, and so we need to have a  
21          very clear charge presented on the web site.

22          **DR. ZIEMER:** Very good. Thank you, Larry.  
23          Wanda, do you have another comment or...

24          **MS. MUNN:** Only that I am unsure of the actual  
25          location of Santa Susana.

1           **MR. HINNEFELD:** Simi Valley.

2           **MS. MUNN:** Simi Valley?

3           **MR. HINNEFELD:** (Off microphone)

4           (Unintelligible) Hills.

5           **MR. ELLIOTT:** Simi Hills.

6           **MR. CLAWSON:** (Off microphone) Just outside of

7           (unintelligible).

8           **MS. MUNN:** Okay.

9           **MR. HINNEFELD:** It's up the coast and to the  
10          left from Los Angeles.

11          **MS. MUNN:** That-a-way, not that-a-way.

12          **DR. POSTON:** Pacific Ocean.

13          **MS. MUNN:** Okay, that's -- but there's -- do we  
14          have anything other than Santa Susana down  
15          there that's working right now? We have no GA,  
16          none of that's involved, is it?

17          **DR. BRANCHE:** Is the Board's preference to meet  
18          in northern or southern California for the  
19          September 2nd through 4th meeting?

20          **MR. SCHOFIELD:** My preference would be northern  
21          California, just 'cause there's so many people  
22          worked at the Livermore area.

23          **MR. PRESLEY:** (Unintelligible) has got -- got  
24          Livermore -- Lawrence Livermore, and then  
25          you've got Sandia Livermore also, right there

1           together.

2           **DR. MELIUS:** Not speaking against that, but we  
3           have been up -- we tried to go there once  
4           before and we -- and we've been there and, as I  
5           recall, there wasn't a large turnout at that  
6           time. Maybe that's my recollection or  
7           something, but -- but we -- we have been up  
8           there before.

9           **DR. ZIEMER:** Yeah, we --

10          **MR. PRESLEY:** Yeah.

11          **DR. MELIUS:** Yeah.

12          **MR. GRIFFON:** We have the other petition too.

13          **DR. MELIUS:** Now --

14          **MR. GRIFFON:** Santa Susana.

15          **DR. ZIEMER:** Yeah, we have the petition from  
16          Santa Susana before us.

17          **MR. GRIFFON:** Right.

18          **DR. ZIEMER:** Would be an argument for going to  
19          the southern California area.

20          **MS. MUNN:** I would prefer northern California.  
21          It's easier.

22          **DR. ZIEMER:** Easier is --

23          **MR. GRIFFON:** Can't argue with that.

24          **DR. ZIEMER:** Easier is not one of our criteria  
25          for meetings.

1           **MS. MUNN:** It is for me, especially that --

2           **DR. MELIUS:** In that case, I vote for southern  
3 California.

4           **MS. MUNN:** That -- that first week in September  
5 it might be.

6           **DR. ZIEMER:** Yeah, maybe.

7           **DR. BRANCHE:** Well, may I -- may I make the  
8 following suggestion? If we would initially go  
9 for southern California in light of the Santa  
10 Susana petition that is before you, and if we  
11 have challenges, that we would then -- if we  
12 have challenges in finding a venue for that --  
13 that would -- that would meet all of our needs,  
14 wireless, la, la, la, la -- that we then, if we  
15 need to go to northern California to stay in  
16 the California venue, is that acceptable to  
17 you?

18           **MR. CLAWSON:** Yeah.

19           **MS. MUNN:** Yes.

20           **DR. BRANCHE:** Speak now or live with --

21           **DR. ZIEMER:** That's fine.

22           **DR. BRANCHE:** -- what we find.

23           **DR. ZIEMER:** That's fine.

24           **MR. CLAWSON:** I -- I just need to know as soon  
25 as possible because they're closing our



1

**CERTIFICATE OF COURT REPORTER****STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of Apr. 9, 2008; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 10th day of May, 2008.

---

**STEVEN RAY GREEN, CCR, CVR-CM, PNSC**  
**CERTIFIED MERIT COURT REPORTER**  
**CERTIFICATE NUMBER: A-2102**