

UNITED STATES OF AMERICA  
CENTERS FOR DISEASE CONTROL

+ + + + +

NATIONAL INSTITUTE FOR OCCUPATIONAL  
SAFETY AND HEALTH

+ + + + +

ADVISORY BOARD ON RADIATION AND  
WORKER HEALTH

+ + + + +

71st MEETING

+ + + + +

THURSDAY  
AUGUST 12, 2010

+ + + + +

The meeting convened at 8:30 a.m.,  
Mountain Daylight Time, in the Shilo Inn  
Suites Hotel, 780 Lindsay Blvd., Idaho Falls,  
ID, James M. Melius, Chairman, presiding.

PRESENT:

JAMES M. MELIUS, Chairman  
HENRY ANDERSON, Member  
JOSIE BEACH, Member  
BRADLEY P. CLAWSON, Member  
R. WILLIAM FIELD, Member\*  
MICHAEL H. GIBSON, Member\*  
MARK GRIFFON, Member  
RICHARD LEMEN, Member\*  
JAMES E. LOCKEY, Member  
WANDA I. MUNN, Member  
JOHN W. POSTON, SR., Member

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PRESENT: (CONTINUED)

ROBERT W. PRESLEY, Member

GENEVIEVE S. ROESSLER, Member

PHILLIP SCHOFIELD, Member

PAUL L. ZIEMER, Member

TED KATZ, Designated Federal Official

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WADE, LEW, DCAS

\*Participating via telephone

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

2 8:30 a.m.

3 CHAIRMAN MELIUS: We'll get  
4 started now.

5 Ted, do you want to --

6 MR. KATZ: Yes. Good morning,  
7 everyone in the room, and on the line. This  
8 is the third day of our Advisory Board on  
9 Radiation and Worker Health meeting here in  
10 Idaho Falls.

11 Let me check on the lines and see  
12 if I have our Board Members.

13 So, we have Mr. Gibson, are you  
14 with us?

15 MEMBER GIBSON: Yes, Ted, I'm  
16 here.

17 MR. KATZ: And Dr. Lemen?

18 MEMBER LEMEN: I'm here.

19 MR. KATZ: And Dr. Field? Dr.  
20 Field? Okay, not present at the moment.

21 And, let me note, everyone in the  
22 room is here except for Dr. Richardson.

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1                   CHAIRMAN MELIUS:   Okay.  We will -  
2                   - select cases will probably be our first and  
3                   our main activity for this morning, so we'll  
4                   get started with that, and then we have a  
5                   couple of other small items to take care of.  
6                   That's all for the agenda this morning.

7                   So, Mark?

8                   MEMBER GRIFFON:  Yes, I think that  
9                   everybody should have a copy, although very  
10                  small font, a copy of the -- okay, I didn't  
11                  have it, so Stu helped us out here, so I  
12                  shouldn't complain, it's a copy of the 13th  
13                  set of cases.  This is a product from the  
14                  Subcommittee, and if you look in the second  
15                  column the Xs indicate the ones out of these  
16                  50, I think it's 49 or 50, that we looked at  
17                  with the additional information provided in  
18                  the last three or four columns, the external  
19                  dose method, internal dose method, et cetera,  
20                  that we thought still should be included in  
21                  the set to give SC&A to do for the review.

22                  So, this comes as a, I guess as a

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1 motion or, you know, a selection from the  
2 Subcommittee to the full Board for its  
3 consideration, and then once we -- if we want  
4 to modify anything as a full Board we can, and  
5 those will be tasked to SC&A.

6 So, just going -- you know, I  
7 think it comes out to 30, is that correct? I  
8 didn't count through the Xs.

9 MEMBER BEACH: I did. There's 30.

10 MEMBER GRIFFON: I think there's  
11 30 cases that have the Xs in them that we, as  
12 a Subcommittee, felt were good for  
13 consideration by SC&A.

14 I guess I would just open up the  
15 discussion, if the Board thinks this is fine  
16 as is, or if they have any comments, or want  
17 to add any or delete any, this is the time to  
18 have that discussion.

19 Paul.

20 MEMBER ZIEMER: Mark, I'm fine  
21 with the list. I did have a question on one  
22 which is not on the list, and just was

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1 wondering about, and that was -- let me get  
2 the right page number on this version of what  
3 we have, it's on the bottom of the second  
4 page, and it's -- I don't know if we are  
5 allowed to give the case numbers here.

6 MEMBER GRIFFON: Those are unique  
7 numbers.

8 MR. HINNEFELD: You can use these  
9 numbers. Those are selected numbers assigned  
10 strictly to this process.

11 MEMBER ZIEMER: Okay, so it's Case  
12 No. 604, the last three digits on it. It's  
13 the bottom of the second page, second from the  
14 bottom. It's a Nevada Test Site case. It's  
15 full internal and external with a Probability  
16 of Causation near 40 percent of thyroid  
17 cancer, and I was wondering why it had been  
18 excluded, unless, perhaps, it might be on the  
19 SEC, and that, I think, we don't really know  
20 at this point. If it ended up being a  
21 reconstruction, which is later removed from  
22 the list.

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1                   So, just for the record, I wanted  
2                   to raise that question. I guess I would ask  
3                   if it is not on the SEC, perhaps, it could be  
4                   considered as well.

5                   MEMBER GRIFFON:       Yes, I just  
6                   talked to Paul about this before we started,  
7                   and I think, you know, one way we can handle  
8                   it, I'm pretty sure it should be -- and we  
9                   considered this as the Subcommittee, and every  
10                  factor we looked at said this has to be in the  
11                  SEC. But we can add it to the list, and then  
12                  if it is determined to be in the SEC we can  
13                  just, you know, have it not tasked to SC&A. I  
14                  think that would be, you know, fine, if  
15                  everybody is okay with that we can just add it  
16                  for now, and if it ends up being in the SEC it  
17                  can be dropped off.

18                  MEMBER CLAWSON:       That will be  
19                  fine.

20                  MEMBER PRESLEY:     Yes, I've got no  
21                  problem with that.

22                  CHAIRMAN MELIUS:       Anybody else

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1 with questions or comments on the proposed  
2 list?

3 Any of the Board Members on the  
4 phone have questions, Dick or Mike?

5 MEMBER LEMEN: I don't have any  
6 questions. This is Dick.

7 MEMBER GIBSON: Jim, this is Mike.  
8 I'm on the Subcommittee, so I helped pick  
9 them out.

10 CHAIRMAN MELIUS: Okay. I just  
11 want to make sure you didn't get outvoted and  
12 had another chance to --

13 Bill Field, are you on the phone  
14 yet?

15 MEMBER FIELD: Yes, no questions.

16 CHAIRMAN MELIUS: Oh, okay,  
17 thanks, Bill.

18 Yes, just for the record, Bill  
19 Field is present.

20 So, we have a motion from the  
21 Subcommittee.

22 MEMBER GRIFFON: Yes, a motion

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1 from the Subcommittee, and I don't know that  
2 it needs a second.

3 CHAIRMAN MELIUS: So, we'll vote.

4 MEMBER GRIFFON: Roll call or just  
5 a --

6 CHAIRMAN MELIUS: Yes, okay, all  
7 in favor of accepting this list?

8 (Chorus of ayes.)

9 CHAIRMAN MELIUS: Opposed?  
10 Abstaining?

11 (No response.)

12 Motion passes. We'll continue.  
13 Mark has some --

14 MEMBER GRIFFON: All right, I'm  
15 just going to -- I committed over a phone call  
16 to do a brief review of our dose  
17 reconstruction selection process, and,  
18 actually, David Richardson had to leave, which  
19 is a little unfortunate because I think he was  
20 the one that was requesting it. So, I can  
21 always go into a little more depth at the next  
22 meeting as well, and I also agreed to talk

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1 with David, you know, on the side about this.

2 But, I think it might be  
3 worthwhile just for us to spend a few minutes.

4 I've got some overheads, mainly provided to  
5 me by SC&A, Kathy Behling was nice enough to  
6 pull together some updated statistics for the  
7 first 300 cases. So, it might be useful for  
8 us as a full Board to look back and see how  
9 this has worked out. That's the utility in  
10 this exercise, I think, so I'll just go up to  
11 the slides and walk through this.

12 Okay, so I guess reflecting back  
13 on this, when we thought about how to do this  
14 we at first talked about possibly doing a  
15 random selection from all the cases.

16 Part of what we ran into was, it  
17 was sort of an uneven process that was  
18 happening. In other words, we didn't have all  
19 the cases concluded, and a full population of  
20 the cases to randomly select from when we  
21 started as a Board. And, in fact, NIOSH, you  
22 know, for efficiency purposes, was often in

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1 the early days selecting the overestimating or  
2 underestimating cases to clear them off, to do  
3 them quickly, which made a lot of sense.

4 But, from our -- we realized that  
5 a lot of our focus should be on the cases that  
6 were near the border of compensability, and so  
7 randomly selecting from that population that  
8 existed in the beginning didn't make a lot of  
9 sense.

10 So, we sort of evolved into a  
11 stratified approach and not randomly  
12 selecting, basically looking at the cases,  
13 because sometimes the parameters that we  
14 wanted to select from were not easily  
15 retrievable from the database that was being  
16 put together by NIOSH.

17 So, we started with some obvious  
18 factors. First of all, we always -- or we  
19 started with this 2.5 percent review, and that  
20 was based in part on what had been done with  
21 John Till's review of the Veterans Program,  
22 and it seemed like a reasonable number to all

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1 of us at the time, 2.5 percent of the overall  
2 cases, look at them.

3 And then, we thought at least for  
4 the bigger facilities that number made a lot  
5 of sense, 2.5 percent should be applied even  
6 to big -- like Savannah, or to the big DOE  
7 facilities, we should try to get 2.5 percent  
8 of cases from each of those sites.

9 Where you run into trouble,  
10 obviously, is the smaller AWEs, the numbers of  
11 cases go way down, the availability wasn't  
12 there, especially in the beginning.

13 So, we have sort of -- you know,  
14 we don't always have that 2.5 percent for  
15 those smaller sites. In fact, our goal  
16 presently is to get at least one case from a  
17 lot of those sites, and we've evolved into  
18 this sort of, if we get one case from these  
19 sites we've realized that NIOSH's model is  
20 often a site-wide model, sort of a one -- you  
21 know, they don't have individual dose data, so  
22 it's a one-size-fits-all model. So, if we

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1 review one case, we are really reviewing all  
2 the cases. The method has been used for all  
3 the cases. So, that's really what we want to  
4 look at, and we don't need to do additional  
5 cases for a lot of those sites.

6 So, certainly, in our selection  
7 process one factor was facility. We also  
8 thought it would be useful to make sure we had  
9 covered a good cross-section of the cancer  
10 models, although sometimes, you know,  
11 reflecting back on this also, it often doesn't  
12 really impact on the dose reconstruction  
13 aspect of it. The cancer model comes into  
14 play, really, when you get into IREP. So,  
15 it's not as big a factor, usually, I guess it  
16 might have some bearing on, like, skin cancers  
17 and things like that, but overall the dose  
18 that's assigned -- you know, it's an organ  
19 dose, and the methods are very similar to get  
20 to the dose aspect of it.

21 The other factor we wanted to look  
22 at was the -- and this has been a very

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1 important driving factor for us, is the  
2 Probability of Causation category. We started  
3 off, this is -- Kathy pulled this from our  
4 early criteria, we started off looking for  
5 approximately 40 percent of our cases from the  
6 0 to 45 percent range, and then you can see,  
7 45 to 49.9, we wanted a sample of 40 percent  
8 of our overall cases from that area, for  
9 obvious reasons. They are close to the  
10 cutoff, but they weren't compensated. And  
11 then, we wanted 20 percent over 50 percent,  
12 and that has been a useful exercise, to look  
13 at some of the ones that are being  
14 compensated, to make sure that we are not  
15 giving too much -- being too favorable, being  
16 too generous. So, we wanted to look at those  
17 aspects as well.

18 One problem we found in going  
19 through this, now we are up to over 300 cases  
20 that SC&A has done, the Subcommittee hasn't  
21 gotten that far, but over 300 cases, is that  
22 the number of cases available for review in

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1 the 45 to 50 percent range might fall short of  
2 our overall target. It seems like there's not  
3 as many that fall into that narrow band, so we  
4 may not be able to reach that goal. That's  
5 something we probably want to watch going  
6 forward.

7 Then other factors we had in our  
8 initial criteria was the decade first  
9 employed, and the duration of employment, and  
10 I think, if anything, I've got some follow-up  
11 slides here that show how we've fallen out on  
12 those criteria. Certainly, for obvious  
13 reasons, they are important factors, I think  
14 we've skewed to the longer duration and the  
15 earlier time periods, but we'll see how that  
16 falls out. Arrow key down. I'm hitting the  
17 down arrow key and it's not going down. Okay.

18 The first 300 -- and I'm not sure  
19 why it's 303 cases, but anyway, the first 303  
20 cases, this gives a graphic, and I don't have  
21 it a tabular form, but a graphic, and this is  
22 something Kathy Behling just put together for

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1 me before this meeting, and I can certainly  
2 email it to everyone to look at further. But,  
3 I think the main take-away point here is that  
4 the 2.5 percent of available cases would be in  
5 the red, and the blue is what we've done so  
6 far. And, even for sites like Hanford, where  
7 we've done a fair amount of cases, we are at  
8 about 35 and the projected would be over 90, I  
9 think, if I'm reading that last bar correctly.

10 Now, other ones, some of the  
11 smaller sites, you can actually see Bridgeport  
12 Brass, you know, we've done four or five  
13 cases, and we were only projected to do one or  
14 two, probably, so we probably overshot a  
15 little bit.

16 But, generally speaking, we are  
17 either under the overall target or right  
18 around the overall target.

19 MEMBER PRESLEY: Mark?

20 MEMBER GRIFFON: Yes.

21 MEMBER PRESLEY: Those three cases  
22 up there --

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1                   MR. KATZ:     Bob, can you please  
2 speak into the mic? Thanks.

3                   MEMBER PRESLEY:   The three cases,  
4 if I remember correctly, we tasked SC&A early  
5 on to do three blind cases.

6                   MEMBER GRIFFON:     Yes, I thought  
7 there was two, but --

8                   MEMBER PRESLEY:   I think it was  
9 three, but I believe that's probably what the  
10 three is, is those three special blind cases.

11                  MEMBER GRIFFON:   That might be the  
12 difference, yes.

13                  All right, and so -- and this is  
14 part two of that, and I was particularly  
15 interested in Savannah River, because every --  
16 it seems like lately a lot of our available  
17 cases for review are Savannah River cases.

18                  But we've had a lot of claims  
19 filed for Savannah River, obviously, and even  
20 for Savannah River we are up to about 50 cases  
21 that we've reviewed, or at least SC&A has,  
22 that hasn't gone through the Subcommittee

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1 entirely, but the projection based on 2.5  
2 percent would be over 90. So, we are still  
3 well within -- well within the projections.

4 And again, on this slide, it's  
5 just the rest of the sites, I think it says by  
6 site, part two -- again, our projections are  
7 usually -- or number of cases we've done are  
8 usually below those projected for the 2.5  
9 percent.

10 Now, here is the by decade, and,  
11 you know, the takeaway here, I guess, is in  
12 the 1950s, if anything, we are skewed a little  
13 high toward the 1950s, as far as covering all  
14 the decades. Possibly a little low in the  
15 80s, and the 90s I note that it's only 2  
16 percent, and, you know, I think this is  
17 something we have to look at as in our future  
18 selections, because, while the 50s and 60s may  
19 have a lot more data and in some ways be more  
20 interesting cases to some on the Board, the  
21 80s and 90s, and into the 2000s, gets into a  
22 new era, a clean-up era, a different kind of

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1 cases, and I think we certainly want to look  
2 at that group of workers and workforce in that  
3 era.

4 So, this is useful to look at,  
5 because it appears that we don't have as many  
6 cases from that time frame.

7 Part of this might be an outcome  
8 of what we've been looking for, which is best  
9 estimate cases, and sometimes in those later  
10 years, when they had lower exposures, they  
11 used overestimating models and things like  
12 that so we don't -- you know, but anyway, just  
13 something to keep in mind as we move forward.

14 And, this is the years, and also,  
15 obviously, look at the greater than 20 years.

16 We've been looking at the people that have  
17 done, you know, a lot of work at the sites,  
18 more complicated cases, but, you know, I would  
19 argue that that skew is not that bad, and it  
20 makes some sense to look at those cases.

21 You might want to look at the 0 to  
22 1 or 1 to 5 a little more, because there might

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1 be more workers that were in and out of the  
2 site, short-term projects, things like that.  
3 We don't want to overlook that aspect of DOE  
4 work.

5           This is the risk model, and the  
6 thing that jumped out to me here is the skin  
7 cancers that we've looked at, non-melanoma  
8 skin, that bar seems fairly high for me, in  
9 terms of a balance, and again, I think part of  
10 this is availability of cases. And, sometimes  
11 -- sometimes when we are looking at the  
12 smaller sites, and we just -- we know that  
13 it's a site model, we are not so concerned  
14 that it's a skin cancer, since they are going  
15 to use the same model for any type of cancer.

16       But, you know, it seems like that's awfully  
17 highly skewed toward skin cancers, and we  
18 might want to keep that in mind as we move  
19 forward in our selection process.

20           Lung cancer, obviously, is another  
21 one that comes out very high. That's no  
22 surprise, and probably appropriate.

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1                   And then, for the Probability of  
2           Causation, remember the projections, 20  
3           percent over 50, we are not that far off, 25  
4           percent of the cases have been over 50  
5           percent. We wanted 40 percent in the 0 to 45  
6           percent range, and 40 percent in the 45 to  
7           49.9 percent range. We are a little low on  
8           that 45 to 49.9 percent range, but, like I  
9           said, we've been pretty focused on that as a  
10          criteria, and I think we've picked almost all  
11          the ones that are of interest in that range.  
12          There's just not as many there as, you know,  
13          as we originally thought we'd want to review.

14                   So, you know, we've actually  
15          looked, and I think it's kind of evolved to  
16          looking at cases from 40 to 50, so we've  
17          changed that band a little bit.

18                   So, I might ask, we can probably  
19          get a different breakdown on this, but I  
20          expect that a lot of our cases in that 0 to 45  
21          percent range, a lot of them are probably  
22          going to be from 35 or so up, not a lot from 0

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1 to 35 I don't think. We can break that out  
2 further. We have the numbers.

3 And, that might be it, but I  
4 missed one slide that I wanted to -- I didn't  
5 miss a slide, we just put the wrong version on  
6 here, that's my fault.

7 There was one, after this original  
8 criteria, I did want to mention additional  
9 criteria, and this sort of came up as we were  
10 working through some of these cases and we  
11 realized some of the limitations on selecting  
12 from the database that NIOSH had. And this is  
13 why we are in this process we are now, where  
14 we do this pre-screening step, and we select  
15 ones that look like they are interesting. But  
16 then, we, as you all know on the Board, we get  
17 these additional columns at the end of the  
18 spreadsheet, which includes, I'm going from  
19 memory here, job title, work area, internal  
20 dose method, external dose method, and I think  
21 neutrons, whether neutrons were considered or  
22 not, and whether it was pre- or post-1970.

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1 And, those factors were things that are not --  
2 you can't just select on those from the NIOSH  
3 database, you have to actually open the case  
4 up. So, we do this pre-screening stuff, where  
5 we preselect cases, and then we ask NIOSH to,  
6 out of these 50 in this case, go back and give  
7 us the more in-depth information.

8 Even that is not perfect, as we've  
9 learned, right, Stu, that sometimes when  
10 things say best estimate, best estimate is  
11 checked off, but it might be a site model,  
12 it's not sometimes data, individual data. So,  
13 we've learned some of those things as we've  
14 gone along.

15 Prior to this, we had cases where  
16 best estimate was checked off, but it would  
17 have been sort of a partial best estimate, in  
18 other words, they used the external dosimetry  
19 data and did a best estimate with that, but  
20 then for the internal dose they did a site-  
21 wide model or an over-estimating technique or  
22 something like that. So, it wasn't a full --

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1 sort of full best estimate case, which is what  
2 we were looking for.

3 So, this additional information  
4 helps us. The work area and the job  
5 information certainly came up, I think, in  
6 our Board-wide discussions. Work area is  
7 important at the sites, you know, some of the  
8 larger sites were getting 40, 50, 60 cases, we  
9 would like to see a distribution around the  
10 different work areas on those larger sites.

11 And, the other, for job title, one  
12 obvious thing we want to look at is  
13 construction/non-construction, but I think it  
14 breaks down further than that, it's looking at  
15 administrative-type work versus operations,  
16 versus service, versus construction, breaking  
17 that out a little more and making sure we have  
18 a sort of representative look at all the  
19 different trades that went on at the DOE sites  
20 over the years.

21 I am going to ask SC&A to give us  
22 a breakdown on that, those other criteria.

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1 I'm not sure how far they can go back with  
2 that, in other words, if they collected that  
3 from the first cases that we did or not, but I  
4 do want to get a breakdown on that so we can  
5 look at that and make sure, for example, that  
6 we are getting enough construction worker  
7 reviews and things like that.

8 So, that's sort of a little  
9 history of how the case selections worked, and  
10 I guess we can discuss it a little.

11 Yes.

12 MEMBER ANDERSON: I mean, this has  
13 occurred over a considerable period of time,  
14 it would be interesting to know how many of  
15 these subsequently became part of an SEC, and  
16 take a look at, you know, the dose  
17 reconstructions, and, you know, what the  
18 review findings were, and then if the person  
19 subsequently -- or, we subsequently determine  
20 some doses couldn't be reconstructed, take a  
21 look at how those compare.

22 Do we have any sense of that?

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1 Randomly, some of these, I would think, would  
2 have gotten into that.

3 MEMBER GRIFFON: Yes, I'm not  
4 sure. We can probably get those numbers going  
5 back, but I don't think Stu can --

6 MR. HINNEFELD: We have not done  
7 that, but, I mean, for the 303, I guess we can  
8 find out.

9 MEMBER ANDERSON: Yes, I am just  
10 curious.

11 MR. HINNEFELD: It'll take some  
12 data search, and we can find out how many we  
13 did, and once we have that list you can kind  
14 of decide how you want to go about looking at  
15 it.

16 MEMBER GRIFFON: Right.

17 CHAIRMAN MELIUS: Yes, Wanda, then Phil.

18 MEMBER MUNN: In a sense of being  
19 contentious as possible here, what will that  
20 tell us? I mean, I'm concerned because,  
21 especially in this particular Subcommittee the  
22 amount of data with which we deal is pretty

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1 complex. And, if we -- if we are looking for a  
2 piece of information that would be of value to  
3 us, or would in some way change our process,  
4 then that's a wonderful thing. But, I'm not  
5 at all sure how knowing this would change  
6 anything, simply because there may be adequate  
7 information for one set of claimants and  
8 inadequate data for other sets of claimants on  
9 the same site.

10 So, I guess I'm wondering what  
11 this would really and truly get us, if we went  
12 back to look at it.

13 MEMBER ANDERSON: I think it would  
14 be worthwhile knowing how many there are, and  
15 then we could decide whether it's worth  
16 looking at it.

17 For instance, many of these may  
18 well have been done with the overestimating  
19 methodology, which would be perfectly  
20 appropriate, but then the alternative would be  
21 if, in fact, you know, it would be interesting  
22 to see how were -- if it is a case that would

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1 fit into this, how was the dose reconstructed,  
2 and then see whether this would have been an  
3 early alert for a need to have an SEC that was  
4 somehow missed, so that the process could have  
5 been started a lot earlier if somehow there  
6 was a missed exposure. So, moving forward,  
7 specifically, I think that happens in  
8 procedures that have changed since that would  
9 lead to an earlier onset of NIOSH-identified  
10 SECs.

11 So, clearly, these cases would not  
12 have been the triggers, it would appear would  
13 not have been the triggers for a subsequent  
14 SEC. Now, if they don't fit the SEC Class,  
15 that's worth knowing.

16 So, you know, I think it's useful  
17 information if we could say, well, what's  
18 going to change, we can look at what the  
19 exposures were, and what there may have been  
20 models that were used that subsequently, you  
21 know, we've reviewed. So, that I think would  
22 be useful to see how it went through the

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1 process, since they are a group of people, I  
2 think, it would be useful to see.

3 MEMBER GRIFFON: I think it's easy  
4 enough to get that information.

5 MEMBER ANDERSON: Yes, just get a  
6 count.

7 MEMBER GRIFFON: Yes, and my sense  
8 is that a lot of the ones, I don't think  
9 there's going to be a lot that actually went  
10 into the SEC, but -- and those that did, I'm  
11 expecting a lot of times it was a site-wide  
12 model or whatever that was used.

13 MEMBER ANDERSON: Yes.

14 MEMBER GRIFFON: You know, but I  
15 don't think it's a large task, and we can  
16 certainly pull those numbers and at least look  
17 at them, and then decide if we want to do  
18 anything with them. I'm not sure, you know,  
19 I'm not sure, like Wanda, I'm not sure what we  
20 would do, but we can at least report on it as  
21 a descriptor at first, yes.

22 CHAIRMAN MELIUS: Phil, then Bob.

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1                   MEMBER SCHOFIELD: I'd like to see  
2 a breakdown on these cases of, particularly,  
3 those where it's like a best estimate, or they  
4 are using personal dosimetry records of their  
5 internal and external exposures, see if  
6 there's any correlation for the numbers we are  
7 seeing.

8                   MEMBER GRIFFON: Do you mean the  
9 magnitude of internal and external exposures?

10                  MEMBER SCHOFIELD: Yes, what they  
11 are getting credit for.

12                  MEMBER GRIFFON: Dose assigned you  
13 mean?

14                  MEMBER        SCHOFIELD:                Dose  
15 reconstruction.

16                  MR. HINNEFELD: The reconstructed  
17 dose as opposed to the reported dose, you  
18 know, the site would have reported those, we  
19 would reconstruct our own, and the PoC falls  
20 directly out of that.

21                  MEMBER SCHOFIELD: Right.

22                  MR. HINNEFELD: I'm not sure, that

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1 will be a manual search of the dose  
2 reconstruction, because we don't -- we don't  
3 database the reconstructed dose numbers, not  
4 the database. You know, we would have to --  
5 that would be a manual search of each dose  
6 reconstruction, in order to add those things  
7 up.

8 MEMBER GRIFFON: Yes, I think that  
9 would -- yes, we -- I think you'd have to  
10 think long and hard about that one, too,  
11 because I know that the methods used in the  
12 NIOSH program are different than, you know --  
13 so if people are going to start to look at  
14 those numbers and try to compare assigned  
15 doses, you know, although we don't give case  
16 numbers out, or specific --

17 MR. HINNEFELD: You know, we, as a  
18 matter of practice now, in a reconstruction,  
19 when a person has a dose record from the  
20 facility, I think it's a standard practice,  
21 but we certainly do it often, we report their  
22 recorded dose at the site, in reference to the

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1 reconstructed dose. I think that's just -- I  
2 know we do that quite often, I don't know that  
3 we do it in every case. Of course, some  
4 things don't have a site.

5 CHAIRMAN MELIUS: Bob?

6 MEMBER PRESLEY: Mark, at one time  
7 we used to have the numbers of the cases that  
8 we have sent back for rework. Do we have  
9 that? Can you expand on that?

10 MR. HINNEFELD: Are you talking  
11 the total number of cases that are being  
12 returned to us?

13 MEMBER PRESLEY: No.

14 MR. HINNEFELD: For rework?

15 MEMBER PRESLEY: No, the ones that  
16 we've come up with, out of the 303 cases that  
17 we've done the case studies on, where we have  
18 found a discrepancy that had to go back for  
19 rework. It's not many, we used to -- we used  
20 to have that.

21 MR. HINNEFELD: Yes, we have --  
22 that has been reopened?

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1                   MEMBER PRESLEY: Right. Right.

2                   MR. HINNEFELD: Because of the  
3 Board review? I don't recall any that were  
4 reopened because of Board review.

5                   MEMBER PRESLEY: I know it's been  
6 very low.

7                   MEMBER GRIFFON: There were a  
8 couple in that first set of 100 that we -- for  
9 Savannah River, actually, that ended up  
10 reworking the case.

11                   MEMBER PRESLEY: It's not many.

12                   MR. HINNEFELD: Well, I mean, very  
13 often there are a number of cases that we have  
14 recalculated in a demonstration and shown back  
15 to the Advisory Board. There are a number of  
16 cases that were reworked for a Program  
17 Evaluation  
18 Report that may or may not have come out of  
19 the Board -- the review from the Advisory  
20 Board and the Subcommittee.

21                   I can't really sort that out, keep  
22 that very straight in my head.

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1                   So, there were some things like  
2                   that that had been reworked, and so you are  
3                   asking how many have been reopened and  
4                   reworked from the time of the Board review.

5                   MEMBER PRESLEY: Right. It's not  
6                   many. I know we had just a few to start with.

7                   MR. HINNEFELD: I think I can do  
8                   that on a database search, I think I can find  
9                   that on a database search.

10                  CHAIRMAN MELIUS: Any of the Board  
11                  Members on the phone have questions?

12                  Dick Lemen?

13                  MEMBER LEMEN: This is Dick. I  
14                  don't have any at this time.

15                  CHAIRMAN MELIUS: Dick doesn't  
16                  have any.

17                  Bill Field?

18                  MEMBER FIELD: No.

19                  CHAIRMAN MELIUS: And Mike Gibson?

20                  MEMBER GIBSON: No, Jim.

21                  CHAIRMAN MELIUS: Okay. Thank  
22                  you, and we'll get these slides out to you. I

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1 know it was a little difficult to see, and  
2 there's so much data, if we'd had Mark read it  
3 all out we'd be here until midnight or  
4 something.

5 Yes, Paul?

6 MEMBER ZIEMER: I have two  
7 comments. I appreciate the material that you  
8 showed, Mark, that Kathy prepared, and I was  
9 thinking about the cases by era, and you were  
10 sort of asking if we are skewed in one  
11 direction or another, particularly, with the  
12 older cases.

13 It seems to me that one other  
14 piece of data we might ask SC&A to gather is  
15 to tell us what percent of the cases that  
16 there are by era that we have looked at.

17 For example, it makes sense, the  
18 early era, just by virtue of people's age, the  
19 incidence of cancers in there for the number  
20 of cases must be much higher. So, it seems to  
21 me an important question is, what percent of  
22 the cases from each era have we, actually,

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1 looked at, because I don't think the case  
2 distribution will be equal in any event.

3           And then, my second comment is, on  
4 the cancer model there would be a similar  
5 thing. There's going to be a certain -- well,  
6 for example, lung cancers are going to be  
7 pretty high in any of the populations, so the  
8 question in my mind would be, what percent of  
9 the actual lung cancer cases have we looked  
10 at, what percent of cases, and I think we  
11 would see it somewhat differently, if we  
12 change our vision of what is really skewed,  
13 because you want to look, perhaps, at sort of  
14 a comparable fraction of the type of cancers  
15 that are available in the cases.

16           So, I'm wondering if it might be  
17 useful to the group to look at that.

18           MEMBER GRIFFON: I think so, yes.

19           I think that's readily -- that's something  
20 from the database, but both those factors you  
21 can get pretty readily.

22           MEMBER ZIEMER: I think Kathy

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1 could probably come up with that.

2 MR. HINNEFELD: Well, for the  
3 total number of cases.

4 MEMBER ZIEMER: Well, for example  
5 -- no, if there are X number of lung cancers  
6 in the database, what fraction of those have  
7 we looked at.

8 MR. HINNEFELD: Okay, we'll have  
9 to --

10 MEMBER ZIEMER: If there are X  
11 number of thyroids, what fraction have we  
12 looked at.

13 MR. HINNEFELD: Yes, we'll run  
14 that, and then just so I know --

15 MEMBER ZIEMER: I think Kathy  
16 could probably do that.

17 MR. HINNEFELD: Yes, we can run  
18 that. Our TST people can run that.

19 Just so I'm clear then, for cases  
20 that have multiple cancers should we count  
21 them multiple times?

22 MEMBER ZIEMER: Well --

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1 MR. HINNEFELD: Does it matter?

2 MEMBER ZIEMER: I haven't given  
3 this a lot of thought, and I'm not,  
4 necessarily -- it's just an idea. I don't  
5 know, maybe the Board doesn't agree to it, and  
6 I don't want to be tasking NIOSH. It's just  
7 an idea.

8 MR. HINNEFELD: The TST people do  
9 this, so I don't even have to do it. So, this  
10 is easy.

11 MEMBER ZIEMER: In that case I  
12 have several other items I'd like to do then.

13 CHAIRMAN MELIUS: Any other --  
14 anybody else we can put to work?

15 Any other questions for Mark  
16 related to the Subcommittee or anything else  
17 you need to say?

18 Okay, thank you.

19 Bless you. Let the record show  
20 somebody in the audience just sneezed.

21 Okay, let's do the letters. I do  
22 need to do my reading.

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1           You have in front of you, from  
2 this morning Ted handed out, the two letters.

3       I will -- we'll do them one at a time, but  
4 I'll start with the one for Revere Copper &  
5 Brass.

6           The Advisory Board on Radiation  
7 Worker Health, the Board has evaluated SEC  
8 Petition 00164, concerning workers at Revere  
9 Copper & Brass in Detroit, Michigan, under the  
10 statutory requirements established by EEOICPA  
11 incorporated into 42 CFR Section 83.13. The  
12 Board respectfully recommends Special Exposure  
13 Cohort status be accorded to all Atomic  
14 Weapons Employer employees who worked at  
15 Revere Copper & Brass, Detroit, Michigan, from  
16 July 24, 1943 through December 31, 1954, for  
17 number of work days aggregating at least 250  
18 work days, occurring either solely under this  
19 employment or in combination with work days  
20 within the parameters established for one or  
21 more other Classes of employees included in  
22 the Special Cohort.

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1           This recommendation is based on  
2           the following factors: people working at this  
3           facility during the time period in question  
4           worked on the extrusion of uranium and thorium  
5           billets for nuclear weapons production.

6           The NIOSH review of available data  
7           found that they lacked adequate source-term  
8           process and monitoring data in order to  
9           establish with sufficient accuracy internal  
10          radiation doses for thorium and external  
11          exposures other than occupational medical X-  
12          ray for employees of this facility during the  
13          time period in question.

14          The Board concurs with this  
15          determination.

16          NIOSH determined that health may  
17          have been endangered for these Revere Cooper &  
18          Brass facility workers during the time period  
19          in question.

20          The Board concurs with this  
21          determination.

22          Based on these considerations, and

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1 the discussions held at our October 10-12,  
2 2010 Advisory Board meeting in Idaho Falls,  
3 Idaho, the Board recommends that this Special  
4 Exposure Cohort petition be granted.

5 Enclosed is the documentation from  
6 the Board meeting where the Special Exposure  
7 Cohort Class was discussed. This  
8 documentation includes transcripts of the  
9 deliberations, copies of the petition, the  
10 NIOSH review thereof, and related materials.  
11 If any of these items are unavailable at this  
12 time they will follow shortly.

13 Anybody have comments?

14 MEMBER FIELD: Jim, did you say  
15 October 12th?

16 CHAIRMAN MELIUS: No. August. I  
17 may have misspoke.

18 MEMBER FIELD: Okay.

19 CHAIRMAN MELIUS: Any questions?  
20 Paul?

21 MEMBER ZIEMER: I hate to say  
22 this, but I have a friendly amendment. Maybe

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1 I don't hate to say it, I'm glad to say it.

2 I just noticed in the first  
3 bullet, and this is strictly a writing  
4 preference I think, but the first bullet talks  
5 about people working, work -- people working,  
6 dot, dot, dot, work, which I always like to  
7 avoid sentences that sound like that, where  
8 you are sort of repeating the same word. I'm  
9 suggesting that we say, and this would apply  
10 to both of these letters, when we get to the  
11 other one as well, employees at the facility  
12 worked on. Do you see what I'm saying?

13 CHAIRMAN MELIUS: Yes, that's  
14 fine.

15 MEMBER ZIEMER: I just -- it's a  
16 personal preference, I think it sounds better,  
17 but I may be the only one who thinks it sounds  
18 better.

19 CHAIRMAN MELIUS: Employees are  
20 people.

21 MEMBER ZIEMER: I agree that they  
22 are, it's the work, work part that I'm

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1 concerned about.

2 CHAIRMAN MELIUS: So change people  
3 to employees?

4 MEMBER ZIEMER: Employees at the  
5 facility.

6 CHAIRMAN MELIUS: Okay.

7 MEMBER ZIEMER: Employees at the  
8 Ames Lab, employees at this facility.

9 CHAIRMAN MELIUS: Okay, that's  
10 fine.

11 MEMBER ZIEMER: I'm trying to get  
12 rid of the double use of the work word.

13 CHAIRMAN MELIUS: I understand.

14 Any other?

15 I don't think we really even need  
16 a motion on this, do we? We've already done  
17 that. So, okay.

18 Now, we'll go on to the Ames  
19 letter, and I'll explain in a second. Let me  
20 read it in first.

21 The Advisory Board on Radiation  
22 and Worker Health, the Board has evaluated SEC

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1     Petition 00166 concerning workers at the Ames  
2     Laboratory in Ames, Iowa, under the statutory  
3     requirements     established     by     EEOICPA  
4     incorporating 42 CFR Section 83.13.

5             The Board respectfully recommends  
6     Special Exposure Cohort status be accorded to  
7     all employees of the Department of Energy,  
8     predecessor agencies, and its contractors or  
9     subcontractors who worked in any area of the  
10    Department of Energy facility at the Ames  
11    Laboratory from January 1, 1955 through  
12    December 31, 1960, for a number of work days  
13    aggregating at least 250 work days, occurring  
14    either solely under this employment or in  
15    combination with work days within the  
16    parameters established for one or more other  
17    Classes of employees in the Special Exposure  
18    Cohort.

19            This recommendation is based on  
20    the following factors: employees at the Ames  
21    Laboratory during the time period in question  
22    worked on research and production activities

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1 related to nuclear weapons production.

2 The NIOSH review of available  
3 monitoring data, as well as available process  
4 and source-term information for the various  
5 nuclear research and production activities at  
6 the Ames Laboratory found that there were  
7 insufficient data to estimate with sufficient  
8 accuracy internal exposures to various  
9 radionuclides, parenthesis, other than uranium  
10 and thorium contamination resulting from  
11 earlier production activities, closed  
12 parenthesis, for workers at this facility  
13 during the time period in question.

14 The Board concurs with this  
15 determination.

16 NIOSH determined their health may  
17 have been endangered for these Ames Laboratory  
18 facility workers during the time period in  
19 question.

20 The Board concurs with this  
21 determination.

22 Based on these considerations and

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1 discussions held at our August 10-12, 2010  
2 Advisory Board meeting held in Idaho Falls,  
3 Idaho, the Board recommends that this Special  
4 Exposure Cohort petition be granted.

5 Enclosed is the documentation from  
6 the Board meeting where this Special Exposure  
7 Cohort Class was discussed. The documentation  
8 includes transcripts of the deliberations,  
9 copies of the petition, the NIOSH review  
10 thereof, and related materials. If any of  
11 these items are unavailable at this time they  
12 will follow shortly.

13 Now, the Class Definition there in  
14 the letter differs a little bit from what was  
15 in the report, and there were some corrections  
16 that were made in consultation with counsel,  
17 in order to match up, you know, how this was  
18 listed, and it wasn't, actually, listed quite  
19 correctly in the SEC Evaluation Report we  
20 have, so we are just trying to be consistent.

21 It doesn't -- it hasn't really changed  
22 anything from what we discussed and voted on

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1 yesterday. But, it looks different if you  
2 bother to look back.

3 Any questions or comments on that,  
4 friendly or unfriendly amendments?

5 Yes, Wanda?

6 MEMBER MUNN: I would suggest the  
7 same --

8 CHAIRMAN MELIUS: We did. We did.  
9 I'm sorry, when I read it --

10 MEMBER MUNN: I was reading it  
11 here.

12 CHAIRMAN MELIUS: I know. I know.  
13 I wasn't necessarily expecting everybody to  
14 listening intently. You've heard a lot of  
15 this before.

16 Okay. Let's see what else we  
17 have.

18 We have one other change in --  
19 possible change in dates. Due to a little bit  
20 of an email mix-up, I ended up with a conflict  
21 on October 7th, which is the teleconference,  
22 and we wanted to see if we could change that

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1 date. How about Friday, October 8th?

2 MR. KATZ: That would be 11:00,  
3 11:00, you know, `till 1:00 or 2:00 on the  
4 8th.

5 MEMBER ANDERSON: I can't.

6 CHAIRMAN MELIUS: How about the  
7 5th? It's a Tuesday.

8 MEMBER LOCKEY: That doesn't work  
9 for me.

10 CHAIRMAN MELIUS: Okay.

11 MEMBER BEACH: The 5th doesn't  
12 work for me either.

13 MR. KATZ: 4th?

14 CHAIRMAN MELIUS: 4th? Are you  
15 away at that time?

16 MEMBER BEACH: Yes, I am gone.

17 CHAIRMAN MELIUS: Okay.

18 MR. KATZ: Do you want to do it a  
19 week later?

20 MEMBER MUNN: Just for your  
21 information, we are -- there are emails going  
22 back and forth this morning about the

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1 possibility of another meeting on the 15th.

2 CHAIRMAN MELIUS: Okay. Then,  
3 let's just leave it. We'll leave it the 7th  
4 then.

5 MEMBER ANDERSON: Would a  
6 different time of day work?

7 CHAIRMAN MELIUS: No, no, no, it  
8 won't.

9 We'll just leave it the same.

10 MEMBER FIELD: Jim, this is Bill.  
11 What's the time that day?

12 CHAIRMAN MELIUS: Eleven Eastern  
13 Time.

14 MEMBER FIELD: Okay.

15 CHAIRMAN MELIUS: Okay. Any other  
16 business?

17 I'd certainly like to thank Ted  
18 Zaida for getting us all here, hopefully,  
19 getting us all back, and NIOSH, and everybody,  
20 SC&A, for help.

21 Yes?

22 MEMBER CLAWSON: Excuse me.

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1 CHAIRMAN MELIUS: Okay.

2 MEMBER CLAWSON: What did we come  
3 up with with BWXT? That was on the agenda  
4 here, and I was just wondering.

5 MR. KATZ: Brad, that was just an  
6 update.

7 MEMBER CLAWSON: Oh, okay.

8 MR. HINNEFELD: LaVon reported on  
9 it briefly at the end of his SC&A update  
10 progress report.

11 MEMBER CLAWSON: I saw that we had  
12 more there, and I was wondering if --

13 CHAIRMAN MELIUS: No, no.

14 MEMBER CLAWSON: Okay.

15 MEMBER PRESLEY: Hey, Jim?

16 CHAIRMAN MELIUS: Yes.

17 MEMBER PRESLEY: They were asking  
18 last night if we do go to Nashville,  
19 Tennessee, where to stay, there's a huge  
20 Marriott. It's very, very nice. It's right  
21 at the airport entrance, and it's a very good  
22 place to stay.

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1 MEMBER LEMEN: Ted, this is Dick.

2 Can you, Ted, send around all the  
3 dates we finally ended up deciding upon?

4 MR. KATZ: Yes. Yes, I will be  
5 doing that, Dick. Thank you.

6 MEMBER LEMEN: Thank you.

7 CHAIRMAN MELIUS: Yes, go ahead,  
8 Jim.

9 MEMBER LOCKEY: I will wait until  
10 you are done, because I have an issue to  
11 raise.

12 CHAIRMAN MELIUS: Okay. The  
13 November meeting is Santa Fe?

14 MR. KATZ: November is Santa Fe,  
15 that's set for Santa Fe. We have a hotel.  
16 It's right in the middle. It's very  
17 convenient to everything.

18 CHAIRMAN MELIUS: Okay.

19 MEMBER ROESSLER: What is the name  
20 of the hotel?

21 MR. KATZ: I would have to ask  
22 Zaida. It's in Santa Fe, it's in town. The

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1 Hilton.

2 CHAIRMAN MELIUS: So, tentatively,  
3 let's think about a two-and-a-half day  
4 meeting, so if that helps people with their  
5 thinking about travel and so forth.

6 MEMBER PRESLEY: Do you want to  
7 try to go to Los Alamos or anything, while we  
8 are out there?

9 MR. KATZ: Well, I think we'll try  
10 to arrange a tour for those Board Members who  
11 can make a tour, so, yes, we will be working  
12 on a tour.

13 MEMBER GRIFFON: What is the date?

14 CHAIRMAN MELIUS: November 16th,  
15 17th and 18th.

16 MR. KATZ: That sounds right.

17 CHAIRMAN MELIUS: Yes.

18 Jim Lockey, yes.

19 MEMBER LOCKEY: I wanted to -- in  
20 relationship, this has relationship to the  
21 Niagara Falls meeting, Jim.

22 CHAIRMAN MELIUS: Yes.

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1                   MEMBER LOCKEY:     The process that  
2     was used to bring up the vote for Bethlehem  
3     Steel, I'd like to get through that process.

4                   I was unprepared for that vote.  I  
5     had not really been involved with Bethlehem  
6     Steel.

7                   CHAIRMAN MELIUS:  Yes.

8                   MEMBER LOCKEY:  I was not aware of  
9     the history, and I should have probably  
10    abstained from the vote, because I had little  
11    knowledge about that situation.  But, I was  
12    surprised that the vote was brought up, and I  
13    was surprised, I don't think Chairs can lead  
14    with -- but maybe I'm wrong about that -- in  
15    Robert's Rules I believe the Chair is not the  
16    one who offers a proposal, but put that aside.

17                   I think that's past, but I think  
18    the future, if we are going to vote as a Board  
19    on SECs, we should at least have agreement  
20    among us that we are forewarned at least some  
21    point, so we have time, if we need to, to go  
22    back and look at these, especially for some of

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1 the new Members. We did that for Blockson,  
2 because I know you said, well, we need to have  
3 new Members have time to review the data, but  
4 we did not do that for Bethlehem Steel, and  
5 there might have been reasons for that, and I  
6 can imagine what the reasons could have been.

7 But, I think as a Board we should  
8 discuss the process, and at least give the  
9 Board an opportunity, and Members of the Board  
10 an opportunity, to catch up if the vote is  
11 coming.

12 CHAIRMAN MELIUS: Okay, and, well,  
13 we'll try to communicate better.

14 I mean, the one -- if it helps,  
15 when you get the annotated agenda --

16 MEMBER LOCKEY: I saw that, but it  
17 changed through the week. You know, there was  
18 something else on the agenda, then it changed  
19 again.

20 CHAIRMAN MELIUS: Yes, well, but  
21 I'm just saying, that -- the petitioners, what  
22 happened with this meeting is, one of the

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1 reasons we have time is that we thought we  
2 had, you know, two votes coming.

3 I agree with you, though. I think  
4 that what we've been trying to do, and been  
5 thinking about this in terms of some of the  
6 longer-term -- long-delayed, let's say, SEC  
7 Evaluations, it's hard, and to try to get --  
8 even if we are not going to be ready yet, I  
9 think having some sort of a briefing, you  
10 know, periodically, or a month or so ahead,  
11 you know, the previous meeting or something,  
12 that's what, actually, we are trying to do  
13 with the SEC, ten 250 day issue. It wasn't to  
14 reach a decision, but was to be able to have  
15 everyone become familiar with the issue  
16 update, you know, lots of documents, lots of  
17 meetings, and try to get key information for  
18 people to be able to read ahead of time and so  
19 forth.

20 And then, it may also help to  
21 facilitate reaching a decision on that,  
22 because it's input for the Work Group from

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1 other Board Members. And so, I think we will  
2 try to do that periodically. It is hard with  
3 our -- you know, it's a balance on our agenda,  
4 I think, between, you know, how much time it  
5 takes, especially, with all the SEC  
6 Evaluations that come in, you know, it's  
7 limited, and I think we want to try and avoid  
8 longer meetings if we can also.

9 But, I hear you and I agree.

10 MEMBER LEMEN: Hello, this is Dick  
11 Lemen. Could I say something?

12 CHAIRMAN MELIUS: Yes, you may.

13 MEMBER LEMEN: As a new Board  
14 Member, I would disagree with Dr. Lockey. I  
15 think that we had adequate time to study the  
16 Bethlehem Steel.

17 I felt that I was more briefed  
18 about Bethlehem Steel and the problems that  
19 had been encountered with Bethlehem Steel, and  
20 the long, latency period of nothing being done  
21 with Bethlehem Steel, that I was ready to make  
22 the motion myself about moving forward with a

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1 vote.

2 I think that we had a lot of  
3 information, more than I've had about many of  
4 the other sites, to move forward with  
5 Bethlehem Steel, and it was clear that  
6 Bethlehem Steel had been sitting in abeyance  
7 with nothing being done for quite some time.

8 So, I would respectfully disagree  
9 with your assessment, Jim, Jim Lockey, and  
10 feel that it was appropriate the way we moved  
11 forward, and I would like to encourage us to  
12 do that more frequently with other groups, so  
13 that we could clear out some of these problems  
14 that have been sitting around for years.

15 MEMBER FIELD: This is Bill. As a  
16 new Board Member, I abstained for that vote,  
17 just for the reason Jim indicated. I thought  
18 I was totally blind-sided by the vote  
19 occurring that day, and I would have really  
20 appreciated more time, so I could have made an  
21 informed vote, rather than abstaining.

22 So, in all due respect, Dick, I

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1 have to disagree, and say I wish I had more  
2 time.

3 The meetings before the face-to-  
4 face, there were two votes that were put off  
5 to the next meeting because I believe in that  
6 case you weren't prepared to vote. I was  
7 prepared to vote at those votes. I thought I  
8 had plenty of information.

9 So, I think, you know, to be fair  
10 to all the Board Members, especially, the new  
11 Board Members, it would really be helpful if  
12 we had notice ahead of time, and really  
13 information that we need to base a vote upon.

14 CHAIRMAN MELIUS: Wanda?

15 MEMBER MUNN: My only comment  
16 about that discussion is I really don't feel,  
17 from this perspective, that Bethlehem Steel  
18 had been sitting in abeyance. I really feel  
19 it had been under active consideration and  
20 under discussion, virtually, until the time we  
21 put it on the calendar.

22 And, I can easily understand how

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1 anyone that was relatively new to the process  
2 would have missed the first couple of years of  
3 debate and conversation about it, but it was -  
4 - I can certainly respect the view of new  
5 Board Members with respect to the need for a  
6 little more background, a little more time to  
7 consider that.

8 CHAIRMAN MELIUS: Jim Lockey?

9 MEMBER LOCKEY: Jim, I think it is  
10 -- it's easily solvable. We have -- you know,  
11 we have a conference call usually between  
12 Board meetings. If there's a potential SEC  
13 vote coming up we can discuss it then, and  
14 everybody can have, you know, six weeks notice  
15 that it may or may not happen, but at least  
16 you are notified it may happen.

17 And, that's an easy thing to do, I  
18 think.

19 CHAIRMAN MELIUS: Yes, I don't  
20 disagree, at least to the extent that we can  
21 foresee what's going to be on the agenda, but  
22 it does change, I can tell you. I wish it

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1 didn't, but things drop off, you know, things,  
2 you know --

3 MEMBER LOCKEY: I understand that.

4 CHAIRMAN MELIUS: Come up. You  
5 know, some of it -- you know, we are trying to  
6 be timely in terms of decision making and so  
7 forth.

8 I think, again, to sort of rehash  
9 what happened I don't think is necessarily  
10 helpful, but, you know, whoever puts forward a  
11 motion, and we've gone through that, it's then  
12 up to the Board to, you know, vote and decide.

13 And, if people want to express and say they  
14 want delay or whatever, which we've done many  
15 times, that's fine.

16 Any other comments?

17 Yes, Wanda.

18 MEMBER MUNN: Not on this topic,  
19 if I may change the topic.

20 CHAIRMAN MELIUS: That's fine.

21 MEMBER MUNN: I have not done a  
22 search of our transcripts to try to identify

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1       whether the discussions that have gone on with  
2       respect to this topic were, actually, done in  
3       a formal setting, or whether they were  
4       informal discussions. But, a number of years  
5       ago there were several discussions that took  
6       place among Board Members with respect to the  
7       possibility of minority reports being attached  
8       to letters to the Secretary when a significant  
9       portion of the Board had a disagreement with  
10      the final finding.

11                 That has not come up in recent  
12      years, and it may be a topic that some of the  
13      Board might be interested in pursuing, not,  
14      perhaps, at this meeting, but it's a thought  
15      that I'd like to lay on the table.

16                 I know it's clear from the votes  
17      that have been taken on several of our actions  
18      in the last year or so, that some of the  
19      findings that the Board has made, some of the  
20      recommendations that have been made to the  
21      Secretary, could not -- they are majority  
22      votes, but they are not -- they can't be

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1 considered strong support for the Board in all  
2 cases.

3 It would be, I think, worthwhile  
4 for this body, as a group, to consider the  
5 possibility of whether such a report could be  
6 done in a formal fashion, or even in an  
7 informal fashion, following the recommendation  
8 to the Secretary.

9 I realize that this would  
10 complicate matters for, not only the Board,  
11 but also the Secretary, but it seems only  
12 fair. We certainly don't expect the Secretary  
13 and the Secretary's staff to be keeping track  
14 of our transcripts, and the feelings that are  
15 expressed by some of the Members here  
16 regarding how the Board findings come down.

17 So, I'd like to recommend that we  
18 take that under consideration, and, perhaps,  
19 have a discussion about it. It may be an  
20 adequate topic for our upcoming  
21 teleconference.

22 MR. KATZ: I think that would be

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1 good to have that discussion then when  
2 everyone is present.

3 CHAIRMAN MELIUS: Well, I think it  
4 would be better to do it in person, not on the  
5 phone. That would be my only comment.

6 Paul?

7 MEMBER ZIEMER: I don't disagree  
8 that it would be worth having the discussion,  
9 but I believe there was discussion on this a  
10 number of years ago.

11 One thing I would point out, and  
12 we have to consider, I suppose, whether or not  
13 the Secretary would feel well served by such  
14 information, one of the reasons we attached to  
15 the findings the transcripts, and other  
16 documentation, is so that there is available  
17 to the Secretary the information on why a  
18 certain outcome has occurred, and whether or  
19 not that is of value to the Secretary is not  
20 necessarily clear to me. In one sense, that's  
21 the Secretary's business, but I do think the  
22 information is available if the Secretary

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1 would, herself or himself in the future as the  
2 case may be, believe that it would be useful  
3 to have a specific individual report beyond  
4 the transcripts and the main outcome  
5 recommendation, certainly, we should consider  
6 that.

7 I think counsel also weighed in on  
8 this before, as to whether or not there could  
9 be a separate report, but I think that was,  
10 perhaps, your predecessor, Emily, but it may  
11 be that counsel would have to weigh in on it,  
12 too.

13 But, again, I guess we are not  
14 going -- we don't need to have the discussion  
15 here, I just wanted to indicate that I know we  
16 have considered it before, and wanted to make  
17 sure that the Secretary was at least fully  
18 apprised of everything that went into the  
19 decision, including the transcripts.

20 CHAIRMAN MELIUS: Yes, as I recall  
21 that discussion, that was -- it was also,  
22 since we were making a recommendation that was

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1 going to be relatively short, we are not  
2 issuing a report on something, it gives, you  
3 know, some logistical issues to trying to do  
4 minority reports and so forth, but let's have  
5 the discussion.

6 Any other issues?

7 Ted?

8 MR. KATZ: I'm happy to follow-up  
9 with OGC internally --

10 CHAIRMAN MELIUS: Okay.

11 MR. KATZ: About to get some input  
12 on this question.

13 CHAIRMAN MELIUS: That's fine.

14 MEMBER MUNN: Ted, if at the time  
15 you are following up, if you are able to  
16 identify where in our official transcripts  
17 those proceedings are, I'll be glad to try to  
18 do that, if that's necessary, but it seems  
19 that it would be beneficial. If we are going  
20 to have the discussions, to see what the  
21 previous discussion was.

22 MR. KATZ: Yes, I'll certainly

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1 make an attempt to go fishing for whenever  
2 that might have been discussed.

3 MEMBER MUNN: Yes, thank you.

4 MR. KATZ: Any clues that Board  
5 members might give me --

6 MEMBER ZIEMER: I will give you a  
7 clue, and that would be to go back to the  
8 times of the Mallinckrodt discussions.

9 MR. KATZ: Okay, thank you.

10 CHAIRMAN MELIUS: And, I,  
11 actually, think it was even before that. I  
12 think it was when we were first establishing  
13 the Board.

14 MEMBER ZIEMER: It could have  
15 been.

16 CHAIRMAN MELIUS: It was -- and we  
17 were discussing how we were going to be  
18 reporting it, and so the format of the letters  
19 and so forth, I think that's where the  
20 discussion took place, and sort of our rules  
21 of operations, whatever.

22 MEMBER MUNN: Yes, late 2002,

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1 early 2003, somewhere in there, I think.

2 CHAIRMAN MELIUS: But, who knows.

3 MR. KATZ: Thank you.

4 CHAIRMAN MELIUS: Okay. Good. Any  
5 other issues? If not, we are adjourned. See  
6 everybody in Santa Fe.

7 MR. KATZ: Thank you, everyone,  
8 for your hard work.

9 (Whereupon, the above-entitled  
10 matter went off the record at 9:42 a.m.)

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