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 the

THIRTY-SECOND MEETING

ADVISORY BOARD ON

RADIATION AND WORKER HEALTH

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DAY TWO

EXECUTIVE SESSION MEETING

The verbatim transcript of the Executive Session Meeting of the Advisory Board on Radiation and Worker Health held at the Westin Hotel, St. Louis, Missouri, on August 25, 2005.

C O N T E N T S

August 25, 2005

CLOSED SESSION -
WORK TASKS FOR SC&A CONTRACT FOR NEXT YEAR
DR. LEW WADE 7

COURT REPORTER'S CERTIFICATE 105

TRANSCRIPT LEGEND

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

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-- "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.

In the following transcript "off microphone" refers to microphone malfunction or speaker's neglect to depress "on" button.

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P R O C E E D I N G S

1 (IN EXECUTIVE SESSION)

2 (1:07 p.m.)

3 **DR. ZIEMER:** Just for the record, the full
4 Board is here with the exception of Roy DeHart,
5 who's on travel in Europe or other parts of the
6 world, and Henry Anderson, who's here at the
7 meeting but is not with us for the first part
8 of this session. The rest of the Board members
9 are here, together with our court reporter and
10 with Dr. Wade, our Designated Federal Official.
11 And then in addition, we have a number of
12 individuals from the contractor office, and
13 perhaps what we should do for the record and
14 for the court reporter is ask everyone here to
15 identify by name and affiliation who they are.
16 John, you can start -- John Mauro will begin
17 right here, and David, you can --
18 **DR. MAURO:** John --
19 **DR. ZIEMER:** -- hopefully hear these.
20 **DR. MAURO:** John Mauro, Sanford Cohen &
21 Associates.
22 **DR. WADE:** I think that microphone comes out,
23 John, and you can just pass it around.
24 **DR. BEHLING:** Hans Behling, S. Cohen &

1 Associates.
2 **DR. MAKHIJANI:** Arjun Makhijani, SC&A.
3 **DR. LIPSZTEIN:** Joyce Lipsztein. I'm working
4 for SC&A.
5 **MR. FITZGERALD:** Joe Fitzgerald, SC&A team.
6 **MR. SAMSON:** Bob Samson, GAO, Washington
7 office.
8 **MS. NUGENT:** Mary Nugent, GAO, Chicago office.
9 **MS. HOMOKI-TITUS:** Liz Homoki-Titus with Health
10 and Human Services.
11 **MS. HOWELL:** Emily Howell, Health and Human
12 Services.
13 **MR. HINNEFELD:** Stu Hinnefeld, NIOSH/OCAS.
14 **DR. ZIEMER:** Okay, thank you. I mentioned all
15 the Board members. Actually just joining us
16 here is Mike Gibson. I overlooked Mike, but
17 he's with us now. So we can proceed, I --
18 **DR. WADE:** Maybe I should make a brief comment.
19 Again, this is the closed portion of the
20 meeting. It'll proceed from 1:00 p.m. to 3:00
21 p.m. The closed portion of the meeting will
22 involve a review with discussion of the
23 finalization of contractor -- read SC&A -- cost
24 and scope of work issues for the next fiscal
25 year. That's all we'll talk about in the

1 closed session.
2 As can happen in these sessions, we might want
3 to get into some issues that are related. I
4 think -- I'll stop you or counsel will stop us
5 and remind us if we're going too far. We can
6 reserve those issues for open discussion
7 certainly.
8 I would think when we come back into open
9 session we would report out on any
10 accomplishments that we've realized during
11 this, and I hope there will be many to report.
12 I would also say to the record as we begin this
13 that I am the technical project officer for the
14 SC&A contract. David Staudt is the contracting
15 officer. He's the one who the money flows
16 through. He's the one who actually makes the
17 decisions.
18 From my role as technical project officer, I've
19 been very pleased with the performance and
20 responsiveness of your contractor. I can only
21 say positive things about their efforts and
22 would want to be on the record speaking to
23 that.
24 I've sent you many things in the last weeks,
25 but the thing that I'm going to sort of put you

1 in mind of is this package. It begins with an
2 e-mail that I -- that involves my communication
3 to you, and it has a table at the bottom of it
4 that relates to some funding scenarios that
5 we'll be talking about. So if you have that in
6 front of you -- if you don't have that, I can
7 certainly get copies of that. Copies?
8 **DR. ZIEMER:** Okay, this is an e-mail dated
9 August 19th, and basically the table that was
10 being referred to lists the six proposed task
11 orders -- there's four existing ones, a new one
12 called Special Exposure Cohort and a sixth one
13 and a new one called Program Management. The
14 table gives the proposed funding for the next
15 fiscal year on each of the six tasks, together
16 with the total funding.
17 And then, Lew, if I may just add to that, Board
18 members should also then have the individual
19 proposals, all of which are -- have a cover
20 letter from SC&A signed by John Mauro. These
21 are letters directed to David Staudt, and the
22 Board is copied on them, and then following
23 each letter is the proposed work for the
24 upcoming year for the existing tasks -- gives
25 the hours and the rates and those kinds of

1 things and -- for example -- well, we'll get
2 into them each. But there's one -- one for
3 each of the existing orders and then for task
4 six there is one, and I believe for task five
5 there is a separate -- since this is a new
6 task, a separate document called Technical
7 Support for the Advisory Board, et cetera. And
8 then it says task order proposal response
9 request for proposal Special Exposure Cohort
10 petition review task order and has some
11 additional words. And then volume one of that
12 is the technical proposal and volume two is the
13 cost proposal. So you should have all of those
14 documents. I think that's all and we can
15 proceed.
16 **DR. WADE:** Right.
17 **DR. ZIEMER:** And Lew, I guess I'll ask you if
18 you -- can you lead us through this or should
19 David lead us through this or what -- how shall
20 we proceed?
21 **DR. WADE:** I mean I'll try and lead us through
22 this. But let me open with some comments about
23 funding, and I apologize for the murkiness of
24 my comments, but those of you who've been in
25 this country for any length of time understand

1 how the budgeting process works with Congress,
2 and I don't know when we'll have a budget for
3 next fiscal year. It is critical, in my view,
4 that we keep our contractor -- your contractor
5 -- working, in spite of being under a
6 continuing resolution or anything like that.
7 So I would like to have work understood and in
8 hand as we move into next fiscal year, and
9 we'll -- we'll deal with those vagaries.
10 I am aware of action on the Hill to set aside
11 $3.5 million for SC&A's efforts next year. I
12 don't know that that action will come to
13 fruition. There's no way for me to know that.
14 But I think it provides at least a number for
15 us to have in our consideration
16 (unintelligible) any other numbers that you
17 might come up with.
18 I would tell you that if Congress does not take
19 that action, then it would be the intent of
20 NIOSH to proceed to provide funding at about
21 that level to the contractor. But again,
22 without Congressional action, we would need to
23 be involved in discussions with DOL, and we
24 will certainly have those discussions.
25 It always -- it's always possible that Congress

1 could come back with a smaller or a bigger
2 number. I worry about a smaller number and how
3 that might inform this discussion. I don't
4 think that's a likelihood, but we have to
5 prepare for that. Congress has also a history
6 of allocating monies, appropriating monies, and
7 then doing across-the-board rescissions, and we
8 need to understand that that's a possibility.
9 So we need to be flexible as we go through the
10 year. I just don't want to be in a position
11 where we are not able to keep your contractor
12 working on October 1st. There are too many
13 issues hanging of importance here for us.
14 So those are numbers that you can consider. I
15 had those numbers in mind as we tasked -- David
16 and I tasked the contractor.
17 David, is there anything you would like to say
18 about actions following this meeting and what
19 needs to happen for you to have a contract in
20 place for next fiscal year?
21 **MR. STAUDT:** (Via telephone) I just want to say
22 that the task one, three and four we will
23 probably act on in October and issue funding in
24 October. The one that will probably need to be
25 funded soon will be the ones for the SC&A (sic)

1 and the program management. I'm certainly
2 ready to move on those very quickly, get those
3 in place before the end of the CDC fiscal year,
4 which is next Wednesday. So I was hoping for
5 at the end some overall guidance and I want to
6 be able to walk away with knowing that if I can
7 go ahead and take care of the tasks, the new
8 tasks, this week and early next week, and then
9 I can just worry about tasks one, three and
10 four that are already in existence and fund
11 those the first thing October 1st.
12 **DR. WADE:** Okay. Just for the record, David,
13 you did what I did often. You misspoke. You
14 talked about an SC&A task; I think you meant an
15 SEC task. The new tasks that we're looking at
16 are an SEC task and a program management task.
17 **MR. STAUDT:** Exactly.
18 **DR. ZIEMER:** David or Lew, also, just as a
19 reference point, could you bring the Board up
20 to date on where we are on expenditures with
21 existing tasks. We had originally a set-aside
22 of around $3 million for what was originally a
23 five-year plan. But in any event -- and we
24 recognize how things have changed in the
25 meantime, but it might be of interest to the

1 Board to know where we are on the expenditure
2 of the original $3 million relative to the
3 tasks completed so far.
4 **DR. WADE:** David, could you do that? You have
5 the numbers in front of you.
6 **MR. STAUDT:** Well, yeah, I could -- you know,
7 just based off the most recent SC&A invoice
8 that came in this week, the cumulative that has
9 been -- that is being billed is $2.394 million
10 out of what we have authorized them.
11 **DR. ZIEMER:** Thank --
12 **MR. STAUDT:** And so --
13 **DR. ZIEMER:** -- David, we --
14 **MR. STAUDT:** -- from a -- how much money you
15 have over all related to total funding, we've
16 authorized those -- authorized them $2.975
17 million, but collectively they've -- they've
18 billed $2.394 million.
19 **DR. WADE:** Could you break that out by task,
20 David?
21 **MR. STAUDT:** Yes, I can. Task one to the
22 dollar is $1,284,035. Task two they've billed
23 $28,551. Task order three, $195,369. And
24 finally task order four, $886,163. And that is
25 on about -- your invoice 19, which is dated

1 August 15, 2005.
2 **DR. WADE:** And just for the record, task one
3 is?
4 **MR. STAUDT:** Task order one is the site profile
5 reviews.
6 **DR. WADE:** Task order two?
7 **MR. STAUDT:** Case tracking. Task order three
8 is dose reconstruction, and task order four is
9 entitled individual dose reconstruction
10 reviews.
11 **DR. ZIEMER:** I think task three was actually
12 the procedures review.
13 **MR. STAUDT:** I think that was just a -- that
14 was like a kind of a title that was in there,
15 so you are correct.
16 **DR. ZIEMER:** Yes, it is the procedures review
17 task. Thank you. That's -- that's helpful I
18 think just as a reference point for the Board
19 so they have at least an intuitive feel of what
20 resources it's taken. We -- we know what
21 products have been developed through this
22 money, so that's helpful.
23 **DR. WADE:** And just on the record again, nine
24 site profile reviews complete or close to
25 complete, 62 individual dose reconstructions.

1 Okay, the next thing that I would propose,
2 Paul, is possibly to ask John Mauro to just
3 very briefly walk us through each of the
4 proposals.
5 **DR. MAURO:** Perhaps the best way to do this is
6 if you all have the proposals, we could start
7 with task one, and the best way to do that is
8 to go to Exhibit 1 in -- for the proposal for
9 task order one. It's on the third page. I
10 think that's the best way to identify the scope
11 and the budget and get an idea what this is all
12 about.
13 So if you have Exhibit 1 for task order one in
14 front of you, you'll notice that what we've
15 done here is we've been asked throughout the
16 TORP, task order request for proposal, to
17 prepare a proposal to do six site profiles for
18 next fiscal year. And the scope of work, the
19 way you should look at it is the -- of course
20 the first column gives the names of the
21 individuals that will be working on those six
22 site profile reviews. The second column gives
23 the work hour allocation that we designated for
24 doing the six site profile reviews.
25 You'll notice if you look at the bottom line

1 number, what we're saying is it's going to cost
2 6,200 work hours -- we won't talk dollars right
3 now. That's -- I think it's -- to get a feel
4 for -- to do the six site profiles. That
5 number comes from actuals. Our actual
6 experience has been, to prepare the ones we've
7 prepared to date, it costs anywhere between
8 1,000 and 1,500 work hours of this mix of
9 people to complete the product that gets out
10 into your hands before the expanded review
11 cycle.
12 In other words, so you get this big book, and
13 then the expanded review cycle begins. Okay?
14 So in effect, what we're saying is well, we'll
15 -- we're probably going to be in that same
16 pace, so I allocated 6,200 work hours, a little
17 over 1,000 work hours per site profile, to do
18 the six.
19 The next column over you'll -- is a new column.
20 Here's where the scope of work has expanded,
21 and this is as a result of the conversation
22 that we had one of our previous meetings.
23 We're assuming that we're -- part of the --
24 part and parcel of a site profile review has
25 always been review of the Technical Information

1 Bulletins. So when I say we're going to review
2 a site profile, that automatically has always
3 meant not only the site profile, the TBDs, the
4 chapters that make up the site profile, but
5 also the TIBs, any Technical Information
6 Bulletins that are -- that is -- so that's
7 within the scope of that first column, and
8 that's what it -- that's part of the cost that
9 we've incurred. So when I say about 1,000 to
10 1,500 work hours per site profile, that means
11 the review of not only the -- the various TBDs
12 or chapters, but also the Technical Information
13 Bulletins that support it, and of course all
14 the literature that's cited. I mean that's
15 part of the process.
16 But something new has arisen on the horizon is
17 that there are now a number of site-specific
18 workbooks. And as we discussed previously,
19 these workbooks are becoming increasingly
20 important because they're allowing NIOSH to do
21 realistic dose reconstructions as opposed to
22 these min/max. So more and more of these
23 workbooks are finding their way into the
24 process. And in fact we have a listing as an
25 attachment -- the next page -- Exhibit 2 of

1 what we believe the -- they -- are the current
2 workbooks, spreadsheets, that are being used.
3 So our review of each site profile now will
4 include a review of the applicable workbooks.
5 And I've broken that out separately, as a
6 separate item, since it's a new item. And
7 basically to review those list, which is about
8 20 of these right -- 19, I estimated about
9 2,000 work hours, or about 100 work hours per
10 workbook.
11 **DR. ZIEMER:** John, I want to ask you a question
12 on that, and maybe ask David, also, this
13 question. The review of the workbooks, in a
14 sense, is a kind of procedures review. And is
15 it easier or does it make more sense to keep it
16 here as part of the site profile review as
17 opposed to separating it out and including it
18 in task three as procedures review?
19 **DR. MAURO:** Yeah, I think it's important --
20 **DR. ZIEMER:** It gets probably commingled with
21 the site in a way that's probably harder to
22 track separately. Right?
23 **DR. MAURO:** Yeah, it's critical that we link
24 the -- see, in -- in effect the TIBs, the site
25 profile and the workbooks, they're all the same

1 thing.
2 **DR. ZIEMER:** Yeah.
3 **DR. MAURO:** The reality is, the workbook really
4 is the tool that's going to implement -- and
5 it's not generic. The workbooks that I listed
6 here are specific to a site, so you really
7 don't want to put the site-specific workbooks
8 into task three. You want to keep it right
9 here. That's where it makes sense.
10 **DR. ZIEMER:** I just want to make sure that
11 everybody's okay on that, and I think for the
12 contracting officer -- although this is a
13 procedure review, it is so integrally tied in
14 with the site that it would be most difficult
15 to track it as a -- even track the time
16 separately, it would seem to me.
17 **DR. MAURO:** To a large extent, even the TBDs
18 are a procedure.
19 **DR. WADE:** And I raised the question with David
20 when it first came up, and David did not see
21 this as an expansion of the scope of this task.
22 So I think we're within the scope of the task.
23 **DR. MAURO:** I could understand that -- bear in
24 mind, however, that the -- when we began there
25 were no workbooks. They be--

1 **DR. ZIEMER:** Right, it's a new kind of
2 document.
3 **DR. MAURO:** Right, and they merged and became
4 part of the process as we matured into the
5 process, and they're becoming more and more
6 important, especially when we move into
7 realistic cases.
8 The third column of numbers is called the
9 expanded review cycle. This is the -- the area
10 where it's very -- there's a great deal of
11 uncertainty. What we basically said was where
12 we have for next fiscal year six site profiles
13 we'll do, but we really right now have in the
14 wings five that we've already done that we
15 haven't acted on, like Savannah River, Hanford.
16 My expectation is -- and this what I assumed --
17 that there will be five left-overs that are
18 going to be coming over into next fiscal year.
19 And what I said is well, let's set aside 150
20 work hours per expanded review. So we have 11
21 -- six for the new ones, five carryovers from
22 last year -- total of 11, 150 work hours per
23 expanded review, and that's the basis for the
24 1,650 work hours. So put -- we are in effect
25 putting that aside.

1 Now that being said, the actual cost to do the
2 expanded review and closeout cycle is
3 unfortunately pretty open-ended, as we've
4 experienced with Mallinckrodt. Mallinckrodt --
5 I'm not quite sure where we are right now; I
6 don't have the numbers 'cause we're still in it
7 -- has been a very cost-- costly process. I
8 expect that's not going to be the case across
9 the board. But -- so I've set aside 150 work
10 hours for each expanded review cycle. It may
11 average out to that, but there's an area where
12 I'd like to let everyone know that we have some
13 vulnerability. And as soon as I have -- as we
14 go through the work and the actuals start
15 coming in and we start work on Hanford and
16 Savannah River, as soon as I get an inkling
17 that wait a minute, I think we've got a
18 problem, I will let everyone know right away.
19 But that really boil-- that's the bottom line
20 on task one.
21 **DR. WADE:** That's fine.
22 **DR. MAURO:** Okay?
23 **DR. WADE:** Let's move on. We want to try and
24 finish your comments no later than 2:00, John.
25 **DR. MAURO:** Okay, I -- should I --

1 **DR. MELIUS:** Can I ask a question?
2 **DR. MAURO:** Yeah.
3 **DR. MELIUS:** I notice in -- under Exhibit 2
4 that a number of the site-specific workbooks
5 have to do with site profiles that are already
6 in review or have been completed.
7 **DR. MAURO:** Right.
8 **DR. MELIUS:** Are those -- have you already
9 reviewed these workbooks or --
10 **DR. MAURO:** No.
11 **DR. MELIUS:** Are -- is there a plan to -- for
12 example, Hanford calculation workbook, that's
13 not been reviewed to date?
14 **DR. MAURO:** No. The only time I -- a workbook
15 has found -- has become reviewed is when Hans
16 has it available when he's doing a case. In
17 other -- in order to -- in other words, in
18 order for him to do a case, in order for him to
19 check a number, and if we find out that there
20 was in fact a workbook and we could get our
21 hand on that workbook, then we make use of it.
22 But workbooks were not reviewed as part of task
23 one. Okay?
24 **DR. MELIUS:** So another vulnerability, so to
25 speak, would be that in the course of our

1 resolution of comments on the Hanford site
2 profile, for example, we're going to get into
3 these Hanford workbooks, and you may very well
4 -- you know, you and your staff spend time
5 reviewing them, that's not been included in
6 these calculations -- estimates.
7 **DR. MAURO:** The --
8 **DR. MELIUS:** The time on the Hanford workbooks,
9 'cause those are things that were in last --
10 **MR. GRIFFON:** In the last --
11 **DR. MELIUS:** -- round.
12 **DR. ZIEMER:** The question is, do these site-
13 specific workbook times simply reflect the six
14 new reviews, or do they also include the ones
15 that have to be done from the previous site.
16 **DR. MAURO:** Oh, the -- I'll answer the question
17 in a simpler way. New work for next fiscal
18 year that we've included under task one is the
19 review of these workbooks. That has not been
20 done yet.
21 **DR. ZIEMER:** That's the 2,000 hours that you've
22 billed.
23 **DR. MAURO:** That's -- and we're going to bill -
24 - we expect to bill 2,000 work hours --
25 **DR. ZIEMER:** For everything on the list.

1 **DR. MAURO:** -- for everything on this list.
2 Now that list may grow, and then we'll have to
3 --
4 **DR. ZIEMER:** But it does include some sites
5 where they have --
6 **DR. MAURO:** And it certainly includes sites
7 that we've already -- site profiles that we've
8 already reviewed, but we have not reviewed the
9 workbooks.
10 **DR. MELIUS:** Does that -- I mean --
11 **DR. ZIEMER:** So it's not just the six work--
12 six sites in the --
13 **DR. MELIUS:** Yeah, that's what I was trying to
14 get -- try to understand.
15 **DR. MAURO:** It's very simple. Here they are.
16 We're going to review those. And it's going to
17 cost -- we estimate 2,000 work hours to write
18 reports reviewing those workbooks.
19 **DR. MELIUS:** This is a small comment, but for
20 example, Iowa is listed there. Is there --
21 like is there really a need to do Iowa, given
22 our decisions on Iowa?
23 **DR. WADE:** I would think, unless it has impact
24 upon other sites, the answer would be no.
25 **DR. MELIUS:** Right.

1 **DR. WADE:** I think we -- we have to leave that
2 decision to a more detailed evaluation on your
3 part, but I would see no reason to review Iowa,
4 if Iowa has been dealt with and there is no
5 reason -- there is no impact upon another site.
6 **DR. MAURO:** That's your -- if that's your
7 instruction, that's fine.
8 **DR. WADE:** I'm not giving it as instruction,
9 I'm just presenting it as a logic line.
10 **DR. MELIUS:** I would also suggest -- and I
11 don't think it's resolvable here -- but that we
12 also try to develop a list of what's going to
13 be forthcoming from NIOSH and ORAU in terms of
14 workbooks that -- so that we sort of -- at
15 least terms of scheduling, but also the amount
16 of effort that's going to be involved, we -- we
17 come up with a better estimate. I don't think
18 it should affect what we do here, but I think
19 in terms of looking at our forward work that I
20 think we need to try to look ahead a little
21 bit.
22 **DR. MAURO:** I guess -- Hans just reminded me of
23 something that might be relevant here. Let's
24 talk Iowa that's got its SEC. My expectation,
25 though, is there are a number of cancers that

1 are not covered by SEC, so there might be dose
2 reconstructions, there might be procedures,
3 there might be workbooks that are going to be
4 put into play for dose reconstructing cases
5 which fall outside of the cancers that are
6 include -- so I mean that that would be a
7 rationale why it might be a good idea to leave
8 it in. Not that it should be, but --
9 **DR. WADE:** I think we should let common sense
10 guide us through this as we go.
11 **DR. MELIUS:** Yeah.
12 **DR. ZIEMER:** Okay, proceed.
13 **MR. GRIFFON:** I want just to follow up on Jim's
14 comment that there's a -- and I think you guys
15 probably reviewed this as part of putting this
16 package together, but there is a -- on the O
17 drive there's -- I think it's on ORAU's
18 controlled document whatever that a fairly --
19 they keep it fairly up-to-date as far as
20 current procedures and it -- and it even has
21 the status, whether they're under review -- you
22 know, so it sort of gives us an indication of
23 what's coming up.
24 **DR. MAURO:** Yeah.
25 **MR. GRIFFON:** And I'm -- I hope you

1 (unintelligible) --
2 **DR. MAURO:** That's -- that's how we got this --
3 yeah, in fact, that might be -- that's a good
4 suggestion, by the ways. In our progress
5 reports for each one of these we will keep you
6 apprised of -- has anything new cropped up on
7 the O drive, new -- that -- that are not within
8 the scope of this.
9 Now that doesn't mean it's a problem. I mean
10 if we can -- if -- within the budget that we
11 have, if we can take care of them, we'll take
12 care of them. But we'll keep you apprised of
13 new -- new -- see, for the purpose of pricing
14 this I just went with what we know.
15 **DR. WADE:** Right, that's fine. Perfectly
16 reasonable.
17 Jim Neton has joined us, David, as well -- for
18 the record.
19 **MR. STAUDT:** Thank you.
20 **DR. WADE:** Okay.
21 **DR. ZIEMER:** You can proceed, John.
22 **DR. WADE:** With task three -- or task two, I
23 guess.
24 **DR. MAURO:** Next is task three. There is no
25 longer a task two.

1 **DR. WADE:** Okay.
2 **DR. MAURO:** In fact, we -- maybe we -- for a
3 moment -- should -- I know you want to go
4 quickly, so we won't talk about task two.
5 Let's move on to task three.
6 Again, task three -- as you --
7 **DR. ZIEMER:** Excuse me.
8 **DR. MAURO:** Yes.
9 **DR. ZIEMER:** What about case tracking, though,
10 in the future? What -- why -- is that -- is
11 that covered under the management task?
12 **DR. MAURO:** No -- let's talk about it then.
13 **DR. ZIEMER:** Okay.
14 **DR. MAURO:** Originally task two set aside
15 $30,000 for SC&A to prepare a database
16 management system for tracking cases. Okay?
17 And we did one, and we delivered it. You have
18 it. It was based on our vision of what we
19 thought a good case tracking system would be.
20 Okay? And it exists. And it contains a
21 tremendous amount of capability to do just
22 about anything you would want to do by way of
23 sorting -- it's an access database, and we
24 could populate the -- popul--
25 **DR. ZIEMER:** It's not the actual tracking, it's

1 the system, yeah.
2 **DR. MAURO:** No, but the -- what we ended up
3 really doing under -- and billing it under task
4 four is Kathy Behling worked very closely with
5 Mark and prepared the checklist and the matrix
6 tracking system that was used very effectively
7 recently in getting through the first set of 20
8 cases. So in a funny sort of way, I think that
9 that tracking system, and any other tracking
10 system that is developed, whether it's in
11 support of task three, whether it -- or task
12 one to track issues is going to emerge as part
13 and parcel of that task, as opposed to task
14 two, which was I think well-intentioned. The
15 tool is there. The degree to which we will
16 eventually use that tool is really uncertain
17 right now.
18 **DR. BEHLING:** The handout that Kathy prepared
19 for you is a product of that -- I think you
20 have a four-page document that was made
21 available, and that's just an example of the
22 database that she's setting up that she can
23 instantly sort on who -- which facilities,
24 which types of cancers, what percentage, et
25 cetera, et cetera. So what you're seeing in

1 that document is an expression of that
2 particular database that she's developed, and
3 it really is part of task four now.
4 **DR. MAURO:** Okay, let's move on now to task
5 three, which is procedures. And it's good to
6 think in terms of generic -- okay? -- in terms
7 of procedures, as opposed to site-specific.
8 What I've -- what I've done here is say okay,
9 there -- first of all, we're going to have to
10 go through the closeout process. That is --
11 right now -- a matrix is being put together.
12 We talked about it. We have resources right
13 now that we're using and have available to us
14 to continue to work on that matrix. We have
15 the resources necessary to meet with NIOSH and
16 go through the closeout process in an
17 unencumbered way, so we have the resources to
18 move right through the month of September right
19 into October.
20 But we believe that process is going to
21 continue, and continue in terms of closing out
22 the issues that we're going to be discussing
23 that are reflected in our task three report,
24 but there also -- so there is an expanded re--
25 what I call the expanded review. That's what I

1 just described. I put in 340 work hours in the
2 expectation that in order to complete the
3 expanded review cycle of the report that we've
4 already delivered to you, we will -- we will
5 draw upon the resources that we currently have
6 left in the -- in the -- on the project, and --
7 and I've asked for another 340 work hours to
8 allow that to continue into next fiscal year.
9 One of the questions I wasn't quite sure of,
10 and this is more -- a question for David, I
11 would -- I believe, is that the -- right now
12 there's a certain number of resources remaining
13 in task order three to continue to work. When
14 Septem-- the end of September comes, on many of
15 the other task order contracts I work with --
16 other Federal agencies -- that date comes,
17 that's the end of it. That task order's over.
18 If there's money left in it, it dies on the
19 vine. That money disappears and we start with
20 the -- you know, the next -- the next task
21 order, the one we're talking about right now.
22 Or is that money available to us to carry over
23 as part of -- in other words, is -- is this
24 approval -- let's say it is approved -- simply
25 a -- a mod to our task three, or is this a new

1 task order which re-- which -- which shuts
2 down, terminates the old task order, which is
3 gone forever and -- along with any resources
4 that might be remaining in it and we pick up
5 from here. This is a contractual issue that
6 I'm not -- my experience in other task order
7 contracts, when the period of performance ends,
8 that -- it's over. Now I don't know if that's
9 the case here.
10 **DR. ZIEMER:** Maybe David can speak to that.
11 **MR. STAUDT:** Yeah, this is going to be a
12 modification. There should be no concern about
13 the funding. That money should be able to be
14 carried over --
15 **DR. MAURO:** Excellent.
16 **MR. STAUDT:** -- and I don't see any -- any
17 issues there.
18 **DR. MAURO:** Thank you. That -- and that's the
19 preferred way, as far as we see it, of course.
20 Okay. So again, going back to this exhibit on
21 the second page in the proposal of work -- so
22 the first column is putting some modest number
23 of work hours into -- to finish up the closeout
24 process.
25 But then we're going to move on to well, there

1 are a lot of new procedures. If you could flip
2 a little bit, you'll see I have a number of
3 exhibits. There's Exhibit 1, Exhibit 2,
4 Exhibit 3 and Exhibit 4, and these exhibits
5 were downloaded off the web site, the OCAS web
6 site, as a set of generic procedures and
7 workbooks. Okay? There's procedures and
8 workbooks that are alive and well right now.
9 So what we did was we said okay, since these
10 are generic we will estimate what it'll cost to
11 continue our review of procedures and -- but
12 also add in -- 'cause these are all new
13 procedures that have been added since we
14 originally did our first set of review, which
15 included about 35 procedures. Also there is a
16 set of generic --
17 In fact, if you want to flip toward -- a few
18 pages in you'll see Exhibit 4 where you see
19 workbooks. You'll notice that I broke them up
20 into two categories. There's the complex-wide
21 workbooks and the site-specific workbooks. I
22 put the site-specific workbooks here just as a
23 piece of information. We're not going to
24 review the site-specific workbooks as part of
25 task three. That's going to be part of task

1 one. But we are going to review the complex-
2 wide generic workbooks as part of task three.
3 Okay?
4 And that's -- basically covers the -- the
5 columns in the exhibit on work hours. And the
6 total -- the bottom line is 4,220 work hours to
7 perform that scope of work.
8 Let's move on to task four. Task four, as you
9 know, is the review of site -- cases. Again --
10 now there's a little bit of a story here, a
11 little bit more to the story that I think we
12 should talk about that might be important. But
13 let's start again as we did before, flipping
14 through the write-up -- I'm going to talk a
15 little bit about the write-up -- and go to
16 Exhibit 1, which is on page 7 of 8.
17 We -- we have gone through a process now where
18 we're close to finishing up 60 cases, the
19 review of 60 cases. We've completed the
20 delivery of 38. You have the second set of 18.
21 Hans is about halfway through the last set.
22 **DR. BEHLING:** (Off microphone) More than
23 (unintelligible).
24 **DR. MAURO:** More than halfway through. We're
25 going to be delivering our final work prod--

1 our work product to you in the month of
2 September. And then of course we have the next
3 set of 60. One -- now we -- the way I broke
4 out the cost was what is it going to cost to do
5 each review. And we looked at our actual
6 experience. Originally we said it would cost
7 about 50 work hours, on average, per -- this
8 one goes right back to our original proposal --
9 about 50 work hours per case review.
10 In reality, we experienced something closer to
11 100 work hours. I think -- we know -- we don't
12 need 100 work hours. We need something in
13 between. So I estimated that it's going to
14 take about 70 work hours to deliver the
15 product.
16 Now remember, the delivering of the product is
17 not -- has a lot of fine structure. Once Hans'
18 team puts together the big book, then we have
19 that conference call, and then we get feedback.
20 And then once we -- then we deliver the report
21 really officially. After we have our
22 conference call with the individual teams, as
23 we just designated before. Then the report
24 goes out to the Board, everybody, and NIOSH.
25 Then we go over to -- and -- and then we go

1 over to the next column in Exhibit 1 is the
2 expanded review cycle. This is the process now
3 where we meet with NIOSH and the Board in
4 working group session and we -- we have our
5 checklist, we have our matrix, we go through
6 the matrix. We try to come to closure on
7 issues. That sometimes is an iterative
8 process, so we've set aside some work hours for
9 the expanded review cycle so that we can get as
10 close as we can to closure, fill in the matrix,
11 goes into the database and your -- and as we
12 know right now, for the first set of 20 we're
13 real close to bringing that one home. That is,
14 I think that NIOSH right now is looking at a
15 few open items that are -- will eventually be
16 closed out. And as I understand it, that makes
17 -- that will be the work product that will be
18 sent to HHS, here's what we managed to
19 accomplish and here's where -- you know, and so
20 a report. And so that's the expanded review
21 cycle to get us to the point where we have
22 completed the matrix -- okay -- the matrix and
23 the checklist that goes with every one of these
24 cases.
25 The -- the last column is -- it's been our

1 experience that once we do all that, the
2 original big, thick book that we sent to you,
3 we have to fix that because it has to be
4 updated, revised, fixed because of all the
5 interaction that takes place, so we're going to
6 have to put another product out. In fact, on
7 the first set of 20 I believe we went through
8 that three times, so that -- I don't think it's
9 going to be that cumbersome in the future, but
10 we will have to do it once.
11 So basically this is the budget that we've set
12 aside to -- that we've proposed.
13 Now there is a new twist -- okay? -- to this
14 process. First of all, you know, we will be
15 very much including the workbooks, you know, in
16 our audits. So the workbooks are part and
17 parcel now of looking at this.
18 As always, we will be working very closely with
19 the site profile people, who have already
20 completed reviews 'cause now we have under our
21 belt -- we have -- are sort of standing on the
22 shoulders now of a lot of site profiles that
23 have been completed, so that's going to help us
24 -- make things a little bit easier, so that's
25 one of the reasons why we don't think we're

1 going to need as many work hours as we
2 originally needed.
3 But there is another little bit of a twist,
4 though. We are going to be doing realistic
5 cases. We haven't seen any yet. Oh, we've
6 seen a little bit of it, but we really haven't
7 seen them, and we're a little bit un--
8 uncertain. So what I did -- that's why I
9 picked 70 work hours. It's really a little
10 less than -- it's between that original 50 and
11 the 100 that we experienced. As I say, 70 is
12 not a bad number.
13 One other twist that is important to mention,
14 and -- as you may recall, when the original
15 scope of work was laid out we had basic and
16 advanced reviews. The intention of that
17 distinction was -- was well understood. In
18 fact, in our proposal you'll notice we've
19 actually laid it out. Here's what a basic
20 review consists of and here's what an advanced
21 review consists of. Well, in reality what we
22 actually did, and which you've all experienced
23 with us, we went through it together, was we
24 actually went through a process which was not a
25 basic review, it was more than a basic review,

1 but it wasn't quite an advanced review, either.
2 In fact, there were two things we didn't do,
3 otherwise it would -- these all would have been
4 advanced reviews, and that is we did not
5 interview anybody. We didn't go to any sites.
6 And we didn't try to go into rec-- other
7 records that may be buried away somewhere. So
8 I would say what we did -- the actual cases
9 that were reviewed -- we've given it a new
10 name, a comprehensive review. It really is
11 midway between the basic and an advanced. We
12 think it makes more sense for these two aspects
13 of an advanced review, namely going to the
14 sites, interviewing people, going to exotic
15 sources of data -- that's more appropriately
16 part of the site profile reviews.
17 To tie up the audit of a case to try to track
18 down obscure information on a -- for these
19 individual cases I think is -- you know the
20 product you've received. You know, you -- we
21 think that's the product that serves your
22 purposes. These audit reports, the checklist,
23 the matrix, I think it works.
24 To burden that process by saying well, we want
25 you to take it -- when you do the advanced

1 reviews, we'd like you to, you know, go into
2 all of these other remote sources of records,
3 go track them down, find out and turn over
4 every rock, perhaps make some site visits -- in
5 our opinion, this is our recommendation to you
6 -- we believe that aspect of the advanced
7 review is more appropriately part of a site
8 profile review, not part of an audit. So
9 that's what we propose.
10 So the idea of an advanced versus basic, we're
11 saying let's put in -- that into the past and
12 call this thing a comprehensive review, and it
13 will be the review that you folks have been
14 experiencing right along the -- the way.
15 **DR. ZIEMER:** There is another aspect of the
16 advanced, and that is the -- not having in
17 advance the end product that NIOSH got. It was
18 -- you get the same result as NIOSH. In other
19 words, you don't know the POC or the doses.
20 **DR. MAURO:** Ah, you're bringing up something --
21 a topic we haven't talked about yet.
22 **DR. ZIEMER:** (Off microphone) That's a blind
23 (unintelligible).
24 **DR. MAURO:** We haven't done any -- we haven't
25 done any blind dose reconstructions yet.

1 **DR. ZIEMER:** Right.
2 **DR. MAURO:** Do you still want some --
3 **DR. ZIEMER:** No, you're not talking about the
4 blind, though.
5 **DR. MAURO:** No, I'm not. There were three --
6 if you recall, there were really three
7 different types of audits, basic, advanced and
8 -- and a blind. Blind is a very unique thing -
9 - we haven't done one yet -- where we don't
10 have the dose reconstruction report that -- we
11 haven't done one yet.
12 **DR. ZIEMER:** Right.
13 **DR. MAURO:** Right, so --
14 **MR. GRIFFON:** Just a comment on the -- on the
15 advanced. I mean I guess I've, you know, two
16 concerns with -- with putting it into the site
17 profiles. One is that we're going to review
18 some cases for smaller sites, for which there
19 is no site profile, so we might randomly get
20 some of these cases that they weren't -- it
21 wasn't a big enough site to get a --
22 **DR. MAURO:** Uh-huh.
23 **MR. GRIFFON:** -- a site profile for, so this
24 would in essence turn into a site profile for
25 that small site. And I -- you know, I think

1 there's an argument to be made that that's
2 important.
3 The second is that I think some of the stuff we
4 found in the first phase on the CATI interviews
5 was not really looked into very far, and I'm
6 wondering if we're going to lose that aspect of
7 -- and that wouldn't necessarily come up in a
8 site profile review.
9 **DR. BEHLING:** Yeah, if I were to say anything
10 at this point that differentiates the basic
11 from an advanced it's that up to this point in
12 time we have not gone into anything beyond the
13 records that are basically supplied to us. I
14 think in this third set there are instances
15 where I've looked at it and I said you know,
16 they made a decision that these records really
17 don't exist, even though there's a discrepancy
18 between the CATI statement and what is in the
19 records. And I think this is one area where I
20 believe we're going to go and take the next
21 step and said we're going to contact the DOE
22 people and say are these really -- is this a
23 case of missing records, or was the person
24 really not monitored, and hopefully resolve
25 that open-ended question.

1 **MR. GRIFFON:** That -- that was mainly what --
2 yeah, I agree.
3 **DR. MAURO:** Okay.
4 **DR. MELIUS:** Well, I'm confused then because
5 what -- what are you going to do I guess is the
6 question.
7 **DR. MAURO:** We have a contradiction here, and
8 you -- you're right, we have a contradiction.
9 **DR. ZIEMER:** What you've ended up with you've
10 indicated is probably more than we originally
11 thought the basic review would be --
12 **DR. MAURO:** Absolutely.
13 **DR. ZIEMER:** -- but not quite what an advanced
14 would be.
15 **DR. MAURO:** I'll give you an example. As Hans
16 just pointed out, we -- we read a CATI and we
17 find out that there -- there's certain
18 information where -- where there's a need to do
19 a coworker investigation. Okay? Let's say --
20 geez, there's some information here that sounds
21 like it'd be worth finding out more. What
22 we've been doing is pointing that out as a
23 finding and leaving it really up to NIOSH to
24 achieve closure on that.
25 Now alternatively, one could argue oh, no, no,

1 no, this is an advanced review; that's your
2 job. We could do that. It will be very time-
3 consuming and it might be more -- and this is
4 really --
5 **DR. ZIEMER:** This is something the Board can
6 specify if we want a certain number of these
7 done with that kind of depth, and then I think
8 you would have -- your cost proposal would
9 change a bit then.
10 **DR. MAURO:** Yeah, I mean we could leave it at,
11 you know, the 70 hours 'cause we don't know --
12 see, it's an unknown. Let's say -- it may turn
13 out a phone call. You know, what's a phone
14 call? It may turn out a site visit. Now we're
15 getting a little more expensive. Might have to
16 go to a records center and spend a few days to
17 go dig through certain things. In other words,
18 now we're getting into what I call the mode of
19 operation we're in when we do a site profile,
20 which is a -- is 1,000 work hours per site
21 profile, so it is a big effort.
22 So we -- we can go either way. But right now
23 we've got the machinery working. We're moving
24 these site -- these case audits out nicely.
25 When we see a hole, such as we see a disparity

1 between the dose reconstruction and the CATI,
2 looks like some follow-up work might be needed
3 over here or over here, we just point that out
4 and we leave it up to NIOSH and the Board to
5 decide what do you want to do about it.
6 By the way, to -- but one -- I have one more --
7 and I'll turn it over -- I -- one more -- we
8 have had -- in fact, it turns out,
9 coincidentally, I was the one who reviewed the
10 cases for Blockson -- we had a case for
11 Blockson Chemical Company and Huntington, both
12 of which were AWEs that had site profiles, and
13 so in order for me to review that case I
14 effectively performed a review of the site
15 profile. Now I performed a review of the site
16 profile to the extent that I felt necessary to
17 say something intelligent about whether I
18 thought they did a good job or not on their
19 dose -- on their dose reconstruction. But I
20 would not say that I performed a site profile
21 review. I went as far as I thought I should
22 go, and I made that clear in my -- in my
23 report, this is what I did.
24 **DR. ZIEMER:** Right.
25 **DR. MAURO:** So -- but if I were to take on

1 Blockson as if I were doing a site profile
2 during the process of doing a case review, that
3 becomes an open-ended -- a large job. It
4 becomes a site profile, which is 1,000 hours,
5 not 70, so we've got ourselves -- what's the
6 best way to deal with it. We have our opinion
7 on how best to deal with it and that's how I
8 wrote our proposal.
9 **DR. MELIUS:** Yeah, I -- I have some serious
10 concerns about that. I don't think we want to
11 ask you to repeat work you've done during a
12 site profile, and I don't recall us telling you
13 to look for obscure documents and, you know, go
14 to -- travel around the world and turn over
15 every stone and try to find every little piece
16 of information. But I think we did want a
17 more comprehensive and a little more effort put
18 into that, and -- that, and I am reluctant to
19 change my mind about our -- what we've asked
20 you to do un-- until you come back to us and
21 actually show us that it's not an efficient
22 way, that you're not learning much. I mean the
23 point with the CATI interviews, I think it's
24 more than just discrepancies. There's issues
25 where things just aren't being -- there's a

1 very quick judgment made by NIOSH or ORAU,
2 whoever's doing the dose reconstruc-- not to
3 pursue that information. And I don't think
4 that we want you just to sign off on that. I
5 think there ought to be some follow-up and so
6 forth. Now -- and I think until we've done
7 some of these, I don't -- I'm reluctant to have
8 -- have you somehow curtail what we were
9 originally asking you to do. I -- we -- I
10 think it's appropriate to -- for you to
11 exercise judgment on that. I think what you
12 did on Blockson was -- was fine. It's
13 explained how -- you're explaining how far you
14 went and so forth. But I don't like the idea
15 of this change in the scope of what we were
16 asking for.
17 **DR. BEHLING:** I'm going to just respond
18 briefly. I think, as John has already
19 mentioned, we have been doing pretty much a --
20 an advanced review all along. We have not
21 taken things at face value. Now we have
22 stopped in certain instances where we realized
23 we would have to contact people that we may or
24 may not have the authority to contact. And at
25 this point in time I would say we cannot make a

1 prediction that these cases will all be
2 advanced reviews based on -- on the discussion
3 we just had. It's almost up to the individual
4 case, and we don't know what they may be.
5 In other words, if I see a dose reconstruction
6 case in which all of the dosimetry for the
7 entire employment period is there, that there
8 was comprehensive bioassay data, and that
9 everything was done well, you could almost say
10 why would there be a need for anything other
11 than be sure that all the numbers jive and all
12 the things are correct.
13 Now on the other hand, if I open up a file and
14 I realize that there are years of employment
15 for which there are no data, and the person in
16 the CATI report states that he was certainly
17 monitored both by -- by -- for external as well
18 as bioassay, now under the more comprehensive
19 review we categorically now raise a question,
20 is this dose reconstruction complete. And if -
21 - if there are potential for missing data, then
22 I should pursue it. But I can't tell that in
23 advance. In other words, I can't look at a
24 folder before I look at it and say this will be
25 an advanced review, because it may very well

1 turn out to be a very complete and thorough
2 dose reconstruction which obviates the need for
3 an advanced review. So it's really -- I won't
4 know until I look at the data before I come to
5 the conclusion that maybe a more thorough
6 investigation is warranted here.
7 **DR. MELIUS:** Yeah, but it seems to me that
8 that's arguing for the method by which we
9 select cases for advanced review, or that we
10 have -- develop criteria that would -- as one
11 does a review that would triage cases into an
12 advanced versus a basic review. But part of
13 the idea of the audit is for us to, you know,
14 learn how to do that and -- and to make sure
15 that, yeah, there's going to be some -- may be
16 some wasted effort. May turn out that things
17 shouldn't -- shouldn't be pursued, but I think
18 we want to confirm that and confirm at the same
19 time that, you know, NIOSH or whoever made the
20 decisions on that made the right decisions. So
21 I guess I'm -- again, as I say, I'm very
22 reluctant to...
23 **DR. MAURO:** Could I make a suggestion? As a
24 practical matter, maybe the way to work this
25 problem is let's envision Hans completes these

1 first round of reviews and are at that stage
2 where we're having our one-to-one interactions
3 where we -- the two or three-person teams are
4 talking to Hans and Kathy and the team about
5 that case. Okay? And during that conversation
6 Hans says by the way, we've got one of these
7 where there's a problem, where I think we --
8 there -- it looks like there might be some data
9 out there, that should be out there, based on
10 the CATI infor-- whatever the information is --
11 where I think we've got to go the extra yard
12 and this is one of our findings. Perhaps at
13 that point -- and since we don't know what --
14 which ones that's going to be and how important
15 -- and it might turn out not to be important.
16 I mean I'm not sure. But I'm saying that one
17 way to get to the problem on a real time basis
18 is to engage that issue at the time of the
19 dialogue with you folks at that in-between
20 point before we deliver our product as being a
21 practical way to get through this process.
22 **DR. MELIUS:** Again, if I may speak, I think
23 that is -- may be workable, but I think we'd
24 have to have some sort of a -- I don't if we
25 call it a quote or what, that only certain

1 numbers would be pursued because I think that
2 process could get out of -- get out of hand.
3 And I think there's issues of sort of who's
4 involved in making those decisions and so
5 forth. I think we would need some criteria for
6 doing that.
7 **DR. ZIEMER:** Okay. Wanda and then Robert.
8 **MS. MUNN:** One gets the feeling that we do have
9 a criterion which we have perhaps not
10 addressed. It seems to me that the process
11 that John and Hans are suggesting is ideal,
12 with one small glitch. The Board review team
13 does not at this juncture have the authority,
14 nor have we even considered, so far as I know,
15 authorizing the contractor to go seek the
16 additional information that might be called for
17 under our current concept of an extended -- an
18 advanced review. This would appear to be a
19 fairly crucial point for us to address, and I'd
20 like to see us think about that and perhaps
21 come to some conclusion about that. There's
22 not any question in my mind that that would be
23 a very efficient way to identify an advanced
24 review. But without the full Board's
25 acknowledgement that it's approved --

1 authorized for the contractor to go outside the
2 communication lines between themselves and
3 NIOSH, I'd hesitate to agree to that.
4 **DR. ZIEMER:** And as a practical matter, if you
5 -- take worst case, you have all six teams
6 deciding that all three of their cases should
7 have an advanced review and suddenly you have
8 20 advanced reviews. So we would have to have
9 a well-defined procedure for making the
10 decision.
11 Robert.
12 **MR. PRESLEY:** Point well taken. I -- I won't
13 keep on on it. This is something that the full
14 Board needs to take up and not just a three-
15 person committee.
16 **DR. ZIEMER:** Further discussion on that point,
17 or shall we proceed? I think we're aware of
18 the issue. We may need to address it in some
19 way by specifying either numbers of cases that
20 -- or the parameters under which such a case
21 would move into that category.
22 **MR. GRIFFON:** I -- I also think maybe we -- you
23 know, from an operational standpoint -- we've
24 al-- we've already run into some of these
25 questions where -- and I -- I don't want -- you

1 know, we don't want to have duplication of
2 effort, certainly. So if you're doing an
3 advanced review, we've run into the case of
4 Savannah River where we have findings, but I
5 don't think -- and I would slightly disagree
6 with Hans 'cause I don't think we -- in those
7 first 20 cases we didn't take those Savannah
8 River --
9 **DR. MAURO:** Although I --
10 **MR. GRIFFON:** -- to use Jim Neton's term, to
11 ground.
12 **DR. MAURO:** To ground, sure.
13 **MR. GRIFFON:** Right?
14 **DR. MAURO:** That's true.
15 **MR. GRIFFON:** We didn't, we deferred it to the
16 (unintelligible) --
17 **DR. MAURO:** Defer to the site prof-- exactly
18 right. That's where we are.
19 **MR. GRIFFON:** In an advanced review I would
20 argue that you would, but -- but also, for an
21 operational standpoint, say we got to be
22 reasonable about this, and if we -- if we have
23 a situation where we've got a site profile
24 coming for that site, let's not -- let's not
25 have a dose reconstructor out there doing that

1 for one case. You can put in that -- in your
2 report that we have this finding. We want to -
3 - we want to do a drill-down on it back to
4 source data, but we have a site profile pending
5 --
6 **DR. MAURO:** Uh-huh.
7 **MR. GRIFFON:** -- and we're going to do it under
8 that process. And I think that -- I think we
9 can work from that. That's my opinion, anyway.
10 But I don't want to lose the smaller sites or
11 the -- or the CATI information. Especially the
12 CATI stuff I think is important when we get
13 into the best-estimate cases. I know we've had
14 mostly overestimates and underestimates so far,
15 but...
16 **DR. BEHLING:** Let me give you a good example as
17 to where I would consider an advanced case as
18 being different from a basic. For instance, in
19 the past if I had seen, for instance, a CATI
20 report that says I was involved in radiological
21 incidents, or even documentation to that
22 effect, in the DOE records. But rather than
23 pursue the issue of what might that dose have
24 been that would have been assigned to an
25 unmonitored radiological incident, the dose

1 reconstructor chose to say well, he's covered
2 by the 28 radionuclide hypothetical case and
3 that takes care of it. Under the advanced
4 review we might want to look at the
5 radiological incident and say are you sure, and
6 then try to do a scoping calculation that says
7 we agree or we don't agree.
8 In the past we've said well, there's an issue
9 here. The radiological incidence was not --
10 not necessarily documented and followed through
11 in terms of dose calculation, but that's your
12 problem, NIOSH. We --
13 **MR. GRIFFON:** (Off microphone) And that was
14 (unintelligible).
15 **DR. BEHLING:** -- may now -- yeah, and we would
16 stop. At this point I may choose to say let's
17 go and take a look at the radiological
18 incident, whether it's an intake or skin
19 contamination or something else, and then look
20 at the potential doses that might result from
21 such an incident and compare that to the 28
22 radionuclide hypothetical and come to a
23 conclusion as to whether or not that judgment
24 call was correct.
25 **DR. ZIEMER:** Let me ask this question -- I'll

1 ask it of the Board. Is it conceivable that we
2 could take the first round review on a set of
3 20 cases -- and the contractor might even
4 identify one or two or three that had these
5 characteristics -- and then we could make
6 instructions during the early rounds to say
7 please go back and drill down on this case or
8 these two cases or something like that, and --
9 **DR. MAURO:** Yeah. I think we could do it for
10 the whole set. In other words, we're -- we're
11 ab-- I mean -- and in -- and in theory, a
12 letter report could go out that will -- when we
13 deliver our next set -- our last set of 20
14 case-- 22 cases, we will have now the luxury to
15 say okay, we've been through 60 cases and in
16 light of the conversation we're having right
17 now, out of those cases, how many occasions did
18 we have where drilling down would probably have
19 been a -- is a desirable -- to get closure, and
20 we could make a little table.
21 **DR. ZIEMER:** Yeah. Well, I'm sort of raising
22 this to the Board as a methodology -- you know,
23 clearly the sentiment is we don't want to lose
24 the -- this option of -- of doing what we
25 called the advanced dose reconstruction, and

1 the question is how to identify such cases and
2 when to do it.
3 Wanda.
4 **MS. MUNN:** John, do you have any feel, right
5 off the top of your head -- or Hans -- about --
6 I'm unaware -- none of the cases that I looked
7 at were left in such a state that I felt they
8 should -- personally -- be pursued further. Do
9 --
10 **DR. BEHLING:** Yeah, let me --
11 **MS. MUNN:** -- what's your gut-level feeling?
12 **DR. BEHLING:** Yeah, let me give you an example,
13 and I don't know it's the last -- the third set
14 or the second set where I had a case where a
15 person had a .. And he, in
16 his CATI interview, identified an incident
17 where he was injured and several years later he
18 developed, on the exact location,
19 And he is now basically implying that the event
20 that took place where
21
22 ., and yet there was no record. And of
23 course I've -- my first question is -- this
24 happened probably
25 and even though it was never considered

1 a radiological incident 'cause there was no
2 record of it, but there should have been a
3 report from the first aid station on-site that
4 treated this person, as we now know people do
5 in fact -- when they get injured on the job, it
6 is -- there is a record for it. And I was --
7 and I wrote it up in the report. I said now
8 this is an unresolved issue. But at this
9 point, if this was an advanced review, I would
10 go back and say let's go take a look at the
11 record. Obviously the infirmary would probably
12 have a report on this individual. He claims
13 that there were coworkers who were witness to
14 this. But again, there was no confirmation to
15 that effect. And if it turns out that this
16 incident really did take place, one would have
17 to look at this a little more carefully and say
18 is this the exact location that you potentially
19 may have been exposed to internally, especially
20 if it was an introduction of radionuclides into
21 that area, and it may have been the etiological
22 factor for your -- or is this
23 something that you just kind of back-fitted in
24 order to strengthen your claim. I mean I'm not
25 going to pass judgment here.

1 **DR. ZIEMER:** Yeah, well, generically how
2 frequently do we -- are we seeing like one per
3 20 or ten --
4 **DR. BEHLING:** Yeah, there've been a few where I
5 have raised a question --
6 **DR. ZIEMER:** So it's not a large number and we
7 could --
8 **DR. BEHLING:** No, it's not a large number.
9 **MR. GRIFFON:** I have -- I mean I think there's
10 -- there's -- I don't know, I mean I don't have
11 a number, but I'd say seven or eight out of 20,
12 of the first 20, because we deferred them to
13 site profile.
14 **DR. ZIEMER:** Yeah.
15 **MR. GRIFFON:** So -- so right there, you know --
16 you know, you're saying we stopped with
17 Savannah River because we said high five -- you
18 know, it's likely to be very claimant-
19 favorable, the -- you know, these are
20 overestimate techniques, but we had questions
21 about the validity of the database, et cetera.
22 But we deferred it. We didn't go any further.
23 **DR. ZIEMER:** Right.
24 **MR. GRIFFON:** So are there drill-- sure,
25 there's CATI ones, too. I mean --

1 **DR. WADE:** I would like --
2 **MR. GRIFFON:** So I think there are examples,
3 but I -- I also want to make one point is I
4 think we need to have this discussion, 'cause
5 this is a scope discussion, and I don't think
6 it belongs in the closed --
7 **DR. WADE:** I agree with that, so I wanted to
8 say that. I think -- but I also want to leave
9 this closed session with the ability to extend
10 the contract, so I would ask the Board to -- to
11 consider how it would want to proceed. But I
12 think we're -- we've gotten far down into the
13 technical issues and that needs to happen in an
14 open session.
15 **DR. ZIEMER:** But in terms of the closed
16 session, though, the issue I think would arise,
17 does it impact on the -- on the assignment of
18 time and effort, because if it does -- you
19 know, we don't necessarily have to define here
20 that scope, but if we are going to keep this as
21 an option, does it impact on the time and
22 effort issue.
23 **DR. MAURO:** The answer would be, if I were
24 redoing this now, in light of this
25 conversation, I would probably say let's assume

1 out of the 60 there will be ten, just -- but I
2 talked to Hans a little bit -- where we're
3 going to have to do a little follow-up that
4 might --
5 **DR. ZIEMER:** Or we could even specify at scope
6 time that we'll allow up to some number,
7 whether it's five or ten, whatever.
8 **DR. MAURO:** Right, and that would be the easy
9 part. The harder part was well, okay, how far
10 we're going to have to go to bring it to
11 ground.
12 **DR. ZIEMER:** Right.
13 **DR. MAURO:** That's the big unknown. And so I
14 probably could put some nominal amount of
15 resources in there that would increase the
16 budget a little bit -- really not -- perhaps
17 not that much, but it would be very
18 speculative.
19 **DR. WADE:** How does the Board wish to proceed
20 on this issue? Is there a sense -- do you want
21 to ask John
22
23
24
25 Is

1 there a sense at this point?
2 **MS. MUNN:** My --
3 **DR. ZIEMER:** I have a suggestion in that
4 regard, since even the number 70 is somewhat
5 speculative, and we can always change the task
6 later on, that we simply make it known that we
7 do want to retain this option; and if we
8 identify cases where we believe that should
9 happen, we should do it within this -- within
10 the scope. There's budget money here to go
11 quite a ways into the year. If we have to
12 modify it later, we can.
13 **DR. MAURO:** I'd like to add one point. We're
14 refer--
15 **DR. ZIEMER:** I guess we can.
16 **DR. MAURO:** We're referring to what we have
17 been doing as a basic. It's not. It's -- I
18 would say it's more advanced than it's basic.
19 We're doing audits --
20 **DR. ZIEMER:** Yes.
21 **DR. MAURO:** -- on each and every line item.
22 That was --
23 **DR. ZIEMER:** Right.
24 **DR. MAURO:** So we -- we really have been doing
25 this in-between thing.

1 **DR. ZIEMER:** Right, understood.
2 **DR. MAURO:** We're real cl-- in fact, I would
3 say we're closer to an advanced than we are to
4 a basic.
5 **DR. ZIEMER:** Right.
6 **DR. WADE:** Let's hear from --
7 **DR. MAURO:** That's what we've actually been
8 doing.
9 **DR. WADE:** We really have to keep to task.
10 Jim?
11 **DR. MELIUS:** Yeah, and that's my concern here
12 is we -- we are being asked to approve
13 something that's a significant change in scope.
14 And I mean I don't think we should do that
15 without a more complete discussion, and I worry
16 -- I mean worry that we're doing it at -- under
17 the pressure of trying to get a cost proposal
18 approved, but for a scope that we've never
19 discussed in open session, that we've never
20 really sort of evaluated and thought about what
21 our options are. And I'm not sure what we're
22 approving, and I real-- I don't think that's
23 fair to the -- the process and so forth. And
24 for this to come up at -- I mean I noticed it
25 when I read the proposal, but we all got the

1 proposal sometime --
2 **DR. ZIEMER:** Well, let me ask --
3 **DR. MELIUS:** -- last week.
4 **DR. ZIEMER:** -- David Staudt if he can guide us
5 on what -- what we need for decision today on
6 the current document relative to this issue.
7 David, are you --
8 **MR. STAUDT:** Well, I think -- you know, this
9 all goes to time, as far as when the next Board
10 will get together and we just want to make sure
11 that, you know, there's no -- there's no lag
12 here. So I mean we certainly -- if you want to
13 just have just the minimum amount of work to
14 continue and if there needs to be further
15 discussion, we can add that work later on. I
16 don't have a problem with that. So if you want
17 to minimize or limit to what -- what is
18 authorized to move forward for a while on this
19 task, I'm fine with that.
20 **DR. MELIUS:** Then I -- then I would suggest
21 that we then just authorize whatever it is, the
22 20 or the 22 --
23 **UNIDENTIFIED:** (Off microphone) Basic.
24 **DR. MELIUS:** -- and that we also then schedule
25 time and so forth to discuss the scoping issue

1 and how we want to proceed with these reviews,
2 and that should include an evaluation of what's
3 gone on to date in this context.
4 **DR. WADE:** That's what we'll do then.
5 **MR. GRIFFON:** And I would -- I would argue
6 maybe we should authorize the 20 or 22, but
7 instead of going (unintelligible) basic or --
8 or what you're saying is in between, let's do
9 ten advanced, and then we can evaluate to see
10 if there's actually any difference or not.
11 Maybe -- maybe John's on the mark saying we
12 don't need more of these, but I think maybe we
13 should do ten on the advanced reviews as a
14 trial out of those 20, you know --
15 **DR. ZIEMER:** Ten out of the -- well, they're
16 bidding on what, 60?
17 **DR. WADE:** Sixty, but --
18 **DR. ZIEMER:** They're bidding on 60.
19 **DR. WADE:** We have selected the first 20. We
20 could proceed with the first 20 as basic. We
21 could proceed with the first 20 as Mark is
22 suggesting, ten of each. It's how would the
23 Board like to proceed.
24 **DR. ZIEMER:** There's a suggestion, though, I
25 think -- conceivably you may have none in that

1 20 that lend themselves to being what you would
2 call having a need for an advanced review.
3 **DR. MAURO:** The -- in fact, I think it's the --
4 if you recall, the first set of 60 -- let's --
5 let's put the blind on the shelf for right now,
6 the parking lot. The first set of 60 -- first
7 -- first set of 20, second set of 20, they were
8 basic, and in theory the last ones, the ones
9 we're working on right now -- Hans is doing
10 right now -- are in theory advanced. The
11 concept of setting aside and saying okay, we're
12 going to make this last set advanced, it
13 inherently is a flawed idea, the reason being
14 what becomes advanced emerges during the
15 review. It's the case itself that dictates
16 whether we have something --
17 **DR. ZIEMER:** Whether you need to --
18 **DR. MAURO:** -- that it requires advanced
19 treatment.
20 **DR. ZIEMER:** Right, that's...
21 **DR. MELIUS:** I beg to differ. I think you have
22 made a unilateral determination to change the
23 scope of the work, and I find that very
24 disturbing. I find it very disturbing that we
25 first hear about this in a closed session, and

1 -- I just...
2 **DR. WADE:** Okay. Okay, so we need to move on
3 to the next tab. I would propose that we -- we
4 have two options. We suspend work on dose
5 reconstruction reviews, or we task them to do
6 20 basic reviews to start the year, with a more
7 detailed discussion and proposals at our next
8 meeting.
9 **DR. ZIEMER:** Bob?
10 **MR. PRESLEY:** I would like to see us do our 20
11 basic reviews and see how much we spend on that
12 before we start asking them to do more. Let's
13 see -- let's see what it costs to do the basic.
14 **DR. ZIEMER:** Now let -- let me clarify here.
15 When we talk basic, we're asking the contractor
16 to back away from the present methodology which
17 they're calling -- what, intermediate or --
18 **DR. MAURO:** Comprehensive.
19 **DR. ZIEMER:** Comprehensive?
20 **MR. GRIFFON:** I mean I would still argue for
21 the ten and ten, proceed -- I still -- I want
22 to move with dose reconstruction, certainly. I
23 don't want to stall on that. I would say stick
24 with our current scope, and if they find that
25 that's -- you know, we'll -- we'll see what

1 they come out with on the next 20. If they
2 come back to us and say we tried to do an
3 advanced -- I don't accept that, but I think
4 it's a scope discussion and I don't accept that
5 advanced cases dictate when an advanced is
6 needed. I mean if -- I -- I think that's a
7 scope discussion, though.
8 **DR. WADE:** Jim?
9 **DR. MELIUS:** Well, we are next meeting the
10 middle of October. My understanding was that
11 this was not going to be renewed until after
12 the first of October anyway, this particular
13 task -- if I heard Dave correctly. So I mean
14 we're talking about two weeks, so are we better
15 off scheduling a closed session -- an open
16 session and then a closed session to deal -- I
17 mean I don't know what procedures -- or do a
18 conference call or something to talk about the
19 scope, a Board meeting by conference call to
20 discuss this before the --
21 **MR. STAUDT:** This is Dave. I think we're
22 actually good on this task until the end of
23 October, so I'm not so sure that we have to
24 immediately push out on this. If you -- you
25 know, if you want to take some time to think

1 about this again, as I said, it's up to you.
2 Or the other option is to simply, at the
3 beginning of October, give them -- give them
4 some money and then we can put in ranges, if
5 you want to -- I hate to hard-line ten and ten,
6 you know. I prefer to have the "up to" or some
7 -- some ranges so there's some flexibility
8 based on the cases that are coming in. So I'm
9 not sure now, but I (unintelligible) put the --
10 put the contractor in a bind.
11 **DR. WADE:** Okay. So what we can do then, I
12 hear you say, David, is we can wait until the
13 October meeting when we would have proposals
14 from SC&A of the type we would ask for, and
15 then go into closed session and make a
16 decision, and then pick up the work after that
17 meeting. They would contin-- have the ability
18 to continue to work to closure on the work that
19 they have in front of them in terms of the
20 first 60.
21 **MR. STAUDT:** Right, and I -- and I guess John
22 could maybe talk about the funding. I don't
23 know if they're going to, you know, burn more
24 (unintelligible). They (unintelligible) have
25 enough money right now. Maybe John can talk

1 about that.
2 **DR. MAURO:** I didn't underst-- I didn't hear
3 the question, I'm sorry.
4 **DR. WADE:** He wants to know if you have enough
5 money in hand to complete the first 60.
6 **DR. MAURO:** Yes.
7 **DR. WADE:** You do. Okay, yes. And so that's -
8 - that's the approach we'll take at this point.
9 Let's move on to the next topic.
10 **DR. ZIEMER:** Okay.
11 **DR. MAURO:** We'll move on to task five, which
12 is the SEC-related TORP. That's the one -- if
13 everyone -- again, if you could open up to page
14 eight of that proposal, Exhibit 3, what we've
15 been asked to do is to estimate what it would
16 cost to do a total of six -- we're calling it
17 either SEC petition -- the fundamental heart of
18 it -- there are several tas-- there are several
19 tasks.
20 Sub-task one is to review procedures. That is,
21 there are currently a set of NIOSH/ORAU
22 procedures that are being used to review SEC
23 petitions. We've been asked to perform a
24 review of those procedures, deliver it within
25 one month of the date of authorization, and

1 we've set aside 300 work hours to do that --
2 pretty straightforward.
3 The second thing we've been asked to do, which
4 is a little bit more -- I guess -- we -- we --
5 to write our own procedures. And the way the
6 statement of work was written is we're really
7 writing the procedures that SC&A proposes to
8 the Board that we use to review either SEC
9 petitions or NIOSH's review of the SEC
10 petitions. So they're sort of two different
11 kinds of things, as I understand it and as I
12 interpreted the TORP. That is, we will have --
13 SC&A, on behalf of the Board, will be putting
14 in place a set of procedures that we recommend
15 be used to either review an SEC -- SEC petition
16 ourselves or to review the report that NIOSH
17 prepares with respect to that petition. So my
18 understand-- and -- now -- so that would be
19 sub-task two. Okay? And we set aside -- what
20 did I say here -- 240 work hours to prepare
21 that procedure.
22 Now the next step is where we will actually --
23 sub-task three where we actually do the review
24 of these petitions and/or reports. And what --
25 what I basically said is the cost to do one of

1 these reviews is going to differ substantially
2 if, one, there is in place already a TBD. And
3 not only a TBD, a TBD where SC&A has performed
4 a review of the TBD. If -- if that turns out
5 to be our direction, please do a review of an
6 SEC petition or report dealing with -- let's
7 say it turns out Hanford. Well, we have a
8 Hanford TBD, we reviewed Hanford; we're in
9 great shape, 500 work hours. Okay?
10 If it turns out, though, that you ask us to do
11 a review of a petition where there is a TBD but
12 SC&A has not performed a review of the TBD,
13 1,000 work hours -- which is very much like the
14 review of a TBD.
15 Finally, if you ask us to perform a review of a
16 petition where there is -- where there is no
17 TBD and where there -- well, there is no TBD,
18 we estimate we would require 1,500 work hours.
19 So that's how we came at this problem. In
20 other words, we're coming -- in other words,
21 we're going to be coming at it naked. We're
22 going to have to look at all the records
23 without the benefit of there being a TBD.
24 We were asked to price out a TORP whereby there
25 were five SEC petition reviews that have a TBD,

1 5,000 work hours, and -- about 5,000 work
2 hours. I'm using -- there's actually a range
3 I've used here. And one where we're coming at
4 it what I call naked, where there is no TBD,
5 and that's the 1,500 -- approximately 1,500
6 work hours.
7 So this is how we came to our cost and -- with
8 that general starting point. Now what happened
9 was, during negotiations -- there was a certain
10 degree of negotiations on the cost and so forth
11 -- we -- we reworked our numbers and it came
12 down a bit. That's why the number's a little
13 lower. So we are -- in fact, I don't know if
14 you're -- we went through a process where we
15 submitted to David Staudt a -- and Lew, and I
16 believe perhaps all the Board members, I'm not
17 sure if you received the original proposal, but
18 then there was a negotiation process where we
19 discussed -- where some of the scope was cut
20 back in terms of the number of -- of TBDs. I
21 think it went down from -- there was a previous
22 number that came down to six. But in any
23 event, there was a process and -- but as a
24 general rule of thumb, for the purpose of --
25 when we cost this, we went with the 500, 1,000,

1 1,500 concept for SEC petition support, the
2 actual reviews.
3 Then fin-- the next step is, we assumed that
4 there will have to be some meetings, working
5 board meetings. Now -- not -- not Board
6 meetings. Any full Board meeting that we have,
7 such as this one, is part of task four -- I'm
8 sorry, task six, which we'll talk about in a
9 minute. But we believe that there's going to
10 be a need for several -- and I think we assumed
11 three -- meetings where there's going to be
12 working group meetings, either in Cincinnati or
13 in McLean, so we put in a budget for that, so -
14 - so actually that's what sub-task four is.
15 There's some level of effort required to
16 support working group meetings.
17 And then finally, in accordance with the TORP,
18 we realized that there are going to be
19 circumstances where there will be SEC-related
20 issues where you're not going to want us to
21 review the petition in its entirety, or a NIOSH
22 report in its entirety, but there may be a very
23 narrow issue -- perhaps a particular time frame
24 or a particular technical issue -- that you'd
25 like us to take a look at, like a special

1 project. So what we did is we set aside some
2 resources for special investigations where -- a
3 very focused direction we receive from you
4 folks, and we set aside 800 work hours so that
5 if in fact you want to call upon us to look at
6 a very focused issue within a broader scope, we
7 have some resources to do it.
8 So that's how we came to our scope and our
9 budget to support this task.
10 **DR. ZIEMER:** Okay, questions. Jim Melius.
11 **DR. MELIUS:** I -- just a comment. I think -- I
12 think -- I understand how difficult it was to
13 come up with these numbers, given our history
14 of dealing with SECs, evaluations and what
15 we've been sort of asking you to do under this
16 site profile thing at the same time. And I
17 guess I'm basically satisfied with your
18 estimates. I guess one -- the only one I have
19 some questions on was the 1,500 for the -- the
20 naked review, only -- only in that I think
21 that's going to involve very small sites and I
22 don't think they're going to be that
23 complicated and so forth -- but who knows? You
24 know, there's some site profiles that haven't
25 been completed yet, involve fairly large sites

1 and fairly complicated sites, and so it may
2 take that amount of time and so forth.
3 **DR. ZIEMER:** Of course in reality you're just
4 going to bill whatever it does take.
5 **DR. MELIUS:** Yeah, exactly. Exactly, yeah,
6 that's what I'm saying. It's not -- and we may
7 need the room -- those 1,500 hours or those
8 extra -- beyond that is going to be useful for
9 other --
10 **DR. ZIEMER:** Right.
11 **DR. MELIUS:** -- cases, I...
12 **DR. ZIEMER:** John or Board members, help me
13 remember. On task two -- not task two, but
14 item two of this task, on the so-called Board
15 procedures, were we thinking originally that
16 these procedures are the SC&A procedures that
17 they would use, or -- I thought we had
18 originally talked about having help with our
19 own procedures.
20 **DR. WADE:** I think so.
21 **DR. MELIUS:** They were both.
22 **DR. ZIEMER:** Or both.
23 **DR. WADE:** And they're so intermingled --
24 **DR. ZIEMER:** And John, was that your
25 understanding? I thought I heard you focusing

1 mainly on your own procedures, but for example,
2 the Board may want to put in place some
3 procedures that spell out what -- for example,
4 what is -- what should be the status of a site
5 profile and its review before we consider a
6 petition. Or you know, what -- what degree of
7 open information would we allow before we move
8 forward and -- and so on. There are a lot of -
9 - I think we have internal procedures that we
10 may have to deal with, and was that part of --
11 you weren't thinking about us.
12 **DR. MAURO:** No. I was -- I was thinking that -
13 - what is it that as -- as -- I guess as your
14 contractor, what procedures --
15 **DR. ZIEMER:** What would you do.
16 **DR. MAURO:** -- would we use --
17 **DR. ZIEMER:** Yeah.
18 **DR. MAURO:** -- to answer the -- to determine
19 the degree to which the petition --
20 **DR. ZIEMER:** Yeah.
21 **DR. MAURO:** -- in fact satisfies 42 CFR Part
22 83.
23 **DR. ZIEMER:** Right.
24 **DR. MAURO:** That's -- and what procedures would
25 we follow.

1 **DR. ZIEMER:** And I think --
2 **DR. MAURO:** You just described something --
3 **DR. ZIEMER:** -- when we wrote this original
4 scope thing, we were thinking about the extent
5 to which you could help us --
6 **DR. MAURO:** Yeah.
7 **DR. ZIEMER:** -- develop our own procedures. I
8 mean --
9 **DR. MAURO:** I missed the boat. Okay? I did
10 not write that -- that's not the proposal I
11 wrote.
12 **DR. ZIEMER:** Well, I'm asking. That seemed to
13 me that we had talked about that and can --
14 **DR. MELIUS:** Yeah, but to me it's the same --
15 they're so closely --
16 **DR. ZIEMER:** We're intertwined.
17 **DR. MELIUS:** -- interconnected, it doesn't --
18 **DR. ZIEMER:** We're intertwined, because when we
19 talk about us reviewing -- say a site profile -
20 - relative to an SEC petition, we're asking you
21 to do it. But we may have to have some
22 internal rules that are Board rules.
23 **DR. MELIUS:** Or we may only ask SC&A to focus
24 on a particular aspect of what we have to
25 evaluate as a Board.

1 **DR. WADE:** I think it is the same.
2 **DR. MELIUS:** Yeah, so -- I -- I actually raised
3 this question when I first saw this proposal
4 and I was confused, also. I --
5 **DR. ZIEMER:** I want to make sure that the
6 contractor understands that -- that it -- and
7 maybe they are sort of the same, but we -- we
8 have to have some framework under which we
9 proceed with you.
10 **DR. MAURO:** Yeah.
11 **DR. MELIUS:** Yeah.
12 **DR. MAURO:** I suspect there is probably a delta
13 between the procedures that we were thinking in
14 terms of writing on your behalf to review the
15 technical merits of an application and -- et
16 cetera, and the issues. And -- but there may
17 be higher level questions that you folks have
18 to come to grips with that --
19 **DR. ZIEMER:** Oh, yes, yes.
20 **DR. MAURO:** -- that we -- we -- and that you
21 will need some type of framework within which
22 to make those decisions.
23 **DR. ZIEMER:** Right.
24 **DR. MAURO:** I have to say, when we sat down and
25 wrote this we were not thinking within that

1 higher level framework.
2 **DR. WADE:** I think the Board will need to
3 advise you -- I think this will be something
4 we'll work together on. I was comfortable that
5 your proposal was responsible to the scope.
6 **DR. MAURO:** Yeah, we actually wrote a -- unlike
7 the others, which are really letter proposals,
8 this was pretty detailed. We actually have a
9 checklist, we have -- you know, we did a lot
10 here, so you have a pretty good idea what we
11 had in our minds. If that's what -- not
12 adequate --
13 **DR. WADE:** I was comfortable with that, given
14 the fact that it will happen as a partnership
15 between you and the Board.
16 Okay, what about the next one?
17 **DR. MAURO:** We're almost done. This should be
18 very quick. The last one is our new task six,
19 which is our project management task. As you
20 recall previously, all of what I call over-
21 arching support, program management activities,
22 was billed against task four -- budgeted and
23 billed against task four. Created a cumbersome
24 situation because it was difficult to
25 distinguish between how much money we're

1 spending on doing actual case review and how
2 much money we're spending attending Board
3 meetings, because part -- what we were doing is
4 whenever we attended a Board meeting, we fill
5 out a time sheet. These hours -- my hours
6 right now, when I fill out my time sheet, is
7 going to go against task four. That's not a
8 good situation to be in.
9 So what I did is I said okay, beginning October
10 1st, at your request -- you sent us a TORP --
11 we will have a separate program management task
12 order, which basically will cover a number of
13 areas, and you can see the columns. The
14 columns are monthly progress reports --
15 basically I spend one day a month putting
16 together the progress reports that you folks
17 see. And then we have the Board meetings, I
18 may -- I assumed that we were going to have a
19 Board meeting every two months. They will
20 probably (unintelligible) four people,
21 sometimes five. There's the work hours to
22 support the Board meetings.
23 Records management, Kathy Behling and Nicole
24 Briggs* on our project team have been doing a
25 lot to help everyone else get the records that

1 they need from wherever they have to get them
2 and has been -- so I put in some modest number
3 of work hours so they could continue in that
4 role.
5 House and Senate meetings. As you know, we get
6 a phone call every so often from a
7 Representative or from the Senate or the House,
8 and -- either myself, Arjun or Joe will -- or
9 the three of us go over and meet with these
10 folks and spend two or three hours with them,
11 so I put -- I put in place 72 work hours for
12 next year to continue to do that kind of thing.
13 It's a modest budget.
14 QA -- the last three items I call QA, conflict
15 of interest and Privacy Act. We have in house
16 our procedures and requirements to make sure
17 everyone that works on this project, every
18 contractor that works on this project, fulfills
19 our QA requirements, our conflict of interest
20 requirements and our Privacy Act requirements.
21 This requires time on the part primarily of
22 Steve Ostrow, who is our manager of these
23 issues. He's -- in fact, he's the one who's
24 putting together right now our SC&A database
25 with all the bio sketches on it. He's the one

1 who wrote the procedures that -- all the
2 conflict of interest, quality assurance
3 procedures that you folks have before you in
4 your files, so I -- I allocated some work hours
5 for him to continue in that mode and continue
6 that kind of support.
7 So the bot-- and that's how we came to the
8 scope of work that -- and it's 1,584 work
9 hours, program management oversight.
10 **DR. WADE:** Thank you, John.
11 **DR. ZIEMER:** Okay. Jim, then Wanda.
12 **DR. MELIUS:** No, actually do Wanda first. I'm
13 --
14 **DR. ZIEMER:** Wanda.
15 **DR. MELIUS:** -- I'm going to stand prepared to
16 disagree with her.
17 **DR. ZIEMER:** Wanda?
18 **MS. MUNN:** He knew as soon as it went up.
19 **DR. MELIUS:** I saw when it went up.
20 **MS. MUNN:** Yeah. Although I have -- the amount
21 of funding seems to be appropriate, there is an
22 issue which the Board needs to address outside
23 of this purview with respect to the interaction
24 with folks on the Hill, and others, not just
25 that one, that I wanted to make doubly certain

1 everyone was aware --
2 **DR. WADE:** On the agenda for tomorrow.
3 **MS. MUNN:** -- that this was on our agenda for -
4 -
5 **DR. ZIEMER:** Right.
6 **MS. MUNN:** -- tomorrow.
7 **DR. ZIEMER:** We do have that for tomorrow's
8 agenda, and I think Board members have received
9 from you, Wanda, a proposed policy --
10 **MS. MUNN:** Yes, and I have hard copies for --
11 **DR. ZIEMER:** -- not a motion.
12 **MS. MUNN:** -- those who want it, just --
13 **DR. ZIEMER:** There is -- of course, as --
14 **MS. MUNN:** -- just there.
15 **DR. ZIEMER:** -- as John pointed out, in this
16 budget they have actually designated 72 hours
17 plus some travel --
18 **DR. MAURO:** And I'd be (unintelligible) --
19 **DR. ZIEMER:** -- expenses --
20 **DR. MAURO:** -- it's very modest, 'cause --
21 **DR. ZIEMER:** -- a couple of thousand --
22 **DR. MAURO:** -- it's -- it's basically --
23 **DR. ZIEMER:** -- dollars for travel.
24 **DR. MAURO:** -- me getting on a train to go to
25 D.C.

1 **DR. ZIEMER:** Right. And you know in the past
2 I've -- I've been concerned that in a sense
3 it's costing us money to have our contractor go
4 up to the Hill periodically. In essence, if
5 this is in the budget and it's a budget that
6 the Hill is providing, then they are providing
7 the resources to do that, so I think that's
8 appropriate 'cause -- 'cause we are going to,
9 in any event, keep the Hill apprised. They --
10 it is a kind of prerogative we have to honor,
11 and this does provide some resources to do
12 that.
13 The issue of us accompanying and so on, we'll
14 handle in the open session. Jim?
15 **DR. MELIUS:** And I would just add that
16 approving this task or the budget for this
17 task, you know, is -- it will be -- they'll
18 bill against it and it depends on the number of
19 meetings and so forth and however it's decided
20 to proceed, so I don't think what we decide
21 later should affect what we're doing here now.
22 **DR. ZIEMER:** All right. Any other questions on
23 this one?
24 (No responses)
25 Okay. Thank you.

1 **DR. MAURO:** That's it.
2 **DR. ZIEMER:** Or on any of the tasks now? So
3 what we have are basically task one, three,
4 four, five and six. Task two will cease to
5 exist or shows up as being budgeted as zero.
6 Task three will remain to be defined, I guess,
7 what did we --
8 **DR. WADE:** Or task four.
9 **DR. ZIEMER:** Is it four? Oh, individual dose
10 reconstructions.
11 **DR. WADE:** Task four has been tabled,
12 basically.
13 **DR. ZIEMER:** Yeah, task three is really the
14 procedures review. So what -- what action is
15 needed now, Lew or -- or David? Do we need to
16 -- does the Board need to formally approve
17 these other tasks and the costs?
18 **MR. STAUDT:** Yes, I -- yes, I -- I -- that's
19 what I would recommend.
20 **DR. ZIEMER:** Okay.
21 **MR. STAUDT:** And that's (unintelligible) I
22 would like done. If you would like, I can -- I
23 can put the new tasks -- two -- task order five
24 and six in place within the next week.
25 Otherwise it would have to wait till October.

1 **DR. ZIEMER:** Okay, let me ask for a motion to
2 approve tasks one, three, five and six with the
3 costs as provided by the contractor.
4 **MR. ESPINOSA:** So moved.
5 **DR. ZIEMER:** Moved by Espinosa. Seconded --
6 **MR. OWENS:** Second.
7 **DR. ZIEMER:** -- by Owens.
8 **MS. HOMOKI-TITUS:** (Off microphone)
9 (Unintelligible) motion (unintelligible).
10 **DR. ZIEMER:** No.
11 **DR. WADE:** Wait a minute, I'm about to get
12 yelled at here.
13 **DR. ZIEMER:** We don't -- okay. Counsel has --
14 we have a procedural issue here.
15 **MS. HOMOKI-TITUS:** Since we're in closed
16 session that was closed for cost issues --
17 **DR. ZIEMER:** Oh, we get -- the motion --
18 **MS. HOMOKI-TITUS:** -- your motion should only
19 be on cost. You --
20 **DR. ZIEMER:** -- can take place --
21 **MS. HOMOKI-TITUS:** -- can't do a motion on
22 scope until you've --
23 **DR. ZIEMER:** Gotcha.
24 **MS. HOMOKI-TITUS:** -- had that discussion
25 publicly.

1 **DR. WADE:** Right, so this is a motion on cost.
2 **DR. ZIEMER:** So Liz, the correct motion would
3 be to approve the costs, as -- as -- do we need
4 a motion at all in closed session?
5 **MS. HOMOKI-TITUS:** You need a motion
6 (unintelligible) --
7 **DR. WADE:** Could I --
8 **DR. ZIEMER:** Can the motion --
9 **DR. WADE:** -- counsel in public -- I mean we've
10 closed the meeting to finalize contractor cost
11 and work scope issues, so to me, we're defining
12 work scope issues and cost, as they relate.
13 **MS. HOMOKI-TITUS:** Right, as they relate, but I
14 think you all have gone -- had a scope
15 discussion and you're looking to expand scope -
16 -
17 **DR. WADE:** No --
18 **DR. MELIUS:** No, we're not.
19 **DR. ZIEMER:** No.
20 **DR. WADE:** -- no, we're not, we're --
21 **MS. HOMOKI-TITUS:** You're not.
22 **DR. WADE:** -- not doing that.
23 **DR. ZIEMER:** Not on these -- not on these
24 items.
25 **MS. HOMOKI-TITUS:** Okay.

1 **DR. WADE:** On these issues we're looking at the
2 scope or --
3 **DR. ZIEMER:** We're accepting the scope and cost
4 as provided -- or as proposed by the
5 contractor.
6 **MS. HOMOKI-TITUS:** Okay.
7 **DR. WADE:** Right, the two -- scope issues will
8 be discussed in open session.
9 **DR. ZIEMER:** That's for task order one, three,
10 five and six, accept scope and task as bid by
11 the contractor.
12 **MR. GRIFFON:** Scope and cost, yeah.
13 **DR. ZIEMER:** Scope and cost. Are we okay on
14 that? Okay.
15 **DR. MELIUS:** Can I offer a friendly amendment?
16 I think we are approving this with the
17 understanding that we will have in place a task
18 and adequate funding for individual dose
19 reconstruction reviews.
20 **DR. ZIEMER:** Yeah, I don't think that's
21 necessarily a friendly amendment. It's a --
22 it's a contextual -- the context of our action
23 is with that assumption, that there will be an
24 ongoing task for dose reconstructions.
25 **DR. MELIUS:** Yeah, I would like it somehow

1 attached to our motion because I -- I don't
2 think we would want to go forward with a -- I
3 think our decision might change, depending --
4 if -- and how we would allocate money or
5 whatever if there were not as much -- enough
6 money or whatever, the budget changes, and we
7 want to make sure that individual dose
8 reconstruction reviews, which is our -- our
9 major charge from Congress and the legislation,
10 is included.
11 **DR. ZIEMER:** I guess my concern is if we put a
12 contingency on here that will prevent the
13 contracting officer from coming to closure,
14 because we won't have the next task in place
15 till the -- till the October meeting.
16 **DR. MELIUS:** It's not a contingency, it's just
17 -- I think it's part of that -- it's an
18 understanding that it's part of --
19 **MR. GRIFFON:** A sense.
20 **DR. MELIUS:** -- a sense when we --
21 **DR. ZIEMER:** Right, it's a sense of the motion,
22 though. That's why I say it's contextual.
23 Everybody understands that that's the context.
24 Is there any -- I don't think it requires an
25 amendment to the motion, is what I'm saying.

1 **DR. MELIUS:** Okay.
2 **DR. ZIEMER:** The record can show that it's in
3 that context. Wanda, you have an additional
4 comment? Okay.
5 **DR. WADE:** Let's go.
6 **MS. MUNN:** (Off microphone) (Unintelligible)
7 discussion.
8 **DR. ZIEMER:** Okay, discussion?
9 **MS. MUNN:**
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23 **DR. ZIEMER:** Okay. I don't know if that's a
24 motion or a comment, and
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10 **MS. MUNN:** As well it should be.
11 **DR. ZIEMER:**
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15 **MR. STAUDT:**
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4 (unintelligible) --
5 **DR. ZIEMER:** Wanda, do you want to elaborate at
6 all on that issue?
7 **MS. MUNN:**
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14 **DR. ZIEMER:** Okay. Dr. Melius?
15 **DR. MELIUS:**
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22 **MR. STAUDT:**
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2 **DR. WADE:** Well, let's -- I think, David, let's
3 get the sense of the Board. I mean I think
4 what Jim suggests is --
5 **MR. STAUDT:** Yes.
6 **DR. WADE:** I mean I'm aware of the issue. I
7 think I need to get a sense of the Board as to
8 how you would want us to proceed on this issue.
9 **DR. ZIEMER:** The other part of this I suppose
10 is based in part on previous --
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15 **MS. MUNN:** Yes.
16 **DR. ZIEMER:** But again, that's very -- very
17 much subject to individual views. So you know,
18 you're -- you're going to -- you're going to be
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1 system, I think.
2 Is that a fair statement, I --
3 **MS. MUNN:** That's a fair statement.
4 **DR. ZIEMER:** Yes.
5 **MR. GIBSON:** I'd just like to state, in
6 response to that -- I would say 95 percent of
7 the claimants probably think that this system's
8 flawed because of the people doing the dose
9 reconstructions came out of this DOE work, too.
10 **DR. ZIEMER:** Yes, that's a fair statement. Yes
11 -- and Leon.
12 **MR. OWENS:** Dr. Ziemer, I'm in full support of
13 SC&A. I think they've done an excellent job as
14 our contractor. I do not question any of the
15 individuals that are part of the team that have
16 brought us this top quality work. I think that
17 the Board itself is made up of not just
18 technical persons, but also those that have
19 represented labor, and if that is one of the
20 prerequisites for conflict of interest, then I
21 think there are probably several of us that --
22 around this table that would be conflicted.
23 **DR. ZIEMER:** Yeah. And actually it's -- it's
24 probably -- I don't know if our contractor is
25 considered fully a technical contractor, I

1 guess they are. We do have -- there's a kind
2 of buffer in the system, because everything
3 that comes to us has to go through the folks
4 that are here. And so -- and you know, I look
5 at John Mauro, look at Arjun, at Joe
6 Fitzgerald, at Hans, and anything that comes to
7 us has to pass muster with them, regardless of
8 where it generates in their system.
9 Henry.
10 **DR. ANDERSON:**
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17 **DR. ZIEMER:** Well, thanks, Henry.
18 **DR. ANDERSON:** And I'm not a -- you know, a --
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17 **DR. ZIEMER:** Okay. Gen Roessler.
18 **DR. ROESSLER:**
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8 **DR. ZIEMER:** Jim?
9 **DR. MELIUS:**
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16 **DR. ZIEMER:** I can understand why it's of
17 concern. Can -- John, can you tell us to what
18 extent --
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22 **DR. MAURO:**
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13 DR. ZIEMER:
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15 DR. MAURO:
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17 DR. ZIEMER: Yeah.
18 DR. MAURO:
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1 say geez, within the vast array of things we
2 look at, you may want to take a little closer
3 look over here.
4 **DR. ZIEMER:** Okay. Well, the issue's -- the
5 issue is out there. I think we've heard from
6 the Board. I don't know if we need to pursue
7 it any further at this time.
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10 We need to vote on -- we have a motion before
11 us that we can I think proceed on, and the
12 motion is to approve the cost and scope of
13 these -- one, two, three, four -- everything
14 but task four.
15 All in favor, aye?
16
17 All opposed, no?
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19 Any abstentions?
20 (Indicating)
21 Okay, then we will report out that --
22 **DR. WADE:** For the record,
23
24
25 **DR. ZIEMER:**

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2 **DR. ZIEMER:** Okay, thank you. I missed that, I
3 -- sorry, one abstention. So we've approved
4 those tasks and scopes.
5 We will take action at -- hopefully in the
6 October meeting on the scope and task of the
7 individual dose reconstruction reviews. In the
8 meantime, it's our understanding that they are
9 able to continue over the next month or
10 whatever it is -- month and a half -- under the
11 existing funds.
12 **DR. WADE:** That's right. I would like to see
13 us have some discussion in the open session as
14 to what we might want to see in October from
15 the contractor so we can make sure we have the
16 right material, but that needs to happen in
17 open session.
18 I'm sorry to have pushed so hard, but we needed
19 to -- to stick to task and we needed to get
20 some things done.
21 **DR. ZIEMER:** Right. And does that -- David,
22 are -- David Staudt, are you okay now on where
23 we stand?
24 **MR. STAUDT:** Absolutely.
25 **DR. ZIEMER:** Okay. Thank you very much for

1 being with us today.
2 I think that completes our business then, does
3 it not? Okay, then we will recess and have a
4 break before we go back to open session. Thank
5 you all very much.
6 **MR. STAUDT:** Thank you, Dr. Ziemer.
7 **DR. WADE:** Thank you, David. I'll talk to you
8 later.
9 (Whereupon, the Executive Session concluded at
10 2:55 p.m.)
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1 C E R T I F I C A T E 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 August 25, 2005; 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 7th day of October, 2005.

STEVEN RAY GREEN, CCR

CERTIFIED MERIT COURT REPORTER

CERTIFICATE NUMBER: A-2102