

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-EIGHTH MEETING

ADVISORY BOARD ON  
RADIATION AND WORKER HEALTH

VOL. IV

DAY THREE

ABRWH BOARD MEETING

The verbatim transcript of the  
Meeting of the Advisory Board on Radiation and  
Worker Health held at the Marriott Metro Center,  
Washington, D.C., on June 16, 2006.

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### TRANSCRIPT LEGEND

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KENOYER, JUDSON, DADE MOELLER & ASSOCS.  
KIMPAN, KATE, ORAU  
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LAM, LIVIA, SENATOR CANTWELL  
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LEWIS, MARK, ATL  
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P R O C E E D I N G S

(8:30 a.m.)

WELCOME AND OPENING COMMENTS

DR. PAUL ZIEMER, CHAIR

1 DR. ZIEMER: Okay. Good morning, everyone. We're  
2 ready to start day three of this meeting of the  
3 Advisory Board on Radiation and Worker Health.  
4 We have a number of items on the agenda that  
5 we'll pick up from yesterday, and we'll come to  
6 those later, but just to call attention to the  
7 fact that the item called "Status and Planning  
8 for Upcoming SEC Petitions," that's one that  
9 we'll pick up. And LaVon Rutherford had to  
10 leave, so Stu Hinnefeld will give that report.  
11 We have discussion on the Board's use of  
12 subcommittees and working groups that we  
13 started a little bit on Tuesday, and we'll pick  
14 that up again. I'm sorry, on Wednesday it was.  
15 We didn't meet Tuesday.  
16 And then we have the rest of the items that are  
17 on today's agenda. One carryover item was the  
18 motion on the Y-12 plant, and we'll be taking  
19 that up shortly. I understand we have written  
20 copies of the proposed motion, so -- and those

1 will be distributed shortly and then that will  
2 be the first thing on the agenda.

3 Dr. Wade, do you have any opening remarks as --

4 **DR. WADE:** No, only to point out to the Board  
5 and those interested that if you look at this  
6 morning's agenda, I built in copious time to --  
7 to look at the sixth round selection and the  
8 reports on the second and third round. We're  
9 really going to be deferring that, so our  
10 agenda this morning -- we'll be able to catch  
11 up, at least, and then maybe even more so in  
12 terms of the day's activities. So I think we  
13 should be in good shape today.

14 **Y-12 SEC**

15 We will start, though, with the Y-12 SEC  
16 petition that we left off, and that requires,  
17 sadly, us to have three of our members adjourn  
18 to the front row. If they will be so kind, we  
19 will conclude our Y-12 business and we'll be  
20 back whole as a Board.

21 **DR. ZIEMER:** Yeah, we were thinking of going up  
22 to Starbuck's but I guess we'll go to the front  
23 row. So Mr. Presley and --

24 **DR. WADE:** Dr. DeHart.

25 **DR. ZIEMER:** -- DeHart and Ziemer will --

1           **DR. WADE:** The law firm of Presley, DeHart &  
2           Ziemer --

3           **DR. ZIEMER:** -- exit and I'll turn the gavel  
4           over to our distinguished Federal Official.

5           **DR. WADE:** Right. When last we met, Dr. -- Dr.  
6           Melius and Mark were going to take the  
7           intellectual discussion that had ensued and  
8           turn it into writing and a draft motion, and I  
9           optimistically assume that's where we are. So  
10          Dr. Melius.

11          **DR. MELIUS:** Yeah, I'd like to offer a motion,  
12          and I believe it's been passed out here and I  
13          believe there are other copies available. It  
14          starts (Reading) The Board recommends that the  
15          following letter be transmitted to the  
16          Secretary of Health and Human Services within  
17          21 days. Should the Chair become aware of any  
18          issue that, in his judgment, would preclude the  
19          transmittal of this letter within that time  
20          period, the Board requests that he promptly  
21          informs the Board of the delay and the reasons  
22          for this delay, and that he immediately works  
23          with NIOSH to schedule an emergency meeting of  
24          the Board to discuss this issue.

25          The Advisory Board on Radiation and Worker

1 Health (The Board) has evaluated SEC petition  
2 00028 concerning workers at the Y-12 plant  
3 under the statutory requirements established by  
4 EEOICPA and incorporated into 42 CFR Section  
5 83.13(c)(1) and 42 CFR 83.13(c)(3). The Board  
6 respectfully recommends a Special Exposure  
7 Cohort (SEC) be accorded to all employees of  
8 the DOE or the DOE contractors or  
9 subcontractors who were monitored, or should  
10 have been monitored for:

11 (1) thorium exposures while working in  
12 Building 9201-3, 9202, 9204-1, 9204-3, 9206 or  
13 9212 at Y-12 for a number of work days  
14 aggregating at least 250 work days during the  
15 period from January 1948 through December 1957,  
16 or in combination with work days within the  
17 parameters established for one or more other  
18 classes of employees in the SEC; or

19 (2) radionuclide exposures associated with  
20 Cyclotron operations in Building 9201-2 at Y-12  
21 for a number of work days aggregating at least  
22 250 work days during the period from January  
23 1948 through December 1957, or in combination  
24 with work days within the parameters  
25 established for one or more classes of

1 employees in the SEC.

2 This recommendation is based on the following  
3 factors:

4 NIOSH found that there are insufficient  
5 bioassay or air sampling data in the available  
6 Y-12 databases to allow for the reconstruction  
7 of internal thorium exposures for employees who  
8 worked within several buildings where thorium  
9 operations took place during the time period  
10 from January 1948 through December 1957. These  
11 buildings have been identified by NIOSH as  
12 follows: 9201-3, 9202, 9204-1, 9204-3, 9206 and  
13 9212. The Board concurs with this finding.

14 Finding number two. NIOSH found that there are  
15 insufficient bioassay or air sampling data in  
16 the available Y-12 databases to allow for the  
17 reconstruction of internal exposures to  
18 Cyclotron workers (employees who worked in  
19 Building 9201-2). NIOSH presented information  
20 indicating that the Cyclotron workers may have  
21 accumulated substantial chronic exposures  
22 through episodic intakes of a variety of  
23 radionuclides that were produced during the  
24 operation period. The Board concurs with this  
25 finding.

1 NIOSH determined that health was endangered for  
2 the workers at Y-12 exposed to thorium in these  
3 operations and for workers exposed in the  
4 Cyclotron operation. The Board concurs with  
5 this determination.

6 The NIOSH and Board review of the available  
7 data on operations and exposures at the Y-12  
8 facility during the period January 1948 to  
9 December 1957 found that the data were  
10 sufficient to support accurate dose  
11 reconstructions for a number of important  
12 exposures. These include, but are not  
13 necessarily limited to:

14 (1) NIOSH demonstrated that sufficient  
15 bioassay data are available for reconstruction  
16 of internal doses for workers for potential for  
17 exposure to uranium or recycled uranium  
18 contaminants (plutonium-238 (plutonium-239 in  
19 lesser quantities), neptunium-237 and  
20 technetium-99) during the time from January  
21 1948 to December 1957.

22 (2) NIOSH demonstrated sufficient data are  
23 available for reconstruction of internal doses  
24 for workers involved in plutonium operations  
25 during the time period from January 1948 to

1 December 1957 when plutonium was enriched with  
2 the Calutrons.

3 (3) NIOSH demonstrated that sufficient  
4 monitoring records are available for individual  
5 dose reconstructions for external doses for  
6 workers at the Y-12 facility during the time  
7 period from January 1948 to December 1957.  
8 Enclosed is supporting documentation from the  
9 recent Advisory Board meetings held in December  
10 -- held in Washington, D.C. and Denver,  
11 Colorado, as well as several Advisory Board  
12 workgroup meetings where this Special Exposure  
13 Cohort was discussed. This documentation  
14 includes a review report of the NIOSH  
15 evaluation report prepared by the Board's  
16 contractor, SC&A; transcripts of public  
17 comments on the petition, copies of the  
18 petition and the NIOSH review thereof, and  
19 related documents distributed by NIOSH and the  
20 petitioners. If any of these items are  
21 unavailable at this time, they will follow  
22 shortly.

23 **DR. WADE:** Okay, we have a motion. Do we have  
24 a second.

25 **DR. LOCKEY:** Second.

1           **DR. WADE:** Okay, second by Dr. Lockey.

2           Discussion?

3           **DR. MELIUS:** May I just start off with one  
4           point? The section that is sort of new, not --  
5           not sort of standardized in this, is the  
6           section at the top of the second page where we  
7           had discussed yesterday where we are presenting  
8           what we sort of can do, not what can't be done.  
9           And I think it's -- we discussed yesterday,  
10          this is not a comprehensive list of all the  
11          possible dose reconstructions, so I think tried  
12          to make that -- I tried to make that clear in  
13          sort of the introduction to that. And I think,  
14          since we're saying it's something that the --  
15          these are just areas the Board has focused on.  
16          There are other items that I think we're sort  
17          of taking at face value, so to speak, and  
18          haven't focused on. It's not to say  
19          something's not on this list that can't be  
20          done, but these were areas where we have --  
21          have actively reviewed and -- and been involved  
22          in. So that's why that -- just a list of  
23          three, you know, areas, but --

24          **MS. MUNN:** That's appropriate.

25          **DR. MELIUS:** -- and I tried to, you know,

1 convey -- convey that, and so I think we need  
2 to at least think -- think about or pay some  
3 attention to that -- that sentence. I think  
4 it's -- I think that approach is okay, but  
5 again, it is new and untried, so to speak.

6 **DR. WADE:** It would also be appropriate for the  
7 NIOSH Director to -- to look at those  
8 recommendations, and even the aspects that you  
9 didn't speak to, and possibly add more grain if  
10 he feels it's appropriate -- to what can be  
11 done.

12 **DR. MELIUS:** Explain that.

13 **DR. WADE:** Well, I mean I think what you're  
14 saying is that this is what the Board has  
15 discussed in terms of what can be done. There  
16 are possibly other things that can be done.

17 **DR. MELIUS:** And -- and I think our letter says  
18 that. These are just things that the Board has  
19 -- I mean the introduction -- I was trying to  
20 say was the Board and re-- NIOSH and the Board  
21 review. This is what we focused on as the  
22 Board -- and what the Board can say based on  
23 our --

24 **DR. WADE:** Right.

25 **DR. MELIUS:** -- that's the focus of our -- it's

1 not limiting to what can be done or has been  
2 done in terms of other exposures. There's lots  
3 of areas -- this facility we may -- may not  
4 have been discussed or reviewed at all, and it  
5 -- it's sort of the -- the down side of saying  
6 what we can do is it's probably impossible to  
7 put a comprehensive list. You know, a complete  
8 list.

9 **MS. MUNN:** We shouldn't try.

10 **DR. MELIUS:** Nor should we try, yeah.

11 **DR. WADE:** And my comment was to be that the  
12 NIOSH Director --

13 **DR. MELIUS:** Yeah.

14 **DR. WADE:** -- as he passes the package forward,  
15 could add more specificity to it if he felt it  
16 was appropriate, not in any way limiting what  
17 the Board said --

18 **DR. MELIUS:** Oh, okay.

19 **DR. WADE:** -- but opening up more avenues,  
20 that's all.

21 **DR. MELIUS:** Okay, that's what -- the part I  
22 wanted to make clear. Yeah -- is that -- yeah,  
23 Larry's...

24 **MR. ELLIOTT:** I was -- yes, I was just going to  
25 add to -- for clarity that while we appreciate

1           this language, we've looked it over, it does  
2           capture what we feel we worked through with the  
3           working group and the -- and the Board.

4           **DR. MELIUS:** Uh-huh.

5           **MR. ELLIOTT:** What -- what we could add, on  
6           behalf of the Director, is that occupational  
7           medical dose, X-ray dose, is something we feel  
8           we can do.

9           **DR. MELIUS:** Yeah.

10          **MR. ELLIOTT:** We have the ability to do that.  
11          We can bound the environmental dose. So -- and  
12          there may be other types of radiation exposure  
13          that -- that we would encounter --

14          **DR. MELIUS:** Right.

15          **MR. ELLIOTT:** -- as we go through a dose  
16          reconstruction effort that we would feel we  
17          could do or we would identify we can't do,  
18          so...

19          **DR. MELIUS:** Yeah, yeah, right. Yeah.

20          **DR. WADE:** Okay. Discussion. Gen?

21          **DR. ROESSLER:** Two things. I agree in concept  
22          with that second page, certainly -- now I  
23          assume somebody goes over the grammatical stuff  
24          on this, so --

25          **DR. WADE:** That was usually Dr. Ziemer and he's

1 not with us, so --

2 **DR. ROESSLER:** Well, now maybe we could assign  
3 it to --

4 **DR. ZIEMER:** (Off microphone) (Unintelligible)  
5 grammar (unintelligible) as to content.

6 **DR. WADE:** Yes. Yes, you can.

7 **DR. ROESSLER:** The other thing I guess I'd look  
8 for somewhere, and maybe it's not necessary in  
9 this letter, is a nice concise statement that  
10 says exactly which workers qualify. It's --  
11 it's broken up into so many different parts  
12 here that it's kind of hard for anybody to sort  
13 it out -- something like NIOSH does when they  
14 present the proposed class definition, and  
15 maybe that just comes somewhere else.

16 **MR. GRIFFON:** Well, one and two, right?

17 **DR. MELIUS:** One and two, those -- that is the  
18 proposed class definition, word for word.

19 **DR. ROESSLER:** Okay. I guess it is --

20 **DR. MELIUS:** I may -- I may have --

21 **DR. ROESSLER:** Maybe I got dis--

22 **DR. MELIUS:** -- lost a semi-colon or something  
23 in there but it's --

24 **DR. ROESSLER:** Maybe I got --

25 **DR. MELIUS:** -- pretty close.

1           **DR. ROESSLER:** -- distracted.

2           **DR. WADE:** That is the way NIOSH presented it.

3           **DR. MELIUS:** That is the revised one.

4           **DR. ROESSLER:** Okay.

5           **DR. MELIUS:** The one that was done  
6           (unintelligible) so that -- I think as a result  
7           of our discussions yesterday, I think we sort  
8           of clarified what was meant by that and -- and  
9           so those two points were I think taken directly  
10          from -- well...

11          **MR. ELLIOTT:** I think it's here, Dr. Roessler,  
12          and --

13          **DR. ROESSLER:** It is, I --

14          **MR. ELLIOTT:** -- the Board respectfully  
15          recommends the cohort be accorded to all  
16          employees of the DOE or DOE contractors or  
17          subcontractors who were monitored, or should  
18          have been monitored -- that's the phraseology  
19          we used in --

20          **DR. ROESSLER:** I see it now. I got distracted  
21          with the rest of the stuff.

22          **DR. WADE:** It's a new format for us. Other  
23          comments? Questions?  
24          The Federal Official recognizes Dr. Ziemer only  
25          for the purpose of grammatical input.

1           **DR. MELIUS:** The Board grammarician.

2           **DR. ZIEMER:** Other than "the data were" that  
3 was corrected by the reader, although it's  
4 wrong in the document --

5           **DR. MELIUS:** And it has been corrected in the  
6 document.

7           **DR. ZIEMER:** -- the -- the introduction to the  
8 three bullets on the last page is very awkward.  
9 "These include... NIOSH demonstrated" -- it  
10 needs --

11          **DR. ROESSLER:** That's exactly it.

12          **DR. ZIEMER:** Yeah, so --

13          **DR. ROESSLER:** You'll -- you'll fix it.

14          **DR. ZIEMER:** -- but we can fix that, and -- and  
15 then I'm going to call this a grammatical  
16 question in -- well, I guess it's part of the  
17 definition so I can't call it into question --  
18 "radionuclide exposures from Cyclotron" -- it  
19 seems to omit direct radiation, but...

20          **DR. ZIEMER:** Okay, so you can't call that into  
21 question.

22          **DR. WADE:** Other comments?

23          **MR. GRIFFON:** We maybe -- Jim, can you speak to  
24 that, just to clarify it for us?

25          **DR. WADE:** Could you raise the issue, Mark?



1 administrative work necessary to get this  
2 letter transmitted to the Secretary, so he's  
3 back in our good graces.

4 Welcome back to the table, gentlemen. As you  
5 come back, again, yesterday I mentioned many  
6 people deserve a great deal of thanks for this  
7 -- SC&A, NIOSH, the working group. But I would  
8 be remiss if I didn't point out again Mark  
9 Griffon and the tremendous effort that he put  
10 into this. It's, in my opinion, the -- the  
11 most dedicated effort I've seen by a Special  
12 Government Employee, and Mark is worthy of, I  
13 think, all of our thanks, and certainly mine,  
14 Mark.

15 **DR. ZIEMER:** Thank you. And Mark, certainly  
16 all the Board members agree with that. And I  
17 will confer with Dr. Melius, but if I may be  
18 allowed those -- some flexibility on the  
19 grammar, and perhaps the flexibility of  
20 inserting the dates on the two meetings that  
21 are --

22 **DR. MELIUS:** Yeah, I --

23 **DR. ZIEMER:** -- referenced. I'll take it  
24 without objection that those will be considered  
25 editorial changes.



1           **MR. HINNEFELD:** All right. I am here to  
2 present the information prepared by LaVon  
3 Rutherford, so I'll try to -- I'll -- I'll go  
4 through the information provided and try to  
5 provide any answers to any questions anyone  
6 might have at the end.

7 I think I passed one up, didn't I? Well, I'll  
8 just briefly state that what we wanted to  
9 accomplish with this presentation, the purpose  
10 of the presentation, was to provide information  
11 to the Board about -- essentially about  
12 upcoming items that will be coming before the  
13 Board in the -- in the coming months, because  
14 this is work that's in front of us now and that  
15 all of the Special Exposure Cohort work of  
16 course comes to -- before the Board, and so  
17 this is sort of to allow you to prepare for  
18 information or the -- this upcoming work.  
19 And we're going to cover here the number of  
20 qualified petitions that are currently under  
21 evaluations, as well as some of the additional  
22 information on sites that we're evaluating  
23 through the 83.14 process, which will likely  
24 get here as well. In other words -- you know,  
25 in that case we won't have a petition in house

1           yet, but we feel like we're -- we probably will  
2           end up with an 83.14 finding on some of these  
3           and that they will then develop into a  
4           petition.

5           Okay. This -- this slide presents a summary of  
6           the petition submissions that have been  
7           received so far -- SEC submissions -- the total  
8           number being 61. Twenty-two of those have  
9           already been qualified for evaluation, and 11  
10          of them are still in the qualification process.  
11          That leaves 28 of the submissions that did not  
12          qualify, for one reason or another.

13          Of the 22 that have been qualified for  
14          evaluation, nine of those have resulted in at  
15          least recommendations of classes being added to  
16          the -- to the Special Exposure Cohort. They  
17          may not be all the way through the designation  
18          process, but at least resulted in that -- in  
19          recommendations to the Secretary to that  
20          extent.

21          Of course you all remember the NBS, which was  
22          qualified and recommended, but then determined  
23          not to be covered employment.

24          Of the 28 that didn't qualify, the most common  
25          causes for those are that petition requirements

1           were not met. There are a number of  
2           requirements for a petition that are published  
3           in 43 -- or Part 43 -- 42 CFR 83, the Special  
4           Exposure Cohort rule. You know, you have to  
5           have a valid petitioner, it has to be -- has to  
6           petition for a specific site. You know, that's  
7           one of the rules, that it -- you know, a single  
8           site petition. And -- and then there are  
9           technical bases that have to be established in  
10          order for the evaluation to proceed. Those are  
11          things like the -- the exposures for this event  
12          or at this site were not monitored, either they  
13          were just -- either no -- there is neither any  
14          personal monitoring data or workplace  
15          monitoring data. Another potential reason is  
16          that there is evidence that the monitoring data  
17          that is available is -- has been -- some of it  
18          has been discarded, it's been falsified or  
19          destroyed, you know, evidence like that. A  
20          third would be that someone with knowledge of  
21          dose reconstruction techniques to attest -- you  
22          know, explains why that the information  
23          available isn't sufficient. And then a fourth,  
24          there may be a technical paper presented,  
25          published in a number of forums, that might

1 call into question the data available -- that  
2 is available that would -- could be used for  
3 dose reconstruction.

4 Okay. There are ten petitions that have been  
5 qualified that are in various phases of the  
6 evaluation process. We issued evaluation  
7 reports for SECs number 28, 30 and 38, and  
8 those are on the -- on the chart here. The Y-  
9 12, action was just taken on, again -- or  
10 rather was earlier action adding a portion, and  
11 there's additional action just now; 30 was  
12 discussed but some -- briefly yesterday, the  
13 progress on 30, and additional work is going on  
14 there; and then 38 was a recommendation and  
15 action was taken on that earlier in the week.  
16 33 and 43 are in the late stages of the  
17 evaluation process. We're in the final  
18 technical evaluation of the evaluation reports,  
19 and so those will be forthcoming relatively  
20 soon. Those represent Oak Ridge Institute for  
21 Nuclear Studies and Chapman Valve, which is an  
22 AWE in western Massachusetts.

23 **DR. WADE:** Stu, before you leave that chart,  
24 could you give us some expectation as to when  
25 the Board might see evaluation reports on 33

1 and 43?

2 **MR. HINNEFELD:** Let's see if Bomber has it in  
3 his notes here. I'm sorry, I've called him  
4 Bomber for too many years. I've got to  
5 remember to call him LaVon.

6 **DR. WADE:** Just for planning purposes.

7 (Pause)

8 **MR. HINNEFELD:** I don't have a presumed date,  
9 but my expectation from my understanding of  
10 where we are in the process is that those will  
11 be available before the next Board meeting, I  
12 would think.

13 **DR. WADE:** So it's reasonable for us to expect  
14 that the Board would have them in sufficient  
15 time before the next Board meeting in September  
16 that the Board would hear a presentation of an  
17 evaluation report at that meeting.

18 **MR. HINNEFELD:** I see some nods over there, so  
19 yes, I believe so.

20 **DR. WADE:** Thank you.

21 **MR. HINNEFELD:** So -- and then the remaining  
22 five that have been qualified are -- are listed  
23 on this -- on this slide. These are the  
24 remaining five of the ten qualified petitions.  
25 For the -- SEC 45, which relates to Blockson

1           Chemical, which is an AWE in Illinois, our  
2           current projected schedule is the evaluation  
3           report should be completed in early August and  
4           available for the Board and the petitioners.  
5           For SEC number 46, Feed Materials Production  
6           Center, a DOE site near Cincinnati, the project  
7           schedule is for the Board and the petitioners  
8           to have the evaluation report around mid-  
9           September.

10          For SEC 49, Monsanto Chemical Works, which is  
11          the predecessor to the Mound site in Dayton, we  
12          don't have a finalized estimated completion  
13          date because we just recently had an additional  
14          data capture to help in that evaluation, so we  
15          don't have a scheduled date at this time for  
16          those.

17          Petitions number 60 and 61 that relate to the  
18          Oak Ridge Thermal Diffusion Plant, which was a  
19          predecessor for the gaseous diffusion plant,  
20          and -- and 61, which is a Los Alamos National  
21          Laboratory for employees exposed to radioactive  
22          lanthanum, these are 83.14 findings and 83 --  
23          these are (unintelligible) the 83.14 process,  
24          in which case we've identified it's not  
25          feasible to do the reconstruction of some

1 component of the dose for these -- for these  
2 classes. And so these would -- should proceed  
3 fairly rapidly because we've already done a lot  
4 of the evaluation work before we arrived at  
5 this decision, so these should pursue --  
6 proceed pretty -- pretty rapidly. I don't see  
7 right now whether we've actually identified the  
8 claimant to carry the cohorts forward. What we  
9 norm-- what we do on 83.14 is we identify a --  
10 sort of a lead claimant, identify them that we  
11 cannot perform their dose reconstruction with  
12 sufficient accuracy with the information  
13 available, send them a blank petition -- I  
14 believe it's Form A of the petition -- and say  
15 just sign the form and send it back, and that's  
16 all the petitioning that that person has to do  
17 because the evaluation has already been done.  
18 So those should proceed fairly rapidly upon  
19 identification and contact with those lead  
20 petitioners.

21 **MR. ELLIOTT:** (Off microphone) (Unintelligible)

22 **MR. HINNEFELD:** We have identified them,  
23 according to Larry.

24 Now additional facilities that are being  
25 evaluated through the 83.14 process -- these

1           are things where we're -- we're pretty far down  
2           the path. We're pretty sure we have not -- we  
3           will not be able to find the information to  
4           allow us to com-- reconstruct all components of  
5           the doses at these facilities, and so we're  
6           proceeding to attempt to identify claim-- you  
7           know, lead claimants or le-- to form -- to  
8           become the petitioner for these sites. One  
9           site is Harshaw Chemical Company, which was an  
10          AWE in the Cleveland area. As you can see, the  
11          time period is from '42 to '49. It was one of  
12          the early, during the War, uranium producers.  
13          And also the General Atomics plant, with -- the  
14          covered period is the decade of the '60s.  
15          General Atomics is an -- an AWE, I believe -- I  
16          won't swear to that, but it's located in --  
17          this is the one in LaJolla. Right? So...  
18          That's the completion of the prepared slides.  
19          I'll be glad to answer any questions I can.

20          **DR. ZIEMER:** Okay. Thank you, Stu. Let's open  
21          the floor for questions then at this point.

22          Yes, John Poston.

23          **DR. POSTON:** Stuart, as you know, I'm new at  
24          this so I'm trying to add all these numbers up  
25          and make some sense out of it. On the

1           qualified petitions you said there were 11 on  
2           the early slide and then you presented ten, and  
3           then there's two that are being evaluated under  
4           the 83.14 process. So can you help me a little  
5           bit there? What's missing or --

6           **MR. HINNEFELD:** I'll try. The 11 qualified I  
7           believe included the NBS. Is that right?

8           **MR. ELLIOTT:** (Off microphone) (Unintelligible)

9           **MR. HINNEFELD:** It included the National Bureau  
10          of Standards, which was qualified and approved,  
11          but then determined to be non-covered -- a non-  
12          covered facility. So that's the difference  
13          between ten and -- ten and the 11.

14          **DR. POSTON:** Thank you.

15          **MR. HINNEFELD:** And then the two additional are  
16          not part of the ten or the 11. They are yet to  
17          be added to that list.

18          **DR. POSTON:** All right. Thank you.

19          **DR. ZIEMER:** Other comments? Yes, Dr. Melius.  
20          Oh, you have a comment on that, Larry Elliott?

21          **MR. ELLIOTT:** Just a little further  
22          elaboration. Those -- those two, the Harshaw  
23          and the General Atomics, at the time this  
24          presentation was made and prepared for this --  
25          this meeting, we had not yet identified the --

1                   what we call the --

2                   **MR. HINNEFELD:** We call it the litmus test.

3                   **MR. ELLIOTT:** We call it the litmus case, but  
4                   it's essentially the -- an individual within  
5                   that class for which we can't reconstruct dose  
6                   who is a living Energy employee who has a  
7                   presumptive cancer. That's very important that  
8                   we -- we identify somebody with those  
9                   characteristics to establish themselves as a  
10                  petitioner. We talk to them about their role  
11                  in that regard. And Harshaw Chemical, we --  
12                  Monday I signed the letter to this individual  
13                  who's going to serve as the -- as the  
14                  petitioner.

15                  In our conversations with those people we  
16                  express to them the duty that they have as a  
17                  petitioner, that they have full responsibility  
18                  and obligation -- if they wish to exercise it -  
19                  - to notify others that they know of who might  
20                  exist who worked with them in that class, that  
21                  they can inform them of the process.

22                  We advise them that the Department of Labor  
23                  will be sending them a letter that says their -  
24                  - their claim has been denied, but not to be  
25                  concerned or worried about that letter, that we

1           are ready and willing to work with them and  
2           process the 83.14 petition with them and seek  
3           resolution of their case through this whole  
4           process. And so it's a -- it's a complex  
5           process and we're trying to explain it very  
6           clearly to these people. And I just wanted the  
7           Board to realize that.

8           We also have to advise them on -- it's their  
9           prerogative if they wish to have their identity  
10          revealed to people other than ourselves. We  
11          don't disclose that, and so we protect their  
12          identity and if they so choose, they can reveal  
13          that they are a petitioner and announce that  
14          they're willing to talk to others and -- and  
15          bring others into the fold. So it's -- it's a  
16          difficult and complex process and we're trying  
17          very hard to work very diligently with these  
18          folks.

19          **DR. ZIEMER:** Thank you. Dr. Melius.

20          **DR. MELIUS:** Yeah, Larry, don't -- don't get  
21          too comfortable, because my first question was  
22          related to that. I think I mentioned it last  
23          time, also, and I think we've struggled with  
24          the -- some situations where we don't have good  
25          representation, so to speak, and it's more

1 getting to the -- the -- many of the other  
2 affected or potentially affected parties  
3 involved in this process. And I would hope  
4 that we could work out the -- I understand  
5 there may be privacy concerns that the -- sort  
6 of the -- the index case is -- has certain  
7 rights and so forth, but -- but I think we need  
8 to sort of rework something so that we at least  
9 have a group of other people that are -- are  
10 infor-- should the index case not wish to  
11 reveal their identity, which I can understand,  
12 that we have a -- a public involvement process  
13 where we could certainly notify other people  
14 and have them involved in working group  
15 meetings and other sort of public events that  
16 we're having so -- 'cause I think it actually  
17 moves the process along --

18 **MR. ELLIOTT:** Yes.

19 **DR. MELIUS:** -- and gives it more credibility  
20 and -- and I would hope we'd work to -- to --

21 **MR. ELLIOTT:** We would welcome suggestions. We  
22 -- our deliberations on that point have been  
23 how can we get the word out, how can we  
24 announce that there is a petition and that  
25 people who -- and pro-- provide a proposed

1 definition for that class and let people know  
2 what that definition is. Whether they feel  
3 they fit into it, they can self-identify. They  
4 can step forward then and become part of the  
5 process. So we're looking at ways to do that -  
6 - media announcements, outreach, working with  
7 the Department of Labor in the resource  
8 centers. So we're going to start working  
9 harder at making these notifications more  
10 public and trying to bring more people into the  
11 fold.

12 **DR. MELIUS:** Yeah, I mean -- and certainly  
13 there are unions or former unions in the area  
14 with some -- some representation, and certainly  
15 the ability to contact and notify some  
16 individuals in the area. There may be retiree  
17 groups also and --

18 **MR. ELLIOTT:** Sure, those are good suggestions.

19 **DR. MELIUS:** -- I think that would -- would  
20 just be helpful to move along 'cause it's just  
21 an awkward situation --

22 **MR. ELLIOTT:** Yes, it is.

23 **DR. MELIUS:** -- to do. I have a coup-- couple  
24 more. I have a question --

25 **DR. ZIEMER:** Go ahead.

1           **DR. MELIUS:** -- for you, Larry, so -- last  
2           night we heard from a person who had --  
3           petition was in the process of being qualified  
4           at Los -- Los Alamos, and I'm just confused  
5           between the 83.14 listing here and that other  
6           petition in terms of -- of coverage. There's a  
7           little -- I'm not sure if this description here  
8           is -- you know, being -- is this complete? I  
9           mean your listing on the slide, or what, 'cause  
10          I thought I heard something else last night and  
11          I'm -- I'm just trying to understand the --  
12          what's being -- what petition's being evaluated  
13          and so forth, and then secondly is there a  
14          possibility of sort of merging the two  
15          processes.

16          **MR. ELLIOTT:** Absolutely, yes. We're going to  
17          be talking to Mrs. Ruiz about that. I think --  
18          I talked with her last night and my  
19          understanding when she made her presen-- when  
20          she provided her public comment, she included  
21          years beyond what we're talking about in this -  
22          - this 83.14 situation. This 83.14 for LANL is  
23          Bio Canyon\* and the lanthium (sic) exposures  
24          that occurred in the proce-- in the particular  
25          operations they did in that -- that area, so

1           there is a little bit of overlap, but I think  
2           hers is more broad in -- in duration time and -  
3           - and more areas on the site.

4           **DR. MELIUS:** Oh, okay.

5           **MR. ELLIOTT:** We'll be talking to her about  
6           that. Unfortunately, what happened in her  
7           case, she submitted the wrong form. And before  
8           we could actually start having conversations  
9           and working with the -- the petitioner about  
10          what has been submitted with a form, we have to  
11          get the right form in. And so we sent back to  
12          her the right form and we asked her to fill out  
13          the right form. Yes, that meant she'd checked  
14          the wrong box, but once we have that right  
15          form, we -- we are currently evaluating what  
16          she submitted, and we'll have a conversation.  
17          There is a teleconference that is conducted  
18          with the petitioner to go over the materials  
19          and the documentation that are submitted with  
20          the petition. They are advised of our  
21          evaluation at that point of the submittal --  
22          submitted information. They are notified at  
23          that point as to what areas they -- the  
24          petition submission might be deficient in.  
25          There is full documentation of that

1 conversation.

2 They are provided a letter that -- that  
3 provides all of that documentation. They're  
4 asked to review that and make sure that if they  
5 heard something that's different than what was  
6 recorded, they -- they let us know. There --  
7 there's a -- a time frame that's established  
8 for them to contribute and remedy any -- any  
9 deficiencies. It's not a hard and fast thing.  
10 We continue to advance that time frame --  
11 frame, if they ask for it.

12 And unfortunately, Mrs. Ruiz just hasn't got  
13 into that -- that dialogue with us yet, so I'm  
14 anxious that -- we'll have Laurie Ishak talk  
15 with her. We'll probably end up aiding her in  
16 -- in the development of that petition and  
17 coordinating this one with the 83.14 that we  
18 have.

19 **DR. MELIUS:** Okay. I mean, without getting  
20 into the details of what happened or whatever -  
21 - I mean I would hope that, you know, somehow a  
22 telephone call early on could take care of this  
23 --

24 **MR. ELLIOTT:** I agree. I agree.

25 **DR. MELIUS:** -- and --

1           **MR. ELLIOTT:** That would have been the best way  
2 to handle it, personal communication rather  
3 than a letter saying you checked the wrong box.

4           **DR. MELIUS:** Yeah.

5           **MR. ELLIOTT:** And that's -- that's why I feel  
6 it's very important that we have somebody like  
7 Laurie Ishak to serve as a -- as essentially an  
8 ombudsman here to --

9           **DR. MELIUS:** Yeah.

10          **MR. ELLIOTT:** -- to identify these kind of  
11 situations and say this is not the right way to  
12 do this. We can do it a lot better way, so...

13          **DR. MELIUS:** Even the IRS you can call  
14 somebody. They put you on hold forever, but...

15          **MR. ELLIOTT:** Absolutely.

16          **DR. MELIUS:** I have one other comment --

17          **DR. ZIEMER:** Okay.

18          **DR. MELIUS:** -- though not necessarily for  
19 Larry, so you can sit down. But it's -- it's a  
20 follow-up to our -- I guess the Y-12 we dealt  
21 with, but I notice on some of these other  
22 pending SEC petitions, some of these are very  
23 large sites, and I think the -- Y-12 was the  
24 first one where we've done -- sort of picked  
25 out part of a site in a not-straightforward way

1           in terms of being able to identify workers and,  
2           you know, who was -- who's actually in the  
3           cohort and how -- how it will be implemented,  
4           just much more complicated. And I suspect as  
5           we look at some of these other sites, you know,  
6           with potential SECs, like Rocky Flats, LANL,  
7           Fernald and so forth, that -- that we may --  
8           we're going to encounter those situations again  
9           and -- and it would be helpful for the Board I  
10          believe to have some feedback on how that  
11          definition is being implemented. How -- how  
12          well did it go, is there -- you know, some  
13          feedback through -- you know, as you work with  
14          DOL on -- on implementing the Y-12, just so we  
15          have some lessons learned so that we -- we do,  
16          you know, as good a job as we can in defining  
17          that Special Exposure Cohort. So I think as  
18          you do that over the next few months with --  
19          with DOL, it would be helpful for us to here  
20          about that.

21          **DR. ZIEMER:** Thank you. Brad.

22          **MR. CLAWSON:** I just had a question for Larry.  
23          You know, you're telling about when you finally  
24          identified an individual that meets the  
25          qualifications that you wanted, I -- you did

1 call out a lot of forms and stuff like that,  
2 but is there a personal phone call to explain  
3 to these people, because a lot of these people  
4 are getting up in age and, you know, you  
5 mentioned the comment that you're going to be  
6 getting a letter from DOL saying you're not  
7 qualified but don't worry about that. I just  
8 want to make sure there's a personal phone call  
9 or --

10 **MR. ELLIOTT:** Yes.

11 **MR. CLAWSON:** -- someone to help --

12 **MR. ELLIOTT:** Yeah, yeah.

13 **MR. CLAWSON:** -- guide it through.

14 **MR. ELLIOTT:** On 83.14s there is a personal  
15 phone call. On the -- on the petitions that  
16 come to us unannounced, and we don't know --  
17 you know, we just receive one in the mail,  
18 we've been very passive about that. We're  
19 going to now be more active and make personal  
20 phone calls, make sure that we talk to the  
21 folks over the line before they get a letter  
22 back from -- under my signature saying we got  
23 your -- we got your submission and it doesn't  
24 meet the mark, so we will be taking action on  
25 that. But for 83.14s, yes, we make a personal

1 phone call -- 'cause we think it's important to  
2 tell them you're going to be getting a letter  
3 that says we cannot reconstruct your dose, and  
4 you'll get a subsequent letter from the  
5 Department of Labor that says your claim has  
6 been denied because of that. And that's a very  
7 chilling letter when they get that. And we  
8 want to prepare them for that and we want them  
9 to understand that when they receive that,  
10 that's not the end of the day, that we are --  
11 you know, we are -- at that point, we start  
12 working with them. We tell them we're going to  
13 send you the right form. We even fill out the  
14 form. We put on it a sticker that says "sign  
15 here," so there's no mistake about checking the  
16 wrong box or using the wrong form. We really  
17 have -- saw the need to work hand in hand with  
18 these people.

19 **MR. CLAWSON:** I appreciate that. Thank you.

20 **DR. ZIEMER:** Thank you.

21 **DR. MELIUS:** Larry --

22 **DR. ZIEMER:** Dr. Melius.

23 **DR. MELIUS:** -- sorry, but you said -- you've  
24 mentioned this twice and I -- why do they have  
25 to get a letter saying they're denied?

1           **MR. ELLIOTT:** Well, you have --

2           **DR. MELIUS:** If you -- if you can't do the --  
3 I'm just curious.

4           **MR. ELLIOTT:** It's --

5           **DR. ZIEMER:** I don't know, it sounds like  
6 Labor's way of closing something out.

7           **MR. ELLIOTT:** It's part of the -- Labor's  
8 procedures. They have -- they have a formal  
9 process that they've got to go through, and  
10 they have to notify the person that their claim  
11 has been denied, as filed under Subtitle B for  
12 dose reconstruction.

13           **DR. ZIEMER:** It would seem to be helpful if  
14 there was a different kind of letter that said  
15 however, in your case -- and then --

16           **MR. ELLIOTT:** Well, we're working with them --

17           **DR. MELIUS:** Yeah, okay.

18           **MR. ELLIOTT:** -- on the language of this letter  
19 'cause we don't -- we --

20           **DR. ZIEMER:** This -- this is sort of what I was  
21 referring to yesterday, when get into the  
22 bureau-ese --

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

24           **DR. ZIEMER:** -- it is somewhat intimidating for  
25 a person and they don't really know how to

1 understand it, yeah. So if you can work with  
2 Labor, that would help.

3 **MR. ELLIOTT:** We are aware of this language and  
4 we're working --

5 **DR. ZIEMER:** Robert Presley.

6 **MR. PRESLEY:** I just saw one the other day that  
7 came from Labor, and --

8 **MR. ELLIOTT:** Can I sit down?

9 **MR. PRESLEY:** Yeah, you can sit down. This --  
10 I'm going to be honest with you. I've had some  
11 very, very good comments from NIOSH on their  
12 participation and everything. But I saw one  
13 last week from Labor that said -- the guy  
14 brought it to me and said this -- what do I do?  
15 And it said you have been accepted, but here's  
16 five pages of stuff that you've got to fill out  
17 on your association with the claimant. I mean  
18 they've already turned in birth certificates,  
19 and they've already turned in this, and it said  
20 you have to check the box -- but there's no box  
21 to check -- and then it says you've got to  
22 write a letter. Well, all this stuff's been  
23 done. And I -- I -- I hate to say it, but --  
24 and the person that brought this to me is a  
25 very, very knowledgeable person --

1           **MR. ELLIOTT:** (Off microphone) (Unintelligible)

2           **MR. PRESLEY:** Yeah, and it's just --

3           **MR. ELLIOTT:** (Off microphone) Please say that.

4           **MR. PRESLEY:** It's Subtitle E. And it -- it  
5 is, it's -- it's very, very hard for people to  
6 understand. I am going to get a copy of this  
7 and send it to -- to Turcic and see if he can't  
8 do something about it, so it's -- we do have a  
9 very, very big problem.

10          **DR. ZIEMER:** And I think Pete committed to us  
11 yesterday that they were trying to address this  
12 issue, so hopefully they will become better at  
13 it, as it were.

14          Other comments? Yes, Roy DeHart.

15          **DR. DEHART:** I suspect the denial letter is  
16 required before one can go and request an  
17 appeal and (unintelligible).

18          **DR. ZIEMER:** But perhaps it can be somewhat  
19 modified to correlate better with what NIOSH is  
20 going to do as a follow-up.

21          Other comments? I note that -- Stu, that when  
22 you gave us the statistics on the -- the  
23 submissions that didn't qualify for evaluation  
24 -- yesterday we heard from Representative Udall  
25 -- actually asked the question about whether

1           the Board sort of monitors those, and maybe I  
2           will re-raise that question. Does -- does the  
3           Board wish to look at some of those cases, just  
4           to satisfy itself in a kind of audit fashion,  
5           or is that -- is that a concern to the Board?  
6           I'll just ask it that way. And if it is, at  
7           least at some level, it would seem to me fairly  
8           straightforward -- something a working group  
9           could take a sample of those -- I'm not even  
10          sure we'd need contractor help on those. It'd  
11          seem to me it would -- whether or not something  
12          qualified would be fairly straightforward, but  
13          let me get some feedback on that question. Dr.  
14          Melius.

15          **DR. MELIUS:** Yeah, I actually think it would be  
16          helpful to review some of those. Not that  
17          there are necessarily a lot of problems or, you  
18          know, that we've necessarily heard about a -- a  
19          lot of problems with them and -- and so forth,  
20          and I -- I know from some of the reports  
21          Larry's given that there are, you know, some  
22          very valid reasons why some of these have been  
23          turned down. But -- and sort of -- it -- it is  
24          an area that -- where people are being denied a  
25          review and I think they -- they're looking for

1           some way of -- of having that evaluated. I --  
2           I think we could do that, not in the sense of -  
3           - 'cause there is an appeals process and so  
4           forth, not to interfere that, but to get a  
5           better understanding of how to communicate  
6           this, and as well as to be able to say that,  
7           you know, we've reviewed this part of the  
8           program and it appears to be operating well --  
9           appears to be operating well, needs better  
10          communication or what-- you know, whatever that  
11          -- in sort of a preventive sense. And then --  
12          then when these issues come up we can say that  
13          well, look -- no, we have looked at this  
14          overall part of the program and it appears to  
15          be operating as such.

16         **DR. ZIEMER:** Well, we'll let others weigh in.  
17         I think -- Larry, you have a comment on that?

18         **MR. ELLIOTT:** Well, I don't want to steal  
19         thunder from somebody, but I would welcome  
20         that. We -- we have what we think is a very  
21         clear documentation of the interaction that  
22         leads to denying a qualification of a petition.  
23         We can lay that out if you want to send a  
24         working group to Cincinnati. I think you can  
25         spend a half a day and look at all 28, and



1 something that we can handle directly without  
2 additional assistance. And if the working  
3 group gets into that and finds that there's  
4 some weighty issues that need to be address, we  
5 can get additional help.

6 Okay. Thank you. Anything further for Stu or  
7 for Larry on this?

8 **DR. WADE:** Maybe one summary comment. So if I  
9 -- if I sort of integrate all that you've told  
10 us, Stu, it's possible that this Board would  
11 see in September petitions from ORINS, Chapman  
12 Valve, Blockson Chemical and possibly Oak Ridge  
13 Thermal Diffusion.

14 **MR. HINNEFELD:** I believe those are the ones --

15 **DR. WADE:** And I say that just so the Board and  
16 its working groups can also begin to think  
17 about how it might want to engage SC&A, if  
18 appropriate, as that meeting date comes up.

19 **MR. HINNEFELD:** Right. I was thinking Fernald  
20 might be in there, but I don't believe it will.  
21 I mean it's -- the scheduled completion date is  
22 so close to the next Board meeting, I think  
23 (unintelligible) --

24 **MR. ELLIOTT:** Yeah, Fernald may be tough, but I  
25 would -- I would think, and I hope, that we

1 would prov-- be able to provide Harshaw, the  
2 83.14 situation there, and the LANL Bio  
3 Canyon\*.

4 **DR. NETON:** (Off microphone) (Unintelligible)  
5 merges with the other one.

6 **MR. ELLIOTT:** It may -- that may be the  
7 complicating (unintelligible) --

8 **MR. HINNEFELD:** That's right, I forgot about  
9 that.

10 **DR. WADE:** Okay. Just to get a sense of the  
11 work in front of us. Thank you very much.

**SITE PROFILE UPDATES:**

**SAVANNAH RIVER SITE; HANFORD; NEVADA TEST SITE;**

**SECOND YEAR SITE PROFILES**

**DR. JAMES NETON, NIOSH**

12 **DR. ZIEMER:** Thank you. Let's move on then to  
13 the item that starts today's agenda and that is  
14 the site profile updates. Dr. Neton is going  
15 to cover that, and I believe there is a handout  
16 on this, as well.

17 **DR. WADE:** And I will again note that we have  
18 Board members conflicted on certain of these  
19 sites -- Wanda on Hanford, Mark on NTS -- but  
20 since this is a discussion of site profiles,  
21 they can certainly remain at the table. They  
22 should not make motions or vote on motions, but  
23 I don't think those will be forthcoming on this

1           topic.

2           **DR. NETON:** Good morning, everyone. I have a  
3           fairly brief presentation -- I think it's  
4           brief, anyways -- on the status of where with  
5           the site -- site profile reviews. There's so  
6           much effort has been focused by the Board and  
7           working groups on site profiles that were  
8           related to SEC petitions -- namely the Y-12 and  
9           now Rocky Flats ongoing -- that sometimes the  
10          other site profile reviews that have been  
11          conducted by SC&A have -- have frankly taken a  
12          back burner because of, you know, resource  
13          constraints to help move them forward. So I  
14          thought, you know, we would take some time here  
15          just to put on the table what's out there, what  
16          needs to be reviewed and -- and a brief  
17          snapshot of the status of where we currently  
18          are with these -- these site profiles.  
19          I'm going to talk first about the three that we  
20          actually have in our hands -- for some time now  
21          -- reviews by SC&A for Savannah River, Hanford  
22          and NTS. And then I'll finish up with a brief  
23          review of where we are with the six additional  
24          site profiles that have been -- SC&A has been  
25          tasked with doing and -- and where we are in

1           that regard.

2           The first one I'll talk about is Savannah River  
3           Site site profile review, and I think it's  
4           probably the one we're furthest along, although  
5           we still have a long way to go. For each of  
6           these the Board has -- has selected a working  
7           group, and I've listed the working group for  
8           each of these on the slides. Dr. DeHart is the  
9           chair of the Savannah River Site working group,  
10          along with Mark Griffon, Mike Gibson and Dr.  
11          Lockey.

12          For each of these we've also appointed an OCAS  
13          point of contact. That is, a health physicist  
14          on our staff who will help facilitate these  
15          reviews. I -- I am involved with all of them,  
16          but I obviously can't -- can't get engaged at  
17          the level I have been on some of these, such as  
18          Y-12. So for the Savannah River site profile  
19          we have Sam Glover as our OCAS point of  
20          contacts -- point of contact.

21          If you recall, the site profile reviews are  
22          fairly large documents. I mean they -- then  
23          tend to run around a couple of hundred pages,  
24          and many findings and observations are  
25          sprinkled throughout these reviews. And a

1 while back the Board asked SC&A to sort of  
2 consolidate these findings into a sort of a  
3 hierarchy as to which ones are really important  
4 issues and which ones are -- are, you know,  
5 significant but not necessarily need to be  
6 addressed right away. And SC&A has produced  
7 these finding resolution matrices for the  
8 Savannah River, the Hanford and the NTS site  
9 profiles. So we've had that in hand for -- for  
10 Savannah River for some time.  
11 And the OCAS response to that matrix had just  
12 been provided on June 5th, so we've finally  
13 gotten a consolidated response together. SC&A  
14 has that in their possession. And in fact  
15 there was a working group conference call just  
16 before the Board meeting, on June 7th -- again  
17 chaired by Dr. DeHart -- where there was a  
18 meeting of the minds, so to speak, to go over  
19 issues. It was sort of a high level meeting,  
20 not in the sense that there was any substantive  
21 scientific discussions or resolutions being --  
22 being taken care of, but more in the spirit of,  
23 you know, where are we, what's on the table,  
24 what are the next steps forward. And I  
25 encourage Dr. DeHart to correct me if I'm wrong

1           on this, I didn't have the opportunity to  
2           participate in the call, but that's my sense of  
3           what occurred.

4           So the next step -- and these are all going to  
5           parallel very similarly to what's been going on  
6           with Y-12 and Rocky, and that is the working  
7           group is going to have to convene. I suspect  
8           that there will be a face-to-face meeting next  
9           for the Savannah River Site to sit around a  
10          table, very much like we've done with the other  
11          site profiles, and hash out the issues. You  
12          know, where -- where are we, where are the  
13          areas of agreement that these things can fall  
14          off the table, and where are there issues that  
15          we still need to have some -- some scientific  
16          debate -- discussion, I should say.

17          Okay. The next one is the Hanford site  
18          profile. I've listed the working group members  
19          here. Dr. Melius is the chair. Chuck Nelson  
20          is our OCAS point of contact. And again, SC&A  
21          has created the finding resolution matrix. At  
22          the current time OCAS, with the assistance of  
23          ORAU, is preparing responses to that matrix. I  
24          think we're close, but we're not quite there  
25          yet. As soon as that's completed, we will

1 forward that over to SC&A and then we'll have  
2 to see about availability of time and staff  
3 resources to schedule a meeting to move that  
4 one forward.  
5 Nevada Test Site working group is chaired by  
6 Bob Presley, with the other three members  
7 listed here. Mark Rolfes is our point of  
8 contact. Again, just like Hanford, the finding  
9 resolution matrix is in our possession and we  
10 are preparing responses to that matrix. There  
11 are some issues, though, necessarily related to  
12 the addition of the Special Exposure Cohort to  
13 the -- NTS to the Special Exposure Cohort in  
14 the sense that once that becomes -- once that  
15 class is added, we believe a number of the  
16 issues that were raised in the site profile  
17 evaluation will drop off the table, we'll no  
18 longer be constructing doses. So you know, we  
19 expect that letter to be put out by the  
20 Secretary fairly soon. Once that happens, we  
21 need to look at the finding resolution matrix  
22 to see, you know, which issues remain. I'm  
23 certain there are issues left, but we don't  
24 want to be going over issues that are no longer  
25 relevant. And there is no meeting currently

1           scheduled for NTS.

2           And the last slide I have is a listing of six  
3           additional site profile reviews that the Board  
4           asked SC&A to conduct, those being Fernald,  
5           Linde, X-10, Mound, LANL and Pinellas. I've  
6           listed the OCAS point of contact for each of  
7           these, and for most of them -- for Fernald,  
8           responses to SC&A ques-- SC&A --

9           The way this normally works is SC&A goes about  
10          and does an investigation, interviews people at  
11          the sites, looks over some preliminary  
12          documents, then puts together a list of  
13          questions that they have that they feel that,  
14          you know, we could discuss prior to them  
15          issuing a report where we may be able to  
16          clarify some issues, add some substance, that  
17          sort of thing. I think for all of these that  
18          are listed here, we have received a list of  
19          questions from SC&A, with the exception of X-10  
20          and Pinellas. So right now we have not been  
21          engaged with SC&A in any way on those sites.  
22          We expect as they -- as they move further along  
23          in those reviews, we'll be receiving questions.  
24          And for two of these sites, I think that's  
25          Mound and Los Alamos, we've actually had

1 conference calls with SC&A. These -- these are  
2 conference calls -- the questions come through  
3 and we prepare responses, and then there's a  
4 conference call held where we sort of just go  
5 through these issues point by point and offer  
6 any insight that we might have into the --  
7 either the correctness or the validity or the -  
8 - you know, the -- how -- how close they are to  
9 the mark on some of these areas that they're --  
10 they're going down.

11 And that's all I really have to say. I'll be  
12 happy to answer any questions if there are any.

13 **DR. ZIEMER:** Okay. Thank you, Jim. That's a  
14 very good update for us, to see where we stand  
15 in terms of the timetables.

16 I've got Roy DeHart and then Jim Melius. Roy?

17 **DR. DEHART:** If I may, I'd like to take just a  
18 moment to go through a little bit of what the  
19 working group has done.

20 **DR. ZIEMER:** Proceed.

21 **DR. DEHART:** And to do that, I need to go back  
22 in history a bit. And I'm going to jump in the  
23 middle of the NIOSH work that has been done  
24 with regard to the report.

25 In March of this year -- of '05, I'm sorry,

1 March of '05, SC&A published the review of the  
2 NIOSH Revision 2. This was followed then by a  
3 briefing to this Board in October of last year.  
4 Then in January of this year SC&A published its  
5 matrix of issues, and that, too, had been  
6 briefed to the Board. The -- about that time,  
7 the working group was formed, so we're -- we're  
8 a new working group. SC&A's resolution matrix  
9 then was published in -- the 17th of January,  
10 '06 and, as I've said, presented to the Board.  
11 This was followed then by the decision to have  
12 a meeting of the working group, and that was  
13 scheduled this spring, to occur in June. On  
14 June the 7th, the working group set up a  
15 conference call to -- as a basic history of  
16 what has transpired with this particular  
17 document, and it was not a resolution meeting.  
18 It was a two-hour meeting that was recorded but  
19 not transcribed because it was simply -- simply  
20 a review. All members of the working group  
21 were present and representation by NIOSH and  
22 SC&A were -- were there.  
23 Before the meeting occurred on the 7th, NIOSH  
24 provided a copy of their response to the  
25 January matrix, and that was on the 5th of

1 June. Obviously there was no time for SC&A to  
2 do any -- any review of that at all. In fact,  
3 there had not been time for SC&A to do a review  
4 of Revision 3, which was published back in the  
5 spring of this past year. It's a year old now,  
6 so that Revision 3 has not been reviewed by  
7 SC&A.

8 The members of the working group, with  
9 permission from NIOSH, have tasked SC&A to do  
10 two things: Review Revision 3, and at the same  
11 time look at NIOSH's response to the matrix of  
12 16 issues that they have defined. That will  
13 occur in July. There will be a one-day face-  
14 to-face meeting of all active participants in  
15 Cincinnati, the date to be determined, during  
16 August, with the intent of a report out on that  
17 particular resolution meeting at the September  
18 meeting. So that's where we stand.

19 **DR. ZIEMER:** Very good. Thank you, Roy, for  
20 that additional update. Dr. Melius.

21 **DR. MELIUS:** I have a quick question on  
22 Hanford. You have a better idea of when your  
23 draft response is going to be done? You said  
24 soon. I mean --

25 **DR. NETON:** I think it's soon. We -- we

1           actually have received responses from ORAU and  
2           we're reviewing them internally at NIOSH, so  
3           I'm reluctant to always give an exact time.

4           **DR. MELIUS:** I know, I'm just trying to --

5           **DR. NETON:** I don't mean to be --

6           **DR. MELIUS:** -- pin you down a little bit more  
7           than --

8           **DR. NETON:** Yeah, weeks. Weeks.

9           **DR. MELIUS:** Okay. Then -- then what I will do  
10          is con-- contact either you or Chuck, whoever's  
11          --

12          **DR. NETON:** Chuck.

13          **DR. MELIUS:** -- appropriate, and start to talk  
14          about setting up a meeting.

15          **DR. NETON:** My recollection was that those --  
16          the responses were just about ready. There  
17          were just a couple issues that we wanted to  
18          make sure we refined them a little bit.

19          **DR. MELIUS:** And I would also suggest that we -  
20          - I think the model that Roy -- Roy's group  
21          used I think is a good one to -- maybe first a  
22          conference call, short conference call to try  
23          to pinpoint, you know, key issues and -- and  
24          then not get bogged down in other issues I  
25          think would be helpful, and then decide at that

1 call what -- what's an appropriate time to have  
2 a full meeting -- do that, so...

3 **DR. WADE:** Could I just ask --

4 **DR. MELIUS:** We'll follow your lead, Roy.

5 **DR. ZIEMER:** A question here. Lew?

6 **DR. WADE:** A clarifying question because it has  
7 budget implications. In the case of Hanford  
8 and NTS, what -- what version was reviewed by  
9 SC&A and what version is current?

10 **DR. NETON:** I'm not prepared to answer that  
11 right now. We need to look at that, yes.

12 **DR. WADE:** We all need to look at that because  
13 there are -- there are contract implications  
14 when --

15 **DR. NETON:** Yes.

16 **DR. WADE:** -- we go back and ask SC&A to look  
17 at another document.

18 **DR. NETON:** Yes.

19 **DR. WADE:** Okay.

20 **DR. ZIEMER:** John Mauro --

21 **DR. NETON:** Although -- before John speaks, I  
22 might -- I think, though, a valid response on  
23 NIOSH's part is "That issue has been addressed,  
24 and here are the relevant pages of the new  
25 revision --

1           **DR. WADE:** That's fine.

2           **DR. NETON:** -- that -- that take care of that  
3 issue."

4           **DR. MAURO:** I have two I guess questions and I  
5 guess suggestions. Regarding when there is a  
6 new revision, such as Savannah River where I  
7 believe it's a complete new revision, I'm not  
8 quite sure, we see that as not within our scope  
9 of work under Task I. However, and this is  
10 where a judgment call's in -- there are -- may  
11 be some circumstances, though, where a document  
12 has been revised, but only to -- marginally.  
13 And I think that -- one of the first steps  
14 during the conference call, such as the one we  
15 had with Dr. DeHart. In that case the judgment  
16 was made this was a substantial revision and it  
17 was -- and as a result we don't take action  
18 until authorized to proceed on -- on such a new  
19 endeavor. So I guess -- there's a little gray  
20 area, when it's appropriate for us just to move  
21 forward on -- on -- in the process and when we  
22 really need to get authorization because it  
23 represents an ex-- extension of scope of work.  
24           **DR. ZIEMER:** Right, and the working group at  
25 that point has expressed what they would like,

1           and I think it's got to come up through our  
2           Federal Official, and there's also some  
3           implications with the contracting officer if  
4           there's a substantial change. Again, a bit of  
5           a judgment call, but a minor revision on, you  
6           know, a few paragraphs is one thing. A  
7           complete overhaul is a --

8           **DR. MAURO:** Exactly.

9           **DR. ZIEMER:** -- a substantial different task.

10          **DR. MAURO:** Exactly.

11          **DR. ZIEMER:** Substantially different task.

12          **DR. MAURO:** The other question has to do with  
13          the normal process from -- for preparing our  
14          reports, the draft reports that come out. As  
15          you know, we are working on I guess seven or  
16          eight of them right now, all of which are  
17          substantially written, except we haven't had an  
18          opportunity yet to have our dialogue with the  
19          questions and answers, which is always very  
20          helpful, with NIOSH before we put the reports  
21          together.

22          What I've done, because I am concerned --  
23          September 30th is the end of our period of  
24          performance and we have a commitment to deliver  
25          those draft reports to you prior to that date.

1 I guess I'm looking for a little guidance. We  
2 can do one of two things. We could proceed to  
3 prepare our draft site profile reviews and  
4 deliver them if -- during that -- and move  
5 along those lines. Along that way, if we do  
6 have our question and answer dialogue, great,  
7 we will accommodate that, work it into our  
8 reports. But if it turns out the timing is  
9 such that it becomes difficult to -- to do  
10 that, we could do one of two things. We could  
11 hold off on delivering our draft report until  
12 we do have the questions and answers, or we  
13 could go ahead and submit the report without  
14 the benefit of the question and answer session  
15 that we normally would have, and deal with the  
16 question and answer session during the closeout  
17 process. It really becomes a matter of what --  
18 what's your preference.

19 Right now, my preference is let's move the  
20 reports out. I like the idea of getting the  
21 material out into the hands -- but the downside  
22 of that is what you would have is a report that  
23 would not benefit from the dialogue that we  
24 normally would have before the report goes out.  
25 So a little guidance -- right now we're -- we

1 are moving forward writing these reports, even  
2 though we usually by this time would have had  
3 the dialogue with -- with NIOSH.

4 **DR. ZIEMER:** Let me react in part to that, and  
5 others can join in. Certainly there's a  
6 contractual deliverable that you're concerned  
7 about.

8 **DR. MAURO:** Exactly.

9 **DR. ZIEMER:** Which is some sort of written  
10 document that is provided to the contracting  
11 officer, I believe, as well as to the Board.  
12 But as you've indicated, that has not had the  
13 benefit of what we early on called some sort of  
14 reality check --

15 **DR. MAURO:** Exactly.

16 **DR. ZIEMER:** -- you know, is it  
17 (unintelligible) --

18 **DR. MAURO:** (Unintelligible) --

19 **DR. ZIEMER:** -- factual -- are the  
20 (unintelligible).

21 **DR. MAURO:** -- exactly.

22 **DR. ZIEMER:** So if -- if -- is -- my question  
23 is, is there some way to distinguish, in terms  
24 of how we identify that -- I mean we've been  
25 talking about first draft or something draft,

1 but is there -- is there some way to identify  
2 that --

3 **DR. MAURO:** Sure.

4 **DR. ZIEMER:** -- for what -- maybe you can think  
5 of a clever name that's -- I don't want to call  
6 it a pre-reality draft, but --

7 **DR. MAURO:** We call it preliminary. In other  
8 words, we could call it preliminary and make it  
9 very clear in the introduction that this report  
10 is being delivered without, you know, having  
11 gone through the question and answer session.  
12 As soon as that question and answer session is  
13 held, we could submit a revision.

14 **DR. ZIEMER:** But let me ask Lew, in terms of  
15 contractual requirements on deliverables, if --  
16 if they have a -- for example, a fiscal year  
17 deadline on a deliverable and they're ready to  
18 -- and they have the written report but haven't  
19 been able to do that cross-check with -- with  
20 OCAS, what -- or NIOSH, what -- what is the --  
21 what do we need to do on that?

22 **DR. WADE:** And again, I speak in this case not  
23 as the Designated Federal Official but as the  
24 technical project officer on the contract, so -  
25 - I mean I think -- I think we could go one of

1 two ways, and -- and they've been pretty well  
2 articulated by John. I think contractually we  
3 could work it out with SC&A that they did not  
4 have to meet that deliverable. We could issue  
5 them instruction and we could absolve them by  
6 our communication. But in this -- this era of  
7 audits and reviews and -- I can appreciate  
8 their reluctance to be in that situation where  
9 they, while they haven't met a deliverable,  
10 they've got a letter that explains it, but --  
11 so I think that the approach that you've just  
12 outlined is probably preferable. And that  
13 would be a submission, albeit a submission that  
14 clearly identifies what the submission is and  
15 what it's not. But we could work it out either  
16 way. Either way, it could be worked out  
17 contractually.

18 **DR. MAURO:** At present we are moving forward on  
19 that path. If we're -- I guess until we're  
20 given other direction. You know, if we -- the  
21 -- I guess the step that would be taken is we  
22 could submit a letter -- submit the report and  
23 -- with the appropriate qualifications of what  
24 this report is, and -- or alternatively, we  
25 could make a request of the contracting officer

1 for a no-cost extension for a deliverable.  
2 Normally we're -- it wouldn't cost any more  
3 money, but rather than have everything  
4 delivered by September 30th, we would -- may  
5 want to push it off to a later date. So that's  
6 -- really becomes the option.

7 **DR. WADE:** In fact we could even initiate that  
8 by sending you a letter making that suggestion.  
9 So I think there are ways to deal with it. But  
10 again, this is a -- this is a climate where  
11 everyone watches and counts everything.

12 **DR. ZIEMER:** Roy.

13 **DR. DEHART:** I think, too, we have to keep in  
14 mind what Savannah River has taught us, that  
15 these are living documents. I hate to use that  
16 term, but -- but they're dynamic. And before  
17 one review is completed, the second revision is  
18 out. And that sort of thing I'm sure will  
19 happen with most of these reviews that are  
20 coming out on site profiles. We just need to  
21 be aware of that, that it's an ongoing process.

22 **DR. MAURO:** In fact, in dealing with that issue  
23 -- for example, right now we are reviewing a  
24 number of documents. What we tried -- we try  
25 our best to be current. That is, though we may

1           have begun the process with a given document,  
2           if -- there are always OTIBs that are being  
3           issued, that -- that's one -- the situation.  
4           When they are issued, we bring them in. So we  
5           -- in our first issuance of our draft report we  
6           try to have that deliverable current. All  
7           right. So -- so -- for example -- but if we're  
8           real close to completion and we're ready to  
9           deliver and a new version comes out or a new  
10          OTIB comes out -- and this is where I make a  
11          judgment call and say listen, you know, we -- I  
12          don't want to stop the presses and now regroup,  
13          so -- it's almost like it's -- it's a gray  
14          area. You know, when do we try to incorporate  
15          late-breaking information. If we can, we do.  
16          If we feel as if it's overwhelming, in terms of  
17          cost and in terms of schedule, then we don't.  
18          We deliver our deliverable and then -- we  
19          acknowledge, however, that by the way, this  
20          deliverable does not reflect the latest OTIB  
21          that came out last week, you know, or something  
22          like that.

23          **DR. ZIEMER:** Thank you, John. I don't know who  
24          was next. Wanda?

25          **MS. MUNN:** I have great sympathy with John's

1 position, and I understand the need for the  
2 contractor to try to appear to be Caesar's  
3 wife. But the first visual image that I have  
4 is of an enormous churn. Certainly we must  
5 have learned, as Dr. DeHart has pointed out,  
6 that issuance of documents prior to a cross-  
7 talk occurring between NIOSH and the contractor  
8 is absolutely disastrous.

9 What we get, first of all, is delivery to the  
10 Congressional representation the day after the  
11 document is issued, and a long list of concerns  
12 from the Hill about what our perceived-to-be-  
13 auditor is finding in the documents that have  
14 not yet been discussed. There must be some way  
15 for common sense to override our contractual  
16 requirements here so that documents are not  
17 placed on the street before they've had an  
18 opportunity to be at least initially vetted  
19 between the technical authorities that are  
20 looking at these things.

21 I know you don't want to get in a position  
22 where you have only a piece of paper that says  
23 this document exists but it's not out yet.  
24 That's not a good thing, either. And I  
25 understand also what Dr. Wade is saying. But

1           surely we must find some way to be able to not  
2           put SC&A's documents on the street before  
3           they've been vetted by the NIOSH technical  
4           staff. This just has been disastrous for us in  
5           the past, and will continue to be disastrous.  
6           There's no point in our churning everybody if  
7           we don't absolutely have to do that. And if  
8           contractual obligations are what is causing us  
9           to do that, then we need to take a closer look  
10          at what the contracts -- at the wording of the  
11          contracts and how we handle them.

12          **DR. ZIEMER:** And certainly Dr. Wade has laid  
13          out a method that would allow the venting (sic)  
14          to occur first and -- so there certainly is a  
15          mechanism to do that. Dr. Melius, an  
16          additional comment?

17          **DR. MELIUS:** Well, yeah, I would strongly  
18          disagree with Wanda's comments. First of all,  
19          the, you know, setting out of drafts has not  
20          been a disaster. There is a benefit to having  
21          some dialogue, but I think we all sort of  
22          remember that there's a constituency out there,  
23          a public, that wants this information and if  
24          the rate-limiting step is within NIOSH and --  
25          or within their contractor or whatever in

1 getting -- you know, responding to SC&A's  
2 draft, so be it. I mean we can't hold these  
3 programs up for-- forever, and I think the  
4 credibility of the entire program is not served  
5 by stretching out -- out the delivery of site  
6 profile reviews that -- delivery of other  
7 documents, and if -- I think there's been a  
8 reasonable time period involved. We're already  
9 falling behind in getting work done in this  
10 program. Site profile reviews, SEC reviews and  
11 so forth, and it's difficult and while I  
12 sympathize with NIOSH and NIOSH staff and all  
13 the other people involved in this program, I  
14 think that the resources need to be available  
15 to respond in a timely fashion to these  
16 documents. It's not like all of them are being  
17 delivered September 1 waiting for, you know,  
18 questions to -- to come back and so they can be  
19 delivered by September 30th. I think -- we're  
20 in June. It still -- we have until September,  
21 so if it's such a priority to get this -- and  
22 if there are things in those documents that are  
23 so disturbing to NIOSH, then let them make it a  
24 higher priority to get the information back to  
25 SC&A. But I think overall the program's much

1 better served by us com-- you know, doing our  
2 function, which is to get reports out. I  
3 think, as has been suggested, having a  
4 introduction or cover page that indicates the  
5 status of this, the fact that NIOSH has not  
6 responded to -- is sufficient. I'll remind the  
7 Board that we have a -- discussed this  
8 situation before and we have a policy of making  
9 these draft documents available, preferably  
10 after there's been some dialogue with NIOSH,  
11 but I think SC&A has done its job in getting  
12 the information to NIOSH, at least as I  
13 understand what's been done in terms of the  
14 schedule. It's up to NIOSH to get back in a  
15 timely fashion to this. And if not, I think we  
16 just need to get these site profile documents  
17 out and available and continue on with the  
18 process.

19 **DR. ZIEMER:** Thank you. I -- as I understand  
20 what you're saying, that if -- if it appears at  
21 least that there has been a reasonable amount  
22 of time elapsed, then perhaps should not delay  
23 -- and I would guess you might also say, for  
24 example, a -- a document from the contractor  
25 that appear-- or got to NIOSH on September 25th

1 or something --

2 **DR. MELIUS:** Exactly.

3 **DR. ZIEMER:** -- you wouldn't put it in that  
4 category.

5 **DR. MELIUS:** Yeah, yeah.

6 **DR. NETON:** I think that --

7 **DR. ZIEMER:** So you might have both -- both  
8 options available --

9 **DR. MELIUS:** Yeah.

10 **DR. ZIEMER:** -- depending on the situation, so  
11 -- Jim.

12 **DR. NETON:** I would like to offer just some  
13 clarification on what the current process is.

14 **DR. ZIEMER:** Sure.

15 **DR. NETON:** I think there's a little bit of  
16 confusion here maybe. We are not currently  
17 reviewing draft documents that SC&A produces.  
18 I mean they go out the door the day they're  
19 issued by them, and we get them the same time  
20 the Board does. Where the review cycle -- and  
21 it's not really a review cycle, it's -- it's a  
22 question cycle. In their prepar-- in the  
23 preparation of documents, SC&A comes up with  
24 certain questions, certain questions that they  
25 might want clarification for, and this assists

1           them -- at least in my mind -- in writing a  
2           better document, and NIOSH has the opportunity  
3           to respond to those questions, and that's where  
4           the bottleneck is.

5           **DR. ZIEMER:** Right.

6           **DR. NETON:** It's not in the release of the  
7           final product or the draft --

8           **DR. ZIEMER:** I think --

9           **DR. NETON:** -- document.

10          **DR. ZIEMER:** -- John is saying that they're --  
11          they're ready to go --

12          **DR. NETON:** Right.

13          **DR. ZIEMER:** -- but they're just awaiting that  
14          feedback on some of the --

15          **DR. WADE:** Right, and talked about the -- let's  
16          -- I think this issue can be answered in the  
17          grain. I think we're talking about the six  
18          site profiles that are under review this year.  
19          Correct?

20          **UNIDENTIFIED:** (Off microphone) No.

21          **DR. ZIEMER:** No, these are ones that there --  
22          there's been no SC&A report out yet. Right?

23          **DR. MAURO:** Yeah -- right. There -- there are  
24          nine that -- there are six that were from last  
25          year and nine that are in the pipeline, and the

1           -- the nine that are in the pipeline -- what we  
2           have is a -- an interesting situation. We've  
3           got nine in the pipeline -- I believe it's nine  
4           -- that we're going to be putting out right  
5           now, and we -- are being written. A lot of  
6           them are already written, sitting -- holding --  
7           in a holding pattern waiting to -- for an  
8           opportunity to make sure we got our facts  
9           correct.

10          **DR. NETON:** Are you sure there are nine, John?  
11          I thought that these were the six that you were  
12          producing at this point. I can't think of any  
13          other sites.

14          **DR. MAURO:** I -- I -- no, I'm thinking nine,  
15          because I remember the nine was this -- that we  
16          had a set of nine. Like -- like Paducah is not  
17          up there.

18          **DR. NETON:** Paducah, yeah.

19          **DR. MAURO:** And there was -- I might be wrong,  
20          let's see --

21          **DR. NETON:** Okay, well --

22          **DR. ZIEMER:** Okay, but --

23          **DR. MAURO:** Maybe it's the -- the -- the exact  
24          number -- please forgive me, it might be seven  
25          then. But the -- the -- now we also have not

1 delivered our questions on every one of them,  
2 as --

3 **DR. NETON:** Right.

4 **DR. MAURO:** -- you just correctly pointed out,  
5 so we are also part of the bottleneck. I mean  
6 but --

7 **DR. WADE:** Let's just start with this six list  
8 and then -- I think three things emerge when I  
9 look at this list. In the case of two of them,  
10 LANL and -- for LANL, responses to questions  
11 have been provided, so you -- you've gone  
12 through this step for LANL. You've gone  
13 through this step for Mound. Right?

14 **DR. NETON:** Right.

15 **DR. MAURO:** Yes, that's -- that's correct --  
16 that's a correct statement.

17 **DR. WADE:** Okay. So in that case, we've --

18 **DR. ZIEMER:** You're ready to go on those.

19 **DR. MAURO:** We're clean -- we're clean.

20 **DR. WADE:** On Fernald and Linde, NIOSH is  
21 drafting responses.

22 **DR. NETON:** Correct.

23 **DR. WADE:** So according to Dr. Melius's  
24 provision, this is June, that's September, one  
25 could hope that those two will have been

1 through this process by the time you release.  
2 And that leaves us the two where, on X-10 and  
3 Pinellas, there -- you have not issued the  
4 questions.

5 **DR. MAURO:** Correct.

6 **DR. WADE:** So we -- we need to talk about that,  
7 and maybe that falls into the questions coming  
8 out next week, NIOSH can respond. Or maybe the  
9 category of September 20th.

10 **DR. MAURO:** Yes.

11 **DR. WADE:** So to me, the answer is in the  
12 grain. Now if there's another one, we need to  
13 know what that is and what category it's in.

14 **DR. ZIEMER:** Paducah, maybe.

15 **DR. MAURO:** And that would be Paducah, and  
16 those questions are being drafted as we speak,  
17 and they will get them out as quickly as  
18 possible. But what -- what I'm saying is, this  
19 is -- you know, we're real close to July,  
20 September's around the corner, and production -  
21 - and we really normally are in production at  
22 this point.

23 **DR. ZIEMER:** I think certainly our official is  
24 aware of both sides of the concern and the time  
25 lines here, and there are ways to address it

1           either way to try to minimize --

2           **DR. MAURO:** It seems to be a manageable  
3           situation.

4           **DR. ZIEMER:** I think we want to minimize the  
5           concerns that Wanda has. We want to maintain  
6           the openness that Jim has referred to. It's a  
7           -- it's a fine balance, like much of what we  
8           do, and I think it's doable.

9           **DR. WADE:** And I would suggest that at the  
10          August call of the Board that we make a  
11          complete report of this and the Board can  
12          decide how it would like to proceed.  
13          Hopefully, if we do good staff work, we can get  
14          these issues resolved. But if not, then the  
15          Board can weigh in in August as to how it would  
16          like to see.

17          **DR. ZIEMER:** Very good. Thank you. Other  
18          comments on this -- Jim?

19          **DR. MELIUS:** Just -- it's not a question but a  
20          comment. I notice on this list of six  
21          coincides with at least two of the SECs that  
22          are being -- under -- we will see reports on  
23          relatively shortly. I believe Fernald and LANL  
24          are on here. I don't think I missed any, but  
25          could have. And we need to think in terms of

1           our functions and so forth, what's going to be  
2           needed in terms of -- you know, potentially  
3           needed in terms of reviewing those SEC  
4           evaluations and in terms of -- of certainly  
5           having a site profile review available would --  
6           would -- is going to be helpful and...

7           **DR. ZIEMER:** Okay. Thank you. Oh, I'm sorry,  
8           I guess Mike, also -- Bob Presley, then Mike  
9           Gibson.

10          **MR. PRESLEY:** Jim --

11          **DR. ZIEMER:** Go ahead, Bob.

12          **MR. PRESLEY:** The NTS TBD is a little over two  
13          years old now. Do we -- do you know if we have  
14          been sent the copy of the matrix created by  
15          SC&A on that, or do you all have the --

16          **DR. NETON:** Do you mean has the Board been sent  
17          a copy?

18          **MR. PRESLEY:** Yeah.

19          **DR. NETON:** I believe the Board received a copy  
20          of the matr-- the comment resolution matrix,  
21          yes.

22          **MR. PRESLEY:** Okay.

23          **DR. NETON:** But I can certainly re-send that if  
24          -- if you like.

25          **MR. PRESLEY:** Do you remember getting -- any of

1 y'all remember getting it? We've --

2 **DR. NETON:** Normally --

3 **MR. PRESLEY:** -- had so much that --

4 **DR. NETON:** Yeah, normally when those come out  
5 SC&A distributes them to the Board and NIOSH  
6 simultaneously. But you know, I can't swear  
7 that it happened, but that's the normal process  
8 and --

9 **MR. PRESLEY:** Yeah. I just don't remember it,  
10 it's been so long.

11 **MS. MUNN:** I don't, either. We can ask that it  
12 be sent --

13 **MR. GRIFFON:** (Off microphone) (Unintelligible)  
14 re-send -- re-send it.

15 **DR. MAURO:** To help out a little bit, we ran  
16 exactly into this situation on Savannah River  
17 with such a -- a delay, so any of the working  
18 group members who don't have either the report  
19 itself for some reason -- you know, so much  
20 paper -- or the -- the matrix, just let me know  
21 and we will deliver it, just as we did in your  
22 -- in the case of Savannah River.

23 **MR. PRESLEY:** Could you -- could you go ahead  
24 and re-send that to --

25 **DR. MAURO:** Both the report and the matrix or

1 just --

2 **MR. PRESLEY:** Please.

3 **DR. MAURO:** We'll take care of that, so you --  
4 it'll come out electronically --

5 **MR. PRESLEY:** To the --

6 **DR. MAURO:** -- or hard copy, whatever you --

7 **MR. PRESLEY:** Hard copy, please.

8 **DR. MAURO:** Hard copy.

9 **MR. GIBSON:** Electronic.

10 **MS. MUNN:** Electronic.

11 **DR. ZIEMER:** Mike Gibson, a comment.

12 **MR. GIBSON:** It's switching gears a little bit,  
13 but just a question and a comment. How are the  
14 point of contacts chosen for the -- the sites  
15 to respond to SC&A?

16 **DR. NETON:** Well, Stu -- Stu might be able to  
17 help me out a little bit with this, but you  
18 know, we have limited resources. I know a lot  
19 of the -- a lot of it was based on  
20 availability, but I'll let Stu comment.

21 **MR. HINNEFELD:** Well, our -- our point of  
22 contact, recall, is sort of a -- a coordinator  
23 because he essentially collects the questions,  
24 provides them to ORAU, who works up the  
25 responses and things like that. So we've kind

1 of selected people that -- you know, some  
2 knowledge of the site, if we can. You know, if  
3 we've got somebody who has some knowledge of  
4 the site, we kind of select them to do this  
5 coordination task.

6 **MR. GIBSON:** Okay. I guess that was kind of my  
7 concern. I'm getting back to this conflict of  
8 interest or perceived conflict of interest.  
9 Take Mound, for example. Point of contact  
10 there certainly has knowledge of Mound, but  
11 also has worked intimately, closely and in the  
12 same areas and may possibly have worked for  
13 some of the people that were chosen as site  
14 expert to do the Mound site profile. So that -  
15 - that seems a little too cozy that, you know -  
16 -

17 **MR. HINNEFELD:** Well --

18 **MR. GIBSON:** Someone should -- have -- if they  
19 take site profile information from the site  
20 experts, it shouldn't matter -- it shouldn't  
21 have to be someone with Mound history to relay  
22 that information to SC&-- to respond to SC&A's  
23 questions.

24 **MR. HINNEFELD:** Well, I mean it wouldn't have  
25 to be. We felt like they might be able to more

1 readily come up to speed on the nature of the  
2 question and -- and assess it and so that's why  
3 we made the assignment. I mean he and -- and  
4 Sam Glover, for that matter, is conflicted at  
5 Los Alamos, so if -- if that is, you know,  
6 something we should avoid at this step, we can  
7 do that. We didn't feel like this person has a  
8 particular decision-making role at this point.  
9 All they are -- collecting questions,  
10 consolidating questions, you know, scheduling  
11 conference -- telephone conference calls and  
12 things of that sort. And so we essentially  
13 selected people with some knowledge of the case  
14 because we don't feel like these people are  
15 particularly decision-makers at this point.

16 **MR. GIBSON:** Well, again -- but -- I mean if  
17 you guys got the information down in black and  
18 white from the site experts, your point of  
19 contact, to me, is just -- just a conduit --

20 **MR. HINNEFELD:** Yes.

21 **MR. GIBSON:** -- to relay that information.

22 **MR. HINNEFELD:** Exactly right.

23 **MR. GIBSON:** And so it just -- to me, it seems  
24 like a very cozy relationship that --

25 **MR. HINNEFELD:** Okay. Well --

1           **MR. GIBSON:** That's just my opinion.

2           **MR. HINNEFELD:** Those -- those two individuals  
3           essentially have completed the task of, you  
4           know, consolidating the comment -- or the  
5           responses to the questions and providing them  
6           back. Those are the two where we are at that  
7           point.

8           **MR. GIBSON:** Right.

9           **MR. HINNEFELD:** We can -- you know, for future  
10          point of contact work on resolving -- you know,  
11          once the report is written and resolution, if  
12          it's the Board's -- if the Board's desire, we  
13          can make -- we can avoid that, because you  
14          know, we consciously chose, in many cases,  
15          okay, so-and-so will be able to get up to speed  
16          quicker, understand the questions quicker, so  
17          we put them in this role. And -- and because  
18          we don't feel like they're decision-making at  
19          this point. You know, they're sort of  
20          consolidating. So we -- we intentionally chose  
21          them in some cases for that reason.

22          **DR. ZIEMER:** Okay.

23          **MR. HINNEFELD:** But like I said, they've  
24          completed that role.

25          **MR. GIBSON:** Well, again, I -- I don't un--

1 really understand the getting up to speed. If  
2 you've got black and white documentation from  
3 site experts and SC&A asks a question, it looks  
4 like the point of contact would simply turn to  
5 the documentation and answer the question  
6 rather than maybe speak off the top of their  
7 head for --

8 **DR. ZIEMER:** Okay, let's --

9 **MR. GIBSON:** -- (unintelligible) personal  
10 (unintelligible).

11 **DR. ZIEMER:** -- return to this in a moment.

12 **CONGRESSMAN JOHN HOSTETTLER**

13 We'll interrupt the proceedings for a moment  
14 and welcome a fellow Hoosier to the room. You  
15 all know what a Hoosier is, don't you?

16 **MS. MUNN:** Of course.

17 **DR. ZIEMER:** What is a Hoosier, you ask. It's  
18 a person who's dribbling a basketball around  
19 the Indianapolis Speedway while hunting for  
20 mushrooms. Representative John Hostettler,  
21 serving sort of the southwest portion of our  
22 state, welcome, sir. We'd be glad to have you  
23 address the Advisory Board. You can use the  
24 podium or the mike in the middle, whichever is  
25 comfortable.

1                   **CONGRESSMAN HOSTETTLER:** Thank you, Mr.  
2                   Chairman, and that is as good an explanation of  
3                   a Hoosier as I have heard, having lived there  
4                   my whole life. It's a matter of some  
5                   significant controversy, so I appreciate that  
6                   contribution.

7                   I want to thank you all for giving me the  
8                   opportunity to appear before the Board today.  
9                   I serve as Chairman of the Subcommittee on  
10                  Immigration, Border Security and Claims, the  
11                  subcommittee with jurisdiction over claims  
12                  against the government, and thus with oversight  
13                  responsibility with regard to the Energy  
14                  Employees Occupational Illness Compensation  
15                  Program. This Board serves as the essential  
16                  check and balance to ensure science used as the  
17                  basis for compensation decisions is reliable  
18                  and thorough in its substance.

19                 As you know, the fair review of claims under  
20                 this program faces many obstacles due to  
21                 missing or inadequate records. Additionally,  
22                 as we have verified through historical  
23                 documents uncovered with regard to some  
24                 facilities, there is a real possibility of data  
25                 tampering that shadows the reliability of

1 records throughout the complex.

2 I appreciate the substantial work that each one  
3 of you have taken on. I also comment NIOSH for  
4 keeping the Board's work open to the public,  
5 transcribed and publicly noticed, because  
6 transparency is vital to the credibility of  
7 actions under the program.

8 There has been a question raised about the  
9 motivation for the Subcommittee hearings that  
10 began in March, and so let me make my  
11 motivations clear. As Chairman of the  
12 Subcommittee tasked with oversight on EEOICPA,  
13 I have been looking with -- I have been looking  
14 whether the program is fulfilling the purposes  
15 of the law, to ensure workers made ill due to  
16 their work on the nation's defense nuclear  
17 program receive the assistance they need, the  
18 compensation they deserve, and a fair  
19 evaluation of their claims. I have not jumped  
20 into this issue because I have a major facility  
21 in my district. There are a small number of  
22 claims from the Dana Heavy Water facility.  
23 However, my motivation is the belief that the  
24 Cold War era workers, many of whom were  
25 deceived as a matter of government policy and

1           subjected to dangers unwittingly, deserve our  
2           thanks as a nation for their service, and fair  
3           and honest treatment in the processing of the  
4           claims for the physical harm they suffered  
5           because of that service by all of us, and  
6           especially the agencies responsible for running  
7           the program.

8           To that end, the Subcommittee asked GAO to  
9           conduct a series of evaluations, looking first  
10          at the implementation of Subtitle B, and later  
11          at the roles of NIOSH program staff, the  
12          Advisory Board, and the audit contractor, and  
13          whether cost increases related to the audits  
14          were reasonable. More recently we have asked  
15          GAO to assess the ORAU contract and  
16          implementation of the NIOSH conflict of  
17          interest policy.

18          Because I so strongly support the mission of  
19          this program, a particular concern was sparked  
20          when the OMB pass-back document was brought to  
21          my attention. This document's call for  
22          administrative steps to be taken which would  
23          work to reduce the number of SEC approvals in  
24          order to, quote, contain the growth and  
25          benefits under the program, end quote,

1           compromises a core principle of the program.  
2           When data is missing or inadequate, classes of  
3           workers are to be put in the SEC, not refused  
4           inclusion when someone deems the cost too  
5           expensive.

6           While we are investigating the pass-back  
7           options to provide administration review of SEC  
8           petitions, to alter the balance of the Advisory  
9           Board, and to impose constraints on the Board's  
10          audit contractor, there is no intention of  
11          intruding on the Board's work.

12          That being said, there is concern that two  
13          members of the Advisory Board have been  
14          selectively removed from the White House  
15          without cause, and now only two of the 11  
16          workers repres-- members represent workers. No  
17          effort has been made to rebalance this Board to  
18          meet the requirement for a balance of, quote,  
19          scientific, medical and worker perspectives,  
20          end quote. It is imperative that this be  
21          resolved to the satisfaction of the claimant  
22          community and thus to the representatives here  
23          in Congress because they look to this Board to  
24          assure them that their claims are being  
25          considered fairly.

1           The Director of NIOSH testified before our  
2           Subcommittee on March 1st that NIOSH was  
3           developing a new conflict of interest policy,  
4           and I commend him for soliciting your input and  
5           that of the public. In that regard, I urge you  
6           to maintain the current conflict of interest  
7           requirements for your audit contractor so that  
8           the independence of individuals working on this  
9           project are beyond reproach.

10          Also with regard to the audit contractor,  
11          testimony from DOL at that same hearing  
12          expressed concern that individuals working for  
13          NIOSH were barred from some work because they  
14          were experts on behalf of DOE or its  
15          contractors in litigation, but there were no  
16          constraints on the work of the audit contractor  
17          or their associates if they had supported  
18          claimants in litigation against DOE. While  
19          this equal bias standard appears to make sense  
20          in theory, in practice the primary concern is  
21          that the work of NIOSH and ORAU be audited in a  
22          way that leaves no stone unturned by parties  
23          whose work has the confidence of the claimant  
24          community, regardless of their past actions.  
25          Given the history of the nuclear weapons

1 complex, if experts are excluded due to their  
2 work on behalf of claimants, all EEOICPA  
3 claimants may be short-changed. The whole  
4 point of this review process is to overcome the  
5 doubt created through the government's  
6 deception early on, and the questionability of  
7 honest and reliable information being the basis  
8 for claims processing. To fulfill this intent,  
9 claimants need reviewers asking the questions  
10 that speak to their interests.

11 Finally, I'm concerned that DOL bracketed out  
12 the funding for the Advisory Board and its  
13 audit contractor in their FY '07 budget  
14 request. In FY '06 the Congress specifically  
15 allocated four and a half million dollars, to  
16 be drawn from the program fund, for the Board  
17 and its audit contractor to alleviate any  
18 attempt to stifle your review by limiting  
19 funding. Given the importance of your role in  
20 this program, many of us are considering the  
21 possibility that Congress may need to continue  
22 stipulating independent funding for your work,  
23 either through the appropriations process or  
24 through amendment of the law.

25 Again, I want to thank you for your willingness

1 to take on this important task, and all of your  
2 hard work -- and for all of your hard work to  
3 assure a measure of compensation and justice to  
4 these Cold Warriors whose government must not  
5 forsake them or their families a second time.  
6 Be assured that I will do as much as I can to  
7 support the integrity and transparency that you  
8 individually and the Board collectively bring  
9 to this program.

10 Thank you very much.

11 **DR. ZIEMER:** Thank you very much, Mr.  
12 Hostettler.

13 **DR. WADE:** I think we'll take a break.

14 (Whereupon, a recess was taken from 10:15 a.m.  
15 to 10:40 a.m.)

16 **SITE PROFILE UPDATES (CONT'D)**

17 **DR. ZIEMER:** We're ready to reconvene. Just  
18 before the visit by Representative Hostettler  
19 we were discussing the concern that Mike Gibson  
20 had raised about the -- what do we call those  
21 folks who are coordinating the efforts? Anyway  
22 --

23 **MR. GIBSON:** Point of contact --

24 **DR. ZIEMER:** Point of contact, the point men --  
25 or point people. So we can continue that. I

1 think Stu -- Stu had made some comments.  
2 Perhaps Larry has some additional comment to  
3 make -- Larry Elliott.

4 **MR. ELLIOTT:** We'll change -- I -- I -- if  
5 there's a perception that a person serving as a  
6 point of contact can exercise influence in that  
7 effort, you know, I don't want to -- I don't  
8 want to -- I recognize that concern and we'll  
9 just change the points of contact.

10 **DR. ZIEMER:** Mike?

11 **MR. GIBSON:** I'd like to just say I appreciate  
12 that, Larry, and I think it's a -- I think it's  
13 also a wise management move, that it could help  
14 NIOSH or OCAS broaden your management base as  
15 far as your people getting knowledge of all the  
16 sites.

17 **MR. ELLIOTT:** I would agree with you that --  
18 first I'd say there's a learning curve, but  
19 that -- that's okay. We'll let the learning  
20 curve happen and -- and I'm a believer that  
21 we've got good staff who would maybe come out  
22 through -- from that learning curve and have  
23 perhaps a different perspective than somebody  
24 who lived through the -- the work at a given  
25 site.

1           **DR. ZIEMER:** Okay. Thank you. Any other  
2 discussion on that? Jim Melius.

3           **DR. MELIUS:** Yeah, just to follow up a little  
4 bit, I -- my concern would be if that point of  
5 contact is going to develop into someone that  
6 takes a more active role in some of the  
7 resolution issues and -- and so forth, were  
8 going to have a little bit more public  
9 involvement at that point in time and so forth,  
10 then it -- it could be -- become awkward --  
11 that. And so it -- I think it's -- it's sort  
12 of how you're planning to sort of use your  
13 staff over the long term and get them up -- you  
14 know, involved in a particular site and in  
15 handling a site, so --

16           **DR. ZIEMER:** In this solution that Larry has  
17 now indicated, there probably would not be a  
18 concern then if the person did get somewhat  
19 involved in resolution, although I think Stu  
20 indicated the anticipation was they wouldn't  
21 certainly be in a decision-making mode at all,  
22 so -- but perhaps could be involved more than  
23 otherwise.

24           **DR. MELIUS:** Yeah, I think as -- as things got  
25 -- yeah, again, depends. If it's simply to

1 pass along information, it's one thing. If  
2 it's going to be involved in the -- the  
3 workgroup meetings and so forth as they come  
4 about, I think that's where it gets a little  
5 bit -- could become -- again, it's a perception  
6 of a conflict and -- and not to -- I don't know  
7 any of these individuals and not to, you know,  
8 say that they would be conflicted or are  
9 conflicted, but just the fact that it just -- I  
10 think it's important that we have -- try to be  
11 careful on those type of -- that type of  
12 arrangement.

13 **DR. ZIEMER:** Dr. Neton.

14 **DR. NETON:** Yeah, I think it is a little more  
15 than just passing through the information. It  
16 was the intent for that person to take over a  
17 role similar to what I'm -- I've done for Y-12  
18 and Brant Ulsh has done for Rocky Flats, to  
19 sort of serve as the coordinator, maybe, of the  
20 effort. And I understand the issue and, you  
21 know, we'll proceed as Larry has -- has  
22 suggested.

23 **DR. ZIEMER:** Robert Presley.

24 **MR. PRESLEY:** Well, I don't want to speak  
25 against the thought, but we are and the people

1           that work for NIOSH, they are the experts in  
2           this field at what they're doing. To just come  
3           up and say everybody has a conflict of interest  
4           I think is ridiculous. I'm going to go on  
5           record with that. I think that there ought to  
6           be a median ground here. If you've got  
7           somebody that -- that -- yeah, that was there  
8           or -- or where they can -- they can influence a  
9           thought or something like that, but I sure like  
10          the fact of using expert people to get the job  
11          done. I think we can get it done faster and  
12          better if we pick our experts, and that's all I  
13          would like to ask. And I think that's -- I  
14          think that's what you're doing.

15         **DR. ZIEMER:** Larry?

16         **MR. ELLIOTT:** To change the points of contact  
17          is, in my opinion, not going to preclude our  
18          ability to draw on -- I believe J.J. Johnson  
19          was the person that was identified to be on --  
20          the point of contact for the Mound site, and I  
21          don't believe Mike ha-- you know, is raising  
22          personal issues about J.J. But I think  
23          certainly it does not preclude us to approach  
24          J.J. as we work through the Mound -- any issues  
25          on Mound and say J.J., what are your thoughts.

1 He is a site expert and we utilize site experts  
2 that way. And we will fully attribute whatever  
3 contribution they make and we'll make that well  
4 known. It will be transparent.

5 **DR. ZIEMER:** Thank you. Other comments?

6 **MR. GIBSON:** I just --

7 **MR. ELLIOTT:** I would add that he doesn't have  
8 decision authority. That's not going to  
9 happen.

10 **DR. ZIEMER:** Okay. Mike.

11 **MR. ELLIOTT:** That's one thing we do exclude in  
12 the process.

13 **DR. ZIEMER:** Yeah, Mike. Additional comment?

14 **MR. GIBSON:** Just a -- a brief comment to in a  
15 way respond to Mr. Presley, just -- you know,  
16 it goes both ways. I mean this year on my  
17 conflict of interest statement I took a six-  
18 hour bus trip around Fernald for a non-profit  
19 organization and now I'm conflicted for  
20 Fernald.

21 **DR. ZIEMER:** Well, hopefully some of those can  
22 -- in the final conflict of interest thing it  
23 won't count if you drove past that site on your  
24 way to Florida, but --

25 **UNIDENTIFIED:** (Off microphone) We're working

1 on it. We're working on it.

2 **DR. WADE:** Could I take a moment?

3 **DR. ZIEMER:** Sure.

4 **DR. WADE:** Since all Board members are here,  
5 let me talk to you about upcoming schedule of  
6 meetings, based upon your availability. First  
7 of all, you know that we have a call scheduled  
8 for August 8th. We have a face-to-face meeting  
9 scheduled for September 19, 20 and 21. We're  
10 looking at Nevada as the location. We now have  
11 a call scheduled for October 18th; a face-to-  
12 face meeting scheduled for December 11, 12 and  
13 13; a call scheduled for January 11th -- that's  
14 the year of our Lord 2007, believe it or not --

15 **MS. MUNN:** Wait, wait, wait. Wait, wait.

16 **DR. ROESSLER:** Yeah, we don't have --

17 **DR. DEHART:** Could you start over so --

18 **MR. PRESLEY:** Yeah, where we can work on this.

19 **DR. ZIEMER:** He's telling you to put them on  
20 your calendars based on --

21 **DR. WADE:** Here we go. Call on August 8th.

22 **MS. MUNN:** Got it.

23 **DR. WADE:** Face-to-face meeting September 19,  
24 20 and 21.

25 **MS. MUNN:** Right.

1           **DR. WADE:** Okay. Next, a call on October 11th  
2           -- October 18th. And then a face-to-face  
3           meeting December 11, 12, and 13.

4           **DR. ROESSLER:** Do you have a place?

5           **DR. WADE:** No. If you want to pick a place for  
6           December --

7           **DR. ROESSLER:** Let's pick a warm place.

8           **DR. MELIUS:** North Pole.

9           **DR. WADE:** I mean I -- the reason I keep it  
10          open is just because we don't know where the  
11          action will be and --

12          **DR. ZIEMER:** We talked before about Pinellas,  
13          and I don't know where we'll be on that, but  
14          that's one area to look at.

15          **DR. WADE:** Right, we could tentatively pencil  
16          in Pinellas, but again, I think it's -- wisdom  
17          would dictate leaving it open. Then January  
18          11th, 2007 is a call -- January 11th, 2007 is a  
19          call. And then February 6, 7 and 8 of 2007 is  
20          a face-to-face meeting.

21          **MR. PRESLEY:** What's the dates in February  
22          again, Lew?

23          **DR. WADE:** 6, 7 and 8.

24          **MR. PRESLEY:** 6th, 7th and 8th.

25          **DR. WADE:** So now we have three calls and three

1 meetings scheduled.

2 Thank you. Thank you for your -- the  
3 contributions with dates. Everyone was  
4 accommodating.

5 **MR. CLAWSON:** Dr. Wade, a question.

6 **DR. ZIEMER:** Yes.

7 **MR. CLAWSON:** I talked earlier about this and I  
8 was wondering if there's any way -- you know,  
9 especially some of us that sit on these small  
10 committees, you read the site profile and it  
11 brings a lot of things into question. Is there  
12 any way that we would be able to tour like say  
13 Nevada Test Site, be able to come in a day  
14 early or whatever because when you're digesting  
15 a lot of this information, a lot of it doesn't  
16 make sense sometimes just from the paperwork  
17 side.

18 **DR. ZIEMER:** And the answer is yes. In fact, I  
19 believe a tour is on schedule for Nevada Test  
20 Site.

21 **DR. WADE:** September 18 is what we're aiming  
22 for.

23 **MR. CLAWSON:** Okay.

24 **MR. PRESLEY:** Do you want me to start --

25 **DR. WADE:** Yes, please. Mr. Presley has



1 half -- I mean a dozen people.

2 **DR. WADE:** Question about spouses.

3 **DR. ZIEMER:** Spouses.

4 **MR. PRESLEY:** Yeah, and I'll ask about that.  
5 They -- they probably can.

6 **DR. ZIEMER:** Okay. So there may be a couple  
7 more spouses --

8 **MR. PRESLEY:** Yeah, we're talking no more than  
9 probably 24 -- a dozen -- a dozen plus spouses.

10 **FINALIZE SELECTION OF 6<sup>TH</sup> ROUND OF DOSE RECONSTRUCTION**

11 **CASES, DR. PAUL ZIEMER, CHAIR**

12 **DR. ZIEMER:** Thank you. We have on our agenda  
13 now the finalized selection of the 6th round of  
14 dose recommen-- dose reconstruction cases. The  
15 subcommittee, during its deliberations earlier  
16 this week, selected some -- or is proposing --  
17 I think it's 25 cases, from which -- and  
18 assuming that some might have to be dropped for  
19 one reason or another, and some might carry  
20 forward, so I now call on -- I guess I call on  
21 the Chair of the subcommittee, and that's me,  
22 to give the report of what is being  
23 recommended.

24 This comes as a motion from the subcommittee.

25 It doesn't require a second. Let me refer you

1 to the list of proposed cases. And we have --  
2 we have selected some proposed cases from the  
3 document entitled "Full Internal and External,"  
4 and we'll use the ending digits -- these all  
5 begin with 2006-06, and we were careful to  
6 exclude the 666 one --

7 **MR. CLAWSON:** By the way, that's the number of  
8 my facility, so...

9 **DR. ZIEMER:** And if that doesn't make sense to  
10 you, just ignore it.

11 **MS. MUNN:** I think that's my standard room  
12 number.

13 **DR. ZIEMER:** Your hotel room number. Okay. So  
14 Dr. Wade will read to us the proposed numbers.  
15 Those who weren't present for the subcommittee  
16 meeting may wish to mark these on your list and  
17 we'll have opportunity to make any final  
18 changes that may be proposed after the list is  
19 read. So here we go.

20 **DR. WADE:** The list includes 08, 18, 19, 22,  
21 26, 31, 33, 48, 49, 65, 74 --

22 **MS. MUNN:** Two -- two.

23 **DR. WADE:** -- I'm sorry, 72, thank you -- 93,  
24 96, 98, 106, 113, 125, 136, 144, 155, 163, 166,  
25 171 and 181. In addition there were two

1 carried over from the fifth round that will be  
2 added to this for consideration.

3 **DR. ZIEMER:** So the list you just read is a  
4 list of 23. Is that correct? Or is that 25?  
5 I thought -- Did we -- did we include the  
6 carry-overs in the list?

7 **DR. WADE:** I count 24 on the list I just read,  
8 plus two carry-overs.

9 **DR. ZIEMER:** Okay. One -- one of the issues we  
10 will have is -- is if -- if none of these are  
11 disqualified -- for example, if they're pulled  
12 from the finalized list by Labor and have  
13 reworks or something like that. Let's suppose  
14 all of these are truly finalized cases, we need  
15 to have some guidance as to how to proceed  
16 forward. I would suggest that we utilize the  
17 two that were carry-overs as the first two, and  
18 then take the next 18 on the list, unless  
19 someone objects or has an alternate suggestion  
20 that everyone likes better -- and that won't  
21 hurt my feelings, so -- any objection to that,  
22 that we --

23 **MS. MUNN:** No.

24 **DR. ZIEMER:** -- start with the two carry-overs  
25 and then proceed down the list in order? And

1 anything left over will carry onto the next  
2 group of 20 then. Is that the understanding?

3 **MS. MUNN:** Sure, fine.

4 **DR. ZIEMER:** Any objections? Any -- anyone  
5 wish to offer any changes or modifications to  
6 the list? We can -- we can drop some, we can  
7 add some.

8 (No responses)

9 It appears that there is no movement to change.  
10 Am I correct? Are you ready to vote then?

11 **MS. MUNN:** Sure.

12 **DR. ZIEMER:** So the vote would be to approve  
13 this list, which is thought to be 24 or 25.

14 **MS. MUNN:** 24 plus two.

15 **DR. ZIEMER:** Is it 24?

16 **MS. MUNN:** Uh-huh.

17 **DR. ZIEMER:** Okay. Whatever it is. All in  
18 favor say aye.

19 (Affirmative responses)

20 Any opposed?

21 (No responses)

22 Are there any abstentions?

23 (No responses)

24 Thank you. The motion carries and this will  
25 constitute then the basis for the sixth round.

1           **DR. WADE:** One slight clarification for the  
2 record. Depending upon what winds up on the  
3 list, the Chairman might have to look at the  
4 team assignments and do some slight adjusting  
5 to keep the numbers about the same, and I -- I  
6 would assume he would have that prerogative.

7           **DR. ZIEMER:** Right. Now we haven't done the  
8 team assignments on this list yet. We did team  
9 assignments on the -- on the fifth round list,  
10 I believe.

11           **MR. PRESLEY:** Uh-huh.

12           **DR. WADE:** Correct.

13           **DR. ZIEMER:** So -- and I don't think we need  
14 the team assignments before our next phone call  
15 next -- yeah.

16           **DR. WADE:** You're right, I don't think we do.

17           **DR. ZIEMER:** Okay. So let's -- let's move on.

**SC&A REPORT OF SEC REVIEW PROCEDURES**

**DR. JOHN MAURO, SC&A**

18           Let's see, we have next SC&A review of -- or  
19 SC&A report of the SEC review procedures. I  
20 think we have a brief report by John Mauro, and  
21 there should -- there's also a handout at your  
22 place for this. John?

23           **THE COURT REPORTER:** Oh, is this from  
24 yesterday, or is this on the --



1 just completed a review on the Task III  
2 (unintelligible) procedure. I just want to  
3 make sure which presentation you'd like to hear  
4 at this time.

5 **DR. WADE:** The SEC review procedures.

6 **DR. MAURO:** Okay. My apologies,  
7 (unintelligible).

8 **DR. WADE:** For the record, we're interested in  
9 everything you do.

10 **DR. ZIEMER:** Right. This was the item we  
11 swapped with yesterday, so...

12 (Pause)

13 And John -- John, my apology, the handout that  
14 I saw at the place I thought -- I thought was  
15 the handout for what I've described, but I see  
16 it --

17 **DR. MAURO:** We have two --

18 **DR. ZIEMER:** -- that was a little misleading,  
19 yes.

20 **DR. MAURO:** -- and we're prepared to address  
21 both.

22 **DR. ZIEMER:** Right.

23 **DR. WADE:** And we'll give you the opportunity  
24 to address both.

25 (Pause)

1           **DR. ZIEMER:** Again, this is officially called  
2           "SC&A Report of SEC Review Procedures".

3           **DR. WADE:** To set the stage, remember that  
4           there was a working group that looked at SEC  
5           review procedures, SC&A was looking at them,  
6           and then you were asked to sort of offer a  
7           blend.

8           **DR. MAKHIJANI:** (Off microphone) We submitted  
9           two reports to the Board. One was a review of  
10          NIOSH procedures for SEC and then the other was  
11          draft Board procedures and (unintelligible)  
12          procedures for reviewing the SEC last November,  
13          I believe, and then the Board adopted its own  
14          criteria and -- for reviewing SEC and the  
15          direction that was given to us was to revise  
16          the draft procedures (unintelligible) for the  
17          Board. And the contractor, in conformity with  
18          those and also to reflect the extensive  
19          experience that we've had in actually reviewing  
20          SEC petitions, a petition for Ames that did not  
21          have a site profile, Y-12 (unintelligible) the  
22          work reviewing the site profile and Rocky Flats  
23          (unintelligible) some kind of combination of  
24          the two. And so we submitted a revised report  
25          to you the week -- was it on the 5th of June,

1 something like that, or early this month.  
2 The initial procedures had been in three phases  
3 and they had envisioned that most of the work  
4 would have been after NIOSH submitted the  
5 evaluation report because a proposal had been  
6 written with the idea that there would be full  
7 reviews. But in the interest of timeliness, a  
8 lot of work has been brought forward and part  
9 of the direction of the Board as we viewed it  
10 was to do it in two phases. The first phase  
11 would be after NIOSH qualifies a petition for  
12 evaluation, but before NIOSH submits the  
13 evaluation report, to make a preliminary  
14 investigation of the petition, what are the  
15 issues, and then -- and related documents and  
16 their site profile of that. I'm going through  
17 the phases. But -- but basically to do one  
18 phase before NIOSH publish-- publishes  
19 evaluation report and the second phase after it  
20 publishes the report and the second phase could  
21 be a full review or a partial review -- or no  
22 review at all, depending on what the Board  
23 decision would be. And throughout the -- the  
24 touchstone, of course, is the feasibility of  
25 dose reconstruction under 42 CFR 83 and is a

1           dose reconstruction with sufficient accuracy  
2           possible. And in fact it's the way it has  
3           worked out in our experience is usually we're  
4           looking at is the dose reconstruction a maximum  
5           dose or a plausible assumption possible and  
6           then NIOSH might do it with more accuracy if  
7           they feel -- but the -- the main criterion is  
8           can you bound the dose with some reasonable  
9           circumstances, and if you can do that, it's not  
10          an SEC issue and if you can't, then -- then it  
11          becomes an SEC question.

12          So this is the detail of phase one. NIOSH  
13          qualifies the petition and informs the Board.  
14          The Board designates a working group, so this  
15          is the procedure as we see it that the Board  
16          had been following, and the contractor works  
17          according to whether the Board wants us to be  
18          involved in any particular phase of this. We  
19          had initially suggested that NIOSH provide a  
20          detailed SEC-specific evaluation plan, which is  
21          mentioned in the regulation. NIOSH has said  
22          (unintelligible) provided a general evaluation  
23          plan (unintelligible) creating a -- a formal  
24          document would be very cumbersome and delay the  
25          process. I think the Board agreed with that.

1           At least that was our understanding that there  
2           would not be a formal petition-specific  
3           evaluation plan but that in its place documents  
4           that NIOSH is using (unintelligible) made  
5           available to the working group. NIOSH would  
6           communicate in some way what it saw as the  
7           issues and the working group makes its own list  
8           of issues that could be drawn from the  
9           petition, the site profile review if there is  
10          one, and document review. And of course the  
11          working group may assign tasks to the  
12          contractor, as it has been doing.  
13          So this is sort of further -- further  
14          development. Part -- a part of what has  
15          happened is a lot of the issue-specific  
16          development then revolved around two questions  
17          broadly, are the data available, are the data  
18          valid, and that the are the types of data that  
19          we look for, which are personnel monitoring  
20          data, air concentration data, (unintelligible),  
21          job types -- and this has to be done for every  
22          period and the different type of processes.  
23          And as you saw on the Y-12 petition, looking at  
24          specific radionuclides and specific processes  
25          and the Cyclotron and the Calutron and so on,

1           this -- this ultimately had a considerable  
2           importance and the data validation and  
3           integrity questions have also been quite  
4           important, both -- both at Y-12 and in one case  
5           it clarified that a lot of other data were  
6           actually valid and could be used, and then  
7           there was some portion of data that could not  
8           be properly validated, like urine and  
9           (unintelligible) data, and then how it was to  
10          be used was also resolved in the  
11          (unintelligible). So very important and sort  
12          of precedence and methodological processes are  
13          being put in place, and those have been  
14          incorporated into the details of the report. I  
15          won't go into that here.  
16          But at -- at this -- in the preliminary stage,  
17          the bottom line, in a way, would be the last  
18          bullet here, to define to sample full or  
19          partial dose reconstructions that NIOSH would  
20          actually do to demonstrate that it can -- you  
21          know, can -- that -- actually do dose  
22          reconstructions, dose reconstructions are  
23          feasible, if that's the direction in which  
24          NIOSH is going.  
25          So these are the (unintelligible) procedures.

1 Part of what is in these procedures is there  
2 would be at least a preliminary interview with  
3 at least one petitioner. In the case of Ames,  
4 for instance, I sought Board permission to talk  
5 to Dr. Fuortes. I sought his view of his  
6 petition. I asked him where there might be  
7 additional documentation that he might have  
8 looked at. This is a preliminary contact and  
9 not a -- not a full-blown, formal interview.  
10 This not -- not to drag out the process in the  
11 initial stages. I asked him his opinion of who  
12 the best site experts were for me to get a grip  
13 on who might know what all data was available.  
14 I interviewed Dr. Warf\*, whose -- he was just  
15 an amazing interview. I won't go into it, but  
16 it was just -- it was a real pleasure for me to  
17 -- and a privilege for me to talk to him, how -  
18 - how clear his memory was, how much fun it was  
19 (unintelligible).

20 So we -- we prepare by reviewing the documents  
21 and the petition and (unintelligible) site  
22 profile review an initial list of issues. And  
23 I think preparing an initial list of issues  
24 from the petition is extremely important  
25 because that gives the proper place to the

1           petitioner in the process, that something they  
2           have said in the petition, whether it's about  
3           records not being available or missing or data  
4           integrity or like the high-fired issue. But if  
5           it's given appropriate consideration by the  
6           working group, and by the contractor if the  
7           working group desires -- I think the Rocky  
8           Flats high-fired report has been  
9           (unintelligible) very good example of that.  
10          The -- and then again, the bottom line to this  
11          preliminary assessment would be a list of  
12          examples. Now in the case of Ames it was not  
13          necessary because our preliminary evaluation  
14          indicated to us that we just (unintelligible) -  
15          - the data just weren't there to do dose  
16          reconstruction, so we just stopped and informed  
17          the Board at that point that we'd arrived at  
18          the end and stated the resources and NIOSH  
19          filed their report and -- and we went on from  
20          there.  
21          I think, just for your information, about 1,000  
22          hours were allocated to Ames, and in the end I  
23          think it all got done in just a shade over 300  
24          hours, because we stopped the process where we  
25          (unintelligible). And then the other -- the

1 other review, which took more resources  
2 (unintelligible) something available within the  
3 budget to do that.

4 So if a site profile review is available, then  
5 there are some additional things that we do  
6 from that as we have been doing. We go through  
7 the matrix and extract the issues from the  
8 matrix and the site profile review, added to  
9 the issues raised by the petitioner, and  
10 examine the questions of job types and  
11 radionuclide -- just -- just for an example,  
12 for instance, the -- the other radionuclide  
13 issues in Rocky Flats are the thorium issue and  
14 exotic radionuclide issues were raised in our  
15 site profile review and that's how they wound  
16 up in the SEC issues list that we prepared.  
17 And I -- I personally wasn't involved in that,  
18 but I was involved in the SEC phase of it, but  
19 I relied on the site profile review plus the  
20 other documentation (unintelligible) my  
21 starting point.

22 If there's -- if there's site profiles, we do a  
23 site -- targeted review of the site profile.  
24 We don't necessarily aim to produce a document  
25 from that. I haven't -- I haven't -- if

1           there's no site profile, then we do what we did  
2           on Ames. We do a preliminary check of the  
3           documentation to see what's available. We  
4           don't necessarily evaluate the whole  
5           (unintelligible) documentation. I was  
6           convinced (unintelligible) interviewed Dr.  
7           Warf\* and -- and talked to Dr. Fuortes and  
8           looked at the documentation that there was no  
9           documentation on the plutonium experimentation  
10          and so on, there was nothing -- NIOSH confirmed  
11          that, so we just -- we stopped looking  
12          (unintelligible) something and wait for NIOSH  
13          to deliver something.  
14          So (unintelligible) we will not be creating a  
15          dummy site profile or a mock site profile or a  
16          substitute site profile. That's not the  
17          objective of this task.  
18          After the evaluation report is submitted, of  
19          course, the Board has -- has three options and  
20          historically has exercised all three in one way  
21          or another -- accept the ER and vote on it;  
22          accept it partially, which is what was done on  
23          Nevada Test Site, and investigate  
24          (unintelligible) more and -- or review the ER  
25          further, a partial or full review.

1           So here -- if there is a review, a full review  
2           would include these. Of course a partial  
3           review, then the Board and the working group  
4           could select (unintelligible) sample dose  
5           reconstruction done, documentation cited in the  
6           evaluation report, the question of validity and  
7           representativeness of the data -- and a lot of  
8           this you will recognize comes from your  
9           criteria in terms of feasibility of dose  
10          reconstruction, representativeness of data and  
11          so on. And the two phases of course are of  
12          course addressed in (unintelligible) question  
13          which has been a central part of your  
14          discussion. Sufficiency of data to sustain  
15          individual dose reconstruction and coworkers  
16          models, procedures to fill in missed doses --  
17          we've gone through all of these in one way or  
18          another in the -- in the SEC petition and  
19          evaluation report that are so far -- so far  
20          been evaluated. The last bullet of course is  
21          an item of active discussion -- has been an  
22          active -- active discussion at -- at this Board  
23          meeting and there are some views before you for  
24          resolution, but this would be a standard item,  
25          depending on what guidance you provide on this

1 question at review, as to how we would do that.  
2 There's not -- there's -- other than suggesting  
3 some things that are there in the report along  
4 the lines of what we did at Ames, there's not a  
5 (unintelligible) procedure because this is  
6 really a (unintelligible) resolution problem  
7 more as to how (unintelligible) radiological  
8 controls needs to be looked at. This -- the  
9 way we did look at it in the question of Ames,  
10 it was a combination of a lack of monitoring  
11 data altogether for most of the period, plus an  
12 obvious lack of radiological controls -- no  
13 ventilation, no hoods, no monitoring and so on  
14 that -- and very high dose -- committed doses  
15 in -- in one day's intake that led to the kind  
16 of idea (unintelligible) presented.  
17 So this -- this -- I think that the Board  
18 wanted some criteria for a data validation that  
19 was part of the working -- working group's  
20 recommendation. This is what we have been  
21 doing, comparison with the raw data, the  
22 (unintelligible) records (unintelligible)  
23 examination of patterns of data entry, patterns  
24 of incident data and worker files  
25 (unintelligible) questions and so on and

1 (unintelligible). So I think we -- we have  
2 about as reasonable a general approach -- in  
3 each case of course the data (unintelligible)  
4 different because the site records are so  
5 varied.

6 These are the deliverables we suggest. We are  
7 -- we have suggested that the phase one not be  
8 very rigid in terms of the deliverables. It  
9 might be, in the case of Ames, that we did a  
10 lot of the work, but we held off on putting  
11 effort into actually writing a report so as to  
12 not be second-guessing NIOSH and what they were  
13 coming out -- we felt probably if they saw the  
14 data the same as us, they would recommend an  
15 SEC. And if they didn't, then there would be a  
16 fairly lengthy evaluation and resolution  
17 process, so we deferred the deliverable to  
18 phase two.

19 In the case of Y-12 and Rocky Flats, we've been  
20 producing issue-specific short reports,  
21 memoranda, issue lists, and so it's very  
22 petition-specific. And we would suggest that  
23 in phase one our deliverables remain flexible  
24 and at the direction of the Board  
25 (unintelligible) the process. But then in

1 phase two some kind of final report so that  
2 (unintelligible) on our part we deliver to you,  
3 as we did in the case of Ames, as -- maybe the  
4 record in phase one would stand as a final  
5 report, perhaps as -- as has been the case --  
6 well, no, we did -- we have done final report  
7 for -- for Y-12 (unintelligible) and we  
8 anticipate doing that for Rocky Flats.  
9 I think that's the end.

10 **DR. ZIEMER:** Okay. Thank you very much. Board  
11 members, the actual report is dated June 12th,  
12 so --

13 **DR. MAKHIJANI:** (Off microphone)  
14 (Unintelligible) the Y-12 report.

15 **DR. ZIEMER:** I think -- yeah, I'm looking at  
16 the report. It's June 12th, which means if you  
17 got it -- you may have gotten it before you  
18 left home if you -- or you may not have  
19 received it, that -- I think both hard copy was  
20 sent out perhaps by FedEx and -- and we also  
21 got it by -- electronically.

22 This -- this document was a result of a  
23 recommendation that actually came through your  
24 subcommittee, Jim, to -- to try to in a sense  
25 coordinate this -- the Board's policy with your

1 earlier document. Jim, I know the subcommittee  
2 hasn't had a chance to really look at this  
3 report at all, but do you have any comments at  
4 this point? It seems to me at some point we --  
5 we may want to officially in a sense adopt this  
6 or at least indicate that this is the direction  
7 that we expect the contractor to take when they  
8 review the SECs, or modify it appropriately.  
9 So let me get your response there and then  
10 we'll hear from John.

11 **DR. MELIUS:** Yeah, my -- my personal view is I  
12 think this is -- I think we've got this  
13 approach down -- down pretty well, as -- as  
14 well as it can. There -- it has to be a  
15 flexible approach. I think having the -- the  
16 two phases worked very well in Ames. I think  
17 it'll work well in -- in other situations,  
18 albeit every situation's going to be -- be  
19 different for -- and I had a chance to read  
20 through their report and -- frankly, on the  
21 plane on the way down here, and it -- I think  
22 it's satisfactory. I think, to be fair to  
23 other people, we probably should fall -- give  
24 everyone an opportunity to review it, and then  
25 maybe have a formal closure, perhaps at our --

1           **DR. ZIEMER:** Next meeting or --

2           **DR. MELIUS:** -- conference call or -- yeah.

3           **DR. ZIEMER:** And I'm on the subcommittee and  
4           have reviewed it and I -- it appears to me that  
5           it aligns quite well with our policy. John?

6           **DR. MAURO:** Yeah, I just wanted to make a  
7           couple of points. The report, the version that  
8           some of you have seen, your -- and some of you  
9           will see when you get home electronically, you  
10          will be receiving a hard copy, does have  
11          attachments to it. One is -- is -- is the  
12          working group's January 16th, 2006 document, so  
13          it's made part of ours. In addition, we have  
14          another attachment which actually tries to map  
15          all of the criteria that are in your working  
16          group document with our report, so that you can  
17          see the one -- the correspondence between the  
18          two. And there's a lot of additional material  
19          in the -- the main body of the procedures which  
20          tries to directly address the criteria that are  
21          outlined. So in addition to reflecting the --  
22          the experience that we have gone through and  
23          what -- the reality of how Y-12 and Rocky is  
24          proceeding, we also try to marry in this other  
25          document.

1           One more point I'd like to make, which I think  
2           is -- is important, is this two-phase process  
3           worked very well. If you recall, the  
4           evaluation reports came out I believe -- for  
5           Rocky and Y-12 -- on January 7th -- I'm sorry,  
6           January -- April 7th, and I think closure, at  
7           least on Y-12 -- so we're talking about April,  
8           May, June -- a two-month period to go from when  
9           the evaluation report came out to -- on Y-12,  
10          in any event -- and -- and a vote by the Board.  
11          And the reason that was possible is so much was  
12          done in the early phases to -- to allow the  
13          process to mature. So I think our original  
14          intent to expedite that post-evaluation report  
15          process seems to be working.

16          Now how well it will work with Rocky is yet to  
17          be seen --

18          **DR. ZIEMER:** Right.

19          **DR. MAURO:** -- because on the same date, April  
20          7th -- I believe that's when the Rocky  
21          evaluation report came out, but as you all  
22          know, we're -- we're really in the middle of  
23          that process. I'm not quite sure, you know,  
24          how -- how protracted that will be.

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

1           **DR. MAKHIJANI:** (Off microphone) Just to  
2           (unintelligible) that, Dr. Ziemer, also Ames  
3           report came out about the same time  
4           (unintelligible) with that, but we were, as Joe  
5           has often pointed out, a lot further behind on  
6           Rocky in terms of our evaluation  
7           (unintelligible) site profile review, so that's  
8           part of why -- so we kind of grafting the site  
9           profile review onto (unintelligible).

10          **DR. ZIEMER:** Understood, right. Dr. Melius.

11          **DR. MELIUS:** Yeah, I think another way of  
12          looking at this is that phase one is sort of  
13          can we improve the efficiency and timeliness of  
14          the process, what extent can we get started in  
15          terms of the evaluation while we're, you know,  
16          letting NIOSH do -- independently do its  
17          evaluation report, which I think is -- the  
18          independence of that is important, but at the  
19          same time be ready when that evaluation report  
20          came -- comes out and I think that part has --  
21          has worked so far.

22          Phase two is really the -- in some ways the  
23          more formal part where we real-- we have an  
24          evaluation report and we review it and -- and I  
25          think, again, that -- while it's more

1           straightforward, we just don't want it to have  
2           to go on -- you know, be delayed  
3           inappropriately if there are things we can get  
4           started on, and it worked well -- the other  
5           thing I think happened with Ames I'd point out  
6           is that in the fir-- initial call that we had,  
7           I believe in April -- early April with the  
8           petitioner, we were able to identify, you know,  
9           the two issues -- the residual contamination  
10          issue and then the episodic exposure issue that  
11          they were concerned about, that were sort of  
12          the -- and it allowed -- to make sure that we  
13          were able to start exploring that and getting  
14          information on it and so forth and -- and so  
15          that part was helpful and then involving the  
16          petitioner at that time, in that initial call,  
17          was -- was the -- did move the process along.

18         **DR. MAURO:** And sort of stepping back and  
19          looking back as the program manager, this  
20          particular type of approach -- whereas there's  
21          a lot of flexibility, the way we're handling  
22          this I think is important. And David Staudt  
23          and I have been in a lot of communication on  
24          this. The process is one where we initially,  
25          together, identify issues as early as we can.

1           And what we do at that point -- and remember,  
2           we're operating within Task V; Task V has a  
3           certain allocated budget. What we do then, as  
4           soon as we are authorized to proceed with let's  
5           say phase one on a given SEC review, as quickly  
6           as possible we identify issues, we do the best  
7           we can to estimate what we think the budget  
8           will be, and then I provide that information to  
9           the Board and to David. And then as that  
10          process matures and things change, and they  
11          have changed. For example, I will put out  
12          periodically what I call a heads-up, where are  
13          we, and -- for example, we tur-- this -- one --  
14          this -- this is turning out to be fortunate, in  
15          this case. The cost associated with Ames is  
16          much less than what we anticipated. But  
17          unfortunately, the cost associated with Rocky  
18          is greater. So I would say on the order of  
19          every month or two I keep the Board, the  
20          project officer and the contracting officer  
21          appraised (sic), so this is an unusual  
22          circumstance because it's fluid, but I try to  
23          keep everyone apprised where we are. And this  
24          -- the reason this is important is because it  
25          has to do with at what point do you stop. I

1 know this is always a tough question, have we  
2 chased it down far enough, when are we  
3 satisfied with data validity. So I do the best  
4 I can to -- as new issues emerge with the  
5 working group, it's important to keep -- keep  
6 in mind where we are with the budget, how --  
7 you know, so it's a -- it's a -- I'll use that  
8 word "tension" that Lew uses a lot, and I like  
9 that term. There's always this tension, and  
10 we're very much aware of this tension and we  
11 try to keep you folks apprised of it.

12 **DR. ZIEMER:** Good. Thank you, John. Now we  
13 don't need to take action today. I think  
14 what's been suggested here is that we perhaps  
15 formalize an action by the time of our next  
16 meeting, after the Board has full chance to  
17 digest the materials. In a sense it's a  
18 description of what we're actually doing, both  
19 Board-wise and contractor-wise. So it seems to  
20 me that there's no objection to proceeding on  
21 this basis in the interim, but we do want to  
22 take a formal action on it, and that will be a  
23 subcommittee task, Jim, for that SEC  
24 subcommittee to perhaps develop a  
25 recommendation.

1           **DR. WADE:** I intend that we have it on the  
2 agenda for the August 8th call.

3           **DR. ZIEMER:** Thank you. Now if I can figure  
4 out what SEC (sic) is supposed to report on  
5 next, I will call on them to do it.

**FINALIZE REPORT ON 2<sup>ND</sup> AND 3<sup>RD</sup> SET OF REVIEW OF**

6 **DOSE RECONSTRUCTION CASES, DR. PAUL ZIEMER, CHAIR**

7           I think we -- we actually have -- what we have  
8 on the -- on the agenda is finalizing the  
9 report on the 2nd and 3rd set of reviews. Now  
10 Kathy gave us an extensive report on these dose  
11 reconstruction reviews. We talked about the  
12 matrix. Mark, the -- the subcommittee -- or  
13 the working group, actually, ended up providing  
14 us a status report, but we're not ready for an  
15 action on this at this time, is that -- that's  
16 correct, is it not?

17           **MR. GRIFFON:** That's correct.

18           **DR. ZIEMER:** So remind us, if you would, what  
19 we have bef-- and what will be coming. And I -  
20 - and I don't think we need an SE-- or an SC&A  
21 report at this time. We -- the subcommittee  
22 had the full report already.

23           **MR. GRIFFON:** Yeah, just as a reminder, and I  
24 think it's mostly the same audience, so a  
25 reminder that during the subcommittee meeting

1 we discussed the second set matrix, which was  
2 the second set of dose reconstructions  
3 reviewed, along with the third set and the  
4 procedures review matrix. So we have three  
5 matrices out there.

6 Since the last workgroup meeting I've added a  
7 Board action in the matrix, which indicates  
8 whether the -- NIOSH agree-- the number code  
9 that we have before NIOSH agrees to the finding  
10 or -- number six is a common one, that it's  
11 been deferred to a site profile review or -- or  
12 a procedure review or something like that. I  
13 added that column and -- but -- but hadn't had  
14 a chance to bring it back to the workgroup or  
15 discuss it.

16 Additionally, NIOSH -- and SCA -- provided some  
17 comments on the last draft, and then NIOSH also  
18 included a final column in a version of ma-- of  
19 the matrix that -- that Stu Hinnefeld was  
20 working from. He provided a -- an action, a  
21 NIOSH action as a means to start tracking these  
22 actions that are coming out of the matrices.

23 So we -- we've got to get together at the  
24 workgroup level. We -- we decided on the  
25 subcommittee that it would be wise for us to

1           get together again as a workgroup and finalize  
2           the matrix that I've developed, possibly  
3           merging the two matrices or possibly keeping  
4           them separate. We're going to discuss how that  
5           should happen, whether the NIOSH action should  
6           be in a separate matrix. We all agree I think  
7           that the -- Stu has a -- has generated a  
8           separate report out of the matrices that --  
9           that just lists the actions from all the  
10          matrices, and I think that's much more  
11          manageable going forward to just have a listing  
12          of the actions -- actions. So once we resol--  
13          once we come to final resolution we'll bring  
14          that back to the Board and then we'll -- from  
15          there on we'll just have a -- a listing of  
16          NIOSH actions to -- to track and continue and  
17          make sure they -- they come to closure on.  
18          But I -- I think that's -- that's where we're  
19          at and we -- I -- the hope of everyone I think  
20          is that we're going to meet in short order to  
21          close out -- we're very close to closing out  
22          all three of these matrices, and I think we're  
23          going to meet and the intent is to possibly  
24          come to the August 8th phone call meeting --  
25          send the final versions of these things out and

1 possibly bring them up to -- you know, to the  
2 Board at the August 8th phone call meeting. We  
3 -- we've -- we've had these out there for a  
4 while so we want to close out on these as soon  
5 as we can.

6 **DR. ZIEMER:** Okay. So basically that's second  
7 and third sets of dose reconstruction reviews,  
8 and also the procedures review matrix, which is  
9 the first item listed after lunch, so we're not  
10 ready to vote on that yet either.

11 **MR. GRIFFON:** Right.

12 **DR. ZIEMER:** Now in addition, talking about  
13 procedures review, we do have a summary of the  
14 SC&A review of the second set of procedures.  
15 And I'm not sure if we explicitly put this on  
16 the agenda, Lew, or was that to be included  
17 with the procedures review item?

18 **DR. WADE:** That was to be included.

**FINALIZE REPORT ON PROCEDURES REVIEW**

**DR. PAUL ZIEMER, CHAIR**

19 **DR. ZIEMER:** So I think we can proceed to hear  
20 that, which is -- so now the other document  
21 from SE-- SC&A, summary of SC&A review of the  
22 second set of NIOSH/ORAU procedures.  
23 These are all -- these are all procedures that  
24 were not in that original matrix that we talked

1           about, so...

2                           (Pause)

3       **DR. MAURO:** Yes. Under Task III we were  
4 authorized to review a set of -- second set of  
5 32 procedures. That was -- the review of those  
6 procedures has not quite been completed, but we  
7 have delivered a draft report to you folks on  
8 dat-- the date of June 8th. You received it  
9 electronically. You will be receiving hard  
10 copy and we're calling it Supplement 1, same  
11 title as the first one, but it's a supplement.  
12 And basically what this does is that document  
13 addresses 30 of the 32 procedures. The 30  
14 procedures include six external, 13 internal  
15 and 11 QA. Two procedures that are within the  
16 scope of that work that haven't been delivered  
17 to you today -- to date is like item three on  
18 this slide, have to do with the CATI reports.  
19 And I believe that was OCAS-TIB 90 and 92.  
20 We're working on it and we will deliver a  
21 supplement that you will simply insert into the  
22 back of the document -- soon. So that's the  
23 product that you folks received, which lar--  
24 and by the way, which largely completes our  
25 deliverables for Task III.

1 We do have some workbook responsibilities.  
2 Workbooks are turning out to be interesting in  
3 that imbedded in the review of these procedures  
4 are the review of workbooks. Imbedded in the  
5 review of many of the cases that we are looking  
6 at under Task IV are a review of workbooks. So  
7 our plan is to collect -- since we do have a  
8 separate deliverable that we owe you dealing  
9 with the workbooks, we bel-- and a lot of that  
10 work's been done as part and parcel to this  
11 kind of material, I would -- my plan is, unless  
12 I receive direction otherwise, is to extract  
13 that material and get it into a form that would  
14 actually be a deliverable dealing specifically  
15 with workbooks so that we can meet that  
16 commitment in a clear and unambiguous way. But  
17 the reality is, a lot of workbook review of the  
18 material has already been accomplished.  
19 Okay, this is a summary of the findings. If  
20 you recall, every procedure, when it's  
21 reviewed, is -- a checklist is used. And the  
22 technical procedures -- those are the ones  
23 dealing with internal and external dosimetry --  
24 they have a total of 27 criteria that we score  
25 the procedure against. And the quality

1 assurance procedure reviews that we perform,  
2 they -- that's a different form and they have a  
3 total of 21 criteria.

4 So what I did was say okay, to the 19 technical  
5 procedures, I tr-- on the left-hand side of  
6 this slide, I tried to show how the scoring  
7 ended up. Turns out the scoring ended up very  
8 well (unintelligible). A score of 5 means the  
9 procedure is perfect. Okay? A score of 1  
10 means we found some significant deficiencies.  
11 And then of course there's everything in  
12 between.

13 As you can notice that everything out of the  
14 collection of 19 technical procedures, two hun-  
15 - there are a -- the total number of -- the  
16 scoring by far were 5s against all the  
17 criteria. So we're -- I guess where I'm going  
18 with this is that these procedures are -- are  
19 very good, excellent in many cases. We'll talk  
20 a little bit more about the few places where  
21 there are some deficiencies, and I'll get to  
22 that in the next slide.

23 The QA procedures, yes means yes, it meets the  
24 criteria; no means it doesn't. There are 25  
25 yeses that emerged, 14 no's. The 14 no's are a

1           little bit misleading, and -- and very quickly,  
2           it's really things like the title page wasn't  
3           properly filled out, there was a -- in other  
4           words, we have a checklist which is -- these  
5           are minor issues.

6           The only single -- and I'll -- again, I'll --  
7           the only single thing that we found out that I  
8           think might be important regarding the QA  
9           procedures is each QA procedure deals with like  
10          a slice of the over-arching QA program, which  
11          is a ver-- which is a vast program. The role  
12          of each slice that one particular procedure  
13          place within the context of the overall QA  
14          program is not always apparent when you read  
15          the individual procedure. So very often it's  
16          difficult to see in the context within which  
17          the given procedure is within the -- within the  
18          overall array of procedures that govern quality  
19          assurance, so that was a recurring theme. I  
20          would say out of all those no's, that is the  
21          one finding that we saw -- we repeatedly found  
22          was a better job could have been done in  
23          setting -- what I call setting the table. This  
24          procedure -- its role within the bigger  
25          context.

1 But now let's move on to the 19 technical  
2 procedures and ma-- our principal findings are  
3 -- the procedures are satisfactory to  
4 excellent. Quite frankly, the -- we were very  
5 critical in the first set of 32, and in fact  
6 we're still in the process of closeout  
7 (unintelligible). We're not going to have that  
8 situation in this second set. The -- the  
9 principal improvements (unintelligible) really  
10 seen in terms of this set of procedures are the  
11 -- the -- there's no doubt a great effort been  
12 made by NIOSH to integrate the-- by the way,  
13 these -- these, remember, are generic  
14 procedures. These are not like a Y-12  
15 procedure or a -- these -- these are the  
16 generic procedures that cross all -- go across  
17 all sites. So what was done -- you can see a  
18 significant effort was made to cross-reference  
19 between these procedures and site profiles so  
20 you have context. So when a person's reading  
21 this procedure, it is a bridge to site-  
22 specific, and that was -- that's very helpful,  
23 which is a -- a major change from the previous  
24 set. And I -- I'll go as far as to say the  
25 last -- in general, the procedures are -- are

1 well-written. They are consistent, concise,  
2 well-organized, technically defensible and  
3 appear claimant-favorable. We were -- I would  
4 say the overall -- overall (unintelligible),  
5 and there's a large number of different people  
6 work on this. I -- I -- I did -- I review  
7 number -- reviewed a number myself, but I  
8 handed out a lot of procedures out of the 32 to  
9 different specialists, and -- and there was --  
10 and every -- consistently there was a -- a  
11 generally favorable response to the procedures.  
12 They were short, got to the point, and -- but -  
13 - but in a way, these were a little easier  
14 because most of them dealt with a specific  
15 issue -- a specific technical issue, got right  
16 to the point and they turned out -- and they're  
17 very functional -- very functional procedures.  
18 But there are some deficiencies, and -- but  
19 there are not many. I mean when it's all said  
20 and done, this is our matrix in a -- in a  
21 simplified form what's important. One of the  
22 things we run across -- but I don't know if  
23 there's a fix to this. The first  
24 (unintelligible) is that there's -- a lot of  
25 judgment has to be used by the dose

1           reconstructor. They're the -- there's a series  
2           of procedures, for example, that deal with what  
3           -- when can you -- when do you use some default  
4           assumption that's very, very conservative. You  
5           do that when you don't have any data. Well,  
6           then you can fall back on a less conservative  
7           set of assumptions when you've got a little bit  
8           more information, and then you could go to  
9           realistic cases. But all of this is a judgment  
10          call by the dose reconstructor. Then there --  
11          and I don't know if you could -- there --  
12          there's a solution to this. The dose -- it's  
13          really left in the -- there's a lots of  
14          procedures out there that the dose  
15          reconstructor himself, using his judgment, will  
16          pick and choose the ones that he believes best  
17          serves the purpose of a particular dose  
18          reconstruction, and -- and a lot of judgment  
19          has to be made on the part of them. Perhaps  
20          just -- that's the nature of the beast and --  
21          but we can -- what we're experiencing, in fact  
22          Kathy and Hans could point out, is that -- that  
23          one of the consequences of this is there are  
24          going to be inconsistencies in how these  
25          judgments are made. And we -- we sort of have

1 a -- fortunately we have a bird's eye view.  
2 We're looking at a cross-section and we can see  
3 that the -- the way in which one dose  
4 reconstructor would approach a problem might be  
5 somewhat different and decide to use this  
6 procedure instead of that procedure. So that's  
7 one important finding.

8 The other one, the second bullet has to do with  
9 occupational medical exposures. We believe the  
10 procedures that are currently being used do not  
11 fully disclose the uncertainties that are  
12 (unintelligible) to the use of X-rays or --  
13 mainly X-rays. The fluoroscopies are fine.  
14 But the -- revealing the uncertainty in the  
15 range of doses that might be associated with X-  
16 rays, we think that is a -- (unintelligible)  
17 spread's bigger and the -- the discussion of  
18 the procedure gives our rationale. I'm certain  
19 we will have an opportunity to talk about all  
20 that.

21 The next bullet is ingestion dose. There's a  
22 procedure specifically for doing reconstruction  
23 of ingestion doses. As every -- as we know, we  
24 spent a lot of time on that subject on  
25 Bethlehem Steel. There will, I understand, be

1 a -- a revised Bethlehem Steel site profile,  
2 which I presume will incorporate the new  
3 ingestion dose calculation procedure so that  
4 basically the current procedure that we  
5 reviewed reflects the previous way that these  
6 ingestion doses were performed. Bottom line is  
7 the ingestion protocol -- dose protocol  
8 presumed that there's a direct relationship  
9 between the radioactivity concentration in the  
10 air and what the amount of ingestion is. One  
11 of our criticisms is well, very often you might  
12 have spills and maybe material on the ground,  
13 on the surfaces, that have no relationship to  
14 what's in the air. And as a result, you might  
15 -- that relationship -- there certainly will be  
16 circumstances where the amount ingested is  
17 directly proportional to the amount in the air,  
18 but there will also be circumstances where the  
19 amount ingested is -- is much more closely  
20 related to the amount that's on surfaces and  
21 not at all related to what's in the air, and I  
22 believe that is being worked on by NIOSH.  
23 The next one is -- next bullet deals with the  
24 procedure for non-penetrating radiation, great  
25 procedure. It's -- it's a -- it's -- almost

1 reads like a textbook in terms of understanding  
2 how do you go about doing good external  
3 dosimetry for non-penetrating radiation. The  
4 only criticism we have there that might be  
5 important is that if you get a negative reading  
6 as you have a film badge and you're concerned  
7 about skin dose from beta (unintelligible), for  
8 example, or from weak photon (unintelligible),  
9 if you don't get a reading, that does not mean  
10 that you did not get a significant external  
11 dose someplace on your body. If you do get a  
12 reading, you're fine. You've got a reading  
13 that's of use. But that point needs to be  
14 made. That is, the fact that you don't have a  
15 reading doesn't necessarily mean that you did  
16 not get a significant beta dose at some other  
17 location on your body where the badge wasn't,  
18 and that's a point that needs to be made, and  
19 how do you deal with that. A very difficult  
20 problem, how to deal with that issue. That's  
21 the point that was made there.

22 We looked at the procedure on alpha/n reactions  
23 and we -- our res-- the (unintelligible) -- we  
24 had a nuclear physicist look at the protocol  
25 and the procedure that was laid out, and -- and

1 I didn't do that. His -- his reaction was he  
2 felt that the methodology was very dated.  
3 There's a lot more recent information on how to  
4 do that, and he made recommendations on the  
5 newer way -- new data and other approaches that  
6 can be used to calculate the alpha/n reaction  
7 and the exposures associated with  
8 (unintelligible). Certainly something we can -  
9 - Bob Anigstein did the work, and certainly  
10 we'll get together and we'll talk about that  
11 and that would be fine.  
12 Finally -- and again, this is -- the last one  
13 is -- is almost related to the first one. The  
14 number of TIBs gro-- are growing continuously,  
15 which provide additional guidance -- additional  
16 guidance and -- to the point where its  
17 complexity is enormous. I'm not sure how best  
18 to do this, but there might be a -- what I  
19 would call a meta-document, like a road map,  
20 that would help someone understand this vast  
21 array of procedures and help the dose  
22 reconstructor navigate his way through the  
23 process. Because he's handed a -- a site  
24 profile, which might be a year or two old,  
25 might be in the process of being updated. Then

1           there is an array of at least 16 or more  
2           generic procedures, and then an array of, for  
3           each site, five or six OTIBs and they  
4           (unintelligible) each one and so what we're  
5           seeing is it is a mountain to climb. And if  
6           there's some way in which something could be  
7           done to help us and the dose reconstructors  
8           that have to implement these protocols -- I'm  
9           not quite sure what it is, but that was one of  
10          our over-arching observations.  
11          And I believe that's it, let me see... That is  
12          it.

13         **DR. ZIEMER:** Thank you, John. And you've  
14         already suggested this, your last slide  
15         probably will be the basis of the resolution  
16         matrix for this review.

17         **DR. MAURO:** Exactly, yeah.

18         **DR. ZIEMER:** And let me add some comments. On  
19         your first bullet where you were -- your  
20         concern is on the sort of inconsistency that  
21         arises out of judgments -- potential, or I  
22         think you've actually seen some maybe real --

23         **DR. MAURO:** Yeah.

24         **DR. ZIEMER:** -- inconsistencies. It just  
25         occurs to me that one place that one might

1           learn how to do this sort of thing or to reach  
2           more consistency is from those whose livelihood  
3           is based on judgments, and that is the judicial  
4           system. And they rely basically on what are  
5           called precedents. You -- you sort of go back  
6           and say well, how were these judgments made  
7           before. It does achieve some consistency.  
8           It's not obvious that just because the  
9           judgments were made a certain way earlier that  
10          they're better judgments, but at least it does  
11          lead to consistency.  
12          And it occurs to me that it -- and maybe this  
13          is done -- that it might be of value if somehow  
14          one could develop a kind of collection -- a  
15          case book collection like a decision of --  
16          decisions on a certain kind of issue, and how  
17          have they been made by dose reconstructions in  
18          the past so that a current dose reconstructor  
19          could go back and say well, this is how it was  
20          done before. I -- it just occurs to me --  
21          that's sort of a model that is based on the  
22          idea of precedent. Just a thought. It  
23          certainly would have to be explored. I'm not  
24          suggesting that's necessarily the solution, but  
25          it just popped into my mind and you -- when you

1 offered that issue of inconsistency --

2 **DR. MAURO:** What -- and (unintelligible) --

3 **DR. ZIEMER:** -- because in the judicial system  
4 that's sort of how it's avoided.

5 **DR. MAURO:** What might help is that -- I don't  
6 know if you recall, you did give us a mission  
7 for the deliverable which would be what we call  
8 a -- our roll-up report from the first three  
9 sets of cases, and we -- we did -- the first  
10 year was -- had 60 cases that were completed.  
11 And there -- there's a story that emerges  
12 through that.

13 **DR. ZIEMER:** Which is sort of like this that --

14 **DR. MAURO:** Which is exactly what we're talking  
15 about, and Hans and Kathy are working on that,  
16 and I think that'll help.

17 **DR. ZIEMER:** Okay, we have several comments --  
18 Mark, I think, and then John Poston -- oh,  
19 Hans, yes.

20 **DR. BEHLING:** Yeah, I just want to add  
21 something to your concern, and I think John --  
22 I may have been the person who -- who sort of  
23 made him aware of the issue of subjective  
24 judgments that may have to be exercised. And  
25 I'll just give you an example so as to

1 demonstrate what types of concerns we have and  
2 the -- the areas where subjective judgment may  
3 come into play.

4 For instance, in a couple of the procedures  
5 where people have not been monitored and  
6 coworker data has to be applied to them,  
7 oftentimes -- and I can identify several  
8 procedures, including TBDs, that identify this  
9 particular protocol -- the person's really  
10 asked to make a judgment call with regard to  
11 how to assign doses to an unmonitored workers  
12 and using coworker data, and there'll be three  
13 categories.

14 The first category may be the worker is really  
15 rarely, if ever, exposed or can be expected to  
16 have been exposed to radiation, therefore  
17 assign ambient doses to that particular worker  
18 in any given year.

19 The second case will be the person was probably  
20 or should have been intermittently monitored,  
21 and therefore use 50 percentile value of a  
22 coworker data model.

23 And the third one is of course a person who  
24 should have been consistently monitored, and  
25 let's assign a 95 percentile value of a

1           coworker dose model.

2           Now again, here we have a situation where you -

3           - the -- the dose reconstructor has to look at

4           a -- an unmonitored worker who may have been

5           working at Paducah or someplace 30, 40, 50

6           years ago and, on the basis of questionable

7           data, has to make a subjective decision should

8           he have ever been monitored at all, because --

9           unless it's stated right there he -- the person

10          was a clerical worker and clearly it's indi--

11          it's -- would be an indication that that person

12          should not have been expected to be in an RCA

13          area, but not always, as we saw in Ames where

14          we saw secretaries who were next door to places

15          where we were doing reductant work. But

16          anyway, these are -- this is a perfect example

17          of a judgment call. And I have to say, if a

18          dose reconstructor is faced with that, I would

19          really feel sorry for a person who says, on the

20          basis of extremely limited data, there is no

21          monitoring data and there may not even be any

22          records because a person's deceased and he

23          can't even tell you what type of work he was

24          doing where that judgment call has to come into

25          play.

1           **DR. ZIEMER:** Thank you.

2           **MR. GRIFFON:** Yeah, I -- just along the lines  
3 of -- of John's last point, I mean it -- in the  
4 -- in the proc-- and I brought this up in a  
5 workgroup call in the process of -- of digging  
6 through Y-12 and Rocky Flats work, and -- and I  
7 think these exist -- at least on the larger  
8 sites. NIOSH, ORAU, I'm not sure who develops  
9 these. They're sort of working guidelines for  
10 dose reconstructors, and that is basically a  
11 road map. And I -- I know it evolves and it's  
12 -- I think Liz Brackett\* mentioned in the last  
13 workgroup call that it's very much a -- that  
14 you have frequent meetings with your teams and  
15 they're constantly revising the -- you know,  
16 these based on revised TBDs, et cetera. But it  
17 does provide a nice road map and I think those  
18 -- a lot -- it -- it really allowed me to  
19 understand, you know, just how are they using  
20 all these TBDs when they're doing a Rocky dose  
21 recon-- you know, a Rocky Flats dose  
22 reconstruction. It -- it -- it basically  
23 guide-- guides you along, whe-- when to use  
24 which procedure and what -- and -- and to some  
25 extent what assumptions are used in what kind

1 of cases and -- so there was some kind of  
2 clarifying -- what I -- what I noted on the  
3 phone call, on the workgroup call, was that  
4 these are not procedures, so we haven't really  
5 looked at these. And I -- I wonder why they're  
6 not procedures, too. I -- I think that they --  
7 that would be useful to -- and it would -- I  
8 think it would expedite our understanding, not  
9 -- not only of the procedures review, but also  
10 the dose reconstruction reviews when we do the  
11 cases.

12 **MS. BEHLING:** Yes -- excuse me, as a matter of  
13 fact, I believe that I did ask if they had  
14 those guidelines -- the only one that I believe  
15 that is published on the O drive is the Rocky  
16 'cause -- and that's only been re-- recently  
17 published, but I -- I've asked for that a long  
18 time ago and I know --

19 **MR. GRIFFON:** I don't know how --

20 **MS. BEHLING:** -- they were a little bit  
21 reluctant --

22 **MR. GRIFFON:** -- how many they exist, but --

23 **MS. BEHLING:** -- because they -- they weren't  
24 official documents that were available, but  
25 that's the only one that's published.

1           **DR. ZIEMER:** John -- John Poston.

2           **DR. POSTON:** John, I'm -- when I get back to my  
3 office I'll take great interest in reading your  
4 report 'cause I have some heartache with some  
5 of the things you said, but we'll wait on that.  
6 I did want to ask, though, it was my  
7 understanding that when a person does a -- a  
8 dose reconstruction, that it's peer-reviewed by  
9 another person. Is that correct?

10          **DR. BEHLING:** Yes.

11          **DR. POSTON:** So doesn't -- isn't that partially  
12 where the consistency comes in? I understand  
13 that if the -- if the -- there are things that  
14 are done incorrectly, or perhaps there's a  
15 better way, that the peer review often sends  
16 them back to the person to redo them, so  
17 doesn't that result in some sort of consistency  
18 in the -- in the way people approach the  
19 problems?

20          **DR. ZIEMER:** Kate?

21          **MS. KIMPAN:** Yes. Yes, it does. Absolutely.  
22 There's a peer review done in our shop for  
23 every dose reconstruction, and we're  
24 endeavoring as we've gone through this to make  
25 certain we're capturing the expertise among our

1 team. So we not only conduct peer reviews, we  
2 do them thoughtfully with people that have been  
3 doing facilities, know a great deal about them.  
4 That's just in our shop.

5 Then we provide our advisory results to NIOSH  
6 and it's taken through an additional process  
7 and formal review on their part to assure not  
8 only consistency with what they've seen from us  
9 before, but also accuracy and correctness. And  
10 that of course is all before the Department of  
11 Labor process, which has another health  
12 physicist review, et cetera, for adjudication  
13 purposes.

14 **DR. POSTON:** Thank you. Secondly, maybe we can  
15 talk about this off line because those of us  
16 that have been doing dosimetry for a hundred  
17 years already know it's impossible to measure  
18 skin dose. No badge measures skin dose. It's  
19 an extrapolation using an algorithm. So I -- I  
20 would like to talk to you more about your  
21 comments because you're talking about something  
22 that's an impossibility. It's an estimate  
23 based on an extrapolation, and so I think your  
24 comment is a little bit off-base here.

25 **DR. MAURO:** I didn't explain myself well. The

1 main concern was that the reconstruction of the  
2 skin dose, the methodologies that are being  
3 employed, are valid when you get a positive  
4 reading on the open window film badge. The --  
5 there are times when a person's exposure -- you  
6 don't have that part of the body monitored and  
7 therefore you would miss that, and that point  
8 needed to be made in the procedure. That was --  
9 -- that was the (unintelligible).

10 **DR. POSTON:** Well, that's a valid criticism  
11 that could be made any time anybody wears a  
12 badge. Do you have a suggestion to improve or  
13 is it just a criticism?

14 **DR. MAURO:** It has to be -- the -- it was only  
15 a criticism to be -- that pointed out as a --  
16 it wasn't -- that was the point that was made  
17 in the review. In regard to other radia-- you  
18 know, penetrating radiation it's less of a  
19 problem.

20 **DR. ZIEMER:** Let's see -- did somebody else --  
21 okay, Dr. Lockey.

22 **DR. LOCKEY:** In relationship to the consistency  
23 -- inconsistency issue, how critical is that in  
24 relationship to your outcome? Is there any way  
25 to measure that?

1           **DR. MAURO:** Well, to date -- in fact, Hans and  
2           Kathy probably -- answer's better, but to date  
3           the -- we have seen in our audits  
4           inconsistencies where different approaches were  
5           taken to address how to characterize  
6           uncertainty, and I'm sure Hans could -- we have  
7           a long list of places where we've seen these --  
8           the -- that -- these types of inconsistencies  
9           occur. However, as Hans would point out, to  
10          date I don't think any of them have had a --  
11          had a significant impact.

12          **DR. LOCKEY:** That was my question. I mean --

13          **DR. MAURO:** That was the point, yes.

14          **DR. LOCKEY:** -- my point is, if you have  
15          inconsistencies but the outcomes are not going  
16          to be significantly changed by it, then it's  
17          not as critical issue as it might have been  
18          otherwise.

19          **DR. MAURO:** However, we are now entering into  
20          the realistic models and that's very  
21          (unintelligible) -- see --

22          **MR. GRIFFON:** Realistic cases. Realistic  
23          cases.

24          **DR. MAURO:** -- realistic -- see, what happens,  
25          we've been looking primarily at these min/max

1 cases, and -- and some approaches use -- that  
2 is a little bit incon-- is an inconsistency or  
3 not a correct interpretation, let's say, of one  
4 of the procedures, the error that's introduced  
5 really has no significance because --  
6 essentially overestimate or underestimate. But  
7 now we've actually -- in fact you'll see in the  
8 next set -- fourth set of cases that just came  
9 through, there are two realistic cases there  
10 and -- and I'm sure Kathy and Hans can show --  
11 here's a place where consistency and strict  
12 adherence to procedures becomes very important.

13 **DR. LOCKEY:** What do you mean?

14 **DR. MAURO:** You have a 47 percent, let's say,  
15 probability of causation that's been done  
16 realistically. There's when the rubber meets  
17 the road and becomes very important that the  
18 procedures are followed, procedures are valid  
19 and they're implemented in a consistent way.

20 **DR. BEHLING:** And just to -- to acknowledge to  
21 Dr. Lockey, you're exactly right.

22 Consistency's a relative term, and -- and as  
23 was just discussed, I probably would not have  
24 gotten up to the mike had I listened to the --  
25 the dialogue here, but consistency's relative

1 in the sense where I would, for instance, say a  
2 more temperate approach would be considered for  
3 a maximized dose where a more lenient  
4 assessment or interpretation is appropriate.  
5 Because by definition we're saying you may  
6 maximize, in the case that I just talked about  
7 where an unmonitored worker -- if this is a  
8 maximized dose, because it's a prostate cancer  
9 and the dose is not likely to even approach the  
10 50 percentile value, it would be very  
11 appropriate to give a generous assessment on  
12 the part of the dose reconstructor to say well,  
13 we don't know for sure where you fit, but we'll  
14 give you the 95th percentile value of a  
15 coworker model because it's -- it's certainly  
16 going to be a -- a claimant-favorable  
17 assumption here that will allow you to say  
18 well, if you don't make it 50 percent, you're  
19 certainly not going to make it at the 50th  
20 percentile value and certainly not on the  
21 ambient. So consistency is a relative term,  
22 and it's depending on the type of dose  
23 reconstruction that's taken place, and I think  
24 you covered it very well by saying that you do  
25 treat the issue of uncertainty very differently

1                   depending on which type of dose reconstruction  
2                   we're talking about.

3                   **DR. ZIEMER:** Okay. Dr. Lockey, that answered  
4                   your question?

5                   **DR. LOCKEY:** Yes.

6                   **DR. ZIEMER:** Any others on this? Again, there  
7                   will be a matrix developed from this. We --  
8                   this requires no action today, but it gives you  
9                   a -- kind of a preview of -- of the document  
10                  that you either have received or are about to  
11                  receive, so thank you for that update.

12                  **SC&A CONTRACT TASKS, DR. LEWIS WADE, DFO**

13                  **DR. WADE:** Let me yet do one quick piece of  
14                  business.

15                  **DR. ZIEMER:** Okay, another quick piece of  
16                  business before lunch, at least. We'll pass a  
17                  document around from Dr. Wade.

18                  **DR. WADE:** While you're all here, and I know  
19                  after lunch we might lose some of you, I would  
20                  just -- what I -- what I come to you is seeking  
21                  the Board's okay for me to have SC&A prepare a  
22                  cost proposal for next year. We have two more  
23                  opportunities. We have an August call and we  
24                  have a September meeting. In order to come to  
25                  either or both of those with a cost proposal, I

1           need to go and ask SC&A to prepare a cost  
2           proposal. And again, the procedure we follow  
3           here is I wouldn't do that without consulting  
4           with you.

5           Normally the workload for SC&A has been six  
6           site profiles per year. On their original Task  
7           II there was no action. That was the tracking  
8           system that was developed. Procedures review,  
9           you just heard the report on some new  
10          procedures. Again there -- there are always  
11          new procedures. I would expect we would ask  
12          them to review such procedures. You know, our  
13          goal has been 60 individual DRs a year, and the  
14          target we've set is six site pro-- excuse me,  
15          six SEC petition evaluation reviews. I don't  
16          know that those will be the numbers that we'll  
17          want to fund SC&A at next year, but I need to  
18          ask them for a cost proposal that we can have  
19          that will have elemental costs in it, and then  
20          at our September meeting we can decide exactly  
21          what the -- the workload should be. But I do  
22          need your permission to ask them for a cost  
23          proposal.

24          **DR. ZIEMER:** So basically this serves as a  
25          starting point for next year's budget for the

1 contractor, and what would occur -- if the  
2 Board is agreeable to this -- is that Lew would  
3 seek from the contractor the cost proposals  
4 based on this level of effort. If later on it  
5 appeared that the level of effort had to  
6 change, one way or the other, those adjustments  
7 would be made.

8 A comment, Dr. Mauro?

9 **DR. MAURO:** Yes, to -- to help out a bit what  
10 we went ahead and prepared was a list of the  
11 procedures that we haven't reviewed to date, so  
12 I'd like to (off microphone) (unintelligible).

13 **DR. ZIEMER:** Sure, you're -- this is for  
14 basically Task III --

15 **DR. MAURO:** (Off microphone) (Unintelligible)  
16 Task III --

17 **DR. ZIEMER:** -- items.

18 **DR. MAURO:** -- and also a list of the site  
19 profiles (unintelligible).

20 **DR. ZIEMER:** Which is Task I. And Board  
21 members, I'd like to open this for discussion.  
22 Do you -- do you agree that we should -- and  
23 basically, this is a level of effort which  
24 looks pretty identical to this year's --

25 **DR. WADE:** I'm just starting at the

1 (unintelligible) --

2 **DR. ZIEMER:** -- so if you --

3 **DR. WADE:** -- it could be ratcheted up --

4 **DR. ZIEMER:** -- want to change this one  
5 direction or the other, just make that  
6 suggestion. Or if you're comfortable with this  
7 as a starting point, we will proceed.

8 Comments? Roy DeHart and then Jim Melius.

9 **DR. DEHART:** Common sense says we have to  
10 prepare a budget, and to do that we need some  
11 kind of expectation of -- the expectation of  
12 doing the level of effort similar to this past  
13 year, with our current knowledge of where we  
14 are and where we're going, makes -- makes every  
15 sense, particularly when we can still be  
16 flexible with it.

17 **DR. WADE:** Thank you.

18 **DR. ZIEMER:** Okay. Thank you. Dr. Melius, did  
19 you --

20 **DR. MELIUS:** Yeah, I -- I think for -- I'm not  
21 sure whether -- to what extent it makes a  
22 difference in terms of the planning as Lew laid  
23 it out, though. Though I would think in two  
24 areas that I think we're going to ratchet up  
25 next year, consider that anyway. One is in

1 terms of individual dose reconstructions.  
2 NIOSH has gotten more productive. I suspect  
3 that SC&A's gotten more efficient in -- in  
4 doing them, and I -- it may be better for  
5 planning purposes and estimation purposes on  
6 the part of SC&A to -- to -- at least for the  
7 individual dose reconstructions, to -- to be a  
8 little bit more realistic in terms of where we  
9 expect them to be. And I would like to ratchet  
10 them up at least to 80 per year and maybe even  
11 consider up to 100.  
12 For the SEC petition evaluations, which is much  
13 harder to estimate, I'm not sure it makes a  
14 difference in terms of estimations, given how  
15 much variety there is. But -- but I think  
16 certainly, given what we went over this morning  
17 in terms of what's in the pipeline, we're going  
18 to have to -- a number of them that are  
19 potentially going to need to be evaluated --  
20 certainly going to be more than six next year,  
21 I -- at least that are potential. Again, we  
22 not necessarily assign them all to SC-- SC&A  
23 for review, but -- but I suspect that it'll end  
24 up being more than six that will require some  
25 level of review. And again, whether that makes

1 a difference at this point in time, but  
2 certainly we ought to be -- try to be realistic  
3 at the point where we actually do the tasks and  
4 -- and so forth. But I think for the  
5 individual dose reconstructions it may, in  
6 terms of their personnel, in terms of how they  
7 do it and -- hopefully it's more efficient, but  
8 I -- I think we should be talking about gearing  
9 up. It's just that NIOSH has been productive.  
10 There are a lot more need to be done and that  
11 our original goal was what, two percent, two  
12 and a half percent --

13 **DR. ZIEMER:** That's correct.

14 **DR. MELIUS:** -- and I think we need to start  
15 climbing towards that goal if we can.

16 **DR. ZIEMER:** Okay. We'll hear some other  
17 reaction if we can from other Board members.  
18 I'd -- would point out that this is not simply  
19 a cost issue. If we increase, for example, the  
20 number of DRs and -- reviews and SEC petition  
21 reviews, that has personnel impact or sort of  
22 capability impact on the contractor. They  
23 certainly would want to know that early on if  
24 that's the expectation, it's -- if they have to  
25 do any ratcheting up, so we -- we do want to

1 try to be realistic. If -- if we fully expect  
2 it to go to 80 or 100 next year in DRs, we need  
3 to know that early on. Roy.

4 **DR. DEHART:** Jim, you weren't here, I don't  
5 think, on the morning when the subcommittee  
6 met, but we did discuss a level of six in -- 60  
7 over the year, 30 per -- per quarter, basically  
8 -- or 20 per quarter, similar to what we did  
9 last year. The dose reconstruction to -- if we  
10 increase, that also increases our workload,  
11 because we have to get together and -- maybe  
12 you all have more time than I do.

13 **DR. MELIUS:** Maybe we're more efficient, too.

14 **DR. ZIEMER:** Okay, other comments? Wanda Munn.

15 **MS. MUNN:** I continue to have great concern  
16 over our -- our limitations in terms of  
17 personnel, here on the Board and in NIOSH and  
18 our contractor, as well. If we were starting  
19 with a clean slate, I would consider the  
20 possibility of adding something to this to  
21 being reasonable, but we still have all these  
22 issues we've been discussing yet in this  
23 meeting hanging over our heads, and I -- it  
24 doesn't seem wise to add too much to this.  
25 This appears to be a good starting point.

1           **DR. ZIEMER:** Okay, Mark Griffon --

2           **MS. MUNN:** We -- are we not flexible --  
3 flexible enough to be --

4           **DR. ZIEMER:** Okay.

5           **MS. MUNN:** -- able to add something to it as we  
6 go along --

7           **DR. WADE:** We could be.

8           **MS. MUNN:** -- if that appears to be necessary?

9           **DR. ZIEMER:** Okay. Thank you. Mark?

10          **MR. GRIFFON:** Yeah, I -- I -- just to speak to  
11 the efficiency of the Board, I think we've  
12 gained some efficiency, but you know, it --  
13 having been involved in the first set of 20,  
14 second and third set of 20 reviews, I think if  
15 -- I -- I'm speaking in support of ratcheting  
16 up, I think we have to ratchet up the number of  
17 cases, and I think also as we do more and more  
18 randomly-selected, we're going to find a  
19 pattern of -- of some similar findings and I  
20 think we'll end up pre-- much more efficient in  
21 the resolution process, I believe.

22          Now, you know, the best estimate cases are  
23 going to be maybe more time-consuming, but I  
24 think we'll -- we'll at least have some -- we  
25 have a history here of -- of -- of certain

1 patterns of findings that we're seeing, and --  
2 and I don't think that the resolution process -  
3 - and I don't think it took as long in -- in  
4 the second set and third set, even though we  
5 haven't produced final reports, we were able to  
6 work through issues much more efficiently. So  
7 I think we really need to ratchet up the number  
8 of cases. I don't think -- I -- I do think we  
9 should try to meet that target of two and a  
10 half percent, and to do so I don't think we  
11 want to be at this for ten years or so, you  
12 know.

13 **DR. ZIEMER:** Thank you. Other comments? Dr.  
14 Melius.

15 **DR. MELIUS:** The other -- I got that standing  
16 up. You've already called on me, but --

17 **DR. ZIEMER:** I saw you move.

18 **DR. MELIUS:** Yeah, yeah. The -- yeah, if we  
19 moved up to 80, I think that should -- some of  
20 that should be taken care of by efficiency  
21 (unintelligible) saying all of it. The other  
22 thing I think we should think about as we get  
23 into next year is, given what we've learned so  
24 far from it -- you know, doing these reviews --  
25 do we want to think about a more efficient

1 method for doing it. Are there things that are  
2 time-consuming but not necessarily very useful,  
3 given -- given the way, you know, the -- the  
4 process has evolved and -- and so forth. And  
5 it may be certainly possible to become --  
6 develop a more efficient procedure. There may  
7 be certain types of things that can -- can be  
8 dropped or we can be more selective in terms of  
9 how -- how we do that. And in order to get the  
10 two and a half percent, that may be what we'll  
11 -- may be another way of looking at it. I  
12 think we should gain enough experience so that  
13 we feel comfortable making those changes.  
14 The other hand, you know, may be that we -- we  
15 aren't more efficient, and -- or there aren't -  
16 - aren't changes we want to make, but we really  
17 should make -- plan for some sort of review of  
18 that and discussion. We set those procedures  
19 up a number of years ago and it may be time to  
20 revisit them, also, and see how we can make  
21 that whole process work better for SCA, for the  
22 Board, for -- you know, the people in the  
23 program in terms of fulfilling our task.

24 **DR. ZIEMER:** Thank you. Larry.

25 **MR. ELLIOTT:** Just a couple of thoughts from

1 the program status report that I gave at the  
2 start of the meeting. We talked about where we  
3 would -- where I anticipated the production to  
4 be at -- in September of '07. I told you that  
5 the ORAU contract comes to close at that point  
6 in time. We hope to be at steady state. We  
7 talked about how many -- given the case  
8 population at that time, two and a half percent  
9 would represent I think 625 to 650 cases to be  
10 reviewed.

11 So the two thoughts I want to impart here is  
12 that we've done a lot of dose reconstructions,  
13 and over the course of that production time  
14 frame, you know, we have made changes in how we  
15 go about doing them, and you have had a  
16 snapshot of 60 reviews -- now close to -- soon  
17 be 80. But you're seeing increments of time  
18 from those reviews, and you're seeing some of  
19 the changes that -- that we have made. I think  
20 that's important for you to understand.

21 We certainly welcome constructive criticism and  
22 review, and we take action on that. You'll  
23 hear that when I -- my presentation here at the  
24 end of the day. But that -- that leads to, I  
25 think, eras or strata here you need to examine.

1           So that's one thought.

2           The other thought is, when you sat and first  
3           developed your review process, you talked about  
4           blind dose reconstructions, and I would just  
5           encourage you to re-examine that as an  
6           opportunity to maybe get at some of the  
7           subjective judgments, the professional  
8           judgments that go into these things, especially  
9           looking at blind dose reconstructions on best  
10          estimates. If there's a better way to do it,  
11          I'd -- you know, I'm all welcome to hearing  
12          about that, so...

13          **DR. ZIEMER:** Right. Thank you. Hans, did you  
14          have a comment?

15          **DR. BEHLING:** Yeah, as a follow-up to Dr.  
16          Melius's comment, I think there's -- this may  
17          be an approach if there's an attempt to  
18          increase the number of cases that we will  
19          audit. We may have to modify our audit  
20          approach, and I think initially our attempt was  
21          to reproduce each and every single number that  
22          is entered into the IREP sheet, and that's a  
23          very tedious process. And of course that was  
24          done for at least two purposes. One, to -- to  
25          show that the numbers that were developed were

1           either correct, or perhaps maybe not correct.  
2           But it was really one -- had a secondary  
3           purpose, and I think we explained that in our  
4           write-up, and that is to demonstrate to the  
5           Board that we understand the process itself.  
6           And that was to gain your trust, in essence.  
7           Perhaps by this time you may have already  
8           gotten to the point that you've come to some  
9           conclusion about SC&A and say these guys are  
10          not all that dumb. I think we can trust them.  
11          And so we could potentially simplify the  
12          process by not having to demonstrate each and  
13          every number by reproducing it. And of course  
14          that has become much more complex anyway  
15          because of the introduction of Crystal Ball  
16          calculations where the -- which are statistical  
17          models, where even if we were to rerun it each  
18          and every time, we wouldn't end up with the  
19          identical number anyway. But really, simply  
20          put, if we have your trust at this point in --  
21          in you having in us a certain level of  
22          understanding that we do know what's going on,  
23          that we are familiar with the procedures that  
24          are being used and -- and we can potentially  
25          simplify the whole process by which we bless a

1           dose reconstruction report and saying we have  
2           looked at everything. You may have to take a  
3           leap of faith and say we trust you in saying  
4           so, and -- and we don't see anything really  
5           wrong here, and simplify the process. If  
6           that's okay it would certainly reduce the  
7           number of hours that we have to invest in  
8           demonstrating each and every number as being  
9           correct.

10          **DR. ZIEMER:** Yeah, in fact, I -- I don't think  
11          the Board ever mandated actually that every  
12          number be looked at. In fact, in the -- in the  
13          -- sort of the spirit of an audit, one could  
14          argue that you pick numbers, just as we pick  
15          cases, and you know, you do check some of them  
16          and see if there's discrepancies. But I -- I  
17          personally see no reason why we would insist  
18          that every number be checked in a particular  
19          case. Others may --

20          **MR. GRIFFON:** (Off microphone) No,  
21          (unintelligible) --

22          **DR. MAURO:** I -- I had an idea regarding the  
23          number of cases. In theory, we -- we know  
24          doing it the way we do it now approximately how  
25          many work hours it costs and so we -- but as

1 Hans pointed out, if we come at it from a  
2 different perspective and a different work  
3 product, what we can do in our proposal is --  
4 my guess is would say well, here's an  
5 alternative. We could do twice as many for the  
6 same price if we simply constrain --

7 **DR. ZIEMER:** Uh-huh.

8 **DR. MAURO:** -- our review and lay out --

9 **DR. ZIEMER:** In certain ways.

10 **DR. MAURO:** In certain ways, and double the  
11 output --

12 **DR. ZIEMER:** Yeah.

13 **DR. MAURO:** -- at the same price. It wouldn't  
14 -- and I think that -- we could actually  
15 present that in our proposal as options.

16 **DR. ZIEMER:** Sure.

17 **DR. MAURO:** And then you could discuss the  
18 options as you see fit and --

19 **DR. ZIEMER:** Okay, a good suggestion. The  
20 other part of it of course is the issue that  
21 was raised in terms of the Board load. I would  
22 offer that, at least in my -- my case, I didn't  
23 find the number of cases prohibitively  
24 burdensome this past year. It seems to me we  
25 could -- it seems to me we could go to 80 if --

1 if needed, without that much -- I mean one  
2 additional set, but -- okay. Mark, comment?

3 **MR. GRIFFON:** Yeah, I -- I still think we can  
4 bump up the cases, but I -- just to speak to  
5 John's point, I -- I don't want to, on the fly  
6 here at a Board meeting, compromise the product  
7 that we're getting from these dose  
8 reconstruction reviews. I -- you know, I'm  
9 concerned about cutting the effort in half. I  
10 -- myself, I wonder if we still have --  
11 especially the best estimate cases where we  
12 have to do more of this drill-down effort that  
13 we described in our initial RFP. I don't think  
14 there's been a lot of drill-downs. In fact, in  
15 the early ones that we did, it took us a while  
16 to even have the workbooks looked at, so we  
17 weren't even looking at workbook deals, so I --  
18 I -- I wonder if we're -- you know, I don't  
19 want to compromise those important task items  
20 that we laid out without giving it further --  
21 further consideration 'cause I -- I think that  
22 -- that we would miss some of what we intended  
23 on the -- on the review. And -- and -- I guess  
24 that's the main point.

25 **DR. ZIEMER:** Yeah, and I don't think we're

1           being asked today to make such a decision.

2           Basically John is saying they might offer some  
3           optional approaches, and we'd have to see what  
4           those looked like at our next meeting.

5           I wonder if the group would be willing to go up  
6           to 80 on the dose reconstructions. I'd like to  
7           kind of get some level of consensus here.

8           Wanda?

9           **MS. MUNN:** Sure, I wouldn't have any concern  
10          with 80. And as you've pointed out, Dr.  
11          Ziemer, this is not for -- for the Board, this  
12          is the smallest of the -- of the time-consuming  
13          tasks that we have to address. That's a  
14          relatively minor thing, and I certainly  
15          appreciate the point that Mark is making with  
16          respect to not wishing to water down what we're  
17          getting to the point where it is not the level  
18          of sophistication that we want to see. But the  
19          issue that John Mauro raises with respect to  
20          perhaps not doing that kind of drill-down  
21          effort with every one of the cases is -- is, I  
22          think, well taken and probably there's -- there  
23          is enough leeway in between the two points of  
24          view that we can do that.

25          **DR. ZIEMER:** Well, and certainly you can still

1 do the drill-down without checking every entry.

2 Let's see, who else --

3 **DR. MELIUS:** I actually had mine up, but you  
4 stole my point, Dr. --

5 **DR. ZIEMER:** Oh, I'm happy to do that.

6 **DR. MELIUS:** You Hoosiers do it all the time.

7 **DR. WADE:** So I think I know how to proceed.

8 **DR. ZIEMER:** Okay. At least we have kind of  
9 consensus, I think, to -- I don't hear any  
10 strong objections to going up to 80. I'm not  
11 sure where we are on the -- was it site profile  
12 reviews or SEC --

13 **DR. WADE:** SEC --

14 **DR. MELIUS:** SEC --

15 **DR. ZIEMER:** -- SEC petition reviews. Do you  
16 want to give a little flexibility -- couple  
17 more on that?

18 **DR. MELIUS:** Again, for purposes -- as I  
19 understood it, for purposes of cost, that  
20 probably doesn't matter what number we put  
21 there.

22 **DR. WADE:** We'll get it fully -- we'll get --

23 **DR. MELIUS:** In terms of planning, I think it's  
24 clear that that's probably going to be a  
25 greater number than six next year.

1           **DR. ZIEMER:** Well, and this is the one that we  
2           have less control on what comes in the door in  
3           terms -- it's not quite like the dose  
4           reconstructions where we have a pool to choose  
5           from.

6           **DR. WADE:** And don't forget that Congress, in  
7           its wisdom, will decide how much money we have,  
8           which will decide much of this. But --

9           **DR. ZIEMER:** Okay.

10          **DR. WADE:** -- I just need to get started with  
11          the proposal and I guess I'll take this piece  
12          of paper with the number of 80, and I'll go  
13          forward with it.

14          **DR. ZIEMER:** Yeah. Thank you very much. We  
15          are at the lunch break time, actually a little  
16          over, so let's recess for an hour and get some  
17          lunch and we'll reconvene.

18          (Whereupon, a recess was taken from 12:20 p.m.  
19          to 1:35 p.m.)

20          **STATEMENTS FROM CONGRESS, MR. JASON BROEHM, CDC**

21          **DR. ZIEMER:** We are ready to reconvene the  
22          meeting. We actually have two transmittals  
23          from members of Congress that we want to enter  
24          into the record, and I believe Jason is going  
25          to come and read those, first on behalf of

1 Brian Higgins, a member of Congress, and then  
2 on behalf of Senator Cantwell of Washington  
3 state.

4 **MR. BROEHM:** Okay. Well, first I have the  
5 statement, as you noted, from Representative  
6 Brian Higgins of New York, and it reads  
7 (Reading) I want to thank the Advisory Board on  
8 Radiation and Worker Health for allowing me to  
9 make this statement today.

10 I wanted to take the opportunity of your  
11 meeting in Washington, D.C. to appeal to the  
12 Advisory Board to recommend that the former  
13 workers at the Bethlehem Steel site in  
14 Lackawanna, New York be designated a Special  
15 Exposure Cohort.

16 As this Board is well aware, significant  
17 controversy exists with respect to the dose  
18 reconstruction efforts at the Bethlehem Steel  
19 site. NIOSH undertook an extensive effort on  
20 dose reconstruction, but I and my colleagues in  
21 the western New York Congressional delegation  
22 have gone on record as to the shortcomings of  
23 that study, a litany I will not take your time  
24 with today. Subsequently the Board hired an  
25 independent private consultant to perform its

1 own analysis, and the results were vastly  
2 different from the NIOSH study. Perhaps this  
3 is not surprising given the difficulty  
4 incumbent in reconstructing radiation exposure  
5 that occurred over 50 years ago.  
6 Meanwhile, during all of this debate, study and  
7 re-study, the former ill-stricken Bethlehem  
8 Steel employees and their families have waited  
9 patiently. They've waited for justice but all  
10 they have received are statistics and studies.  
11 These workers are not statistics. They are the  
12 men and women who, by their efforts, helped  
13 America win the Cold War. Now as a result of  
14 their work they are sick. They deserve to have  
15 their sacrifice honored and recognized, not  
16 minimized and trivialized.  
17 We must concede that given the dearth of  
18 reliable information we have on working  
19 conditions at Bethlehem Steel over 50 years go,  
20 despite NIOSH's great efforts, any dose  
21 reconstruction is doomed to inadequately  
22 provide justice to these workers. The only  
23 just alternative available to us under the  
24 Energy Employees Occupational Illness  
25 Compensation Program Act is to make these

1 workers a Special Exposure Cohort. My  
2 colleagues and I have introduced legislation to  
3 make this designation, but it is stuck in  
4 committee. We have appealed to the President  
5 to declare a special cohort administratively,  
6 but he has demurred.

7 It is now up to this Board and the Department  
8 of Labor to do the right -- to do right by  
9 these workers and to recommend a Special  
10 Exposure Cohort. You are the last best hope  
11 that these workers will see justice. I implore  
12 you to act quickly.

13 Again, thank you for allowing me to address the  
14 Board today. I look forward to working with  
15 you to ensure that these workers and their  
16 families receive the compensation they are  
17 entitled to under the law, and the medical care  
18 they deserve.

19 And next I have a statement from U.S. Senator  
20 Maria Cantwell from Washington State.

21 (Reading) Thank you for the opportunity to  
22 submit testimony to the Advisory Board on  
23 Radiation and Worker Health with regard to the  
24 Hanford nuclear facility in Richland,  
25 Washington. Since Upton Sinclair exposed the

1           atrocious labor conditions in the meatpacking  
2           industry in his book, "The Jungle," over 100  
3           years ago, the United States has made genuine  
4           progress in protecting workers from unsafe  
5           occupational conditions. We have strengthened  
6           labor laws to control hours and pace of work,  
7           and ensure adequate compensation benefits for  
8           workers. Especially with regard to employee  
9           radiation hazards, regulations exist to protect  
10          workers by limiting permissible exposures to  
11          hazardous chemicals and ionizing radiation.  
12          I recognize the hard work and tremendous  
13          sacrifice nuclear weapons and atomic energy  
14          workers have made for our nation's defense and  
15          security. I am proud to have worked to change  
16          to the Energy Employees Occupational Illness  
17          Compensation Program Act (EEOICPA), enacting  
18          Part E of the program now administered under  
19          the Department of Labor. Under EEOICPA the  
20          Board must review the scientific validity and  
21          quality of the National Institute for  
22          Occupational Safety and Health's (NIOSH) dose  
23          reconstructions. Among other responsibilities,  
24          the Board reviews NIOSH's evaluation for  
25          petitions for Special Exposure Cohort status

1 and recommends whether such status should be  
2 granted. I want to thank Chairman Ziemer and  
3 members of the Board for your leadership. You  
4 determine the relationship between exposure and  
5 its health effects, using only the best  
6 available scientific evidence and in doing so,  
7 ensures the integrity of the program.  
8 The Board was very responsive to my requests  
9 that the Hanford review process move forward,  
10 and I look forward to working with the Board to  
11 resolve worker compensation issues at Hanford.  
12 As you are aware, the Sanford Cohen &  
13 Associates independent review of the NIOSH site  
14 profile of the Hanford nuclear facility was  
15 released a year ago. Based on the June 10,  
16 2005 report I have raised concerns that the  
17 dosimetry data available for certain Hanford  
18 workers is insufficient to make an appropriate  
19 determination for workers compensation under  
20 the EEOICPA program. Sufficient information to  
21 perform dose reconstruction is essential to  
22 determining workers' Special Exposure Cohort  
23 eligibility. SC&A's findings suggest several  
24 instances where thousands of workers should be  
25 included into the SEC category. I will

1           continue to request that the Board recognize  
2           that certain Hanford workers qualify for a  
3           Special Exposure Cohort designation.  
4           The Hanford plant located in southeastern  
5           Washington State was established in the early  
6           1940s. At that time the plant was built for  
7           the manufacture, chemical separation and  
8           purification of plutonium. Annual records of  
9           radiation exposure have been obtained from  
10          dosimeters worn by employees. These data  
11          reflect estimates of exposure to several types  
12          of ionizing radiation. Moreover, there have  
13          been numerous studies on populations'  
14          occupational exposure to radiation at the  
15          Hanford site, including Gilbert and Marks  
16          (1979); Trolley (sic) et al (1983); Mancuso,  
17          Stewart and Kneale (1977); Kneale, Mancuso and  
18          Stewart (1981 and 1984); Hutchinson et al  
19          (1979); and Darby and Reissland (1981). There  
20          is no doubt that the Hanford plant has employed  
21          many people, especially before 1972, in work  
22          involving some exposure to radiation.  
23          The concerns raised by former and current  
24          nuclear workers about the data used to  
25          determine eligibility for compensation are not

1           unique to my constituents at the Hanford site  
2           in Richland, Washington. Without a doubt, dose  
3           reconstruction is a complex process that  
4           involves rebuilding a worker's history of  
5           radiation based on individual dose records as  
6           well as other site documentation. To receive  
7           workers compensation for an occupational  
8           illness, a worker must prove that the specific  
9           condition was cause by a particular job  
10          exposure.

11          When an illness has a long latency period,  
12          workers may be unable to remember what  
13          substances, hazardous or not, they were exposed  
14          to twenty-odd years earlier. Frequent changes  
15          in work or work practices complicate the matter  
16          further. Without a complete work history and  
17          knowledge of specific occupational hazards, it  
18          will be difficult to correlate symptoms and  
19          causes. In other words, the burden of proof is  
20          on the claimant, and the outcome depends on how  
21          much certainty is required. That said,  
22          questions about the Hanford radiation dosimetry  
23          data, based on the SC&A review, lend support to  
24          a Special Exposure Cohort status for these  
25          workers.

1           According to SC&A review of the Hanford site  
2           profile, neutron exposure among many Hanford  
3           workers contributed a large portion of the  
4           total dose from external radiation. For  
5           example, neutron exposure dominated for 100,  
6           200 and 300 area workers at Hanford. However,  
7           findings from the SC&A report claim that  
8           neutron exposure to reactor workers are not  
9           adequately characterized as a result of  
10          unmonitored exposure to neutron sources in  
11          operations such as separations, HLW tanks and  
12          burial sites, and R&D facilities, among other  
13          issues. As such, there is a high potential for  
14          worker exposure to neutrons due to the historic  
15          design and operation of reactors.  
16          Additionally, not all reactor operations  
17          personnel were monitored for neutrons, and a  
18          number of non-reactor facilities with potential  
19          for neutron exposure that were not addressed in  
20          the Technical Basis Document.  
21          While there were other findings from the SC&A  
22          review of the Hanford site profile, I  
23          understand the Advisory Board has formed a  
24          working group to facilitate further discussion  
25          of these findings between SC&A and Oak Ridge

1 Associated Universities, the contracting agency  
2 which authored the Hanford site profile. I  
3 respectfully request members of the Hanford  
4 working group to brief my staff on the status  
5 of these discussions.

6 In conclusion, I want to take this time to  
7 revisit a major goal of EEOICPA, to provide  
8 timely -- quote, timely, uniform and adequate,  
9 unquote, compensation to these workers. The  
10 role of the Advisory Board is to provide  
11 quality control and raise public confidence in  
12 the fairness of the claims process. While I  
13 recognize that determining the eligibility of  
14 worker compensation is a difficult task, time  
15 is of the essence. I have met with far too  
16 many sick Hanford workers who need medical help  
17 and, more importantly, deserve compensation.  
18 The SEC designation was created expressly for  
19 situations in which data needed for the dose  
20 reconstruction process fails to exist. The  
21 independent review of the NIOSH site profile of  
22 the Hanford nuclear facility suggest several  
23 instances where thousands of workers should be  
24 included into the SEC category due to -- due to  
25 the lack of such data. Because of this, I

1 reiterate my request that the Board give  
2 particular consideration that certain Hanford  
3 workers qualify for a Special Exposure Cohort  
4 designation.

5 Again, I thank the Board for allowing me to  
6 submit testimony to the Board and I look  
7 forward to continuing -- to continue working  
8 with the Board to resolve worker compensation  
9 issues at Hanford.

10 **DR. ZIEMER:** Thank you very much for reading  
11 those letters into the record for us, Jason.

**NIOSH UPDATE OF PROGRAM ISSUES:**  
**BETHLEHEM STEEL SITE PROFILE; CONSTRUCTION WORKERS;**  
**SITE PROFILE REVISION ACTIVITIES; QA/QC; COMMUNICATIONS**  
**INITIATIVE**  
**MR. LARRY ELLIOTT, NIOSH**

12 We'll now return to our regular agenda. The  
13 next item before us this afternoon is the NIOSH  
14 update of program issues, and Larry Elliott is  
15 going to make that presentation. Larry.

16 **MR. ELLIOTT:** Thank you, Dr. Ziemer. Good  
17 afternoon again, ladies and gentlemen of the  
18 Board and interested members of the public. I  
19 appreciate this opportunity to provide you at  
20 this point in your meeting an update on several  
21 program-related issues that we have been  
22 tracking.

23 We'll start off first with the Bethlehem Steel

1 site profile revision. I believe it was in the  
2 -- your Oak Ridge -- maybe the Knoxville  
3 meeting where we had -- you had considerable  
4 discussion and deliberation upon this site  
5 profile and come to some closure on it,  
6 identifying six issues that you asked us to  
7 follow up on and report to the Board on a  
8 quarterly basis, I believe were the words that  
9 were captured from your deliberations. And so  
10 we'll talk about that for a moment here.  
11 We have completed five of the -- and resolved  
12 five of the six issues, and let me just remind  
13 you quickly what those are. The model that we  
14 had for the Bethlehem Steel site proposed -- or  
15 used 1951 and 1952 exposures and they were felt  
16 to not be totally appropriate. We modified --  
17 we have modified the site profile, 1951 and  
18 1952 are treated separately in the site profile  
19 now, and we've incorporated an adjustment  
20 factor for the 1951 air samples, and we are  
21 using the highest data point for the 1952 time  
22 frame.  
23 Ingestion was the second issue, and the concern  
24 was raised that it is not adequately  
25 characterized in that site profile that we were

1 using at the time. It has been modified to  
2 incorporate ingestion intakes based upon air  
3 concentration, surface contamination and  
4 surface-to-ingestion transfer factors.  
5 Resuspension of dust that was accounted for in  
6 that site profile was (unintelligible)  
7 questioned, and we have incorporated guidelines  
8 using the median value for 1949 to 1950, and  
9 separately for 1951 and 1952.

10 There was an issue raised by workers with  
11 regard to the extended contact with uranium and  
12 it -- it was not addressed in the first site  
13 profile, and we have modified that now. It  
14 assumes a 1.5 millirem per hour from clothing  
15 contamination and two weeks in between the  
16 washing of clothing, resulting in a 1.8 rem per  
17 year for clothing contamination.

18 And the fifth issue that was raised that we've  
19 addressed now in our revised site profile was  
20 an effect of oronasal breathing. The Board  
21 agreed with us, I believe, that the effect  
22 would have been small at Bethlehem Steel, and  
23 we are continuing to work on a generic guidance  
24 that will not only address that issue for the  
25 Bethlehem Steel claimants, but also across

1 other facilities, and we'll be providing that  
2 soon, I anticipate.

3 The remaining issue is -- centers on the 95th  
4 percentile of dose and a concern that it does  
5 not take into account the short-term, episodic  
6 exposures, those particularly that would occur  
7 during the cutting of cobbles when the uranium  
8 bars would have gotten balled up into the  
9 rolling machine. And so there was questions  
10 raised about that. We continue to work with  
11 Mr. Walker. We have I believe a meeting  
12 schedule with him and the workers that he's  
13 identified that have knowledge of this  
14 particular exposure scenario and will be  
15 visiting with him next week, I believe -- on  
16 the 21st, is that right, Mr. Walker?

17 **MR. WALKER:** That's correct.

18 **MR. ELLIOTT:** And we hope that, from that  
19 exchange with those workers and Mr. Walker,  
20 we'll have enough information that we can  
21 address this issue properly in the site  
22 profile.

23 Construction workers is another issue that was  
24 raised at your Board meeting in Denver during  
25 the public comment period. Unfortunately there

1 was a lot of inaccurate information  
2 disseminated in that public comment, and so we  
3 wanted to make sure that we provided you a  
4 update on where things stand with construction  
5 trades workers. I -- I commented on this at  
6 the end of the meeting in Denver, and this is  
7 an update from that set of comments.  
8 So the number of cases that we have with job  
9 construction titles in their work history for  
10 all of the claims that we hold, those ran a  
11 little over 4,000. We have completed and  
12 submitted to the Department of Labor 2,646  
13 cases of that 4,000 total, and of those there  
14 have been about 22.4 percent or 594 cases that  
15 were found to have a probability of causation  
16 of greater than 50 percent or have -- DOL will  
17 find them to be compensable based upon the dose  
18 reconstruction we have provided. Additionally  
19 there have been over 2,000 of 76.6 percent of  
20 those cases completed that were found to have a  
21 POC of less than 50 percent, or will be  
22 determined by DOL to be non-compensable.  
23 We have yet to complete, 1,435 cases, and of  
24 those we have 705 that have been pended in our  
25 process until we come forward with this

1           Technical Informa-- or Technical Basis Document  
2           entitled "Parameters to Consider When  
3           Processing Cases for Construction Trade  
4           Workers," and what this Technical Basis  
5           Document applies to specifically are those  
6           subcontract workers who were not monitored  
7           under the primary contractor's monitoring  
8           program. In other words, they didn't have any  
9           monitoring done for them by the prime or the  
10          MEO contractor. And so this Technical Basis  
11          Document is in the very last stages, I assure  
12          you -- I know Dr. Neton was reviewing it this  
13          morning, and we're hopeful that it -- all the -  
14          - all the technical aspects and issues that we  
15          have identified with it are -- have -- have  
16          been put to bed and we will implement this  
17          very, very soon to attend to these 705 claims  
18          that deserve attention so -- so dramatically.  
19          We have 730 cases that are active and they --  
20          they may be openly active, we're working on  
21          them, or they are pended for other reasons  
22          besides this particular Technical Basis  
23          Document. And those reasons -- there's a  
24          variety of reasons. They're very case-  
25          specific. We may -- in some cases they are

1           pended because they're waiting on a Special  
2           Exposure Cohort class eligibility  
3           determination. They may be new cases to us and  
4           we have -- we are awaiting requests for DOE  
5           monitoring information. There may be some  
6           technical issue other than that that we're --  
7           we're awaiting resolution on. So we're --  
8           we're busily looking at those 730 cases and  
9           trying to finish those up as well.  
10          So I would -- I would offer that I don't  
11          believe, as I said in Denver, this is a  
12          disenfranchised group. No, we paid particular  
13          attention to the trades -- the construction  
14          trades and we're focusing due diligence and  
15          attention to their -- to the current claims  
16          situation.  
17          Too quick on the trigger. I think after --  
18          after this morning's discussion and the  
19          presentation from John Mauro of SC&A on -- and  
20          yest-- was it yesterday Kathy Behling got up  
21          and gave us a review of procedures -- this is a  
22          timely update from our perspective. I want to  
23          say to the Board and to the public that as we  
24          hear the constructive comments brought forward  
25          from the auditor's review, where we recognize

1 the importance and we can make a change, we do  
2 so. We don't feel it necessary to wait until  
3 we had Board consensus or Board action  
4 directing us to do so, so there are a number of  
5 changes that have been affected by those --  
6 those review comments that we have received.  
7 There are 132 Technical Basis Documents that  
8 have been approved and are now in use. I don't  
9 believe that number's really come out. I hope  
10 it's the same number as those that John  
11 submitted to you in a -- in a listing this aft-  
12 - this morning that -- the two numbers, what  
13 they've reviewed and what they haven't reviewed  
14 yet, I hope they line up with that. There's  
15 also 43 Technical Information Bulletins that  
16 have been completed and are in use. And I wish  
17 I had a number here for you on how many more we  
18 need. That -- that is an unknown. That's  
19 something that -- that we're -- we're  
20 constantly asking our contractor and ourselves,  
21 how many more Technical Basis Documents, how  
22 many more Technical Information Bulletins are  
23 we going to have to craft. And this goes to  
24 the question that was raised this morning about  
25 the complexity of doing dose reconstruction

1 with all of these tools in our tool box.  
2 So I want you to understand that Technical  
3 Basis Documents are -- that we know of are  
4 listed here for development, and they're at  
5 various stages of development. And in some  
6 cases, like in Pantex, you can go -- go onto  
7 our web site and you'll see that Pantex -- I  
8 think there are two portions of this -- two  
9 chapters of this six-chapter site profile that  
10 are approved. The other chapters are under  
11 development and we hope to be seeing those put  
12 to use very soon.

13 Of the 43 approved Technical Information  
14 Bulletins there are 21 that are site-specific.  
15 In other words, they deal with a specific  
16 technical issue associated with a process or  
17 operation at a given site. And another -- the  
18 remaining 22 -- there are 21 that are site-  
19 specific. The remaining 22 are complex-wide.  
20 In other words, they address an issue that  
21 deals with more than one site or one operation  
22 at -- across sites. So I think that's --  
23 that's important to know out of that 43 -- it's  
24 important for a variety of reasons. It goes to  
25 the dose reconstruction review. It also goes

1 to conflict of interest and the policy that  
2 we're developing and attending to on -- on full  
3 attribution and making sure we have document  
4 owners that are not conflicted.

5 I think it needs to be made publicly -- the  
6 public needs to be made aware that site  
7 profiles and Technical Basis Documents are  
8 reviewed periodically. Besides what the  
9 auditor is doing for the Board, in-house we  
10 review them periodically. ORAU has their own  
11 periodic review schedule -- I think it's a  
12 biennial review schedule. And it's important  
13 also to understand at this point in time, as  
14 we're working on our -- developing the conflict  
15 of interest policy, that all of these documents  
16 are under a subject review for conflict of  
17 interest as we proceed with the implementation  
18 of the policy as we see it developing.

19 Currently there is a technical review on INEL  
20 site profile document, ORNL site profile  
21 document and the Fernald document. That's an  
22 internal set of reviews that are ongoing on  
23 those three documents.

24 We move on to an update now on where we stand  
25 with regard to communications and our

1 initiatives in that area. This image is from  
2 the -- on the right-hand side here is from the  
3 nav-- it's a navigation bar on our web site.  
4 If you haven't been on our web site, I  
5 encourage you to go there, take a look at it.  
6 I hope that this navigational tool will aid you  
7 in finding the information that you're seeking.  
8 There is a huge, huge amount of information on  
9 this web site and we've had good comments.  
10 We've had good -- good constructive criticism  
11 about the navigability of the web site, and so  
12 we've taken some steps to try to improve that,  
13 and we're constantly looking at this web site  
14 to try to develop better methods and better  
15 ways to present information and to aid people  
16 in finding that information.  
17 The Advisory Board page on the web site now  
18 contains a -- listings of meetings for your --  
19 for the current year, as well as a -- when you  
20 go to that page you'll see on the right-hand  
21 side another bar that you can click on that  
22 takes you to previous meetings, and so you can  
23 find the correspondence, you should be able to  
24 find all of your meeting minutes and  
25 transcripts.

1           There's an individual site page on the  
2           navigation bar, and if you go to an individual  
3           site page you will see the information that has  
4           been produced to date for a given site, whether  
5           it's the site profile, a Technical Basis  
6           Document that is used to address issues  
7           associated with dose reconstruction for that  
8           site profile, whether it is information about  
9           SC&A's review. There -- those documents should  
10          be presented there as well, so there's a lot of  
11          information organized by site that you might  
12          want to avail yourself of.

13          There's a list of work sites. The master list  
14          of specific work sites for which NIOSH has  
15          developed info is another way of presenting the  
16          site-related information, and so you might see  
17          some duplication of information if you go to  
18          these different web pages within the -- within  
19          this web site.

20          The Special Exposure Cohort web page is now  
21          separated into four distinct pages. There's an  
22          SEC main page which contains classes in the  
23          Special Exposure Cohort, the qualified -- it  
24          lists the presumptive cancers. It also shows  
25          the petitions that have qualified for

1 evaluation, petitions and classes that have not  
2 yet been added to the SEC but are under  
3 consideration. The additional pages on the --  
4 on the SEC web page provide instruction on how  
5 to submit petitions. It provides a copy of the  
6 -- of the rule on SEC petition processing, and  
7 it provides some procedures on how we -- we do  
8 handle those petitions.

9 The technical documents used in dose  
10 reconstruction is another duplicate page within  
11 the web site which has some shortened  
12 information and provides links to the  
13 individual site pages. So there's a lot of  
14 cross-coordination here within the web site,  
15 and we hope that that will aid in finding  
16 specific information you're searching for.  
17 If all of that fails you, I'd go to the search  
18 -- little search engine at the top and type in  
19 what you're looking for, and it'll take you to  
20 what you want to see.

21 We've revised -- we've been working on our  
22 acknowledgement letter which we send out to all  
23 claimants once we receive a referral from the  
24 Department of Labor informing the claimant that  
25 we now have their particular claim and we are

1           about to begin dose reconstruction. We have  
2           shared this information packet -- it's now a  
3           packet. It's more than just the letter. We  
4           shared this at one of your previous Board  
5           meetings. We didn't ask for -- we asked for  
6           individual comment. It was out on a table and  
7           we asked folks to stop by and comment on it.  
8           There's a number of information bulletins on  
9           the -- this site of the packet -- a glossary of  
10          terms, provides detailed steps in claims  
11          processing, a little yellow bulletin here that  
12          talks about dose reconstruction and what that  
13          means for the claimant. And there's a -- we  
14          always give a refrigerator magnet so that the  
15          person can have the contact information. So  
16          this will be put into use very soon, I hope,  
17          and we'll see some changes in how our -- our  
18          notification to our claimants is received by  
19          that. So we welcome what -- the inputs that  
20          some of the Board members gave us on that.  
21          At your last meeting in Denver many of you  
22          might have been aware that we were  
23          demonstrating a dose reconstruction video in  
24          focus group panel sessions where there was a  
25          room set aside and one of my health

1           communications specialists was pulling in  
2           claimants and -- and people who had an interest  
3           in viewing this video and providing us comment  
4           on it. It is an introduction to the topic of  
5           dose reconstruction. It is intended to provide  
6           a very general description and understanding of  
7           this complex scientific program. We're hoping  
8           it reaches a target audience here that will  
9           understand what we're saying in the video.  
10          It's -- it's really designed in that audience  
11          to reach the Energy employees and/or their  
12          survivors.

13          The video's currently within the Office of the  
14          Director at NIOSH and our communications --  
15          associate director for communications is giving  
16          it a final review. And once we have that  
17          approval, it will be sent out for external  
18          review, which means every member of the Board  
19          will get a copy. Interested members of the  
20          public can get a copy. And we would welcome  
21          your individual comments on whether it meets  
22          the target that we're -- we're trying to  
23          achieve and it provides the communication  
24          messages that we hope it does. So I -- I would  
25          hope you'll see that within a -- in a month or

1           so. It'll be coming to you by mail.  
2           I mentioned earlier -- and in Denver meeting  
3           and other meetings -- we are working on  
4           reformatting our dose reconstruction report.  
5           This is the report that we provide to claimants  
6           and we provide to the Department of Labor, we  
7           provide to the Department of Energy, that  
8           explains how we went about doing our work in  
9           reconstructing the dose for that claimant and  
10          what those findings are, what the estimates of  
11          dose are for that particular set of  
12          circumstances that the Energy employee worked  
13          under and what their -- we ant-- we estimate  
14          their exposure to have been. The draft  
15          language for that reformatted report has been  
16          developed. It is under internal review. We  
17          will be talking with -- with our ORAU  
18          counterparts next week about what it takes to  
19          retool the -- the development and distribution  
20          of such a report now. And it's our goal to see  
21          this report attend to some of the comments  
22          we've received about the technical -- technical  
23          aspects of what we do and the difficulty in  
24          understanding, from a lay person's perspective,  
25          what it is we do and what it means for them.

1           And so there are -- there are really two  
2           sections that this rep-- this new format will  
3           contain. One will be a very claimant-friendly  
4           section that uses non-technical language to  
5           summarize the report, to tell them how much  
6           dose we have accounted for in their dose  
7           reconstruction and how we went about doing that  
8           -- and that is a difficult, challenging task,  
9           as you might imagine.

10          And then there will be a technical section that  
11          will be very elaborate and very scientifically  
12          developed so that a -- if the person wants to  
13          get an expert opinion, wants to have another  
14          health physicist look at it, they'll  
15          understand. The auditor will understand what  
16          we've done in calculating and estimating the  
17          dose, what technical information we used to do  
18          that.

19          I'd like to talk a little bit now about our  
20          quality assurance and our quality control  
21          program. And there are going to be really  
22          three sections in this part of the  
23          presentation. The first section I'm going to  
24          talk about is where we receive the claim from  
25          the Department of Labor, and what we do with

1           that claim to make sure that all of the  
2           information that we have been given is the  
3           correct information, the information that we  
4           need in order to start processing the dose  
5           reconstruction. And then I'm going to walk you  
6           through the dose reconstruction quality  
7           assurance/quality control program that ORAU  
8           performs in developing the dose reconstruction.  
9           And then I'll finish up with our quality  
10          assurance aspect of reviewing all of that again  
11          to make sure that we've achieved the product  
12          that we want.

13          I think it's important for us in this part of  
14          the presentation to be very clear about what we  
15          mean by quality control/quality assurance.  
16          Quality control is a set of steps or part of a  
17          procedure that is performed during the  
18          development of a product to make sure that as  
19          we go along in that development we achieve a  
20          level of satisfaction according to our product  
21          specs.

22          Quality assurance is an examination or a test  
23          or a set of steps that are applied after the  
24          product has been developed and we're assuring  
25          that it does meet our product spec.

1           So what is our product spec? We've operated  
2           from day one under this premise: That our  
3           product specification in dose reconstruction  
4           was that each dose reconstruction is of  
5           sufficient quality to yield a correct decision  
6           by DOL on the compensability of the claim.  
7           There's a lot in that that's not said. We've  
8           talked about our efficiency processes. We've  
9           talked about best estimates. There's really --  
10          if you get down to it, there's only three ways  
11          we really do dose reconstructions.  
12          We do an underestimating approach where we  
13          don't account for all of the dose because it  
14          shows that the claim is compensable. We do an  
15          overestimating approach where we throw  
16          everything in it we can to make sure we've  
17          accounted for every dose that we can, we've  
18          been as claimant-favorable as we can to show  
19          that the exposure did not result in the cancer.  
20          And then we do a best estimate approach, which  
21          is the most difficult, the most time-consuming  
22          and the most resource-intensive approach to  
23          assure that for those cases where the  
24          probability of causation is calculated out to  
25          be between 45 and 52 percent that it is

1 correct, that we cannot find any more dose to  
2 make it above 50 percent and we've done our job  
3 the best we can.

4 So I think, given that, you're going to --  
5 you've seen from the auditor's review that  
6 there are a number of deficiencies noted.  
7 Those number of deficiencies, as you heard this  
8 morning, have not really been of the order of  
9 magnitude that would have changed the  
10 compensability decision, perhaps. They've been  
11 noted, and we take note of those and we're  
12 making changes as we think appropriate at this  
13 time. But we recognize that our dose  
14 reconstruction efforts -- I'll just be frank  
15 here -- have some warts on them at times. They  
16 are imperfect. But they meet this product  
17 spec, we believe.

18 The quality control program for our claims  
19 processing -- we have a -- I'm going to hope I  
20 don't bore you with these procedures, but I'm  
21 going to list the procedures just in case -- in  
22 case the Board or SC&A wants to make note of  
23 have they reviewed these.

24 We have a claims processing procedure which my  
25 staff adheres to upon receipt of the claim.

1           There's certain things that they have to do on  
2           receipt of the data from the Department of  
3           Labor to make sure that that information is of  
4           sufficient quality and quantity for us to do  
5           our job in dose reconstruction. There are  
6           detailed quality control steps that are  
7           specified in this procedure to make sure that  
8           the data that's entered, by hand, into our  
9           electronic database is entered accurately and  
10          completely.

11          Such as: The cases are date-stamped and they  
12          are assigned a tracking number, as you know,  
13          and all documents are logged the day they are  
14          received. This is important to us because  
15          that's when we say we start our work on those  
16          cases. We're held accountable from that day  
17          on.

18          All data is entered into our electronic data  
19          system and there are electronic verifications  
20          of that data performed, such as -- there's an  
21          electronic mechanism that can test as to  
22          whether or not the Social Security number is  
23          right. You know, has it got -- is it missing a  
24          number, are there too many numbers, those are  
25          things we can do electronically.

1 All of the ethnicity data that we need to  
2 process a dose reconstruction for skin cancer  
3 is checked. Smoking histories for lung cancers  
4 are checked to make sure that we have that  
5 information and it is accurately recorded.  
6 The dates are verified for reasonableness, and  
7 we do this also by electronic mechanism to  
8 determine whether the date of birth, the date  
9 of death, the employee start and end date are  
10 accurately entered into the system.  
11 The data is then compared, after it's entered,  
12 with the hard copy data that we receive. Now  
13 many of the Board members -- some of the newer  
14 ones may not have been into our processing  
15 area, but we do keep all of the hard copy on  
16 file. We work at our desks in electronic  
17 format from the database, but all hard copy  
18 that we have on a claim exists in our hands in  
19 our -- in our -- in Cincinnati. So we check  
20 the Energy employee and the survivor data and  
21 make sure that that is complete. All of the  
22 cancer information and the description, the  
23 ICD-9 codes are compatible and they're  
24 accurate, we go through that.  
25 We determine if the right forms have been

1 submitted to us. That is the form that the  
2 Energy employee or the survivor has to fill out  
3 at DOL, and we check those for accuracy and  
4 clarity. Many of -- many forms that we get,  
5 many infor-- much of the information we get  
6 from the claimants are scanned by the claimant  
7 or they're a photocopy, and we want those to be  
8 legible so we check that, we check the  
9 legibility of those documents.

10 Any discrepancies that are noted are reported  
11 back to the Department of Labor, because it's  
12 their responsibility to provide a full  
13 development of the claim information. And any  
14 supplemental information that the Department of  
15 Labor provides to us is also QC'd in the same  
16 fashion and checked.

17 Once the dose reconstruction report has been  
18 produced by the -- by ORAU and given to us, and  
19 I'll talk about that -- that part of the  
20 process in a minute, but I'm going to jump  
21 ahead now and take you to where it's going to  
22 be filed. The dose reconstruction report has  
23 been finished and we've got -- we're awaiting  
24 OCAS-1 or we're going to get the OCAS-1, so  
25 we're looking at the report to make sure that

1           it is -- it is complete and accurate, the  
2           tracking number is on each page, we don't have  
3           -- interspersed somebody else's -- pages from  
4           someone else's report. We want to make sure  
5           that we're not -- that we want to give a  
6           complete accurate report and we're not  
7           divulging Privacy Act-related information to  
8           people who don't -- should not be getting that.  
9           All pages have to be accounted for within a  
10          report. There has to be OCAS health physicist  
11          approval signature on these reports as a final  
12          peer review of the product that we receive from  
13          any contractor or from -- if it's a report that  
14          has been developed in-house by one of the OCAS  
15          health physicists, there still has to be a OCAS  
16          health physicist approval. We also check the  
17          EE name and the Social Security number and make  
18          sure those are correct because those are  
19          Privacy Act-related information that we need to  
20          monitor very closely.

21          Once we receive the signed OCAS-1, we verify  
22          that the signatures on that OCAS-1 are in the  
23          case file and they are matched up. And if  
24          there are any modifications on that OCAS-1,  
25          then that triggers our legal folks to get

1           involved with us and go back to the claimant  
2           and explain that we cannot accept a modified  
3           OCAS-1; we have to accept only a signed OCAS-1.  
4           So there's a -- there's a quality control  
5           aspect there as well.  
6           The return of the OCAS-1 form and the  
7           completion of the closeout interview is also  
8           monitored, and there's quality control steps in  
9           that process. As you know, we have a 60-day  
10          review for cases with unreturned forms. In  
11          other words, we've sent out the dose  
12          reconstruction report. We allow the claimant  
13          to take 60 days to make a decision on signing  
14          the OCAS-1 or providing us additional  
15          information. If they don't do that, we notify  
16          them that their 60 days has come to limit and  
17          we offer them another 14 days to remedy, either  
18          send us an OCAS-1 form or send us additional  
19          information. So at the end of 74 days, if we  
20          don't have that, then we administratively close  
21          the case. But all of that is trapped --  
22          tracked by a phone log which is recorded into  
23          the case file -- many of you have seen those  
24          phone logs, on the Board -- and we -- the  
25          interview of closing out the dose

1 reconstruction is also captured. Those  
2 interviews and that -- that phone log capturing  
3 is also monitored and quality control-checked.  
4 If there's no notation in the phone log, then  
5 there's a -- that -- that a closeout interview  
6 was done or that the person was contacted about  
7 their missing OCAS-1, then that triggers  
8 another step in the process to back to that  
9 claimant and follow up with them.

10 The analysis record, which is the full set of  
11 documentation, all of the claim file that was  
12 submitted to us plus everything that we have  
13 added to it -- all of the information that we  
14 have collected and assembled, whether it's the  
15 DOE response, the AWE information that we've  
16 assembled, Technical Basis Document tools that  
17 might be referred to -- we make sure that  
18 they're accounted for in this analysis record.  
19 That is all assembled. It's put together on a  
20 compact disk and it's provided to the  
21 Department of Labor for a closeout of the case.  
22 And those -- those analysis records and that  
23 compact disk, as it's created, are examined and  
24 verified against the hard copy information that  
25 we have. We make sure that we're not -- we're

1 enclosing everything, we're not missing a piece  
2 of information that's vital for DOL to make  
3 their adjudication of the claim.

4 Now let's go into the ORAU quality  
5 assurance/quality control procedures that they  
6 employ in the development of dose  
7 reconstructions. And their description of  
8 their procedures are outlined in this quality  
9 assurance program plan, and it was approved  
10 back in January of 2003. And I think if you go  
11 in and look at that, it's been updated at least  
12 two or three times that I'm aware of. I'm just  
13 providing on these the origination dates. I'm  
14 not providing the update -- revision dates for  
15 you.

16 So internal quality assurance audits and  
17 assessments and surveillances are performed  
18 under this procedure. They are so done on  
19 project processes and -- and those are also  
20 performed in accordance with the conduct of  
21 quality assurance surveillances or quality  
22 assurance audits as prescribed by those  
23 procedures, and there's reporting mechanisms  
24 that are required under those particular  
25 procedures.

1           The principal components of the ORAU quality  
2           assurance/quality control processes for dose  
3           reconstructions are found in this ORAU  
4           Procedure 003 (sic), which was approved in  
5           November of '04. This talks about how the dose  
6           reconstructors are trained, what requirements  
7           they have to meet. Then the dose  
8           reconstructions themselves are performed in  
9           accordance with the guidance that's provided by  
10          the various Technical Basis Documents and the  
11          procedures and the Technical Information  
12          Bulletins that y'all are becoming familiar with  
13          through the review by the -- by SC&A.  
14          There are resources such as the telephone  
15          interview with the claimants that are approved  
16          and validated, and I think that's some of the  
17          things that ORAU -- SC&A has already reviewed,  
18          and I think they have some others that they  
19          want to review in that regard on CATI  
20          interviews.  
21          ORAU does an initial quality control review  
22          that is performed by non-health physicists to  
23          assure that a draft DR is ready to go to  
24          technical peer review. And in that review  
25          they're talking about somebody that looks at

1           the -- the language that's used, is the  
2           spelling correct, is the accuracy of the case  
3           information -- this is duplication of some of  
4           the stuff that my staff does, but as they  
5           develop the report, that's what they're looking  
6           for. They're also charged with looking at the  
7           consistency of the IREP input and the summary  
8           file information. So before it goes to  
9           technical peer review, they have staff who do  
10          these reviews on really an administrative  
11          preparation review, is what I would call it.  
12          So before we get it at NIOSH, every draft dose  
13          reconstruction then undergoes a technical peer  
14          review in conformance with the ORAU procedure  
15          that was listed here that was approved for use  
16          in December of '04.  
17          An initial quality control review -- let's see  
18          -- oh, I'm behind a page.  
19          The peer review is performed using a peer  
20          review checklist that was also approved in  
21          December of '04, and this checklist is designed  
22          to identify issues regarding the technical  
23          development of the dose reconstruction. That  
24          -- that checklist is then provided to the dose  
25          reconstructor and those issues must be

1 satisfied in agreement with the technical  
2 review -- the technical peer reviewer.  
3 Technical editing for grammar, reference  
4 checks, format and spelling is also completed  
5 at this stage.  
6 And then there's a final quality control review  
7 -- similar to the initial quality control  
8 review that I talked about that's a non-health  
9 physicist -- who are again looking at is the  
10 language right, is the spelling right, is the  
11 grammar right, do we have all the detailed  
12 information pertinent to that particular  
13 claimant, is it all captured in the report. So  
14 it's another administrative review.  
15 Now we go into -- they've produced the report.  
16 They've gone through their quality control  
17 steps, their quality assurance at the end, and  
18 now it comes to NIOSH for our -- for the last  
19 few steps in the process and our quality  
20 assurance that our product that we're going to  
21 deliver to the Department of Labor meets our  
22 spec, our product specification. This is all  
23 described in Dose Reconstruction Review  
24 Procedure 007, which is our procedure and that  
25 was approved also in December of '04.

1           This -- the principal components of this  
2           procedure involve an OCAS HP review of 100  
3           percent of the dose reconstruction submitted.  
4           We do not have one dose reconstruction that is  
5           not reviewed by an OCAS technical peer  
6           reviewer.    Every one of these is reviewed by  
7           an OCAS technical peer reviewer who is not  
8           conflicted for that given site.

9           When a draft dose reconstruction is returned  
10          for rework from DOL back to us, a form is  
11          generated and we have a form that we look at  
12          with regard to those reworks, and you can see  
13          this is some of the information I presented  
14          earlier in the week about how many we got, so  
15          that's where we -- we're evaluating those in  
16          that given time frame, and then seem to be  
17          consistent with previous years' experience for  
18          -- for this current year.

19          Did I skip one?

20          **UNIDENTIFIED:**    You did.

21          **MR. ELLIOTT:**    Happy trigger finger.    Early in  
22          2005 we decided to sample five percent of all  
23          dose reconstructions that were submitted, on a  
24          random basis, and do a dose reconstruction  
25          review again, using a similar checklist.    That

1 checklist consists of 19 individual questions  
2 that we use to examine such things as are the  
3 work dates, the employment history, consistent;  
4 are the diagnosis and the dates with -- with  
5 any medical aspect consistent; are the doses  
6 that we -- that we reviewed and estimated, are  
7 they accurate and is there a summary matched to  
8 what we've been given from the dose of record  
9 by DOE, et cetera. So there's a variety of  
10 different things we look at in those 19  
11 questions.

12 Those checklists are compiled on a quarterly  
13 basis, and they are shared with whichever  
14 contractor we're dealing with to determine if  
15 there's any trends that are -- are something  
16 that we want to look into deeper and -- and  
17 make any modifications or find any corrective  
18 action for.

19 A hundred percent of the dose reconstructions  
20 also undergo a final NIOSH technical review,  
21 and that is a brief review intended to identify  
22 errors in the general approach of the dose  
23 reconstruction, as well as any format errors  
24 that -- that might have crept into the  
25 particular dose reconstruction itself, report

1 errors.

2 NIOSH also performs and documents self-

3 assessments. We have a team that performs this

4 and they are done under a procedure entitled

5 "Conduct of Assessments," 005, was also

6 approved back in December of '04. And to date

7 we have done 15 assessments. These assessments

8 have a summary of findings. You've seen one, I

9 believe, on the Paducah conflict of interest.

10 They provide a corrective action plan.

11 Examples of other assessments, we've had an

12 assessment of the analysis record, those --

13 those final, complete compact disks that have

14 the summary of all the information we've

15 assembled. We've looked at that.

16 We had an assessment on the ORAU dose

17 reconstruction process itself. We've had an

18 assessment on the dose reconstruction review

19 record, the quality control steps in reviewing

20 dose reconstructions. We've also had an

21 assessment on the efficiency of the dose

22 reconstruction process. And so those are just

23 examples of some of these 15 that we have

24 completed.

25 I think I covered that one.

1           Our Technical Basis Documents are developed in  
2           accordance with this Document Control Procedure  
3           001 that was approved in February of '03, as  
4           well as the -- this als-- this ORAU Procedure  
5           0031 which we approved back in October of '04.  
6           What these -- these get at are how a Technical  
7           Basis Document is developed, how it's  
8           formatted, what its content needs to look like,  
9           what it addresses. It has to have a purpose.  
10          It has to state what it's trying to accomplish.  
11          And so these procedures outline the process for  
12          the development of that particular set of  
13          documents.  
14          There's also a review -- an examination of the  
15          process that -- that these documents undergo as  
16          they are drafted and as they are routed through  
17          full review. Each time a document is reviewed  
18          there's a set of review comments that are  
19          captured, and those review comments are then  
20          shared back with the document owner and they  
21          have to be addressed. And they have to be  
22          addressed to the satisfaction of the commenter  
23          and the decision authority, whether it's ORAU  
24          or NIOSH and OCAS, before they can be  
25          considered a final revised document.

1           So you know, after we go through that, after  
2           all of those internal comments have been  
3           assembled and shared, they -- these are the  
4           check-off points.    These are the people who do  
5           provide those comments.  There's OCAS health  
6           physicists.  Our Office of General Counsel  
7           reviews each and every one of these.  They  
8           provide comments.  This is all captured in this  
9           document control resolution system.  The  
10          Department of Labor's health physicist, Jeff  
11          Kotsch, is in the room.  He knows what happens.  
12          His comments come back to us as well, and they  
13          are so documented.  And the DOE -- DOL legal  
14          team also has an opportunity to opine and  
15          review on our Technical Basis Documents as  
16          well.

17          So once those comments are all captured, then  
18          we have to go through comment resolution.  
19          They're compiled in a -- in a clear document  
20          form and ORAU then considers those comments,  
21          makes appropriate changes as they deem  
22          necessary, returns those revised documents to  
23          us and we examine how they resolved and  
24          addressed those comments.  They're shared back  
25          with the commenters for concurrence.  And if

1           there's any issues at that point, then we go  
2           back through the same process again of comment  
3           resolution. So it's a -- it's a continuous  
4           loop.

5           Once we have achieved concurrence that the  
6           comments have been adequately and appropriately  
7           addressed, then it gets an ORAU approval for  
8           use that's shared with us, and then we put the  
9           final stamp of approval for implementation and  
10          use.

11          I think that's all I have to say at this point.  
12          I hope that gives you a little better insight  
13          into what our quality assurance/quality control  
14          efforts are. It's something we've not talked  
15          about in great detail in the past. I also hope  
16          that some of the other issues that I brought  
17          you up to speed on satisfy your interest. And  
18          if there are other things that you want to hear  
19          about, I'd certainly be happy to add them to  
20          the list.

21          **DR. ZIEMER:** Very good. Thank you very much,  
22          Larry, for a very thorough discussion of those  
23          issues.

24          A couple of questions. I'll start with a  
25          couple and maybe others will have some. Just

1           for clarification, on your dose reconstruction  
2           video that you talked about under communication  
3           initiatives, is this actually a video? Are we  
4           talking about CDs or what?

5           **MR. ELLIOTT:** It is a DVD, a video, and you can  
6           play it in your DVD player.

7           **DR. ZIEMER:** Are there any people still have  
8           those?

9           **UNIDENTIFIED:** It's a CD.

10          **MR. ELLIOTT:** It's a CD.

11          **DR. ZIEMER:** I'm actually serious.

12          **UNIDENTIFIED:** It's a CD.

13          **DR. ZIEMER:** It is a CD or a DVD?

14          **MR. ELLIOTT:** It's not a VCR.

15          **UNIDENTIFIED:** (Off microphone) It's not a  
16          (unintelligible).

17          **DR. ZIEMER:** Oh, okay. Okay.

18          **MR. ELLIOTT:** You're thinking of VCR, perhaps.

19          **DR. ZIEMER:** Okay, it's a DVD. Okay.

20          **MR. ELLIOTT:** It's a DVD.

21          **DR. ZIEMER:** Okay.

22          **MR. ELLIOTT:** And our intent is --

23          **DR. ZIEMER:** That's what I wanted to know.

24          **MR. ELLIOTT:** Yes, it's 12 minutes long right  
25          now. Our intent is to share it -- share it

1 with the -- we plan to put it in the Resource  
2 Centers. We plan to bring it to public  
3 meetings like this --

4 **DR. ZIEMER:** No, that's good, I --

5 **MR. ELLIOTT:** -- which is --

6 **DR. ZIEMER:** -- was just wondering how the --  
7 what the word "video" meant in this case.

8 **MR. ELLIOTT:** Yeah, it is a video that's 12  
9 minutes long. It is -- it's on a DVD format,  
10 some of -- some computers can play it, or you  
11 can play it in your DVD player in -- with your  
12 home TV.

13 **DR. ZIEMER:** On the communication initiatives,  
14 and I sort of referred to this before, what  
15 instruction do you give to the Department of  
16 Labor as to what the final outcome of the POC  
17 should look like? And I'm really getting at  
18 the significant figures in the number. Do you  
19 instruct Depart-- who determines that we're  
20 doing five and six --

21 **MR. ELLIOTT:** I share your concern on that.  
22 I've preached from day one that we can't find  
23 ourselves being a significant figures five  
24 points out from the decimal point. I think --  
25 I think Dr. Neton has a ready response on why

1 we go to that significant (unintelligible) --

2 **DR. ZIEMER:** Well, actually the number's not  
3 really officially generated by you, is it?

4 **DR. NETON:** That's correct, we don't generate  
5 any probability of causation numbers in our  
6 reports at all. Those are generated by the  
7 Department of Labor.

8 **DR. ZIEMER:** That's why I asked what  
9 instructions you give them on -- on this.

10 **DR. NETON:** We give them no instruction, to my  
11 knowledge, on the number of significant figures  
12 they carry out their -- their letter to the  
13 claimants informing them of their decision.

14 **DR. ZIEMER:** You think they would be --

15 **DR. NETON:** Amenable to some -- some advice?

16 **DR. ZIEMER:** Well --

17 **DR. NETON:** I think --

18 **DR. ZIEMER:** -- maybe I'll ask Jeff.

19 **DR. NETON:** Yeah, he has --

20 **DR. ZIEMER:** Has anyone determined that -- that  
21 there should be that many significant figures?  
22 I guess I would argue that I -- it's almost --  
23 you know, I might tolerate one decimal place,  
24 and I'm -- even would question that, but who's  
25 determined that we're going two and three

1 decimal places on this? Has anyone made that  
2 determination?

3 **MR. KOTSCH:** (Off microphone) (Unintelligible)  
4 we just -- do I need to get up here?

5 **DR. ZIEMER:** Yes.

6 **MS. MUNN:** Yes.

7 **MR. KOTSCH:** We just report what basically  
8 comes out of IREP. IREP comes out to -- you  
9 know, to the hundredth digit, basically, but  
10 we've had discussions recently about whether  
11 it's prudent probably just to go with the full  
12 percentage. You know, like a 27 rather than a  
13 27.12 percent because we don't know what the  
14 validity of --

15 **DR. ZIEMER:** Exactly, and --

16 **MR. KOTSCH:** -- the real difference in the  
17 number is, anyway.

18 **DR. ZIEMER:** -- most of the ones that we're  
19 seeing are going out to two decimal places, and  
20 sometimes three.

21 **DR. NETON:** Right. I think Jeff raises a good  
22 point. IREP does generate it out to two  
23 decimal points, and I think the -- the  
24 claimants run it and it doesn't show those  
25 decimal points, it may raise some concern in

1           their mind. And probably the place to start is  
2           to adjust IREP to --

3           **DR. ZIEMER:** Maybe we could have --

4           **DR. NETON:** -- to put the --

5           **DR. ZIEMER:** -- IREP itself do the truncation.

6           **DR. NETON:** Yeah, we could do that. That's a  
7           good suggestion.

8           **MR. KOTSCH:** Labor didn't want to report  
9           anything that they couldn't duplicate -- the  
10          claimant could not duplicate if --

11          **DR. ZIEMER:** I understand, yeah.

12          **MR. KOTSCH:** -- they ran it themselves, so  
13          that's the way the machine right now is set up.  
14          When you -- when you plug the number in, it  
15          generates like that, so we just carry that.  
16          But we have had discussions about truncating  
17          it, basically.

18          **DR. ZIEMER:** It's the -- it's the argument that  
19          John Poston has with his students. They'll say  
20          well, my -- my hand-held calculator gave me 27  
21          decimal points. You know, that's the answer.  
22          No, it's not.

23          Okay, I just simply raise that point. I -- I  
24          think it's very misleading to people.

25          **DR. WADE:** Who has to fix IREP -- so --

1           **MR. ELLIOTT:** We have to charge our contractor  
2           to fix the IREP software. And the IREP  
3           software is a publicly -- you know, we have it  
4           publicly available so people can go in and  
5           insert their own data and come out -- and we  
6           want them -- that's what DOL's been after for -  
7           - from the start of the program. They want to  
8           be able to see the claimant reproduce the data  
9           that they get.

10          **DR. ZIEMER:** That's my personal view. I don't  
11          know how the other Board members feel, but --

12          **MS. MUNN:** Yes, it should be truncated to no  
13          more than one decimal point.

14          **DR. ZIEMER:** Okay. Mark, you have a question.

15          **MR. GRIFFON:** Just a -- curious -- curious,  
16          Larry. I'm glad you noted all those procedure  
17          numbers. I'm -- I'm not sure if -- at this  
18          point, but I'm sure John was taking notes and  
19          has this -- whether SC&A has reviewed any of  
20          these procedures.

21          **DR. MAURO:** (Off microphone) A lot of them  
22          we're very (unintelligible).

23          **MR. GRIFFON:** Some of them you have?

24          **DR. MAURO:** (Off microphone) Yes, some  
25          (unintelligible) in fact, that's why I handed

1 out the list of procedures (unintelligible).

2 **MR. GRIFFON:** Right. So -- so we'll -- we'll -  
3 - we'll look over these and -- and consider  
4 them if they're not on our list for review.  
5 I'm especially interested in some of the ones  
6 where -- where you noted that there are a  
7 series of 19 questions that --

8 **MR. ELLIOTT:** Yeah, you may not have the  
9 checklist. I think that was something I wanted  
10 to reveal in case you didn't -- you weren't  
11 aware that we used checklists --

12 **MR. GRIFFON:** Right, I wasn't aware of that.

13 **MR. ELLIOTT:** -- in some of these quality  
14 control steps.

15 **MR. GRIFFON:** Right.

16 **MR. ELLIOTT:** The procedures announce those,  
17 but if -- you know, if you haven't gone --  
18 drilled down to that level --

19 **MR. GRIFFON:** Right.

20 **MR. ELLIOTT:** -- you may not have picked them  
21 up yet.

22 **MR. GRIFFON:** And that's the detail I think  
23 would -- which would be useful to look at for  
24 us.

25 Secondly, is there -- is there a similar

1 process to this for your other -- your TBD  
2 documents, your site profile documents, as far  
3 as your peer review and -- and --

4 **MR. ELLIOTT:** Yes. Yeah, that was -- that  
5 (unintelligible) --

6 **MR. GRIFFON:** That's maybe (unintelligible) --

7 **MR. ELLIOTT:** -- covered on the last few  
8 slides.

9 **MR. GRIFFON:** Okay. I'm sorry.

10 **MR. ELLIOTT:** Yeah. There are procedures that  
11 prescribe how Technical Basis -- technical  
12 information documents are not only to be  
13 developed, but how they're to be quality  
14 controlled and quality assured through that  
15 process.

16 **MR. GRIFFON:** I hate to -- I guess one of the  
17 questions I raise that question is -- and I'm  
18 going by memory here, but I -- I seem to recall  
19 that several of the site profile documents have  
20 three or four or five signatures, I forget how  
21 many, and often they're on the same day, which  
22 is the day that -- that I guess each agency  
23 approved or each entity approved. Obviously  
24 there was no time for peer review if everyone  
25 was signing -- signing on the same day.

1           **MR. ELLIOTT:** Peer review almost happens  
2 concurrently. It's been -- you know, it's been  
3 our practice and our policy to get these  
4 documents into use as quickly as possible, so  
5 it -- it's not so much an iterative review as  
6 it is a concurrent review --

7           **MR. GRIFFON:** I knew it --

8           **MR. ELLIOTT:** -- 'cause comment resolution has  
9 to happen, and once that comment resolution has  
10 taken place, we're all ready to sign it.

11          **MR. GRIFFON:** Right, that's -- that's what it  
12 looks like. I -- I noted on the DR reports it  
13 -- it looks like step-wise more that there's a  
14 lag between the -- the reconstructor finishes  
15 and hands off, and the peer reviewer then does  
16 their -- you know, so --

17          **MR. HINNEFELD:** And if I can offer a comment on  
18 a site profile TBD document, the comment and  
19 resolution process occurs before the first  
20 signature -- signature is affixed, so after all  
21 the resolution is done, then the signatures are  
22 affixed at that point.

23          **DR. ZIEMER:** Other comments or questions? Roy.

24          **DR. DEHART:** Just a question. On the  
25 communications side where we're dealing with

1           your web site, I've noticed at times when I've  
2           gone into the update section that the blue line  
3           address will carry me into the major heading  
4           area, but not necessarily down two or three  
5           more levels I have to go in order to get to  
6           that topic.

7           **MR. ELLIOTT:** Okay.

8           **DR. DEHART:** If that could be taken care of and  
9           add the rest to the address, it would be  
10          helpful.

11          **MR. ELLIOTT:** All right. Very good. Let me --  
12          I may ask Chris Ellison to give you a call so  
13          that you can articulate what you're -- this  
14          specific interest is so she can hear it  
15          directly from you and --

16          **DR. DEHART:** Okay.

17          **MR. ELLIOTT:** I can carry it back, but I want  
18          to make sure that she understands clearly what  
19          -- what you're seeking. I think I know.

20          **DR. ZIEMER:** For example, when we get the  
21          update information from Chris, she'll say the  
22          page has been updated with this information.  
23          But when you click on the link, you just get  
24          the main page. You don't -- you don't go to  
25          that --

1           **MR. ELLIOTT:** Okay, I see what you're saying.  
2           I'll talk to her about that. Thank you.

3           **DR. ZIEMER:** Gen Roessler.

4           **MR. ELLIOTT:** Good comment.

5           **DR. ROESSLER:** On that item, too, we often get  
6           announcements from Chris that say they -- this  
7           will appear on the web site later today. I  
8           guess I'd prefer getting it after it's there  
9           because by later today I've totally forgot-- I  
10          mean, you know, I've done another half a dozen  
11          things and I've totally forgotten about it.  
12          There may be a reason for that.

13          **MR. ELLIOTT:** Well, it -- our web page update  
14          happens late in the afternoon, after Chris  
15          leaves. It's a -- it's a logistical timing  
16          issue with -- with our web folks, so she does  
17          her business, she provides it to them, and they  
18          are scheduled to upload that. Now we can  
19          change the notice and say yesterday it was  
20          uploaded. If that's what you want, we can  
21          certainly do that.

22          **DR. ROESSLER:** I'd -- I'd find that easier.

23          **MR. GRIFFON:** That way it's there.

24          **DR. ZIEMER:** For those of us over a certain  
25          age, afterwards is better. Right?

1           **DR. ROESSLER:** Right.

2           **DR. ZIEMER:** I'm not speaking for you, Gen.

3           **MR. ELLIOTT:** I like that suggestion actually,  
4 because it will aid us to make sure -- you  
5 know, one of the -- one of the criticisms we've  
6 had of late is notification of working group  
7 meetings. And Chris has been charged with  
8 making sure that notice happens, and there's  
9 various ways that happens. It happens on the  
10 web site, but it also happens by an e-mail  
11 distribution list that she generates, and one  
12 that LaShawn, your committee management  
13 specialist, generates. So we touch people in  
14 different ways, and it would be better if the  
15 web site was done the day before so that Chris  
16 can assure that it's up there when she says  
17 it's up there.

18           **DR. ZIEMER:** Mark.

19           **MR. GRIFFON:** Just to follow up on my -- my  
20 last line of questioning, but -- I was  
21 wondering if this -- this peer review -- the  
22 comments that are received in this peer review  
23 process, either for site profiles and/or for  
24 the case reviews, are something that are  
25 available to SC&A and the Board when we review

1 specific --

2 **MR. ELLIOTT:** Sure.

3 **MR. GRIFFON:** -- cases or are they all part of  
4 the DR file.

5 **MR. ELLIOTT:** It's a controlled document system  
6 that we have capturing all comments.

7 **MR. GRIFFON:** So those comments are -- are -- I  
8 think --

9 **MR. ELLIOTT:** You can go -- you --

10 **MR. GRIFFON:** There's a form -- I've seen it on  
11 the O drive. There's forms that capture  
12 comments in the resolution and --

13 **MR. ELLIOTT:** Certainly available to you, yeah.

14 **MR. GRIFFON:** Okay. 'Cause I think that's  
15 important --

16 **MR. ELLIOTT:** Essentially what it says -- who's  
17 the reviewer. Somebody like Jeff Kotsch will  
18 send us reviewer and it'll have his initials or  
19 his name and it'll say what his comments are,  
20 what his issues are. Then there'll be another  
21 column that says who addressed them, how they  
22 were addressed. That's -- that's captured.

23 **MR. GRIFFON:** I guess the -- the other reason  
24 I'm raising this is -- is for SC&A and my  
25 fellow Board members, that -- that if there was

1 an internal peer review process, I think it  
2 might benefit us in our resolution process. If  
3 SC&A is looking at a site profile document and  
4 they have this finding, but they see that that  
5 -- someone in a peer review process already  
6 brought this up and this is how it was  
7 answered, maybe -- maybe it's not even a  
8 finding. You know what I mean? So it would be  
9 helpful if they could look at those internal  
10 comments --

11 **MR. ELLIOTT:** Well, it can -- it can also  
12 explain the logic of how the comment was  
13 addressed and whether or not we saw it as a  
14 major issue or was it such a deficiency that we  
15 had to make a change or did we dismiss it. I  
16 sus-- so you would see that.

17 **MR. GRIFFON:** Right.

18 **MR. ELLIOTT:** You would also see -- I think  
19 it's important for conflict of interest, you  
20 would see who's opining about a given technical  
21 question.

22 **MR. GRIFFON:** Right.

23 **MR. ELLIOTT:** You know, and who wins in that --  
24 in that give and take, that exchange on -- on  
25 the scientific debate or the technical debate

1           that goes on about that question.

2           **MR. GRIFFON:** So -- so I -- I don't know, I may  
3           be wrong, but in -- in each case that's on the  
4           O drive, is that part of that case package?

5           I'm -- I'm using the wrong terminology, but --

6           **MR. ELLIOTT:** Each -- each dose reconstruction  
7           --

8           **MR. GRIFFON:** Yeah.

9           **MR. ELLIOTT:** -- case or each -- are you  
10          talking Technical Basis Documents?

11          **MR. GRIFFON:** Each DR case I'm talking now.

12          **MR. ELLIOTT:** Stu, you're going to have to help  
13          me out on the DR side.

14          **MR. GRIFFON:** I -- I haven't seen --

15          **MR. ELLIOTT:** I'm more familiar with --

16          **MR. GRIFFON:** I haven't seen review comments in  
17          there. I'm assuming there were some or --

18          **MR. ELLIOTT:** We capture the review, I believe  
19          -- Stu'll talk about this, but --

20          **MR. GRIFFON:** Yeah.

21          **MR. ELLIOTT:** -- go ahead, Stu, please.

22          **MR. HINNEFELD:** Until several months ago they  
23          would not be in there at all. They -- they --  
24          we have them all. They would be on a directory  
25          that we would have to provide them to you

1           separately. For the past -- I forget how --  
2           the length of time, if we comment on and return  
3           a dose reconstruction -- okay? -- if it's -- if  
4           we get a dose reconstruction and approve it,  
5           there would be no comment form generated. If  
6           we comment and return for -- for revision, that  
7           comment form will be stored -- it should be in  
8           the case file. I have to go check and verify  
9           this, but it should be in the case file under  
10          ADR files, but it will be an older version. If  
11          you go -- if -- for a -- for a -- for a dose  
12          reconstruction report under ADR files folder,  
13          the -- the one that's approved is in the last  
14          version. So if -- you know, it comes over  
15          there -- originally it comes in a single  
16          folder. If we comment and return, we put our  
17          comments in that folder and it go-- it's  
18          translated back over to ORAU in that fashion.  
19          So then they resubmit the dose reconstruction  
20          with the comments resolved in a new folder, and  
21          the one that -- the folder that was already  
22          there gets a date assigned to it. So -- so it  
23          will be in -- you know, the comment form with  
24          resolution would be in that. I think that's  
25          where it would be. I have to -- I'll send you

1 a note to make sure.

2 **MR. GRIFFON:** And we -- we can deal with this  
3 on the workgroup level, too, maybe, but I just  
4 want to let people know that this -- those  
5 comments are on -- on -- on the O drive  
6 available for us and I think they would  
7 expedite our review in many cases or, you know,  
8 enlighten our review --

9 **MR. HINNEFELD:** Okay.

10 **MR. GRIFFON:** -- of the cases and now site --  
11 the site profiles is a separate question I  
12 think.

13 **MR. HINNEFELD:** We would have to -- we would  
14 have to get those.

15 **MR. GRIFFON:** Okay.

16 **MR. HINNEFELD:** I mean we have them and we  
17 would just have to make them -- make them  
18 available.

19 **MR. GRIFFON:** Okay, 'cause I've not -- I've not  
20 seen --

21 **MR. ELLIOTT:** But they're more readily  
22 available in a document control system,  
23 database system that we maintain -- for --

24 **MR. HINNEFELD:** Yeah, yeah.

25 **MR. ELLIOTT:** They're not on an individual DR

1 basis, you see. They're not on an individual  
2 document basis.

3 **MR. HINNEFELD:** Okay. Okay, we'll...

4 **DR. ZIEMER:** Other questions or comments?

5 (No responses)

6 Okay. Thank you very much, Larry.

7 **BOARD WORKING TIME, DR. PAUL ZIEMER, CHAIR**

8 I want to move quickly into our -- this is our  
9 Board working time right now starting. We have  
10 a carryover item from Wednesday and that is  
11 some approval of some minutes.

12 **DR. WADE:** Well...

13 **DR. ZIEMER:** Huh?

14 **DR. WADE:** Ed Walker.

15 **DR. ZIEMER:** Oh, yeah.

16 **DR. WADE:** He wants to say something.

17 **DR. ZIEMER:** Ed, you have a comment for us?

18 **MR. WALKER:** A few.

19 **DR. ZIEMER:** Okay.

20 **MR. WALKER:** I'd -- I'd like to -- I'll make it  
21 quick. I won't drag it out. I'm going to be  
22 meeting with NIOSH, as Mr. Elliott said, on the  
23 21st and I have quite a few issues that I want  
24 to discuss and they're coming up of course to  
25 get the last issue resolved that they had which

1 is the cutting of the cobbles, and I've gotten  
2 my few men together that are still alive and  
3 we're going to have a -- I hope a pretty good  
4 discussion, but I -- I have quite a few issues  
5 with our group that I also have that aren't  
6 finished. And it's my understanding, and if  
7 I'm wrong, please correct me, but this issue  
8 will be the last issue from Bethlehem Steel.  
9 I feel my issue should be reviewed, also, that  
10 I have, because I think they're important  
11 issues. I've gone over them with the  
12 Congressional people. They've all sat down and  
13 listened for an hour or two hours. I gave them  
14 documentation and proof of what I talk about.  
15 I never once since I started with this Board  
16 have come up and told some -- something to you  
17 that I didn't firmly believe or could back up  
18 in my heart. Okay? So I -- I want to go over  
19 these issues and I -- and I really hope that  
20 the Board will consider them before any  
21 documentation is closed up for Bethlehem Steel.  
22 I would appreciate that.  
23 Just a couple of the items is the group -- we --  
24 -- we have monthly meetings, as you probably all  
25 know, and we're really concerned about the way

1 the Bethlehem Steel site profile dose  
2 reconstruction has been handled from day one.  
3 One, Bethlehem Steel had a contract with the  
4 government, and it's certainly documented, from  
5 '49 to '52. Two years -- the first two years  
6 there are no records, period. I've looked,  
7 I've asked, I've hunted and searched. There  
8 are no records. So -- the also -- the document  
9 that we do have is the Wayne Range\* letter. So  
10 I referred to that -- it said Bethlehem Steel  
11 used the rolling facility. That's all they  
12 used and they done rolling. It's -- it's -- in  
13 the Wayne Range\* letter it says there was also  
14 another facility at Bethlehem Steel, the  
15 blooming mill. I brought this up. The  
16 response that I got was this Range  
17 (unintelligible) -- it's a tongue-twister and I  
18 -- I'm -- I had a birthday so bear with me --  
19 isn't a strong enough document to take that  
20 into account, but it is a strong enough  
21 document for NIOSH to quote it, I believe six  
22 plus times, in their special -- or the  
23 technical base document. And why can't the  
24 claimants use this -- we have no proof. Most  
25 of the people are dead. The elderly -- the

1 wives and the children of the people that have  
2 died years ago, there's very few people left.  
3 I -- I was 18 when I started there and I'm 73,  
4 so you can't find a bunch of people that have  
5 much information to dig back and look into.  
6 And you don't have many people that -- trust  
7 me, I really dug to get the -- the proper -- I  
8 can't just call somebody and say we're having a  
9 meeting, NIOSH wants to talk and they want to  
10 talk what went on at Bethlehem Steel 50 years  
11 ago. That does not happen.  
12 I've talked to a lot of people. There's a lot  
13 of people I talked to that I don't believe  
14 myself are credible, and I would not come down  
15 here to -- in front of the Board and -- and  
16 make up a story. That's not for me to do. I -  
17 - I talk to them. I listen to them. And if  
18 they tell me what they've seen -- many of them  
19 will tell me Ed, I don't know. I worked in  
20 this part of this -- this facility was four --  
21 three football fields long and it was 100 feet  
22 wide, and it was operations from -- went on  
23 from grinding to shipping. And there's a  
24 section in the middle that was the cooling bed.  
25 And they say well, I worked over here -- I was

1           by the rollers and this was my job. I went to  
2           work at night. That-- that area I worked in  
3           was as big as a football field. I don't know  
4           what went on over at the shearer's bed. So I  
5           says okay, what do you know? Just one of the  
6           claimants -- and briefly told me well, I  
7           remember the men with the white hats. I says  
8           that's great, what -- what -- what does that do  
9           for you? He says they handed me the Geiger  
10          counter. And I says I don't think they did  
11          that. I says that wasn't you job; that was the  
12          government people. And he firmly said no, it  
13          was a Geiger counter. And I says well, you  
14          know, when they run these rods through the  
15          rollers, a lot of times the temperature gauges  
16          got steamed up and I know it's documented in  
17          the documentation that they put men in between  
18          these rollers to hold the temperature gauge.  
19          He says Ed, I told you it was a Geiger counter.  
20          I says well, what was your job? He says the  
21          white coats handed it to us guys, told us to go  
22          over and hold it within a foot or two foot from  
23          the rolling, right above the uranium -- red hot  
24          uranium that's going through. And I says what  
25          did you do then? He says we stayed there until

1           they called us back. And I says what did they  
2           do? He says I don't know where it went. He  
3           says I didn't know if it was hooked up to  
4           something or if there was a reading on there or  
5           what. Well, I don't know, either, but I kind  
6           of think he was a credible man to talk to. He  
7           wasn't -- he wasn't telling me a story, and  
8           that was from his heart. He's 81 years old.  
9           So we have this -- no documentation from 1949  
10          to 1952 there are no records. How do we know  
11          what they done at Bethlehem Steel? Because  
12          there's no records doesn't mean there was  
13          nothing done. Because there was no records  
14          doesn't mean there was a rolling. We'll give  
15          you a rolling for that. No, we don't know what  
16          we had. It was experimental. What types of  
17          material were they working with? Nobody knows,  
18          50 percent of the information is completely  
19          gone. The government documentation admits that  
20          this information they threw away or destroyed.  
21          What is a claimant supposed to do? Where do we  
22          get our information?  
23          Believe me, I -- and I know you people have  
24          worked darned hard for the last three, four,  
25          five years, and it's tough and I know what --

1           what you're going through. I'm working by  
2           myself and -- and getting together what I can  
3           get together and I find these inconsistencies  
4           in this program. And there's many more.  
5           There's the issue of -- I talked in my letter  
6           probably to Mr. Elliott about 28,000 square  
7           feet. We brought this up at St. Louis. It  
8           wasn't 28,000 square feet. This issue was --  
9           there was no cooling bed knowledge from anybody  
10          that I heard out in California that there was a  
11          cooling bed. There was a schematic showing --  
12          that didn't show a cooling bed. A third of  
13          that side of that building was used as a  
14          cooling bed. And I was asked to draw a sketch.  
15          I went and I talked to the workers. I remember  
16          the cooling bed, but very -- I couldn't put it  
17          in -- down. But I have a little bit of  
18          artistic ability and I says if I know it's  
19          there I can put it together in my head. I just  
20          didn't draw that picture and send it down to  
21          NIOSH. I drew what -- the information I got  
22          from the workers. I went to one worker that  
23          was a inspector in the cooling bed, who walked  
24          across the top of this bed. I knocked on his  
25          door and I says Ed, I've -- I got a little

1 picture that I drew up and I want to know if it  
2 looks like -- if that's the cooling bed in your  
3 (unintelligible). He had it -- he didn't have  
4 it a minute and he says Ed, he says you've got  
5 it perfect. And he says there's more stuff in  
6 there, there's more motors and more -- and I  
7 says I understand, but to put more in I would -  
8 - I couldn't put the basics of it in, so --  
9 that area was down below. The uranium run  
10 across this cooling bed a third of the size of  
11 that factory, and it laid out there in red hot  
12 rods from one side to the other of this cooling  
13 bed, which was about 70 feet wide. So above  
14 the 28,000 square feet in the sub-basement,  
15 there's 28,000 square feet on top that NIOSH  
16 never took into consideration in our dose  
17 reconstruction. So that's 56,000 square feet  
18 that was missed on the technical base document  
19 that was supposed to be researched and thought  
20 out and used for our dose reconstruction. That  
21 I don't understand. That I would like somebody  
22 to plainly -- just tell me reasonably. I'm a  
23 big boy now, my mother says. I can accept it.  
24 I -- I can -- you say look at -- this is it and  
25 this is it and this is why it didn't and

1 explain it to me, I can deal with it. But I  
2 can't deal with it when the answer is -- that I  
3 get -- it didn't make any difference in the  
4 dose reconstruction. I cannot see how 56,000  
5 square feet of unmonitored uranium and the  
6 uranium that went down -- uranium is -- and I  
7 think you probably all know because you're all  
8 scientists on that. For sure I'm not, but I'm  
9 beginning to wonder -- I may be catching up a  
10 little bit. I think I'm in my freshman year  
11 with you people.

12 Uranium is twice as heavy as steel. This  
13 cooling bed that went over it was -- it was --  
14 it was crawled over, it was pulled over, and I  
15 do have witnesses that are credible witnesses  
16 that says sparks was unbelievable when that  
17 uranium was going over that cooling bed. Being  
18 twice as heavy as steel, obviously it fell down  
19 into the area below. I could line up about  
20 eight people that said that area wasn't cleaned  
21 out but maybe once a month -- if it was cleaned  
22 out once a month. So obviously more of that  
23 uranium was going to be downstairs that went up  
24 into the dust into the air.

25 There's -- there's like over 200 motors in here

1           that this dust settled on. They had to change  
2           them. Guys had to go down and change them.  
3           There was -- oh, buildings that you had to put  
4           up to protect the electrical system that ran  
5           them, gears and everything, so you had to work  
6           down there at different times. Now there was  
7           more radiation down there, very obviously, than  
8           there was up above. It -- with no cleaning. I  
9           -- I just -- again, I just can't understand how  
10          this could -- how you could say that the dust  
11          went down and it mixed evenly. We don't even  
12          know, and I was never told or where it came  
13          from, how much dust did come from steel. How  
14          do we know it was the same as uranium? I have  
15          a -- and I sent it to CBS at Channel 4, and I  
16          think I mentioned it to you down in Knoxville.  
17          I have an old documentary of Bethlehem Steel.  
18          It shows the billets as they're rolling  
19          through, the red hot billets, and you can see  
20          the scaling on there. And -- you won't believe  
21          it if you saw it. I mean you actually see what  
22          was on that, the scaling. It's black and it  
23          was going through the rollers, the scaling.  
24          There -- there's a lot of issues that -- that I  
25          want to bring up at that meeting that I would

1           just like some reasonable answers for for our  
2           group. And -- and I don't think I'm being  
3           unreasonable because there's many more.  
4           There's more than I want to -- you know, we'd  
5           be here tomorrow morning. I've got them all  
6           documented and I wanted to -- I'm going to  
7           bring them to that meeting. But with this type  
8           of issue and me going to these meetings, and I  
9           really appreciate you -- the Board and  
10          everybody involved to make me a part of this so  
11          I can explain to you and try and show you what  
12          happened.  
13          Bethlehem Steel is supposed to be a pilot  
14          program for the rest of the country. That's  
15          okay. You made up a dose reconstruction and I  
16          think I told Dr. Neton I think that you  
17          probably worked real hard and spent millions of  
18          dollars on it and that's okay. And I think  
19          that dose reconstruction will certainly apply  
20          to a lot of buildings, a lot of facilities in  
21          the country. And I think yes, you should go  
22          there. What kind of monitoring did you have.  
23          You know, were there accidents there. There  
24          was accidents every day at the steel plant.  
25          Because they happened at the steel plant, when

1           the salt bath broke down and everything was  
2           held up, that was an accident as far as I'm  
3           concerned. And if you have the proper  
4           information, then I think the dose  
5           reconstruction -- fine, use it. Use it for the  
6           people that, you know, don't deserve it  
7           shouldn't get it.

8           But with the information that's at the  
9           Bethlehem Steel site that is -- isn't the same  
10          as what I've been hearing through NIOSH for --  
11          I think it was something like three years I've  
12          heard that there was no rough rolling at  
13          Bethlehem Steel. And there's a lot more to  
14          contamination when there's rough rolling. It  
15          was all done at Simonds Saw and -- oh, but  
16          Bethlehem Steel only had finished rolling.  
17          It's not the case. I got a document, a  
18          government document and I pick it up and I look  
19          at it and it said they were getting ready to go  
20          to Fernald in '52. And the document clearly  
21          states to Bethlehem Steel -- the government  
22          wrote and says we would like you to continue  
23          some more rollings until we get our facility  
24          ready at Fernald. And Bethlehem Steel's answer  
25          was yes, we'll do it, but you buy us the rough

1           rollers and the finish rollers.  
2           Now to me -- and I know for a fact that  
3           Bethlehem Steel done the rough rolling and the  
4           finish rolling. But I've heard that oh, it  
5           wasn't as bad at Bethlehem Steel 'cause you  
6           only done finish rolling. That's not the case.  
7           That is not the case. Where is the reasonable  
8           explanation? How -- how does this fit in? How  
9           do you do a dose reconstruction when you don't  
10          know the procedure?  
11          Simonds Saw facility is one-tenth of the size  
12          of Bethlehem Steel facility that they used.  
13          There is not one procedure at Simonds Saw that  
14          is equal to Bethlehem Steel, and there is no  
15          other -- well, we found out from here or we  
16          found out from there this is what exposure was  
17          -- because there was no other facility in the  
18          world like Bethlehem Steel. The whole purpose  
19          for the government to go to Bethlehem Steel to  
20          do it was to develop a new pass schedule and  
21          rolling schedule. To developing the new pass  
22          schedule it had to be applied. You do not walk  
23          in a factory that size, roll uranium on a  
24          Saturday -- they ship it in Friday or whenever  
25          they shipped it in, pull it in the mill and all

1 of a sudden start to roll uranium. They had to  
2 experiment with it, and that experimental time  
3 had to be in the earlier years. As I said,  
4 they -- that wasn't done the day before. And  
5 that -- and I think you would all agree that  
6 rolling uranium had to be a process. There was  
7 a lot of testing, there was a lot of heating,  
8 there was a lot of running through the rollers.  
9 There was making the rollers, expensive  
10 rollers. There was building the salt bath.  
11 There was testing it with stuff. We don't know  
12 what was involved. Was there thorium involved?  
13 Could have been. They had it at Simonds Saw.  
14 Are we sure? Well, there's no records. No,  
15 there's no records. There are none. They  
16 destroyed them. So why should Bethlehem Steel,  
17 the claimants, be penalized when the government  
18 threw the information away? That's not our  
19 fault.

20 As I told you -- and I'll mention it again, I  
21 worked with a crew, a hot crew that just went  
22 on hot jobs -- not hot as far as uranium goes.  
23 Could have been, but it was just hot work and  
24 we specialized and we went to these different  
25 buildings. Out of the 15 people that I worked

1 with, 13 are dead. And as far as we can find  
2 out, all of them died of cancer. We've  
3 researched that with some of the fellas that I  
4 still know that work there. The two of us that  
5 remain, you know already, both of us have  
6 cancer.

7 I had a man come into one of our meetings a  
8 couple of weeks ago. He lived within -- he  
9 lived within about 100 feet -- there used to be  
10 a road there. We've -- I didn't get that  
11 documented. I've got pictures of the plant and  
12 that -- he lived about 100 feet, maybe a little  
13 bit more, away from the 10-inch bar mill.  
14 Since then the road is gone and all that's  
15 gone. In his family -- in his family alone,  
16 and he'll take this under oath, there was five  
17 people that died, between uncles and fathers  
18 and brothers, died of cancer. I don't know  
19 what kind, didn't get into it. His wife also  
20 lived on the same street. They had five  
21 children. Two of them were born with --  
22 stillborn with birth defects.

23 Now I don't believe that's a coincidence, and I  
24 don't believe that's the national average. But  
25 something was there. I don't know what. I --

1 I firmly in my heart believe there was gamma  
2 rays there, also. And of course that doesn't  
3 only affect the lungs, that attacks all the  
4 organs and I'm sure you know all that -- and I  
5 learned it from you so you must know it.  
6 But there are issues like this that I want to  
7 present NIOSH. Some of them aren't severe,  
8 some of them are minor. Some of the minor ones  
9 I'm not even going to worry about. It's  
10 contradictory, I don't -- I don't care. It's  
11 the big issues. It's -- it's the where you  
12 took your breathing zone samples. How did you  
13 get breathing zone samples from a building  
14 that's one-tenth of the size of Bethlehem  
15 Steel? Answer me these questions. Where do  
16 you get the comparison? And that's -- that's  
17 what I'm here for. That's what I've been  
18 fighting for, and that's what I hope that you  
19 look at this and take it into consideration and  
20 just -- if it was one of your family and we  
21 said son, go work at that plant, you only got  
22 three percent chance of getting cancer, would  
23 you expose him to that three percent? Thirty-  
24 four percent of the people in the United States  
25 are going to die from cancer. You could have

1           been one of them with that three percent.  
2           There is no -- there was no history of cancer  
3           in my family. They all came from Switzerland,  
4           and I -- I went back there -- I got relatives  
5           living there now. Not one cousin, not one  
6           uncle, not -- no one has ever had cancer. That  
7           doesn't mean that I'm not going to get it, but  
8           it kind of makes you wonder. I worked down  
9           there. And I also worked as a subcontractor in  
10          the plant back in '99 and I put -- I build a  
11          building. I had my own construction crew. I  
12          build a building within 100 -- about 100 yards  
13          from the old 10-inch mill. And when we dug the  
14          foundation it was just filthy dirty water in  
15          there. And I know for a fact that that's where  
16          they used to run the water out -- Arjun knows  
17          because he came up to Buffalo. He knows the  
18          layout of the facility, and that's where they  
19          used to run the -- when they washed down the  
20          facility, went out into a pit. I was within 50  
21          feet of that pit when we dug this one here.  
22          I don't know if it was active or not. I had no  
23          id-- I didn't know -- I had no idea till we  
24          heard of the program in 2000. But I'll leave  
25          it at that. I would certainly like to be with



1 (Affirmative responses)

2 Opposed, no?

3 (No responses)

4 So ordered. We also have two sets of  
5 subcommittee meetings. The full Board can act  
6 in behalf of the subcommittee. The  
7 subcommittee meeting of October 17th has not  
8 been acted on. We've had opportunity to review  
9 those. A motion to approve?

10 **DR. DEHART:** So moved.

11 **DR. ZIEMER:** Second?

12 **MR. PRESLEY:** Second.

13 **DR. ZIEMER:** Omissions or corrections?

14 (No responses)

15 I assume particularly all of you have read  
16 those sections that pertain to the issues that  
17 you addressed, so...

18 All in favor, aye?

19 (Affirmative responses)

20 Any opposed, no?

21 (No responses)

22 Okay. And then finally the subcommittee  
23 minutes of January 24th. Motion to approve?

24 **DR. LOCKEY:** So moved.

25 **DR. ZIEMER:** And seconded?



1           that we -- rather than have the full Board act  
2           as a subcommittee -- is to actually designate  
3           four Board members to be the subcommittee, plus  
4           two alternates, so to have six people be what  
5           we'll call the dose reconstruction  
6           subcommittee. We have been calling them dose  
7           reconstruction and site -- site review --

8           **DR. WADE:** Site profile review.

9           **DR. ZIEMER:** -- site profile review committee,  
10          but we're -- we've been moving toward having  
11          individual workgroups now on the various sites,  
12          so that part is going away in a natural way.  
13          But for dose reconstructions, as an over--  
14          overall coordinating group for the mat-- dose  
15          reconstruction matrices, particularly, we do  
16          need to keep the subcommittee in place. So let  
17          me ask you first -- and how we would then  
18          operate, for example, if we have half-day  
19          meetings like we did at this meeting, it would  
20          just be that smaller group. This would allow  
21          also the other workgroups, if they wish to meet  
22          during that period, to meet separately.  
23          Now there may be some overlap so we'd have to  
24          coordinate that, but at least that would be a  
25          possibility. But how do the rest of you feel

1 about going to a smaller, specified group?  
2 This would also allow us flexibility, if we  
3 need to develop other subcommittees, to have  
4 personnel available for that. Any reactions?

5 **MS. MUNN:** I think that's a fine idea if we  
6 have the people to do it. The availability of  
7 the members of this Board is fairly limited,  
8 and I --

9 **DR. ZIEMER:** Well, interestingly enough, our  
10 experience has been that almost everybody comes  
11 anyway.

12 **MS. MUNN:** Everybody comes, yeah, because of  
13 the timing.

14 **DR. ZIEMER:** Right.

15 **DR. WADE:** The timing is --

16 **MS. MUNN:** It's an appropriate time.

17 **DR. ZIEMER:** Right. Is there any objection to  
18 moving in that direction? We will have -- we  
19 will have to modify the charter for the  
20 subcommittee. That is, we would basically have  
21 to name -- rename the membership, and we would  
22 have to modify the part -- portion that deals  
23 with site profiles --

24 **DR. WADE:** And I can do that once --

25 **DR. ZIEMER:** -- but we can do that once we take

1 the action.

2 **DR. DEHART:** Are you needing a motion?

3 **DR. ZIEMER:** I'll need a motion to -- to modify  
4 the structure of the subcommittee to, number  
5 one, restrict it to dose reconstruction review  
6 activities, and two, to limit the membership to  
7 four members plus two alternates. And we would  
8 -- if this passes, then we would -- we will  
9 determine who those will be.

10 **DR. DEHART:** I would so move that as specified.

11 **DR. ZIEMER:** Moved and a second?

12 **MR. CLAWSON:** Second.

13 **MR. GRIFFON:** Second.

14 **DR. ZIEMER:** Okay. Any discussion pro or con?  
15 If there's another scheme you'd rather have --  
16 okay.

17 **DR. ROESSLER:** It sounds reasonable.

18 **DR. ZIEMER:** Okay, let's take action, and if it  
19 -- if it passes, we will look at the  
20 membership.

21 All in favor, aye?

22 (Affirmative responses)

23 Any opposed, no?

24 (No responses)

25 Any abstentions?

1 (No responses)

2 Motion passes. I'd like to propose that the  
3 current chairman, Mark, remain in that  
4 position. The -- the dose -- or the site  
5 profile part has been handled largely by what  
6 we call the working group but was officially  
7 still part of that, and that was Mark and Wanda  
8 --

9 **MR. PRESLEY:** And me.

10 **DR. ZIEMER:** -- and Bob, and I think Mike.

11 **DR. WADE:** Right.

12 **MR. GRIFFON:** Yeah.

13 **DR. ZIEMER:** And I guess I would ask as a  
14 starter if those four individuals would still  
15 be willing to constitute now this subcommittee.

16 **MR. PRESLEY:** Do you want -- do you want  
17 somebody on there that -- is it going to be  
18 site profiles?

19 **DR. ZIEMER:** No, it's going to be dose  
20 reconstructions.

21 **MR. PRESLEY:** I mean dose reconstructions.

22 **MR. GRIFFON:** Going to be the cases, right.

23 **MR. PRESLEY:** Then I -- then I would suggest  
24 that you take me off and put somebody on there  
25 that's got more experience and more -- knows

1 more about dose reconstruction than I do. I  
2 would suggest Gen Roessler or Bob -- John,  
3 either one.

4 **DR. ZIEMER:** Right, we -- and we could do that,  
5 and perhaps you'd be willing to be one of the  
6 alternative -- alternates, 'cause we're going  
7 to need two alternates.

8 Okay, John, would you be willing to be on this  
9 subcommittee?

10 **DR. POSTON:** Sure.

11 **DR. ZIEMER:** Okay. So the subcommittee would  
12 be Mike, John, Mark and Wanda.

13 **DR. WADE:** Mark as chair.

14 **DR. ZIEMER:** And Mark would serve as chair.  
15 The alternates would be Bob and I -- I think --  
16 I'd like to get maybe someone sort of on the  
17 worker side, and Brad, if you'd be willing --

18 **MR. CLAWSON:** I'd be willing.

19 **DR. ZIEMER:** -- to be an alternate -- I don't  
20 want to overwork you 'cause we're a little  
21 short-handed in that end of the spectrum, but -  
22 -

23 **MR. CLAWSON:** No problem.

24 **DR. ZIEMER:** Okay, let's name Brad as an  
25 alternate.

1           **DR. WADE:** Okay, so the title would be  
2           Subcommittee on Dose Reconstruction Review  
3           Activities, chaired by Mark, sitting members  
4           Mike, Wanda, John, alternates Bob and Brad.

5           **DR. ZIEMER:** Correct. And I don't think that  
6           require-- I think I'm authorized to appoint  
7           those, but we do need to get the charter  
8           revised and it may be that we'll have to take  
9           formal action -- I'm not sure what is required.  
10          I think -- I think we understand that the --  
11          the current charter has to be --

12          **DR. WADE:** Right, I'll bring the charter to the  
13          October 8th call. We can --

14          **DR. ZIEMER:** Okay, let's -- yeah, why don't we  
15          do it in August instead of October.

16          **DR. WADE:** August, I'm sorry.

17          **DR. ZIEMER:** I --

18          **DR. WADE:** Working group on denied SEC  
19          petitions Lockey has offered to chair.

20          **DR. ZIEMER:** Oh, yeah, the other work-- the  
21          other workgroup that we talked about earlier in  
22          this meeting was the workgroup to review the --  
23          those 28 or 30 SEC petitions that were not --

24          **DR. WADE:** Denied.

25          **DR. ZIEMER:** Yeah, they were -- Dr. Lockey has

1           -- has volunteered to chair that, and we would  
2           need two or three additional volunteers to work  
3           with him on that.

4           **DR. ROESSLER:** (Off microphone)

5           (Unintelligible)

6           **DR. ZIEMER:** Gen Roessler, any -- one or two --

7           **DR. WADE:** Dr. DeHart.

8           **DR. ZIEMER:** DeHart. Three is enough. If  
9           there's one other that wishes to volunteer,  
10          we'll add a fourth, but -- okay.

11          **MS. MUNN:** I can -- I can do that if the -- if  
12          the overlap is not -- if the timing overlap is  
13          not bad.

14          **MR. GRIFFON:** Jim Melius expressed an interest  
15          in that. I don't know if you had enough  
16          already.

17          **DR. ZIEMER:** Well, we have -- we have three.

18          **MR. GRIFFON:** I'll vol-- I'll volunteer him.

19          **DR. ZIEMER:** Maybe -- maybe Dr. Melius would be  
20          -- put him on there, okay. He's not here to  
21          defend himself.

22          Okay, thank you very much. I think that covers  
23          all of the issues that -- we've already talked  
24          about the schedule for future meetings --

25          **DR. WADE:** Right, I would encourage the working

1 group chairs to put their mind quickly to the  
2 next meeting and get with me and let me know.  
3 Sometimes it's good if we sort of collect these  
4 meetings together so we can engage in some e-  
5 mail discussion about doing it, but there's a  
6 great deal of interest in people pursuing our  
7 activities on site profiles -- Hanford, Nevada  
8 Test Site, Savannah River -- so I think it's  
9 important we move with some dispatch there.

10 **DR. ZIEMER:** Are there any other items that  
11 need to come before us? Anything for the good  
12 of the order?

13 (No responses)

14 If not, I thank all the Board members, as well  
15 as the staffers, those who are still -- still  
16 on their feet, as it were. Thank you for all  
17 your hard work and good efforts on behalf of  
18 this program. We'll look forward to seeing you  
19 -- or hearing you by phone and seeing you next  
20 time.

21 We are adjourned.

22 (Whereupon, the day's business was concluded  
23 and the meeting was adjourned at 3:18 p.m.)  
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**CERTIFICATE OF COURT REPORTER****STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of June 16, 2006; 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 8th day of July, 2006.

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**STEVEN RAY GREEN, CCR****CERTIFIED MERIT COURT REPORTER****CERTIFICATE NUMBER: A-2102**